



FY09 PERFORMANCE PLAN Department of Health

MISSION

The mission of the Department of Health (DOH) is to promote healthy lifestyles, prevent illness, protect the public from threats to their health, and provide equal access to quality healthcare services for all in the District of Columbia.

SUMMARY OF SERVICES

The Department of Health provides programs and services with the ultimate goal of reducing the burden of disease. We do this through a number of mechanisms that center around prevention, promotion of health, and expanding access to health care. The Department provides public health management and leadership through policy, planning, and evaluation; fiscal oversight; human resource management; grants and contracts management; information technology; government relations; risk management; communication and community relations; legal oversight; and facilities management. Our performance plan is based on three priority areas: 1) health and wellness promotion, 2) HIV/AIDS prevention and awareness, and 3) public health systems enhancement. Our success with these priorities will be measured in part by the performance measures in this document, but also by the many other measures of performance defined by the divisions within the agency.

OBJECTIVE 1: Ensure quality and equitable health outcomes for children, families and adults in the District

INITIATIVE 1.1: Implement a comprehensive, city-wide plan to reduce infant mortality and morbidity in the District of Columbia.

As part of the Mayor's Child Health Action Plan unveiled in February 2008, DOH is implementing a variety of action steps over the next two years to improve infant health. Those include efforts to: 1) Increase the capacity and quality of services provided by home visitation programs for pregnant and post-partum women and their infants; 2) Enhance collaboration within DOH and with other sectors of government to more effectively identify and serve women and infants at high medical and social risk for adverse perinatal outcomes; and 3) Coordinate efforts between government and community-based organizations to improve infant survival and well being. This comprehensive approach will include more systematic identification of high-risk families via implementation of a Vital Records electronic birth record system, and more robust linkage after hospital discharge to services such as home visitation. CHA and Addiction, Prevention, and Recovery Administration (APRA), will provide pregnancy testing for all women of childbearing age who present for substance abuse treatment services. DOH will also make a concerted effort with birthing hospitals to implement an electronic birth record system in FY 09 that will enable the identification of at-risk infants and mothers.

INITIATIVE 1.2: Prevent obesity in the District by improving nutrition and physical activity of District residents.

Several initiatives are being implemented to increase physical activity and improve nutrition among District residents. These initiatives include but are not limited to: (1) a training program for early childcare staff and parents in Wards 1,7, and 8, known as the *I am Moving I am Learning* curriculum, a nationally recognized program for physical activity and nutrition services improvement; (2) the Healthy Corner Store Initiative, researching methods and developing social marketing materials to increase access to healthy foods in corner stores of underserved wards; (3) implementation at the Unity Health centers of the WE CAN curriculum, a nationally recognized curriculum supported by the Surgeon General to improve nutritional choices and increase physical activity. All of the obesity initiatives funded by the Department of Health require



grantees to participate in regular meetings to ensure coordination of activities, mutual learning, and ongoing assessment of program effectiveness.

INITIATIVE 1.3: Improve quality of life and health outcomes for those living with chronic diseases through better processes of care across time and settings.

A 2008 report assessing health and health care in the District concluded that medically underserved areas of the city suffered from greater rates of chronic disease, poor health status, and premature mortality. To help address this disparity, DOH will utilize \$10 million in tobacco settlement funds in 2009 to catalyze changes in the service delivery system to significantly improve care for those living with the leading causes of mortality in the District. This effort will drive programs that empower residents through education, improve family caregiver support through training, and provide aggressive prevention strategies for residents in the early stages of their condition. Recipients will use the funding to train providers to provide high-value care for chronic conditions, to form coalitions of health providers to improve services for people living with chronic conditions, and to allow providers to implement best practices related to specific chronic conditions such as diabetes and obstructive lung disease.

OBJECTIVE 2: Reduce substance abuse and mitigate its consequences in the District by expanding access to high quality substance abuse prevention, treatment, and recovery support services.

INITIATIVE 2.1: Enhance community knowledge and awareness of substance abuse issues through expanded outreach at capacity building events.

DOH will deliver at least 10 substance abuse prevention capacity-building events to enhance the capacity of community and faith-based organizations and government agencies to recognize substance abuse and facilitate early intervention services. Presentation topics will include signs and symptoms of drug use, the disease of addiction, principles of treatment, youth and substance use, the impact of drugs on the family, and referring youth and families with substance use issues.

INITIATIVE 2.2: Support and maintain a comprehensive continuum of accessible substance abuse treatment services through expansion of provider network and community intake sites.

In FY09, DOH will increase access to substance abuse treatment services for youth through expansion of the service provider network, certification of mental health providers that serve youth, and by significantly increasing access to APRA services for youth above the roughly 700 young people who utilized these services in FY2008. DOH will maintain satellite intake sites at the D.C. Superior Court, strengthen its intake capacity at the D.C. Jail, and increase the availability of community-based intake sites from 10 to 18 during FY09. These multiple points of entry to treatment and care will greatly reduce barriers to service in the District and increase knowledge of service availability.

INITIATIVE 2.3: Enhance Recovery and Support Services through development of a network of faith-based providers.

DOH will develop and maintain a strong network of community and faith-based providers to deliver recovery support services, which include after-care programs, mentoring services, education and job readiness training, and other cultural/recreational activities. Through implementation of the federally-funded "Access to Recovery" (ATR) Grant, the agency will deliver support services to 2,000 residents utilizing treatment services in the District, up from 1,800 residents who used these services in 2008.



OBJECTIVE 3: Continually improve surveillance, prevention, and treatment of HIV, STD, TB, and hepatitis-related morbidity in the District.

INITIATIVE 3.1: Reduce transmission/prevent new infections of HIV, STD, TB, and Hepatitis through early diagnosis and treatment, harm reduction, and behavior change interventions.

The HIV-AIDS epidemic and other communicable diseases continue to present a large and growing public health threat to the District and its residents. The effort to address this burden will encompass all residents who are at-risk for HIV, STD, TB, and Hepatitis. General strategies include increased condom availability, expansion of regular HIV testing through medical sites and community providers, and a five-year social marketing initiative to drive behavior change and expand use of services. Specifically, the condom program will scale up to provide 1.75 million condoms per year in FY09 and 3 million condoms in FY10. This expansion will focus on various medical settings, including emergency departments (planned doubling in the number of EDs implementing testing is dependent on passage of the ER Testing Bill for re-imburement), labor and delivery sites (expansion from 4 to 7 sites offering testing), and primary care providers (with formalized adoption of routine testing policy and practice by at least 80% of Medicaid and Alliance MCOs and at least one DC government employee health insurance plan). Additional programming will include the expansion of both partner services and comprehensive harm reduction and needle exchange program for drug users (DC NEX). DC NEX also connects residents to APRA-supported drug detoxification and treatment programs. Funding will be made available for community-level prevention activities and capacity development through the Effi Barry Initiative, the Faith-Based Leadership Initiative, and community-based health education/risk reduction programs that educate District Residents about primary health care, disease prevention, testing and access to care, and prevention skills and strategies.

INITIATIVE 3.2: Expand education, behavioral prevention, and STD/HIV diagnosis and treatment programs for young persons in the District of Columbia.

It is critical that the District and its government support young persons to develop awareness, skills, and behaviors that lead to a reduction of risk for STDs and HIV throughout their lifetime. Activities to achieve this goal in FY2009 will include: mainstreaming of STD/HIV information into youth activities that do not currently address the issue; educating all school nurses working in DC Public Schools; education and skills-building for in-school and out-of-school youth; and provision of STD/HIV testing and treatment services. The effort will attempt to reduce morbidity and suppress ongoing transmission through expansion of the Youth Outreach Program to reach 15-19 year olds with confidential STD screening services. This initiative works within the context of the Mayor's Citywide Child Health Action Plan, and is directly aligned with the 2007-2010 Youth and HIV Prevention Initiative Plan.

INITIATIVE 3.3: Eliminate perinatal HIV transmission in the District of Columbia.

While perinatal infection with HIV is nearly 100% preventable, children in the District continue to be born living with the virus. The HIV AIDS Administration will continue to address this problem in a multi-pronged effort that includes: routine HIV screening and pregnancy planning; primary HIV prevention during pregnancy; antiretroviral treatment during pregnancy, labor, and delivery for mothers; and post-delivery treatment for babies. The District will eliminate perinatal HIV transmission through rapid testing in labor & delivery sites, implementation of standard of care for routine opt-out HIV screening in prenatal and reproductive health settings, intensive outreach through CHA's Healthy Start program, and implementation of perinatal exposure surveillance through the Vital Records electronic birth record system. This initiative works within the context of the Mayor's city-wide Child Health Action Plan, with specific attention to the reduction of infant mortality and morbidity.



OBJECTIVE 4: Improve District's public health response system via capital, workforce, and Emergency Preparedness enhancements.

INITIATIVE 4.1: Establish a system of networks to ensure that rapid medical and public health interventions are coordinated and implemented in a timely manner during public health emergencies.

The Health Emergency Preparedness and Response Administration (HEPRA) will establish and maintain a system of networks including: 1) a 24/7/365 notification/alert system to decrease the time needed to reach key responders and stakeholders; 2) a volunteer electronic registration and management system to collect the credentials and qualifications of health professionals interested in responding during public health emergencies; 3) an electronic dashboard that provides information from a number of other electronic systems in order to maintain situational awareness during crisis incidents.

INITIATIVE 4.2: Improve the ability of medically vulnerable populations to become self-sufficient during emergencies and identify those that will require governmental assistance if unable to attain self-sufficiency.

HEPRA will develop an outreach program using existing Department of Health network providers, and in collaboration with the District's other human services agencies, to identify medically vulnerable individuals that will require government assistance during an emergency. This program will require identification of obstacles to achieving self-sufficiency, development of preparedness outreach materials specifically oriented for their vulnerability and training of network providers on available government programs and services.

INITIATIVE 4.3: Ensure effective recruitment and retention of a competent workforce by improving access to training planning across the department.

DOH will implement a systematic workforce planning process to proactively plan and forecast the human resource requirements needed to achieve its organizational objectives. This includes an analysis of the long and short-term staffing needs of each administration and establishing a coordinated workforce plan for timely recruitment and selection of a skilled and knowledgeable workforce.

INITIATIVE 4.4: Improve health care access and quality through capital development.

Through a series of grants funded by Tobacco Settlement Funds, DOH will support the creation or expansion of health care capital development projects to increase access to primary, specialty, urgent, and emergency care in areas of the city with the highest unmet need. Goals for FY09 will be to successfully release and execute at least four Requests for Applicants, supporting anywhere from six to twelve capital development projects. In subsequent years, performance will be measured by number of projects that are completed and become operational, as well as number of new patient visits that were generated.

INITIATIVE 4.5: Conduct unannounced annual inspections of all food establishments tailored to the risk factors of every facility and its users.

The District's food establishments and health care facilities each present varying food health risk factors that depend, in part, upon past inspection histories, the type of food being served, the age and health of its clients, and the number of people being served. In FY09, the Health Regulation and Licensing Administration (HRLA) will tailor inspection plans for all licensed facilities to fit these unique health risks. The agency will assign a risk level for each facility based on previous inspection reports and other risk factors, and will tailor its inspections based on the assigned risk level. All establishments will be inspected annually to determine continued compliance with



applicable federal and local requirements. All inspections will be unannounced; revisits and monitoring visits will be conducted to verify correction of deficient practices and to ensure continued compliance. A specialized unit will conduct follow-up visits following receipt of facility's corrective action plan. For the first time, HRLA will utilize FDA-trained inspectors to incorporate food inspections into its oversight of all health facilities, including nursing homes and hospitals.



PROPOSED KEY PERFORMANCE INDICATORS

Measure	FY07 Actual	FY08 Target	FY08 YE Actual	FY09 Projection	FY10 Projection	FY11 Projection
Objective 1						
Percent of children enrolled in DC Public Schools and Public Charter Schools with a body mass index (BMI) measurement	43%	46%	TBD	70%	80%	90%
Percent of Medicaid/Alliance beneficiaries with AMI, chronic kidney disease, diabetes, stroke, chronic obstructive pulmonary disease, or hypertension who are re-hospitalized within 30 days of discharge.	30%	30%	TBD	29%	28%	25%
Percent of low birth weight, infants born in DC.	11.6% (2006)	11.3%	TBD	11%	10.5%	10%
Objective 2						
Percent of APRA clients referred to recovery support services that redeem vouchers to utilize those services. ^A	N/A	N/A	N/A	80%	85%	90%
Percent of recovery support clients that receive 6-month post-admission interview. ^B	N/A	N/A	N/A	85%	90%	95%
Percent of recovery support clients that maintain abstinence from alcohol and drugs 6-months post admission (quarterly).	N/A	N/A	N/A	40%	45%	50%
Objective 3						
Number of new HIV (HIV/AIDS) cases diagnosed within the fiscal year. ^C	1,361	769	851	1,400	1,500	1,600
Number of publically supported HIV tests performed. ^D	43,271	68,252	72,864	100,000	150,000	150,000 ^E
Number of persons newly diagnosed with HIV through expanded partner services (PCRS). ^F	22 ^G	19	19	40	80	150
Number of needles off the streets through DC NEX Program.	N/A	190,016	190,016	250,000 ^H	300,000	350,000
Number of condoms distributed by DC DOH Condom Program. ^I	550,000 ^J	1.52 million	1.52 million	1.75 million	3 million	3 million
Number of youth (15-19 years) screened for STDs through youth outreach program (parks and recreation, summer employment, schools, etc.)	N/A	1,898	2,091	5,000	10,000	10,000
Number of peri-natal HIV infections.	3 ^K	6	4	0	0	0
Objective 4						
Percent of health care providers contacted through the Health Alert Network that confirm message receipt within 60 minutes.	N/A	N/A	N/A	75%	80%	85%



Percent of Department of Health network providers enrolled in pilot program to identify and serve persons with special needs in an emergency.	N/A	N/A	N/A	10%	20%	30%
Percent of new hires on board within 60 days after job posting.	N/A	N/A	N/A	75%	80%	85%
Vacancy rate.	N/A	N/A	N/A	5%	4%	4%

^A APRA provides vouchers for community-based support services as clients go through treatment. While not all APRA clients receive vouchers for support services, uptake of support services is an important indicator of the agency's ability to support clients' recoveries.

^B The six-month post-admission interview of clients who use support services is critical to assessing the strength of programs and the success of clients.

^C Due to increased testing, DOH expects that the number of newly diagnosed HIV cases will increase for several years. Identifying these new cases is critical to increase survival of patients and decrease future transmissions. Reporting delays may lead to upward revision of actual numbers over time.

^D DC DOH policy is routine opt-out HIV testing—we encourage all persons to know their HIV status and together HIV status checked annually as part of regular health care. To realize this goal, DOH supports multiple community outreach and health care partners to increase testing access and provision—thus our goal is to increase the number of tests provided over the next several years.

^E The number of tests is expected to plateau in 2010 as private providers begin to provide more testing services. The number may expand in future years as costs shift and the public health system focuses on special populations.

^F Partner Services provide targeted testing to persons who may have been exposed to HIV but unaware of their exposure. Experience shows that targeted testing of partners yields high rates of new diagnoses.

^G Revised FY07, FY08 measures and FY09-FY11 targets based on review of data.

^H Revised FY09-FY11 targets due to FY08 year-end data dramatically exceeding projected performance. Previous targets were 50k, 60k and 70k for FY09-FY11, respectively.

^I In 2008, Mayor Fenty pledged to triple the size of the public condom distribution program from approximately 1,000,000 condoms per year to 3,000,000 condoms per year. This 3,000,000 goal will place DC on par with NY City's program, the only other city-wide public condom program in the United States. In addition to providing condoms, social marketing and prevention programs will promote higher regular and correct usage of these condoms. Once achieving this 3,000,000 goal, additional needs assessment will be performed to inform any further scale up.

^J Revised FY07 based on correction: FY07 number previously reported included some condoms distributed during FY08 as well. Public condom distribution program started in February 2007.

^K Revised FY07 count: reduced from 7 to 3, based on re-classification: 4 of the originally-reported cases were not District residents. We expect that each year will result in post-year revisions as final investigations result in reclassification.