



Department of Health DOH (HC)

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.

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.

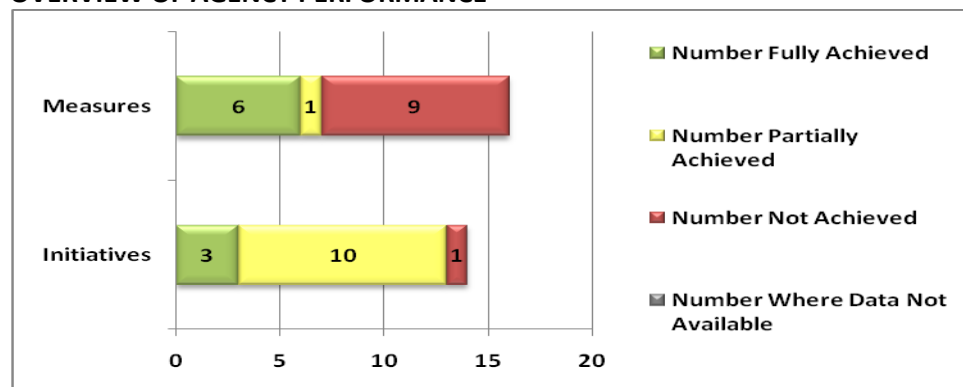
AGENCY OBJECTIVES

1. Improve the District's public health response system via capital, workforce, and emergency preparedness enhancements.
2. Continually improve surveillance, prevention, and treatment of HIV, STD, TB, and hepatitis-related morbidity in the District.
3. Reduce substance abuse and mitigate its consequences in the District by expanding access to high quality substance abuse prevention, treatment, and recovery support services.
4. Ensure quality and equitable health outcomes for children, families, and adults in the District.

ACCOMPLISHMENTS

- ✓ Increased the number of pregnant women and infants at high medical and social risk receiving home visitation and case management services from 496 in FY 2008 to 656 in FY 2009.
- ✓ Increased childhood immunization rates by 24.61%, moving from 61.78% in August 2009 at the start of the school year to 86.39% in December 2009.
- ✓ Increased condom distribution to 3,219,446, significantly exceeding our FY 2009 target of 1.75 million. DOH expanded the number and geographic coverage of distribution points.


OVERVIEW OF AGENCY PERFORMANCE





Performance Initiatives – Assessment Details

Performance Assessment Key:

 Fully achieved  Partially achieved  Not achieved  Data not reported

OBJECTIVE 1: ENSURE QUALITY AND EQUITABLE HEALTH OUTCOMES FOR CHILDREN, FAMILIES, AND ADULTS IN THE DISTRICT.

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

DOH continues to assist local communities and organizations to build capacity by providing information to increase partnerships, locating assets and resources, identifying and engaging stakeholders, while developing strategies to significantly reduce infant mortality and increase the number of women receiving early prenatal care. In addition to improving internal collaboration among DOH administrations, DOH is working with other District government agencies. DOH has partnered with Department of Human Services to increase the number of at-risk women enrolled in a comprehensive health and psychosocial program. Additionally, DOH is working with Department of Healthcare Finance as they promote the development of perinatal risk screening in conjunction with managed care organizations. Through the federal Healthy Start program and a partnership with Department of Mental Health, DOH has built and strengthened community-based systems of care to actively address the medical, behavioral, and psychosocial needs of women and infants. Through strong coalitions, DOH strives to meet the ever-changing and complex needs of vulnerable pregnant women and their children.

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

During FY 2009, the DC Obesity Work Group developed an Obesity Prevention and Reduction Action Plan for the District, capitalizing on information gleaned from various stakeholder meetings and community forums. A draft of the plan has been completed, and will be officially released in 2010. A training program for child care staff and parents based on the nationally vetted “I Am Moving, I Am Learning” Head Start curriculum has been implemented in Wards 1, 7, and 8, including cultural adaptations to the District. The District now has an active School Wellness Work Group with a cross-section of government and community stakeholders working to implement the physical activity, physical education, and nutrition policies in all DC schools. The RWJ-Clinton Foundation’s national “Alliance for a Healthier Generation” initiative now has 45 active Wellness Councils in DC schools.

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

The goal of the Chronic Care Initiative (CCI) is, within five years, to improve the reliability and value of preventive, treatment, and supportive services for the residents of the District living with or at risk of cardiovascular disease, stroke, hypertension, chronic kidney failure, diabetes,



and chronic obstructive lung disease (emphysema). CCI seeks to improve the quality of care citywide through local coalitions that will partner with DOH to learn together, implement quality improvements, and monitor these various processes. CCI is charged with monitoring the overall chronic disease trends in the District. This Initiative marks the launch of a creative strategy of population-based quality improvement activities aimed at ensuring highly reliable and highly efficient care using evidence-guided tests. The Chronic Care Initiative RFA released in November 2008 funded nine improvement projects, one on HIT/HIE, one to support continuous quality improvement (CQI) method training, and one to support the infrastructure of these endeavors. CCI will release in November the second round of RFAs to focus on developing ongoing analyses of Medicaid/Alliance/Medicare data. In all, CCI has committed \$4.3 million and will commit about \$3.5 million in the upcoming RFA. CCI expects to spend about \$1 million on measurement and dashboard development, and \$1.2 million on enhancing the sustainability of all the programs funded by CCI. These efforts will enable DOH to:

- Generate substantial capacity for deliberate, evidence-guided improvement activities
- Generate commitment to citywide improvement as measured by population-based data
- Take a leadership role in the Institute for Healthcare Improvement's Triple Aim prototyping for geographic improvement activities
- Initiate a population-based patient survey concerning the workings of the health care delivery system
- Pull in other initiatives -- such as asthma and stroke collaboratives, special needs children growing up initiative, etc. -- for training, collaboration, and support
- Develop a Chronic Care Coalition that could serve as a learning organization and co-integrator with DOH in setting future priorities

However, challenges exist:

- Develop collaborating partnerships that can exist regardless of funding
- Develop an earned media campaign
- Develop the required capacity building infrastructure to support local health service organizations
- Provide ongoing CQI coaching to increase the capacity of local health service organizations to independently implement CQI models
- Develop a process to evaluate skills and the specific improvements as funding ends
- Measure the success at implementing citywide chronic disease CQI programming

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.

Addiction Prevention & Recovery Administration (APRA) staff delivered more than 3,000 hours of prevention services to enhance the capacity of community and faith-based organizations and government agencies, provided 20 Community Conversation events for more than 300 individuals across all eight Wards, and led a substance abuse prevention leadership institute with 400 high school youth. These multi-faceted services provided information dissemination, education, community planning processes, and environmental strategies to reduce risk, prevent the onset, and stop the progression of substance abuse among children and youth.

INITIATIVE 2.2: Support and maintain a comprehensive continuum of accessible substance



abuse treatment services through expansion of provider network and community intake sites.

Through the implementation of the Adolescent Substance Abuse Treatment Expansion Program, APRA significantly enhanced the capacity of adolescent treatment providers to deliver quality services to youths in FY 2009. Fifty percent of these providers are also certified mental health service providers. APRA has, for the first time in District history, established an adolescent treatment system that is supported by Medicaid funding. APRA has partnered with the adolescent treatment providers to support staff development with training on a common assessment tool and evidence-based treatment practices, such as motivational enhancement therapy and cognitive behavioral therapy. In support of a “no wrong door” approach to accessing substance abuse treatment, APRA has improved access to treatment by allowing adolescents to go directly to the program of their choice. Adolescents seeking care are typically able to enter a program within one day. APRA continues to maintain intake and assessment capacity at the D.C. Superior Court and the D.C. Jail. In FY 2009, APRA increased the availability of community-based intake sites from 10 to 25.

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

APRA has certified and contracted with 31 community and faith-based organizations to provide recovery support services to individuals coping with the disease of addiction. These organizations provide the following recovery support services: spiritual, recovery, educational, life skills, and family and marital counseling; parenting skills training; child care; transportation; care coordination; and environmental stability. In FY 2009, 4,044 individuals were referred to recovery support services, up from 996 in FY 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, Hepatitis, STD, TB Administration (HAHSTA) has taken a multi-pronged approach to reduce infection rates for HIV, STD, TB, and hepatitis. Activities have been strategically designed with education messages aimed at the general public as well as target messages and interventions for high risk groups in the District. Specific results that relate to this objective include: distributing more than 3 million condoms, expanding the number and geographic coverage of distribution points, increasing the number of HIV tests completed from 72,864 in FY 2008 to 90,151 in FY 2009, and getting 279,707 needles off the streets. Data on new infection rates is not yet available. HAHSTA will draw on multiple data sets including new cases, behavioral studies, population-based studies, and program statistics to assess impact on disease rates.

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

Supporting youth to develop awareness, skills, and behaviors that lead to a reduction of risk for STDs and HIV throughout their lifetime is a key objective for HAHSTA. Activities to achieve this goal in FY 2009 have included: mainstreaming of STD/HIV information into youth activities that do not currently address the issue, social marketing and outreach activities at targeted venues, and expanding youth outreach/school-based STD/HIV testing and treatment services.



Particularly successful are the school-based STD and community-based screening programs, including the summer youth employment program. After a pilot program in FY 2008 with several public charter schools, HAHSTA launched the first full year in FY 2009 with six DC public high schools. The number of youth reached through the programs doubled from 2,091 in FY 2008 to 5,265 in FY 2009.

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 have continued to be born with the virus since 2005. HAHSTA has continued its work to eliminate perinatal HIV transmission through rapid testing in labor and delivery sites, implementation of standard of care for routine opt-out HIV screening in prenatal and reproductive health settings, intensive outreach through the Community Health Administration's Healthy Start program, and application of perinatal exposure surveillance through the Vital Records electronic birth record system. The data shows that these activities are having an impact, with HIV transmission in the District dropping from 3 new infections in FY 2008 to only 1 infection in FY 2009.

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.

DOH has developed and implemented a 24/7/365 notification alert system via the Health Alert Network. DOH has developed and implemented an electronic volunteer registration and notification system via DC Responds, an emergency system for advanced registration of volunteer health professionals system. The electronic dashboard is under development and partially operating during response to H1N1.

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

Due to the emergence of the H1N1 Influenza virus and staff reductions this project has not started.

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

In accordance with workforce planning requirements, DOH has been working to reduce its vacancies. The current DOH recruitment process runs anywhere from three to seven months, though many candidates are selected near the 3-month/90-day mark. The DOH Human Resources division has developed a recruitment timeline that can attain a 75-day goal. This will be achieved by decreasing waiting periods and managing some processes concurrently rather than sequentially. DOH respectfully requests that the recruitment timeframe be increased to 75 days moving forward.

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

Through its Capital Health Project, DOH released four RFAs between October 2008 and November 2009. These RFAs, funded with dollars from the District's share of the tobacco settlement (which were deposited in the Community Health Care Financing Fund), should



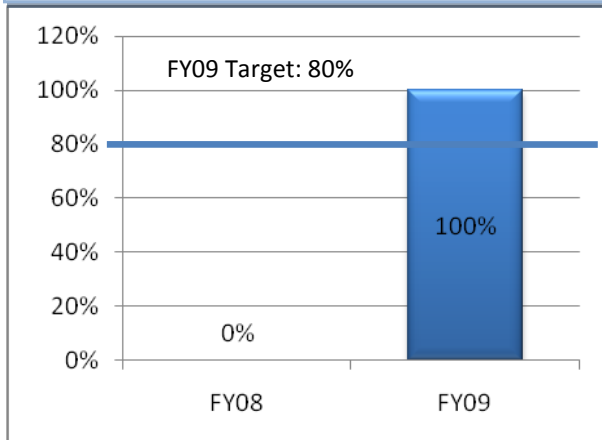
support the construction of six new primary health care centers and a pediatric dental clinic, the expansion of a seventh health center, the development of a new pediatric emergency room and the expansion and enhancement of a second hospital's emergency room, the expansion of a home visiting program for homebound patients, and the construction and start-up of three school-based health centers. These projects are scheduled to be completed over the next three years.

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

- DOH has determined and set risks levels for all facilities. DOH is currently in the process of standardizing FDA training for all staff who conduct food inspections at nursing homes and other health facilities.

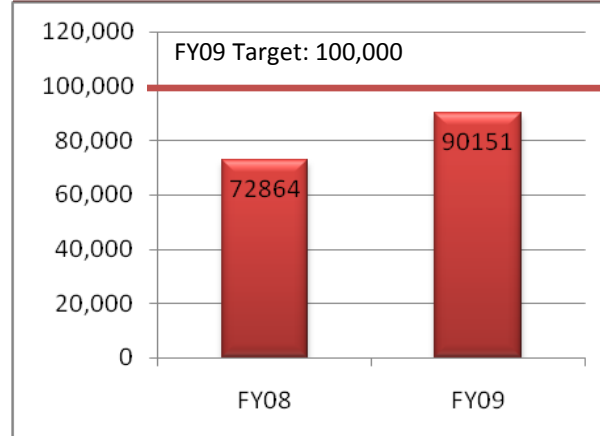
Key Performance Indicators – Highlights

From Objective 1: Percent of APRA clients referred to recovery support services that redeem vouchers to utilize those services



FULLY ACHIEVED

From Objective 1: Number of publicly supported HIV tests performed



PARTIALLY ACHIEVED

More About These Indicators:

How did the agency's actions affect this indicator?

- APRA initiated an aggressive outreach effort to enroll clients into the recovery support services.
- APRA engaged its contracted opioid treatment programs to enroll their clients, which resulted in a large number of individuals enrolling in recovery support services.
- APRA intensified efforts within its Assessment and Referral Center (ARC) to assess and enroll clients into recovery support services to complement and supplement their treatment services.

What external factors influenced this indicator?

- The opioid treatment programs and recovery support service providers have been pivotal in identifying and referring clients to APRA to enroll in recovery support service programs. These efforts have led to an unprecedented level of enrollment and engagement.

How did the agency's actions affect this indicator?

- HAHSTA implemented a routine HIV testing policy, with an opt-out provision, to increase the number of individuals who know their HIV status and to incorporate HIV into routine care.
- HAHSTA worked with the community-based providers on HIV testing programs to strengthen referrals to HIV care when an individual tests positive.
- HAHSTA launched a large scale social marketing campaign to educate the public on the importance of asking for the test.

What external factors influenced this indicator?

- Social marketing campaigns are costly, so HAHSTA is limited in the amount of time and scope for the "Ask for the Test" campaign.
- Federal funding from CDC for counseling, testing and referral programs did not increase from FY 2008 to FY 2009.



Key Performance Indicators – Details

Performance Assessment Key:

● Fully achieved
 ● Partially achieved
 ● Not achieved
 ● Data not reported

	Measure Name	FY2008 YE Actual	FY2009 YE Target	FY2009 YE Revised Target ¹	FY2009 YE Actual	FY2009 YE Rating	Budget Program
●	1.1 Percent of children enrolled in DC Public Schools and Public Charter Schools with a body mass index (BMI) measurement	43	46	70	45	64.29%	COMMUNITY HEALTH ADMINISTRATION
●	1.2 Percent of low birth weight infants born in DC	13.1	11		10.8	101.85%	COMMUNITY HEALTH ADMINISTRATION
●	2.1 Percent of APRA clients referred to recovery support services that redeem vouchers to utilize those services	0	80		100%	125%	ADDICTION PREVENTION & RECOVERY ADMINISTRATION
●	2.2 Percent of recovery support clients that receive 6-month post-admission interview	0	85	85	26.24%	30.87%	ADDICTION PREVENTION & RECOVERY ADMINISTRATION
●	2.3 Percent recovery support clients that maintain abstinence from alcohol and drugs 6-months post admission	0	40		21.73%	54.32%	ADDICTION PREVENTION & RECOVERY ADMINISTRATION
●	3.1 Number of new HIV (HIV/AIDS) cases diagnosed within the fiscal year	851	1400	1400	714	51%	HIV/AIDS ADMINISTRATION
●	3.2 Number of publicly supported HIV tests	72864	100000	100000	90151	90.15%	HIV/AIDS ADMINISTRATION

¹ Agencies have been permitted to change their targets as long as 1) the original targets are published in the PAR, as they are here, and 2) a strong justification was presented for the change.



	performed						
●	3.3	Number of persons newly diagnosed with HIV through expanded partner services (PCRS)	19	40	42	105%	HIV/AIDS ADMINISTRATION
●	3.4	Number of needles off the streets through DC NEX Program	190016	250000	279707	111.88%	HIV/AIDS ADMINISTRATION
●	3.5	Number of condoms distributed by DC DOH Condom program	1520000	1750000	3219446	183.97%	HIV/AIDS ADMINISTRATION
●	3.6	Number of youth (15-19 years) screened for STDs through youth outreach program (parks and recreation, summer employment, schools, etc.)	2091	5000	5265	105.30%	HIV/AIDS ADMINISTRATION
●	3.7	Number of perinatal HIV infections	4	0	1	0%	HIV/AIDS ADMINISTRATION
●	4.1	Percent of healthcare providers contacted through the HealthAlert Network that confirm message receipt within 60 minutes	0	75	40.00%	53.33%	EMERGENCY HEALTH AND MED SERVICES ADMIN
●	4.2	Percent of DOH network providers enrolled in pilot program to identify and serve persons with special needs in an emergency	0	10	0%	0%	EMERGENCY HEALTH AND MED SERVICES ADMIN
●	4.3	Percent of new hires on board within 60 days after job posting	0	75	12.38%	16.51%	AGENCY MANAGEMENT SUPPORT
●	4.4	Vacancy rate	0	5	7.21%	69.37%	AGENCY MANAGEMENT SUPPORT