

DPH Public Health Report Card & Aggregate Scorecard Results

CY 2014 & FY 14-15

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Session Agenda

- 1) Share Department-level Report Card and Scorecards of Population Indicators & Performance Measures
- 2) Program-level discussion groups
- 3) Report back

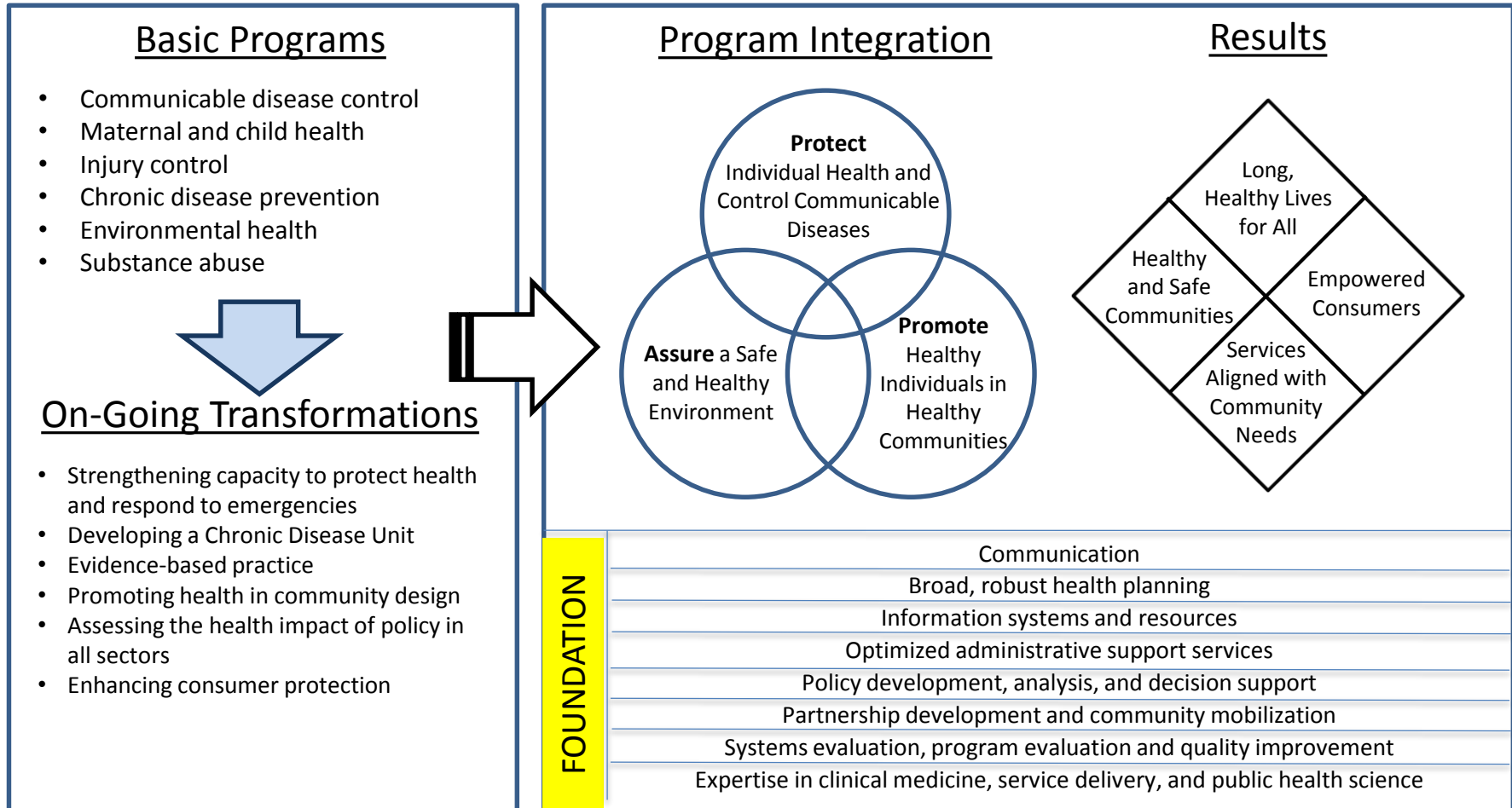
Former DPH Report Card

Seven Objective Areas

1. Program Planning
2. Stakeholder Engagement
3. Partnership and Collaboration
4. Emergency Preparedness
5. Policy Development
6. Scientific Advancement
7. Staff Training

The Transformation of Public Health

Current Approach → Future Approach



New Report Card: Based on 10 Foundations of Public Health (8 from the Institute of Medicine)

Objective Areas

1. Visionary leadership
2. Communication
3. Broad, robust health planning
4. Information systems and resources
5. Optimized administrative support services
6. Policy development, analysis, and decision support
7. Partnership development and community mobilization
8. Systems evaluation, program evaluation, and quality improvement
9. Competent workforce
10. Expertise in clinical medicine, service delivery and public health science

Report Card 2014-2015




2014-15 Result
2015-16 Result
2016-17 Result
Long-Term Goal

2014-15 Result
2015-16 Result
2016-17 Result
Long-Term Goal

Capability Area 5: continued

5-2. Percent of programs working with community partners on social determinants of health	82.1	___	___	100%
5-3. Percent of programs that collaborate with at least one other program within DPH	97.0	___	___	100%


Capability Area 6: External Communication

6-1. Percent of programs that develop, revise or update at least 2 health education materials per year that are approved by OCPA 	30.3	___	___	100%
6-2. Percent of health education materials that have been translated into at least 5 of 15 threshold languages 	6.3	___	___	100%
6-3. Percent of programs with an internet web site that is updated according to a check list 	84.6	___	___	100%

Capability Area 7: Information Systems & Resources

7-1. Percent of programs that have a project or plan to use technology to improve their use of information	97.0	___	___	100%
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Capability Area 8: Optimized Administrative Support Services




8-1. Percent of draft Board letters (with supportive documentation) that met Contracts & Grants' submission deadline 	23.7	___	___	100%
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Capability Area 9: Expertise in Clinical Medicine, Service Delivery, & Public Health Science

9-1. Percent of programs using at least one evidence-based/best practice in their service delivery	90.9	___	___	100%
9-2. Percent of programs with at least one presentation (oral or poster) accepted at professional regional, state or national conferences/meetings	75.8	___	___	100%
9-3. Percent of programs that published at least one manuscript in a peer-reviewed journal	36.4	___	___	100%

Capability Area 10: Workforce Development

10-1. Percent of programs that encourage & support employee participation in wellness activities during the work day	100	___	___	100%
10-2. Percent of programs that use the DPH onboarding checklist (or a comparable one) for newly-hired employees	60.6	___	___	100%
10-3. Percent of staff certified as having completed 6 key mandatory trainings 	52.3	___	___	100%

 2014-15 Result met or exceeded benchmark  Measure data gathered centrally.
 2014-15 Result less than benchmark AND no improvement from previous year



Capability Area 1: Visionary Leadership

1-1. Percent of programs that email updates to all their staff at least quarterly or have all-staff meetings at least quarterly	84.8	___	___	100%
1-2. Percent of programs with documented discussion of strategies to address gaps in performance measures or strategic plan goals	93.9	___	___	100%
1-3. Percent of programs with a leadership team that supports staff development programs	100	___	___	100%


Capability Area 2: Broad, Robust Health Planning

2-1. Percent of programs that perform surveillance	51.5	___	___	100%
2-2. Percent of programs that use population-based (or equivalent) data to guide planning and monitoring of activities	81.8	___	___	100%
2-3. Percent of programs with a division/program-level strategic plan	57.6	___	___	100%
2-4. Percent of programs with at least one strategic plan goal that addresses improvement in health equity	54.2	___	___	100%

Capability Area 3: Systems/Program Evaluation & Quality Improvement

3-1. Percent of performance measures that improved or met the target 	41.5	___	___	100%
3-2. Percent of programs with a written Performance Improvement Plan 	80.0	___	___	100%
3-3. Percent of programs assessing customer satisfaction at least annually	87.9	___	___	100%
3-4. Percent of programs that perform economic analyses	36.4	___	___	100%

Capability Area 4: Policy Development, Analysis, & Decision Support

4-1. Percent of programs that track policies	92.6	___	___	100%
4-2. Percent of programs with a written analysis of a new or proposed policy	71.4	___	___	100%
4-3. Percent of programs that provide information about social determinants of health to inform external policy decisions	71.4	___	___	100%
4-4. Percent of programs that perform Health Impact Assessment 	9.1	___	___	100%

Capability Area 5: Partnership Development & Community Mobilization

5-1. Percent of programs with documented engagement with stakeholders in planning & deciding the programs' strategic plan goals	65.0	___	___	100%
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Measures Carried over to the Current Report Card

- Programs using population-based data to guide the planning and monitoring of program activities
 - FY 12/13: 76.5%
 - FY 14/15: 81.8%
- Percent of programs with a written Performance Improvement Project Plan
 - FY 12/13: 50%
 - FY 14/15: 80%

Measures from our Past (con't)

- Presentations (oral or poster) accepted at professional regional, state or national conferences and/or meetings
 - FY 12/13: 58.8%
 - FY 14/15: 75.8%
- Articles accepted by peer reviewed publication
 - FY 12/13: 41.2%
 - FY 14/15: 36.4%

2 Current Measures of Success

- 1-2. Percent of programs with documented discussion of strategies to address gaps in performance measures or strategic plan goals
 - 93.9%

- 5-2. Percent of Programs working with community partners on social determinants of health
 - 82.1%

2 Current Measures Where Improvement is Needed

- 2-4. Percent of Programs with at least one strategic plan goal that addresses improvement in health equity
 - 54.2%
 - (really 31% because only 58% of programs have a strategic plan)
- 10-3. Percent of staff certified as having completed 6 key mandatory trainings (HIPAA, Sexual Harassment, Disaster Service Worker, FEMA-IS 100 & 700, & SEMS)
 - 52.3%
 - (mainly because Sexual Harassment is 63.7%)

2 Measures of Curiosity

- 3-3. Percent of Programs that assess customer satisfaction at least annually
 - 87.9%
- 8-1. Percent of draft Board letters that meet Contracts & Grants' submission deadline
 - 23.7%

Report Card

Questions?

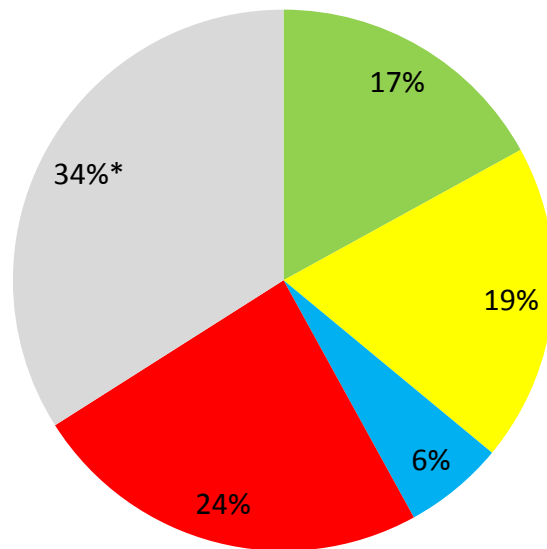
Suggestions?

Public Health Measures Scorecard

- Purpose: To compare population indicator and performance measure outcomes year to year and to selected target levels
- Outcome Definitions
 - Met the target
 - Outcome value = target value
 - Some improvement
 - Outcome value moved towards target value
 - Got worse
 - Outcome value moved away from target value
 - Stayed the same
 - Outcome value did not change from previous measurement
 - Unable to evaluate
 - No comparison can be made

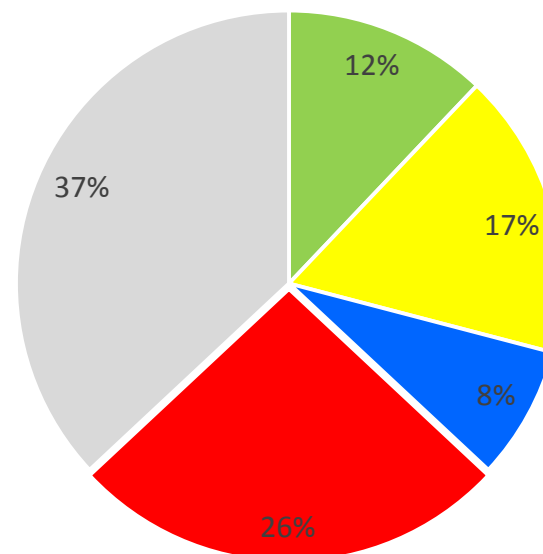
Population Indicator Aggregated Results

CY 2013 & FY 2013-2014



N= 167 (previously 321)

CY 2014 & FY 2014-2015



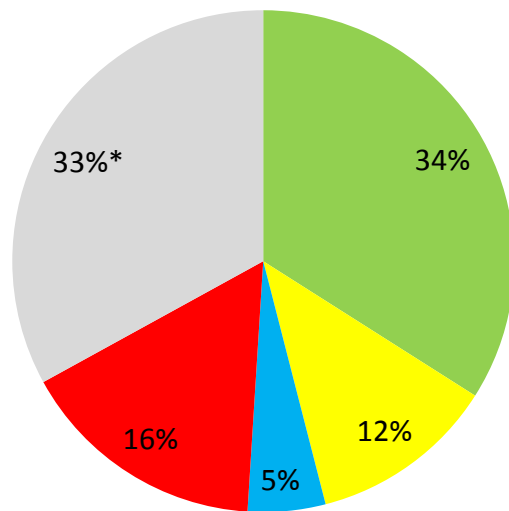
N= 165

- Met the Target
- Some Improvement
- Stayed the Same
- Got Worse
- Unable to Evaluate

*Unable to evaluate = new measure, data still maturing, data not collected every year, missing target or measurement data value.

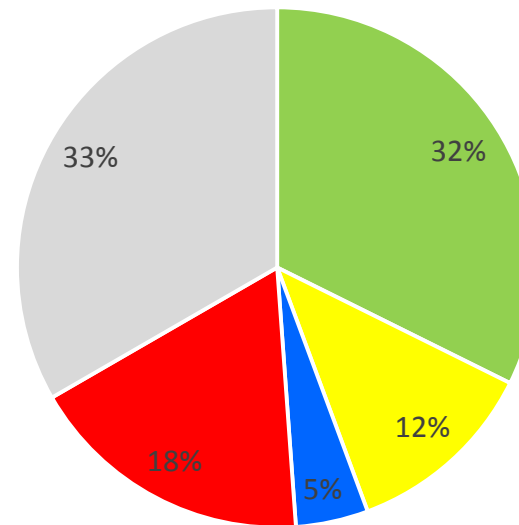
Performance Measures Aggregated Results

CY 2013 & FY 2013-2014



N= 387 (previously 531)

CY 2014 & FY 2014-2015



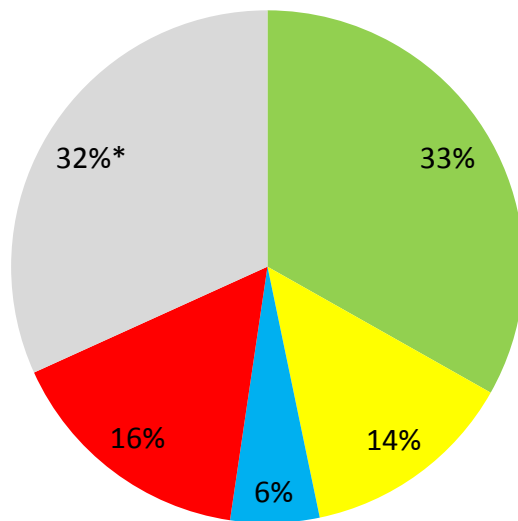
N= 399

- Met the Target
- Some Improvement
- Stayed the Same
- Got Worse
- Unable to Evaluate

*Unable to evaluate = new measure, data still maturing, data not collected every year, missing target or measurement data value.

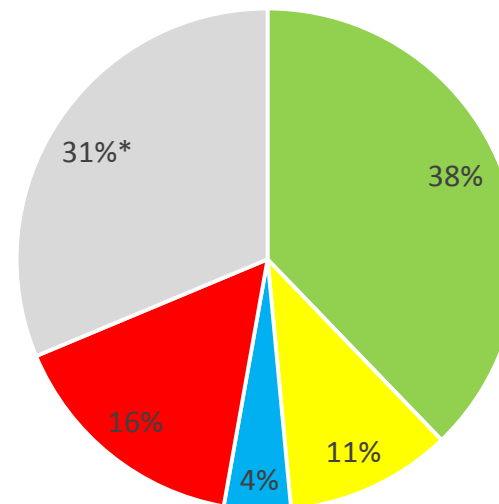
Programs' Top 10 Performance Measures

CY 2013 & FY 2013-2014



N= 214

CY 2014 & FY 2014-2015



N= 233

- Met the Target
- Some Improvement
- Stayed the Same
- Got Worse
- Unable to Evaluate

*"Unable to evaluate" mainly due to new measures or measures that have never had reported values.

What Now?

- Do you feel like you are drowning in measures?
- Do you think that LESS is MORE?
- Do you think that we should hone down the number of measures we track?



Program-Level Discussion Group Questions

1. If someone asked you what your program does, how would you answer them in 1-2 minutes?
2. If he/she asked you how well your program does it, what would you say?

Hi There! Could you please tell me what your Program DOES?

Write answers in box:

How WELL does your program you do that?

Write answers in box:

Program-Level Discussion Group Questions

1. If someone asked you what your program does, how would you answer them in 1-2 minutes?
2. If he/she asked you how well your program does it, what would you say?
3. Do you already have performance measures for all your answers?
4. Are any of your scorecard performance measures not central to your answer to question #2?

Scorecard

Questions?

Suggestions?