

**Colorado Public Health Performance Improvement Plan:
A Progress Report for Fourth Quarter 2004 and Next
Steps**

Submitted by the Public Health Performance Improvement Collaborative
Office of Local Liaison

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Progress Reports

One quarter has passed since the [Colorado Public Health Performance Improvement Plan](#) (The Plan) was originated. The purpose of the Plan is to improve state and local public health systems in Colorado as defined and measured by the National Public Health Performance Standards. The Plan contains 114 public health performance plans from 56 state and local agencies. Agencies with action steps that were targeted for completion before December 31, 2004 or were on-going were solicited for progress reports. Twenty-three agencies responded with reports on 108 action steps. Table 1 shows the response rates for Fourth Quarter 2004.

Table 1 Response Rates for Agencies, Plans and Action Steps

	<u>Solicited</u>	<u>Updated</u>	<u>Response Rate</u>
Agencies	50	23	46%
Plans	94	39	41%
Steps	307	108	35%

These plans and their subsequent updates will help thread together existing local and state activities that will enhance our public health capacity and delivery of essential services. The final sections of this report will present updated action steps by Essential Service and by Agency. Thanks to the following agencies and organizations that submitted updates.

Table 2 Programs, Agencies and Organizations That Provided Updates for Fourth Quarter 2004 Action Steps

Contributing Programs, Agencies and Organizations
Alamosa County Nursing Service
CDPHE--Maternal Child Health
CDPHE--Office of Local Liaison
Clear Creek County Nursing Service
Colorado Public Health Association (CPHA)
Custer County Public Health Nursing Service
Denver Health and Hospital Authority
Dolores County Nursing Service
El Paso County Department of Health and Environment
Garfield County Public Health Nursing Service
Gunnison County Public Health
Hinsdale County Public Health and Community Services
Jefferson County Department of Health and Environment
Kiowa County Nursing Service
Montezuma County Health Department
Otero County Department of Health
Prowers County Public Health Nursing Service
Public Health Nurse Association of Colorado
Rio Blanco County Nursing Service
San Juan County Nursing Service
Summit County Public Health Nursing Service
Weld County Department of Public Health and Environment
Western Colorado Association of Environmental Health Officials

Next Steps

The PHPIC will be convening two learning communities to provide strategic directions for improving performance in the essential services of monitoring and evaluating. These groups are convening on March 23, 2005 at 11:00 a.m. at the Laboratory and Radiation Services (LARS) building of Colorado Department of Public Health and Environment. For more information contact Nancy Moulton at nancy.moulton@state.co.us or 303-692-2350. Some of the questions that may be considered are as follows.

Thought Questions for Learning Communities to Ponder on March 23rd

Monitoring

1. Does Colorado have a State Health Profile? According to the NPHPS Assessment we did not in April 2002
2. Does Colorado have a uniform set of health indicators? According to the NPHPS we did not in April 2002. Might this be provided in the HP2010 Report?
3. There are numerous indicators with attainment levels of less than 50%. Would it be a worthwhile activity for a learning community to prioritize those indicators as an approach to teasing out local, regional and state improvement strategies?
4. 8% of local health systems use geographic information systems (GIS). Is this a desired capacity? If so, are there ways to share CDPHE's GIS capacity to help increase local utilization?
5. Conducting community health assessments and compiling community health profiles are indicators for which local public health systems are in less than 50% attainment. Is there enough interest to fuel a learning community towards developing strategies for increasing capacity for improvement in this area?
6. If CDPHE were to develop a State Health Profile, would local public health systems want to participate in that process in the prospect of using SHP as a standard for community health profiles? If common measures were used, the state capacity might be leveraged to generate profiles for communities. Would strategies need to be developed to obtain county-level data to be able to build this statewide capacity?

Evaluating

1. Most of the NPHPS indicators for the state public health system are under 25% of attainment. Could a learning community be utilized to prioritize these indicators and develop specific improvement strategies?
2. Most of the NPHPS indicators for local public health systems are under 50% for attainment. Could a learning community be utilized to prioritize these indicators and develop specific statewide improvement strategies?
3. The only indicator that was less than 25% of attainment is the evaluation of the local public health system. Every local public health system was evaluated in 2002 using the NPHPS Survey. Would a learning community be interested in developing strategies for on-going assessment every 3 to 5 years according to the standard?

The data underlying these thought questions is presented in the [Low Hanging Fruit Report](#) section of this report on page 16.

Progress Reports by Essential Service

Monitor Health Status to Identify Community Health Problems

Concern with developing a comprehensive understanding of our community's health to support planning and collaboration. (El Paso County Department of Health and Environment)—Plan #6

Step 12: 1. Identify and review current Community Health Status Assessments to date for EPC.

Progress: Current Community Health Status Assessments have been identified & reviewed

Step 13: 2. Review Community Health Status Assessments completed nationally and within Colorado and select format. Identify sources of data for EPC

Progress: Community Health Status Assessments completed nationally & within CO have been reviewed. A short community health status report will be completed by April 2005, & a full report will be complete by December 2005. Both reports will include data from the Community Health Survey & secondary sources. Secondary data sources have been identified. The full report will also included data collected from focus groups.

Step 14: 3. Study NACCHO's MAPP Community Health Status Assessment template.

Progress: NAACHO's MAPP Community Health Status Assessment template has been reviewed and used to guide the data collection process.

Step 15: 4. Select an overall format for the assessment.

Progress: Completed.

Step 16: 5. Prioritize data collection activities.

Progress: Survey design, survey methods & IRB requirements completed 9/30/04. Data collection activities began 10/01/04 and ended 12/15/04. EPCDHE currently working on data entry & data analyses.

Capacity to use Geographic Information Systems (El Paso County Department of Health and Environment)—Plan #7

Step 21: 1. Develop implementation strategy including system architecture design; Identify GIS implementation team; Train core IT staff on architecture design; and Determine/Hire consultant for enterprise architecture design.

Progress: Two IT staff members completed intensive week-long GIS training. ARCVIEW was upgraded in 2004 & 5 concurrent licenses were purchased.

Step 22: 2. Lay the foundation; Train core users; Complete hardware installation; Develop common base data layers; Identify needed extensions; and Identify pilot project.

Progress: Necessary hardware is in place & plans for continued development are in progress.

Community Assessment (Prowers County Public Health Nursing Service)—Plan #32

Step 106: Compile data utilizing secondary data sources such as vital stats, BRFS, Disease data, MCH, physhosocial, census, etc.

Progress: Data compiled, will be complete 1/31/05

Step 107: Select surveys.

Progress: Studying methods for distribution & bilingual assessment

Step 108: Complete community & key informant surveys.

Progress: In process, will complete sometime in 2005.

Community Assessment (Kiowa County Nursing Service)—Plan #37

Step 130: Introduce students to MAPP process and role in data gathering Help make student placements and assignments Maintain desired collaboration with key stakeholders (MAPP Committee) through periodic meetings Collaborate throughout with OLL (PHN consultant) for further MAPP training, guidance, and assistance if necessary Sept-November: Data collection: Community Health Profile and Themes and Stengths Assessment ; Analysis, Community Presentation Conduct Forces of Change Assessment When applicable, incorporate assessment data from a variety of available resources including the Local Capacity Assessment findings.

Progress: 10/08/04 UCHSC instructors and students in Kiowa County to complete assessmentMet with UCHSC students and Instructors on 12/01/04 and had a review of the assessment and input our suggestions.1/13/04 UCHSC students here for our final MAPP presentation to the community and key stake holders.

Public Health, Prevention- Parent Education Need (San Juan County Nursing Service)—Plan #45

Step 173: Offer parent orientation prior to the startup of each school age group's drug prevention program (1 ½ hours).

Progress: Info tables at Silverton School Open House on 1/19/05 and Silverton High School Open House gallery

Step 181: * Post banners (as we have no billboards)

Progress: Posted information banner in storefront windows of local businesses & restaurants in Silverton. Info on Drug, Alcohol prevention, Antibiotic Awareness

Step 184: Conduct informal interviews by phone or door to door with community people.

Progress: Decided to do Youth Center & Kid's Time surveys, surveys & report completed

Step 187: Increase media exposure through radio public service announcements.

Progress: PSAs regarding flu vaccine availability via Silverton Standard newspaper, KSJC community radio station.

Children's immunization rates (Montezuma County Health Department)—Plan #47

Step 195: Finish data entry on the IZ registry.

Progress: Data entry complete on all practices that are ready to participate.

Step 196: Implement recall/reminder system.

Progress: Has been implemented. Two postcards are being sent and one phone call made if necessary.

Community Health Assessment and Profile (Hinsdale County Public Health and Community Services)—Plan #51

Step 211: Prepare a survey questionnaire and key informant questionnaire

Progress: Completed.

Step 212: Collect 200 completed surveys; 10 key informant interviews; Data program

Progress: 194 Completed surveys. 18 key informants completed & entered into data program

Step 213: Collect secondary data

Progress: Completed.

Step 214: Analyze assessment results and prepare community profile

Progress: Still in progress, making final changes.

Local Health Assessment (Dolores County Nursing Service)—Plan #53

Step 219: Develop survey

Progress: Completed.

Step 220: Identify Key partners

Progress: Completed.

Step 221: Distribute survey

Progress: Completed.

Step 222: Collect/analyze survey/send results to state

Progress: I am presently waiting on Mesa State College to complete the analysis, then I will submit results.

Maternal and Child Health State and Local Planning Process – Five-Year MCH Needs Assessment (CDPHE--Maternal Child Health)—Plan #70

Step 296: Complete a comprehensive Maternal and Child Health Status Assessment Report. Distribute to local public health agencies and stakeholder groups statewide.

Progress: Draft document completed and distributed in November 2004. Stakeholder response solicited. Telephone conference call conducted to discuss report contents.

Step 297: Conduct collaborative process to consider data and select priority needs and establish performance measures to measure progress in addressing those needs. Include local public health agencies; other state agencies; professional organizations; advisory, advocacy and consumer groups.

Progress: Collaborative process well underway. Will be completed in January 2005. Through use of Web-based technology, Web-IQ, we are conducting stakeholder input sessions, facilitating interactive discussions and rating of the issues to be addressed through MCH funding. Very effective process.

Regional Community Health Assessment of the Roaring Fork Valley to include Pitkin, Garfield & Eagle County (Garfield County Public Health Nursing Service)—Plan #73

Step 321: Meet with Ellen Wurst (WCAHEC) to determine what resources are available to conduct a regional community assessment: Resources: graduate students, grants

Progress: Lauren Clark notified CUCHSC to request status for regional assessment requested in September 2004. Lauren Clark contacted Dr. Marsh of UCHSC will check in with the region in January of 2005.

Community Health Assessment using MAPP Process (Rio Blanco County Nursing Service)—Plan #80

Step 345: Attend MAPP training offered through OLL

Progress: Will begin community assessment in early 2005.

Diagnose and Investigate Health Problems and Health Hazards in the Community

Exercise Plans for Emergency Preparedness 2005. (Clear Creek County Nursing Service)—Plan #4

Step 5: Incorporate post exercise evaluation of 7/04 into Public Health Emergency Preparedness Plans.

Progress: Plans revised, updated, reflecting current roles & responsibilities of staff & partners. Consulted w/ County Health Officer, OEM Dir., Regional Planner, EHS for changes. Updated contact lists for local partners.

Step 6: Update Public Health Emergency Preparedness plans.

Progress: Also updated Mass Vaccination, Draft Risk Communication, SNS Plan, Regional Plan for submission & approval by BOH via OEM Dir.'s incorporation into County EOP.

Step 7: Notify staff and partners of role changes and changes in public health plans.

Progress: Documents also given to partners.

Step 8: Plan exercise to test updated plan and complete a post exercise evaluation.

Progress: Planning in process for Public Health Table Exercise scheduled for 04/05.

Epidemiologic Investigation, Emergency Response for Non-Public Health ER Nurses (Gunnison County Public Health)—Plan #8

Step 25: 1. Assessment of current protocols & training of GVH ER staff.

Progress: Rescheduled for January 2005.

Step 26: 2. Meet with Hospital CEO, Hospital DOM & ER Supervisor for plan to proceed & develop timeline.

Progress: Rescheduled for February 2005. Initial meeting with hospital CEO and Director of Nursing took place on 10/25/04. Timeline to be developed.

Exercise our Weld County Mass Prophylaxis Plan (Weld County Department of Public Health and Environment)—Plan #10

Step 31: Hold a meeting of the Weld County Bioterrorism Committee to discuss the possibility of an exercise. Establish an Exercise Development Team from this committee.

Progress: Completed 4/6/04 using existing BT Steering Committee of Weld County.

Step 32: The Exercise Development Team will meet every other week to develop the exercise, assign job duties, and develop the documents required for the exercise.

Progress: The exercise team has been meeting every other week since April, 2004. Due to the Influenza vaccine shortage that was made public in October, 2004, a decision was made by the team to cancel the Mass Immunization Exercise for this year. Instead, only the communications piece will be exercised on January 26th, 2005.

Step 33: Hold a tabletop exercise as a prequel to the full-scale exercise.

Progress: Completed.

Step 34: Conduct training for WCDPHE staff on communications and Incident Command.

Progress: Completed 9/16/04

Step 35: Conduct Full-scale Mass Immunization Clinic.

Progress: Cancelled due to lack of vaccine. Communications exercise w/ same scenario scheduled for 1/26/05. Maybe do fullscale exercise Fall 2005.

Emergency preparedness (Summit County Public Health Nursing Service)—Plan #15

Step 42: Public Health PIO/Director will meet with countywide PIOs. Learn current structure and participate in planning for on going work group. Assist group with educational opportunities, plan for additional requirements of group to assure cooperation.

Progress: Public Health Director has met with Emergency Manager to talk about PIO and countywide issues based on review of county emergency response exercise. Conversation with Sheriff's Office (SO) PIO about attending PIO group meeting. Director has not attended PIO group meeting as no contact from SO PIO has been made yet.

Public Health Preparedness and Response to Bioterrorism (All-Hazards) (Otero County Department of Health)—Plan #27

Step 90: Executive Director will develop and maintain roster and place them in the "Ready Folders". "Ready Folders" will be maintained in all OCHD offices.

Progress: Rosters are in place in the "Ready Folders" and are updated as necessary. "Ready Folders" continue to be updated regularly and have proven very useful for all 3 agency offices.

Mass Vaccination Clinic (Kiowa County Nursing Service)—Plan #36

Step 127: Mass Emergency Vaccination Clinic

Progress: Mass vaccination Clinic completed Oct. 16, 2004 with a very good turn out. Now in the process of completing Final Regional AAR.

Radio Communication in Emergencies (Alamosa County Nursing Service)—Plan #38

Step 132: A meeting will be convened to assess the current capacity

Progress: Completed.

Increase collaboration amongst county first responders and this Nursing Service. (San Juan County Nursing Service)—Plan #44

Step 168: Present relevant issues and educational topics at scheduled meetings.

Progress: Nursing service submit Emergency Planning info to 1st responders via Emerg Plan newsletter,

Step 169: County planner CM retired in November 2003. Discussed need and role of planner with county commissioners.

Progress: Coordinate with the County emergency Planner to a schedule a "Fit Mask" training session with all San Juan County Emergency Response Agencies within the next 3 months. Training will be provided by the San Juan Basin Health Department Emergency Planning Team. Coordinate with the County Emergency Planner to schedule to incorporate taraining session with the Emergency Medicine Council meeting within the next 3 months. Nursing Service will submit Emergency Planning information to 1st responders via Emergency Planner newsletter.

Step 170: Meet with newly appointed county emergency planner. Acquainted with philosophy and role of this nursing service in emergency planning. Discussed concern regarding no routine EMC meeting schedule, late or lack of notice given to this nursing service.

Progress: Meeting between new County Emergency Planner, Kelly Phillips, the former Nursing Service Emergency Coordinator/ Planner, Don Mantay, and new Nursing Service Emergency Coordinator/ Planner, Maxine R. Horton. The meeting discussed the overall County Emergency Plan and how the Nursing Srevice Emergency Plan fit in with this plan. Corrections and additions of theNursing Emergency Plan were Discussed at this meeting. Plan to meet again within the next 3 months with County emergency Planner to resubmit the Nursing Service Emergency Plan revisions.

Step 171: County emergency planner will contact nursing service regarding next scheduled meeting.

Progress: Cordinate w/ County Emerg Planner to schedule traning session w/ Emerg medicine Council by April 2005

Step 172: Maintain regular contact with emergency planner regarding EMC meeting.

Progress: Plan to meet again by April 2005 with County emergency Planner to resubmit the Nursing Service Emergency Plan revisions.

Identification and surveillance of health threats (Montezuma County Health Department)—Plan #48

Step 199: Designate an investigative response team with appropriate protocols for responding to a public health emergency.

Progress: Emergency team has been designated for investigative purposes. Protocols are in process. 24/7 contact list established.

Step 200: Update local providers regarding communicable disease reporting requirements/protocols.

Progress: Regular updates sent to providers as warranted via broadcast fax.

Step 201: Identify gaps in the infrastructure in regards to communicable disease response and address as warranted.

Progress: Working with providers to improve communication regarding communicable disease response.

Step 202: Work with regional BT team to address identified gaps in infrastructure and communication.

Progress: Working with regional BT staff on a regular basis to improve response capabilities.

Develop Communication Risk Management Plan (Dolores County Nursing Service)—Plan #54

Step 223: Develop plan

Progress: Completed.

Local and/or state public health has a system to divert existing workforce to function in specific emergency response roles, while maintaining core public health functions. (Denver Health and Hospital Authority)—Plan #57

Step 237: Conduct an exercise to assess managers and supervisors on what are core functions that must be maintained during an emergency; Generate consensus among managers and supervisors

on what core PH Functions are and how PH should organize the existing workforce to prepare and respond to a hazard requiring PH action
Progress: Completed.

Step 238: Analyze assessment results; Using a Delphi technique refine the list
Progress: Completed.

Selection of appropriate locations for dispensing mass vaccinations/prophylaxis for the inhabitants of Denver County (Denver Health and Hospital Authority)—Plan #58

Step 245: Establish a contract with the Department of Geography, University of Colorado at Denver (UCD) to leverage their skills and knowledge to develop this distribution plan.
Progress: Completed.

Step 246: Utilize 2000 census population criteria to determine the population distribution and optimal areas to reach the largest number of people with the least amount of travel. Criteria:

- Minimal distance traveled for the greatest number of people, and
- Avoid locating sites close to hospitals or potential treatment centers.

Outcome:

- Mean distance traveled for each person assigned to each of 25 facilities
- Expected load (number of people) utilizing each of the 25 facilities

Progress: Completed.

Step 247: Evaluate a variety of potential location sites and site characteristics based on:

- Facility size
- Community recognition
- Population accommodation
- Transportation
- Parking access
- Coordination

Select potential locations that include downtown or central large venue location sites (e.g., stadium or convention center)
Progress: Completed.

Emergency Preparedness/ All Hazards Preparedness Planning by local Public Health Nursing Service. (Custer County Public Health Nursing Service)—Plan #72

Step 305: List of community volunteers and contact information will be updated and kept on file. One hard copy will be kept in Emergency Preparedness Plan Appendix. One copy will be in electronic files.
Progress: Done. Hard copy, electronic copy, and PDA copy.

Step 306: Supplies needed to immunize 2000 people will be ordered(vaccine already ordered in January 2004)
Progress: Done

Step 307: Dates will be set for three Mass Prophylaxis/ Immunization clinics and sites reserved:1. Westcliffe at the Wet Mountain Valley Community Clinic2. Wetmore at the Community Center3.Hillside at the Post Office or Grange
Progress: Done. Completed clinics.

Step 308: The number of volunteers (Medical and non-medical) to work each site on each date will be determined.
Progress: Done

Step 309: Volunteers will be contacted and scheduled into shifts at the three sites and dates.
Progress: Done

Step 310: All necessary forms will be prepared and copies made:Vaccine Information Sheet, Consent forms, Medicare reimbursement roster.All necessary clerical supplies collected (pens, receipts, clip boards, paper clips, rubber bands, tape, etc...)

Progress: Done

Step 311: Newspaper articles and advertisements submitted to Wet Mountain Tribune.Posters, signs, and leaflets made and distributed to notify public of upcoming vaccination dates and times.

Progress: Marketing and publicity decreased due to flu vaccine shortage.

Step 312: Beverages and snacks for volunteers purchased. Candy for participants purchased

Progress: Done

Step 313: Reminder calls to all volunteers the day before each clinic

Progress: Completed

Step 314: Notify Wet Mountain Valley Clinic of clinic and ask them to simulate preparedness for patients resulting from Mass prophylaxis clinic and questions. Provide them with dates of clinics in the three towns. Vaccinate staff before public.

Progress: Done

Step 315: Notify Custer County Sheriff Office of up coming mass prophylaxis clinic. Be aware of traffic and security needs. Vaccinate staff before public.

Progress: Not done. Vaccine shortage decreased size of event.

Step 316: Notify OEM, Custer County Ambulance Corps, commissioners, town governments, Search and Rescue, Custer County Schools, Wet Mountain Valley Volunteer Fire department, coroner, of upcoming event. Vaccinate first responders before public.

Progress: Done

Step 317: Public influenza Vaccination clinics.

Progress: Done

Step 318: Have public and volunteers evaluate the flu clinic they attended, how they heard about the clinic, and any comments or suggestions for next year. Write report (After Action Report) about clinics, lessons learned, changes for next year.

Progress: Not done. Vaccine shortage altered plans.

Step 319: Send Thank you notes to all volunteers

Progress: Done

Step 320: Order Vaccine for 2005

Progress: Not yet done.

Hot Topics and other disease topics during Public Health in Colorado Meeting (Colorado Public Health Association (CPHA))—Plan #76

Step 333: CPHA will collaborate with the WPHA to organize and advertise this meeting/conference to all public health professionals across Colorado and Wyoming. CPHA will coordinate for speakers and arrangements from a variety of settings.

Progress: Accomplished prior to & during the Public Health in the Rocky Mountains Meeting 2004

All Hazards Emergency Preparedness (Rio Blanco County Nursing Service)—Plan #79

Step 342: Table top exercise

Progress: Completed 09/04. Incl: EMS, Fire, BLM, Law Enforcement,Hospital, DOW, Regional Planner/Epi.

Concern with facing overwhelming casualty surge within Colorado Springs/El Paso County and increasing surge capacity. (El Paso County Department of Health and Environment)—Plan #122

Step 514: 1. Continue to encourage and support the Medical Reserve Corps of the El Paso County Medical Society: Continue to serve on MRC Council and various committees; Continue to publicize MRC and interrelationship with other health care emergency responders in the community; Incorporate MRC in EPCDHE Emergency Preparedness Plan, along with other partners

Progress: Member of: MRC Council, Community Coordination; Credentials/Notification; Community Facilities Utilization; & Public Information Subcommittees. Collaborates with: CCN (Crisis Communication Network) of PIOs within El Paso County; Emerging Infections Disease Coalition; Multi-Agency Terrorism Task Force 9MATT); & MMRS & South-Central Region.

Step 516: 3. Assist in “resurrection” of City’s MMRS Steering Group: Support new MMRS coordinator, providing any advisory assistance requested; Willingly continue to contribute to updates of deliverables; Incorporate MRSS in EPCDHE Emergency Preparedness Plan, along with other partners

Progress: Continue to work with MMRS Coordinator & with MRC Coordinator, Medical society, City & County Offices of Emergency Management.

Step 517: 4. Be active member of newly formed El Paso County Citizens Corps Council: Encourage consideration of involvement of medical community in emergency preparedness planning, addressing surge capacity and planning for events challenging surge capacity; Establish or improve relationships with senior staff of various agencies represented on Citizens Corps Council; Incorporate surge capacity considerations in Citizens Corps Council planning and policy.

Progress: 07/01/04 EPCDHE (Dr. Larry Schaad) became voting member of Citizen Corps Council. Council met: July 1, August 11, Nov. 10. Briefings include Medical Reserve Corps as part of Citizen Corps Programs. Encourage, organize, provide agenda & minutes for Emerging Infectious Disease Coalition (main group + 35 community partners+++).

Inform, Educate, and Empower People about Health Issues

Identification of Populations with barriers to basic health service (Weld County Department of Public Health and Environment)—Plan #9

Step 29: Pass out brochures on immunization.

Progress: This activity was not done. We did not develop this activity due to extra infrastructure development. We have a school based health clinic in an underserved area of the county where immunizations and information are given to parents and students. This happens when they access the School based health clinic.

Step 30: Provide mobile clinics for immunization.

Progress: The Medical Mobile Unit provided 8 clinics at schools and a daycare site. The number of immunizations given totaled 558. This Mobile Medical Unit was especially effective when it was used for rapid response to a Hep A outbreak at a daycare center. The capability of this unit could be used for any type of rapid response to an outbreak.

Determination of Environmental Health Priorities for Western Colorado Environmental Health Services (Western Colorado Association of Environmental Health Officials)—Plan #94

Step 386: Brainstorming with WCAEHO group during a scheduled meeting. A list of priorities will be established.

Progress: At the March meeting we are going to do a short brainstorming session to try to determine Environmental Health Priorities for Western CO Environmental Health Services. The following meeting we will prioritize from the brainstorming session. The meeting after that we will determine the top 10 and develop a strategy statement.

Mobilize Community Partnerships to Identify and Solve Health Problems

Tuberculosis (Alamosa County Nursing Service)—Plan #39

Step 136: A meeting between the ACNS PHNs and the Medical Director will convene. The TB section of CDPHE will be included per telephone conference.

Progress: Completed.

Step 137: Each party will have access to the recommendations in the 2004 policy manual

Progress: Completed.

Step 138: Primary Care physicians will receive an inservice regarding procedures and technical assistance information from CDPHE.

Progress: Dr. Steinberg presented at the San Luis Valley Regional Medical Center Medical Board

Step 139: A form will be developed to send with the clients to the physicians with directions on notifying public health about client status.

Progress: Completed.

Step 140: People who do not have health insurance will be referred to the CHC program with Valley Wide Health Services. After enrollment, those persons will be referred to Dr. Steinberg for services

Progress: Flow sheets complete & approved by Medical Director

Step 141: Those with positive ppds or are contacts and who have health insurance will be referred to their primary care physician for diagnosis and treatment.

Progress: Flow sheet

Step 142: Those persons with positive ppds or are contacts, and who do not have health insurance, and do not qualify for CHC will receive case management by the PHN who will work with the TB section at CDPHE to help the county fund diagnosis and treatment

Progress: Flow sheet to Physicians

Step 143: A written agreement between the SLVRMC Radiology Department and ACNS will be developed to assure that the cost of doing an x-ray does not exceed \$35.00.

Progress: Not complete. Verbal agreement in place.

Developing and sustaining effective community partnerships (El Paso County Department of Health and Environment)—Plan #42

Step 157: 1 Write a protocol that sets out the rules etc for the partnership selection, assessment process, analysis and development of an improvement plan- Approved by RBM

Progress: Community collaboration/partnership spread sheet updated. Protocol outline is developed.

Step 158: 2 Select partnership, criteria may include: Is the Dept. the founding force or facilitator to serve one of our 10 essential services/programs; Is the partnership ready for change; establish community's priority for health and the HP 2010 focus areas.

Progress: Selection of targeted partnership has not been fully completed. Community Health Partnership is one that will be evaluated. CHP members have received the survey as of 12/09/04. Results will be compiled & shared.

Local Emergency Planning Committee (LEPC) and Safety Committee for Garfield County (Garfield County Public Health Nursing Service)—Plan #121

Step 510: To recruit and organize key partners and form LEPC/Safety Committee

Progress: Key partners have organized and formed LEPC/ Safety Committee.

Step 511: To write mission/Vision, Bylaws and have commissioner and city officials sign
Progress: LEPC- Vision/ Mission, bylaws completed. Commissioners and City Officials signed and a full time emergency manager is now in place.

Step 512: To build LEPC/Safety into sustainable entity to monitor health, safety and haz-mat issues in Garfield County

Progress: LEPC/ Safety Committee has been built and continues to monitor-health safety and haz-mat issues in Garfield County. It meets monthly on the 4th Thursday.

Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable

Clear Creek County specific health and human services data collection process. (Clear Creek County Nursing Service)—Plan #3

Step 1: Develop community survey questionnaire specific to information needed.

Progress: Questionnaire developed with assist from Health Advisory, Council, CCCSC Board, Central AHEC, Key Informants.

Step 2: Distribute to community.

Progress: Survey distributed to local service clubs, schools, service recipients at CCCSC in Oct - Dec.2004

Assure a Competent Public and Personal Health Care Workforce

Public Health Workforce Assessment as it relates to Public Health Emergency Preparedness –2004-2005 (Clear Creek County Nursing Service)—Plan #5

Step 9: Develop a questionnaire to determine skills, credentials/certifications, competencies, contact information and availability, training desired as related to public health emergencies.

Progress: Completed for Nurse Alert Volunteers.

Step 10: Distribute questionnaire to Nurse Alert volunteers and community partners in EMS, and other agencies.

Progress: Done. Will continue development of questionnaire for other volunteers & partners.

Local Nurse Workforce Development (Gunnison County Public Health)—Plan #23

Step 80: More comprehensive assessment to identify gaps in all areas of nurse employment in Gunnison County.

Progress: Assessment started on October 25, 2004.

Step 81: Meet with Gunnison ValleyHospital Administrator and DON regarding nurse shortage and next steps for planning.

Progress: October 25, 2004 meeting included hospital CEO, Director of Nursing, Public Health Director and Health Care Center (Nursing Home) DON and Administrator. Next steps planned.

Step 82: Meet with Western State College President & staff regarding establishing a task force for feasibility study of a nursing program at WSC.

Progress: October 29, 2004, Gunnison Valley Hospital CEO and Public Health Director met with WSC president and decided on next steps. Met with Mesa State Nursing Program on December 13, 2004.

Updated edition of the Colorado Public Health Nursing Position Paper 2000 (Public Health Nurse Association of Colorado)—Plan #108

Step 427: Introduce Public Health Performance Improvement Plan Proposal to the Colorado Public Health Nursing Directors at the upcoming meeting.

Progress: At the August 30th 2004 Public Health Nursing Director's Meeting the PHPI was introduced to the group. A committee was formed to develop a plan for the 2005 edition of the

publication. Committee members are Helen Majzler, Avie Strand, Karen O'Brien, and Linda Henry. The committee has gone through the 2000 document and designated sections for update and ideas on what information we want to include. The committee will work on the updates for the 2nd quarter.

Step 428: Form a committee to develop a plan for the 2005 edition of the publication.

Progress: This action step deadline was not met. The draft is in process and we will extend the timeline to the second quarter meeting date around April 2005. At the January 13th 2005 meeting, the graphic design company will meet with the CPHND group to go over the file and provide areas that have been designated for update. An estimated price will also be proposed.

Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

Food Safety Program Evaluation (Jefferson County Department of Health and Environment)—Plan #103

Step 410: Develop a Decision Package to present to JCDHE Directors, Jeffco BOH and Jeffco BOCC

Progress: Completed, funds approved for 2005

Public Health Performance Improvement (CDPHE--Office of Local Liaison)—Plan #106

Step 423: OLL will solicit quarterly reports on Public Health Performance Improvement Plans (PHPIPs) quarterly.

Progress: Quarterly reports were solicited for 4th Quarter, 2004. Updates on 39 plans and 108 steps were received.

Research for New Insights and Innovative Solutions to Health Problems

Public Health Improvement Plan Collaboration (Colorado Public Health Association (CPHA))—Plan #111

Step 439: CPHA will collaborate with its Affiliate organizations including the Colorado Minority Health Forum, PH Nurse Association of Colorado, and CO Society of PH Educators to further the plan.

Progress: Accomplished prior to & during the Public Health in the Rocky Mountains Meeting 2004

Step 440: Foster presentation of PHIP topics at the PH in Colorado Conference in Sep 2004 and future years

Progress: Accomplished prior to & during the Public Health in the Rocky Mountains Meeting 2004

Low Hanging Fruit Report

This addendum is a summary of the state and aggregate local public health system performance on the NPHPS Assessment for monitoring and evaluating. The following sections display local and state indicators that received less than 25 percent or 50 percent of attainment. In the coming months, PHPIC will be focusing on using performance improvement processes and learning communities to improve Colorado's status for these essential public health services.

Indicators from the National Public Health Performance Standards With Aggregate Attainment of Less Than 25% or 50%

Monitoring and Evaluation-Local Systems

Indicators with Scores Less Than 25% for Monitoring and Evaluation

EPHS 1: Monitor Health Status	44.63
1.2 Access to and Utilization of Current Technology	19.48
1_2_1 State-of-the-art technology to support databases?	20.08
1_2_3 Use geographic information systems (GIS)?	8.09
1_2_5 CHP available in electronic version?	7.33
EPHS 9: Evaluate Effectiveness, Accessibility and Quality	38.95
9_3_2 Evaluation of the LPHS conducted every three to five years?	21.94

Monitoring and Evaluation-State System

Indicators with Scores Less Than 25% for Monitoring and Evaluation

EPHS 1: Monitor Health Status	41
1_1_2 Organize data in a state health profile	0
1_1_3 Track state health trends	22
1_1_6 Develop a uniform set of health indicators	0
1.3 Evaluation and Quality Improvement	0
1_3_1 Review efforts to monitor health status	0
1_3_2 Information is used in continuous improvement of data and data systems	0
1_3_3 Solicit feedback from partners regarding state health profile development and distribution	0
EPHS 9: Evaluate Effectiveness, Accessibility and Quality	14
9.1 Planning and Implementation	15
9_1_1 Evaluate state wide population-based health service	10
9_1_2 Evaluate state wide personal health services within the state	12
9_1_3 Establish and use standards to assess performance of the state health system	0
9_1_4 Monitor multi-year health programs to assure interventions are appropriately focused to achieve health servi	22
9.2 Technical Assistance and Support	2
9_2_1 Provide technical assistance in reviewing of population-based and personal health services	7
9_2_2 Provide technical assistance in evaluating performance of the Essential Public Health Services	0
9_2_3 Offer consultation service and guidance to conduct consumer satisfaction studies	0
9_2_4 Share results of performance evaluations with partners for health improvement and strategic planning	0
9_3_1 Review evaluation and quality improvement	0
9.4 Resources	9
9_4_1 Manage current evaluation resources and develop new resources	11
9_4_2 Share system-wide resources to effectively conduct evaluation activities	0
9_4_3 Analytical tools needed to measure and monitor compliance with performance standards for population-based an	15
9_4_4 Use expertise to establish standards, monitor and develop quality improvement activities to improve performance	9

Monitoring and Evaluation-Local Systems

Indicators with Scores Less Than 50% for Monitoring and Evaluation

EPHS 1: Monitor Health Status	44.63
1_1_1 Conducted community health assessment?	42.25
1_1_2 Compile data into community health profile?	35.32
1_1_6 Access to quality of life data for the community?	46.97
1_1_8 Access to community environmental health indicators?	41.12
1_1_9 Access to social and mental health data?	41.71
1_1_13 Access to sentinel events data?	29.43
1_1_14 Community-wide use of health assessment or CHP data promoted?	27.22
1.2 Access to and Utilization of Current Technology	19.48
1_2_1 State-of-the-art technology to support databases?	20.08
1_2_2 Access to geocoded health data?	25.08
1_2_3 Use geographic information systems (GIS)?	8.09
1_2_4 Use computer-generated graphics to identify trends and/or compare data?	36.84
1_2_5 CHP available in electronic version?	7.33
1.3 Maintenance of Population Health Registries	44.59
1_3_1 Maintain and/or contribute to one or more population health registries?	41.7
1_3_2 Used information from population health registries?	47.5
EPHS 9: Evaluate Effectiveness, Accessibility and Quality	38.95
9.1 Evaluation of Population-Based Services	42.61
9_1_1 Evaluated population-based health services?	27.76
9_1_2 Assess community satisfaction with population-based health services?	29.77
9.2 Evaluation of Personal Health Care Services	35.39
9_2_1 Evaluated personal health services for the community?	42.16
9_2_2 Specific personal health care services in the community evaluated against established criteria?	34.89
9_2_3 Assess client satisfaction with personal health services?	29.83
9_2_4 Use information technology to assure quality of personal health services?	25.05
9_2_5 Use the results of the evaluation in the development of their strategic and operational plans?	45.03
9.3 Evaluation of Local Public Health System	39.71
9_3_2 Evaluation of the LPHS conducted every three to five years?	21.94
9_3_3 Linkages and relationships among organizations that comprise the LPHS assessed?	27.61
9_3_4 Use results from the evaluation process to guide community health improvements?	25.68

Monitoring and Evaluation-State System

Indicators with Scores Less Than 50% for Monitoring and Evaluation

EPHS 1: Monitor Health Status	41
1.1 Planning and Implementation	39

1_1_2 Organize data in a state health profile	0
1_1_3 Track state health trends	22
1_1_4 Compile and provide data to organizations for surveillance	39
1_1_5 Collaborate to assure timely collection, analysis and dissemination of data	49
1_1_6 Develop a uniform set of health indicators	0
1.2 Technical Assistance and Support	48
1_2_2 Assist in developing information systems	33
1_2_3 Provide a standard set of health-related data to partners	41
1_2_4 Assist in publication of health data useful to the media and health planners	33
1_2_5 Communicate availability of assistance in health surveillance and data use to local public health systems	33
1.3 Evaluation and Quality Improvement	0
1_3_1 Review efforts to monitor health status	0
1_3_2 Information is used in continuous improvement of data and data systems	0
1_3_3 Solicit feedback from partners regarding state health profile development and distribution	0
1_4_2 Share system-wide resources to monitor health status	44
1_4_4 Use personnel with statistical, epidemiological and systems management expertise for health status monitorin	30
EPHS 9: Evaluate Effectiveness, Accessibility and Quality	14
9.1 Planning and Implementation	15
9_1_1 Evaluate state wide population-based health service	10
9_1_2 Evaluate state wide personal health services within the state	12
9_1_3 Establish and use standards to assess performance of the state health system	0
9_1_4 Monitor multi-year health programs to assure interventions are appropriately focused to achieve health servi	22
9_1_5 Use assessment finding to institute quality improvement changes in specific health services	33
9.2 Technical Assistance and Support	2
9_2_1 Provide technical assistance in reviewing of population-based and personal health services	7
9_2_2 Provide technical assistance in evaluating performance of the Essential Public Health Services	0
9_2_3 Offer consultation service and guidance to conduct consumer satisfaction studies	0
9_2_4 Share results of performance evaluations with partners for health improvement and strategic planning	0
9.3 Evaluation and Quality Improvement	33
9_3_1 Review evaluation and quality improvement	0
9_3_2 Review evaluation quality improvement activities when weaknesses become apparent	33
9.4 Resources	9
9_4_1 Manage current evaluation resources and develop new resources	11
9_4_2 Share system-wide resources to effectively conduct evaluation activities	0
9_4_3 Analytical tools needed to measure and monitor compliance with performance standards for population-based an	15
9_4_4 Use expertise to establish standards, monitor and develop quality improvement activities to improve performance	9