Performance Management Collaborative

Learning Project Report #5
The Washington Standards—
A Pioneering State-Based Effort
Portland, OR
August 14, 2001

Materials for the Meeting

Joan Brewster, PMC member representing ASTLHLO (Association of State and Territorial Health Liaison Officials) and Director, Public Health Systems Planning and Development for WA; Susan Lybarge (King County Nursing Director); and Pat Libbey, Thurston County Health Director provided copies of the following:

- Powerpoint slide presentation "Proposed Standards for Public Health in Washington State: A Collaborative Effort by State and Local Health Officials,"
- Powerpoint slide presentation "Proposed Standards for Public Health in Washington State: Field Test Results 2000;"
- Standards for Public Health in Washington State (June 2001) – matrix by key management practice for local standards and measures, and matrix by key management practice for state standards and measures,
- 2000 Public Health Improvement Plan

Main point: Collaboration among local and state health departments has enriched the efforts in Washington state. "Process" is important, and continues to evolve.

Accountability has been a large issue: are the things we are measuring making a difference in the work of the health department, and in the health of communities? Local health units appear to have learned to do things differently – collaborating. Question of linking performance to funding still unresolved – give resources to strong or weak? QI is notably absent – but so are sanctions. QI for changing practice – not yet. Guided process and leadership workshops seem useful. A two year discussion is planned to work on the issue.

Presentation/Observations and Lessons Learned

WA has committed to re-doing its Public Health Improvement Plan every two years. The common vision began in a two-day retreat – recognition that the commitment to partnership was essential to success of the plan. Result was lots of committed partners. Also decision on two plans -- one related to organization and one re health status. Focused on "Sustaining the vision;" saw workforce development as a part of the effort. "Report card" idea including a broader perspective than earlier resonated with communities. Attention to local public health workers resulted in their shifting focus toward population-based approach, beyond client focus. [NY – also said shift to attention to "determinants of health" helped engage local staff].

Counties do own assessments (using both state and locally generated data). There are regional meetings on capacity and issues three times/year. State role as leader and facilitator, giving over many of the decisions to county units and showing real respect for community level activity, appear important. State seems to be playing a major role in assembling the information on best practices and standards while recognizing the importance of not linking dollars with standards prematurely, before actual relationships of costs and effectiveness are better known.

The process changed over time – began with effort to quantify gaps for the legislature, and to define capacity standards, but quickly advanced to "so what" results and performance orientation. Goal became to identify a predictable level of public health protection throughout the state – "what every person has a

right to expect." One concern about setting standards was that they would be deemed to be a "floor" rather than targets. There was acceptance that to avoid a "rush to the floor," time would be required for thoughtful implementation. One early step was to describe the "10 essential services" and core functions in common terms that were meaningful to the legislature (e.g. not "assessment" which means "taxation" to a legislator).

The process has resulted in some change in focus of content. For example, the concern about universal access to health services moved from payment mechanisms to development of a specific list of "critical health services." In addition, inclusion of members from outside public health agencies had benefit in terms of greater understanding. For example, staff from the Governor's Office of Financial Management participated in the PHIP Finance Committee, and took away a much greater understanding of the budget issues experienced at the local level and how state level decisions affect them.

Using best practices and standards takes time (and expert advice/consultation supported by state funds has been very effective) and effort. Creative ideas emerged, for example, for improving the technology used by counties for reporting; sharing investments; revising funding strategies to get away from categorical programs. However rising expectations also must be managed! Relative costs are not easy to prove. Operationally defining standards and measures is a challenge. There is tension between generalized expectations and programmatic ones. Legislators want results, not process.

Developing the standards took time – a year was spent on the framework. Joint authorship was key to obtaining buy-in. People brought most of the expertise themselves. Agreed upon principles helped – keeping it simple and flexible; accepting that "close" is good enough. Time lines are necessary but must be flexible; they help you know where you are.

Considering what they could do better, Joan thought even more road shows and more communication, and a deeper level of state involvement, would have helped gain even more buy-in. Susan said executive leadership was critical, at both state and county levels. They think field tests of the assessments could be done incrementally and could be improved.

Assessment of measurability was very successful; and the standards were well supported.
A lesson learned: testing is teaching – the real learning occurred with the test.

"Standards and Measures," State and Local, matrices are available for the following (in handouts):

- Understanding Health Issues
- Protecting People from Disease
- Assuring a Safe, healthy Environment for People
- Prevention is Best: Promoting Health y Living
- Helping People Get the Services they Need.

Need was apparent for an administrative dimension – this sixth dimension is being "restored" from the earlier version from which it had been dropped.

Field tests: found local health departments do not always document what they actually do; they found they could learn a lot from review of enforcement actions and incidents.

State vs. national approaches need not be in conflict nor duplicative; they are not conflicting now even where MAPP is being used as a guided process.

Pat pointed to the large issues of accountability and citizen involvement as on-going. The question: are the things that we are measuring making a difference in the work and the health of communities?

Copies of Washington materials from the last several years' processes are available.