

IOWA DEPARTMENT OF PUBLIC HEALTH



PERFORMANCE REPORT

Performance Results Achieved for Fiscal Year 2004

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Introduction

I am pleased to present the Iowa Department of Public Health's (IDPH) performance report for fiscal year 2004 (July 1, 2003 - June 30, 2004). This report contains valuable information about the services IDPH and its partners provided for Iowans during the past fiscal year.

This has been an incredibly busy and rewarding year for public health in Iowa. Unfortunately, there isn't room in this report to provide details about all of our accomplishments this year. Some of them include the Division of Acute Disease Prevention and Emergency Response developing and implementing a statewide Health Alert Network (HAN) for sending emergent and non-emergency public health alerts, sharing, and posting secure information. Over 1,600 multidisciplinary users are on the system. Additionally, the system includes a redundant 800MHz radio communication system for hospitals and local public health agencies.

The Division of Behavioral Health and Professional Licensure found that Iowa substance abuse treatment programs achieved a 50% decline in substance use 6-months following treatment.

The Division of Environmental Health awarded \$91,960 to 10 local environmental health departments to increase food safety and data collection capacity, improve staff competency, and provide community education on the role of environmental health in protecting the health of Iowans.

The Division of Health Promotion and Chronic Disease Prevention's Public Health Nursing (PHN) and Home Care Aide (HCA) home and community-based services reduced, prevented, or delayed institutionalization for 98% (8702) of disabled and elderly clients receiving the services.

In the Division of Tobacco Use Prevention and Control, a survey of *Quitline Iowa* callers showed a 28% quit rate, which is 5% higher than the average short-term quit rate (3 to 6 months) reported by other telephone smoking cessation counseling programs.

Overall, the Iowa Department of Public Health, despite significant cuts in budget and staff, met our targets for 68% of measures in our department performance plan. Child and Adult Protection programs were especially successful, with 86% of performance targets met or exceeded. Health and Support Services—Intervention and Treatment programs met 80% of performance targets while Prevention programs met only 33% of targets. Other areas needing improvement include research, disease surveillance, and data analysis, planning, and employee training. Other successes include emergency management, domestic security, and public health preparedness; regulation and compliance; and information management.

The Iowa Department of Public Health and local partners continue to find numerous challenges in the areas of infectious disease, bioemergency preparedness, health promotion, disease prevention, chronic

disease management, substance abuse, tobacco, and environmental health.

We have had a good year, and we look forward to the challenges and rewards of the future. We ask all Iowans to join us as we strive to ensure healthy kids are ready to learn; healthy adults are ready to work; and healthy communities are ready to grow.

Sincerely,

Mary Mincer Hansen
Director, Iowa Department of Public
Health

Agency Overview

The Iowa Department of Public Health (IDPH) helps provide the conditions in which Iowans can maximize their ability to live safe and healthy lives by providing an active leadership role for public health functions in Iowa. This leadership role sets the tone and direction for all IDPH activities.

Vision: Healthy Iowans living in a safe, healthy environment.

Mission: Promoting and protecting the health of Iowans.

Guiding Principles:

We must be **LEADERS** in promoting and protecting the health of Iowans.

With a collective sense of **SOCIAL JUSTICE**, our activities will reflect understanding and acceptance of **DIVERSITY** among Iowans. We encourage involvement in our activities by all Iowa **COMMUNITIES**.

We strive to be agents for **CHANGE**, initiating activities, responding to emerging issues, and assuring the highest **QUALITY** of services we can provide.

We will base our decisions on accurate **DATA, COLLABORATING** with organizations within and outside of government. We want to arrive at decisions, whenever possible, through **CONSENSUS**.

Finally – but perhaps most important – we must focus on our **CUSTOMERS**, the people of Iowa, individually and

collectively, effecting **OUTCOMES** that are clear improvements in their lives.

IDPH's **Main Products and Services** include, but are not limited to, funding contracted for services, providing research-based knowledge and technical expertise, disease surveillance, regulatory inspections, and policy development. Technical assistance, disease surveillance, and regulatory inspections are delivered directly to local boards of health and local health agencies, the regulated community, and the public. Some services are provided indirectly through funding to local health agencies that provide direct public health services.

Iowa has had a state public health agency since 1880 when the Eighteenth General Assembly formed the State Board of Health to “provide for the collecting of vital statistics and to assign certain duties to local boards of health.” Since then, its duties have greatly expanded. Today's IDPH serves as the state's leader in administering and funding public health, as the department presides over 150 programs and employs over 400 persons. In addition, nearly 300 Iowans serve on various boards and commissions associated with the department.

As an agency of state government, IDPH embraces the governor's vision to promote a high quality of life for Iowa residents. IDPH's own vision, mission, and guiding principles were defined in a broad-based strategic planning process

completed in 1999, and remain largely unchanged to this day.

The department's strategic goals are divided into four broad categories: Public Health System, Internal Environment, Image and Communication, and Health Status.

The department's mission of promoting and protecting the health of Iowans is accomplished by following the framework of the Iowa Accountable Government Act (AGA.) IDPH has determined that the services and activities it engages in, as well as the products it provides to its customers, are included in the following six AGA core functions: child and adult protection, emergency management/ domestic security/public health preparedness, health and support services, regulation and compliance, research/analysis/ information management, and resource management.

In 1988, the Institute of Medicine published The Future of Public Health, which recommended that public health's core functions be assessment, policy development, and assurance. Each national public health core function is further defined by a set of essential services (Table 1).

In response to the IOM report, the IDPH has worked to align its services, products, and activities with the core public health functions and recognizes the national public health core functions as desired outcomes of its work.

Table 1

Public Health Essential Services

- Monitoring health status
- Diagnosing and investigating health problems & health hazards
- Informing, educating, and empowering people about health issues
- Mobilizing community partnerships to identify and solve health problems
- Developing policies and plans that support individual- and community-health efforts
- Enforcing laws & regulations that protect health & ensure safety
- Linking people to needed personal health services
- Assuring a competent public health and personal health-care workforce
- Evaluating effectiveness, accessibility, and quality of personal- and population-based health services
- Conducting research for new insights and innovative solutions to health problems

The IOM report also challenged all U.S. public health agencies to regularly and systematically collect, assemble, analyze and make available information on the health of the community, including statistics on health status, community health needs, and epidemiological and other studies of health problems. In response, IDPH developed the Community Health Needs Assessment and Health Improvement Plan (CHNA-HIP), which is a comprehensive reporting tool that assists communities in determining their community health needs and in planning community health initiatives.

Agency staff includes professionals with degrees in the disciplines of education, communications, emergency medical services, engineering, environmental science, epidemiology, law, medicine, nursing, policy development, public health, and social work. Employees skilled in clerical services, data analysis, financial management, information technology, and research, provide support services for the department. Educational preparation of the staff varies according to duties.

A collective bargaining agreement through the American Federation of State, County and Municipal Employees or the Iowa United Professionals union covers a majority (230 AFSCME and 20 IUP) of employees. Non-contract employees number 143. A smaller group of employees including supervisors is exempt from collective bargaining.

The AGA requires that each employee be covered by an employee performance plan that sets the performance expectations for the individual employee. An individual employee's performance plan is expected to relate to the department's performance plan.

As specified in the Code of Iowa [Chapter 19B], IDPH relies on the Department of Administrative Services (DAS)/Personnel Enterprise to administer affirmative action and equal employment opportunity programs. IDPH complies with all executive-branch employment policies related to equal opportunity, affirmative action, anti-discrimination, and sexual harassment. IDPH is committed to providing a safe working environment for its employees and promotes safe working behavior by following the standards set forth by the

Iowa Occupational Safety and Health Administration (IOSHA).

IDPH is involved in the health-care system through individual, targeted-population, and population-based services. The department's customers include county and city health agencies; county boards of health; emergency medical service providers and programs, public and private contractors; public and private health care providers and provider organizations. It also includes health-care payers, other federal, state, and local entities collaborating in health-care delivery, businesses, schools, department employees, and Iowans.

The Department of Management (DOM), DAS, and the Attorney General's Office determine the contracting rules used by the department. IDPH complies with the requirements set out in contract guidelines. In addition, IDPH now has dedicated an employee (1.0 FTE) to act as the department's contract administrator. This employee is responsible for seeing that the department adheres to state contracting rules. All contracts contain a set of general requirements and most contracts include specific requirements appropriate to the contracted job. IDPH enters into contracts both through competitive and non-competitive funding processes. IDPH personnel, agents of the Department of Revenue and Finance, and personnel from the Auditor's Office periodically monitor department contracts.

The IDPH administrative offices are housed in the Lucas State Office Building, 321 E. 12th Street, Des Moines, IA. Most IDPH employees are located in the Lucas Building although community health consultants, disease prevention specialists, emergency medical service personnel, and epidemiologists are

located in area offices across the state. Administrative staff for emergency medical services; nursing, pharmacy, radiological health services; and the medical and dental boards are located in Des Moines, but not within the Capitol complex.

To accomplish its mission, IDPH is always searching for new technologies to meet the needs of its customers and to maximize its uses of existing technology. Currently, IDPH uses an interactive web site that includes information on current topics and on public health data, with links to multiple local, state, and federal web sites. The Family and Community Indicator Tracking System (FACITS) data project uses computer technology to provide access to county-level health data for local public health officials. The state's fiber optic system-the Iowa Communication Network-is often used for videoconferencing to facilitate access to department resources.

Additionally, each employee has a personal computer allowing Internet and e-mail communication both within and outside of the department. An Intranet information system enables employee information sharing of such items as meeting minutes and job openings.

IDPH hosts the web-based Health Alert Network (HAN) to facilitate communications during disasters, public health emergencies, and any other events where the department must issue alerts and share information.

The department participates in the governor's enterprise planning initiative. In particular, it serves as the lead agency in planning for and implementing health-care enterprise goals. It also cooperates in enterprise efforts related

to the new economy, education, safe communities, and accountable government.

Organizational Relationships

IDPH funding comes from a variety of sources, but funds are received primarily from the federal and state governments, including tobacco settlement funds, and private foundations. Fiscal management is accomplished in collaboration with the DOM and the DAS. The department cooperates with these agencies as they set certain state agency standards, including monitoring and audit accounting functions.

The nine-member state Board of Health is IDPH'S legally designated policy-making body. The Board has the power and the duty to adopt, promulgate, amend, and repeal administrative rules and regulations, and advises or makes recommendations to the governor, General Assembly, and the IDPH director, on public health, hygiene, and sanitation. The director, appointed by the governor, works closely with the Board of Health in developing state health policy. In addition, the nine-member Commission on Substance Abuse provides policy direction for substance abuse treatment and prevention. The 20-member Tobacco Commission develops policy and provides direction regarding tobacco use prevention and control.

IDPH is divided into six organizational units that include the Director's Office and the Divisions of Behavioral Health and Professional Licensure, Tobacco Prevention and Control, Health Promotion and Chronic Disease Prevention, Environmental Health and Health Statistics, Acute Disease Prevention and Emergency Response. The IDPH provides administrative support for 23 professional licensure boards that

regulate and license various health professions.

Approximately 300 Iowans serve on various boards and commissions. IDPH currently provides staff for several consumer-oriented councils and task forces. These groups provide regular input into the department's policy development and program planning, implementation, and evaluation efforts.

IDPH's key customer groups include: local health departments and boards of health, professional associations and interest groups, not-for-profit entities providing public health services, the medical and education communities, EMS providers and service programs, other state agencies, higher education institutions, and the public.

In total, almost 400 entities have department contracts to provide health services. IDPH currently contracts with all 99 counties to provide population-based health services and a limited number of personal health services. These contractors include county boards of health and boards of supervisors, community-action programs, public health nursing agencies, maternal and child-health agencies, substance abuse prevention agencies, emergency medical service providers, and HIV/AIDS prevention and care providers.

Examples of inter-agency initiatives include such efforts as Healthy Iowans 2010 planning groups; the Community Empowerment Initiative; and executive branch Enterprise Management Teams. As part of these partnerships, IDPH participates in such activities as grant writing, health policy planning, implementing program objectives, sharing information and training, and in-

kind collaboration, such as sharing personnel, facilities, and services.

While IDPH is determined to provide high-quality services to its customers; and is committed to using resources, partnerships and personnel to do so, it does not have a systematic process to assess customer need.

IDPH also contracts with private vendors and targeted small businesses as needed for services such as printing, technical writing, and meeting planning. In addition to contracted services, IDPH receives goods and services from other state agencies for a variety of functions. These include fiscal monitoring, printing and mail services, building maintenance and safety, and personnel services.

IDPH's key customer relationships include the state government agencies and customers within county and municipal governments such as county boards of supervisors, local (county or city) boards of health, and county emergency medical service associations. Non-governmental key customers include the Public Health Association, Environmental Health Association, Association of Local Public Health Agencies, Iowa-Nebraska Primary Care Association, Medical Society, EMS Association, Iowa Hospital Association, and the Wellmark Foundation.

IDPH strives to make data-based decisions and to use science-based approaches to public health. To this end, IDPH has established collaborative relationships for training and for research with the University of Iowa, Drake University, University of Northern Iowa, Iowa State University, and Des Moines University, and the Substance Abuse Research and Evaluation Consortium.

In large part, IDPH communicates with its key customers informally through personal e-mails, and telephone conversations, and meetings. More formally, IDPH distributes newsletters and a variety of publications and has its own Internet web site
<http://www.idph.state.ia.us/>

**Organizational Challenges:
Competitive Environment**

Fundamentally, IDPH finds itself in competition with other state governmental agencies for state funding. Competition occurs within government regarding provision of services at either the state or local level. Changes that occur at the federal, state, and local levels affect competition and methods of service delivery. The processes of devolution (transfer of powers from central government to local units) and privatization of services that have historically been delivered by government continually challenge IDPH to change its working relationships with organizations such as the hospital association, public and private institutions of higher learning, other government agencies, and private providers.

Factors that determine the department's success relative to competitors include having recognized expertise in the health field and in health care system development; a system of community health and population health specialists physically positioned in regions across the state; and data collection and analysis systems which provide information for decision-making. Key changes taking place include funding restrictions and the developing role of state university programs in public health practice that could potentially displace existing functions of the IDPH.

Key sources of data include the Iowa Youth Survey, Adult and Youth Tobacco Surveys, Substance Abuse Treatment Data, Behavioral Risk Factor Surveillance System, State Vital Statistics, Iowa Trauma Registry, EMS Registry, CHNA-HIP, and annual reports.

Strategic Challenge

The ever increasing number of unfunded mandates from both the federal and state governments and legislative bodies, coupled with decreasing state and federal funding pose the greatest threat to the department's operations. The result is that IDPH struggles to deal with emerging public health issues; individual and public health needs; public health system development and integration of different public health areas; increasingly bureaucratic directives from the federal and state government; funding education and professional development of employees; and compatibility of IT systems and data security.

Performance Improvement System

IDPH uses the AGA Agency Performance Plan to help maintain its organizational focus. This annual performance plan demonstrates how accurately the IDPH executes its core functions to implement its strategic plan.

In 2003, the IDPH started to place an emphasis on the development of what is known as an "academic health department." IDPH has co-authored a grant with the University of Iowa College of Public Health to support this new focus. Grant activities will concentrate on connecting university academic personnel with the department's public health practitioners. Overall, IDPH uses a team approach among its various operational subunits that allows for optimal shared learning.

The FY 2005 Omnibus Budget bill, SF 2298 contains language that urges communities to explore opportunities to create a statewide community network that supports health promotion, prevention, and chronic disease management in order to transform the state of Iowa into one healthy community. In the future, the department will use the mandates of this legislation to obtain new resources and leverage existing resources to achieve this vision.

Strategic Plan Results

PUBLIC HEALTH SYSTEM

Key Strategic Challenges and Opportunities:

Assuring access to public health services is a key part of the mission of the Iowa Department of Public Health. The public health infrastructure in Iowa is not always adequate to provide quality health services for all Iowans. Regulatory requirements, while necessary, are sometimes outdated and need evaluation and revision.

To assist the department in realizing its mission, the essential public health services have been defined and are being used at the national, state, and local levels as tools to explain and advance the role of public health. Local partners need technical assistance to implement the essential services, and reliable, consistent, and comparable data for decision-making. In addition, partners need access to existing and evolving technologies and equipment, adequate funding to hire qualified personnel, and support of cooperative ventures to maintain quality health services.

GOAL #1

USE EXISTING AND EVOLVING TECHNOLOGY AND STANDARDS FOR THE DELIVERY OF PUBLIC HEALTH SERVICES AND INFORMATION.

Strategies:

- ❑ Identify and review regulatory functions to assure support for the public health system.
- ❑ Adopt appropriate technology to support public health activities.
- ❑ Assure that all local information and referral services, health departments, and programs have access to up-to-date information on all IDPH programs and initiatives.
- ❑ Establish a collaborative process for the collection, standardization, distribution, and analysis of public health data.
- ❑ Conduct an annual customer satisfaction survey.

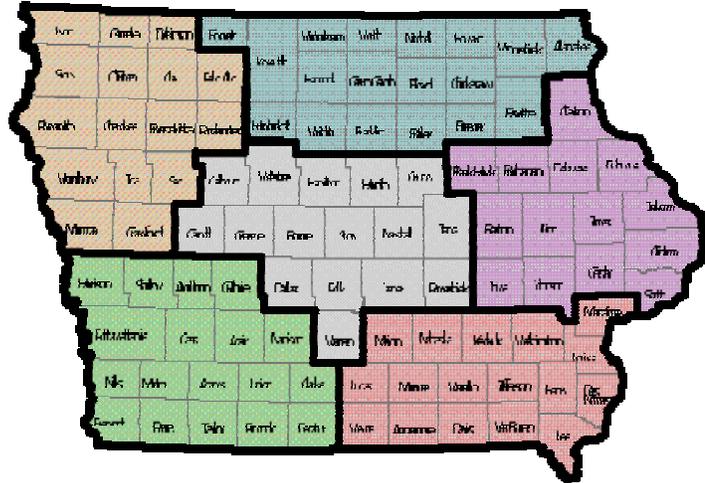
Measures/Results

Performance Measure:
Percent of Iowa population covered by health-alert network.

Data Sources:
Health Alert Network user licenses. (IDPH)

Data Reliability: IDPH Health Alert Network officer monitors and maintains all user licenses.

100% of Iowans Covered by Health Alert Network



What was achieved: Over the past year, all county health departments and licensed Iowa hospitals were licensed as Iowa Health Alert Network users, providing coverage to 100 percent of Iowa's population.

Analysis of results: Performance target has been met due to enhanced internet connectivity, system installation, and extensive education and training.

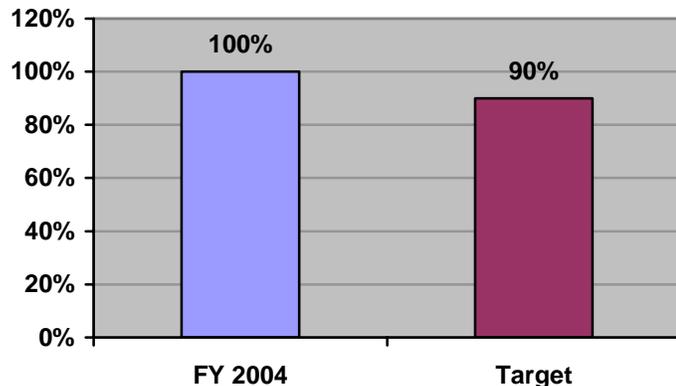
Link(s) to Enterprise Plan: Goal #3 All Iowans have access to quality health care, including access to mental health and substance abuse treatment services.

Performance Measure:
Percent of complaints about health professionals investigated and resolved according to due process.

Data Sources:
IDPH Board of Medical Examiners records.

Data Reliability: Due process is required for hearings and the Administrative Law Judge and the Attorney General's Office would not let us proceed without it.

IDPH Board of Medical Examiners



What was achieved: All formal discipline was preceded by due process. There were no Court findings that the Board violated due process of a licensee.

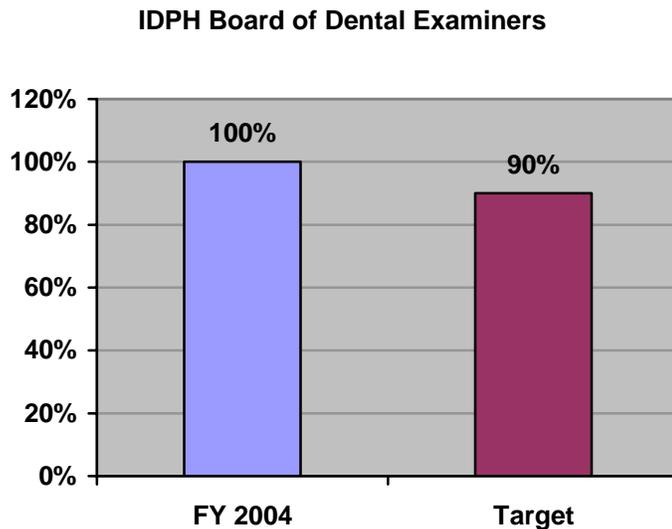
Analysis of results: The performance target should be 100%. All Boards should provide their licensees with due process before formal disciplinary action.

Link(s) to Enterprise Plan: Goal #3 All lowans have access to quality health care, including access to mental health and substance abuse treatment services.

Performance Measure:
Percent of complaints about health professionals investigated and resolved according to due process.

Data Sources:
IDPH Board of Dental Examiners records.

Data Reliability: Due process is required for hearings and the Administrative Law Judge and the Attorney General's Office would not let us proceed without it.



What was achieved: All formal discipline was preceded by due process. There were no Court findings that the Board violated due process of a licensee.

Analysis of results: The performance target should be 100%. All Boards should provide their licensees with due process before formal disciplinary action.

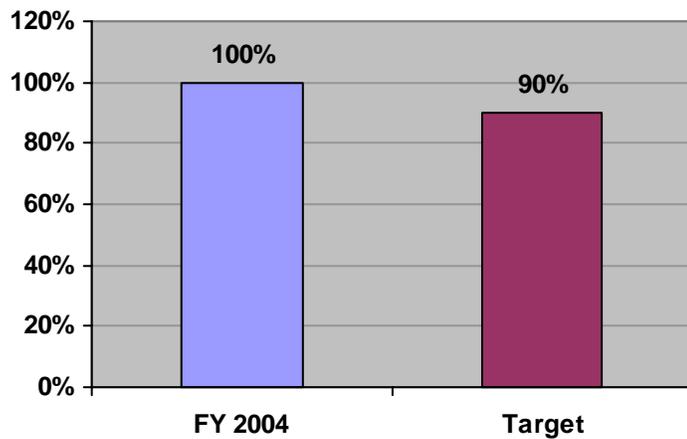
Link(s) to Enterprise Plan: Goal #3 All lowans have access to quality health care, including access to mental health and substance abuse treatment services.

Performance Measure:
Percent of complaints about health professionals investigated and resolved according to due process.

Data Sources:
IDPH Board of Pharmacy Examiners records.

Data Reliability: Due process is required for hearings and the Administrative Law Judge and the Attorney General's Office would not let us proceed without it.

IDPH Board of Pharmacy Examiners



What was achieved: All licensees and registrants that were subject to disciplinary processes were ensured due process. There were no appeals to the courts of Board decisions and no court findings that the Board violated due processes of a licensee or registrant.

Analysis of results: The performance target should be 100%. All Boards should provide their licensees and registrants with due process before and during formal disciplinary action.

Link(s) to Enterprise Plan: Goal #3 All lowans have access to quality health care, including access to mental health and substance abuse treatment services.

Performance Measure:

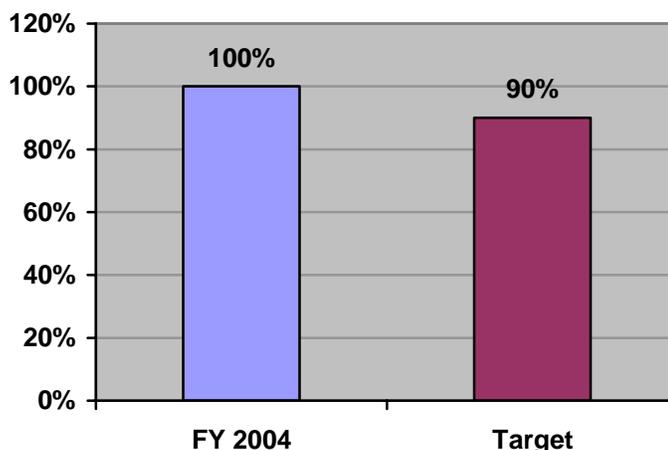
Percent of complaints about health professionals investigated and resolved according to due process.

Data Sources:

IDPH Board of Nursing Examiners records.

Data Reliability: Due process is required for hearings and the Administrative Law Judge and the Attorney General's Office would not let us proceed without it.

IDPH Board of Nursing Examiners



What was achieved: All Registered Nurse, Licensed Practical Nurse, and Advanced Registered Nurse Practitioner's that were subject to disciplinary processes were ensured due process.

Analysis of results: The Board of Nursing exceeded the performance target of 90%. Licensees and applicants were provided due process before and during formal disciplinary action.

Link(s) to Enterprise Plan: Goal #3 All lowans have access to quality health care, including access to mental health and substance abuse treatment services.

Performance Measure:

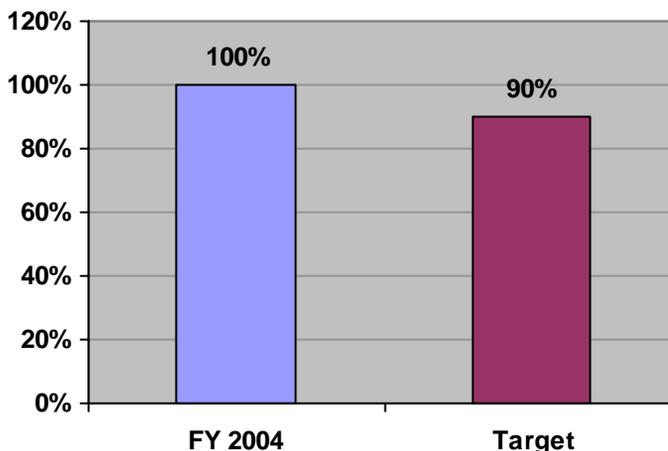
Percent of complaints about health professionals investigated and resolved according to due process.

Data Sources:

IDPH Bureau of Professional Licensure records.

Data Reliability: Due process is required for hearings and the Administrative Law Judge and the Attorney General's Office would not let us proceed without it.

IDPH Bureau of Professional Licensure



What was achieved: All formal discipline was preceded by due process. There were no Court findings that the Board violated due process of a licensee.

Analysis of results: The performance target should be 100%. All Boards should provide their licensees with due process before formal disciplinary action.

Link(s) to Enterprise Plan: Goal #3 All Iowans have access to quality health care, including access to mental health and substance abuse treatment services.

**GOAL #2
INCREASE AWARENESS AND USE OF A POSITIVE YOUTH DEVELOPMENT
APPROACH ACROSS SYSTEMS.**

Strategies:

- Provide in-service education for all new and current staff on the essential public health services.
- Incorporate the appropriate essential public health services into department contracts.

Measures/Results

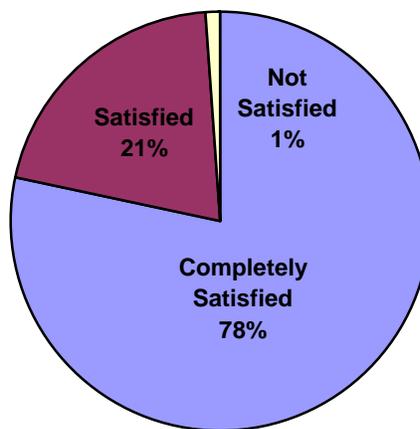
Performance Measure:

Percentage of surveyed customers who are positively satisfied overall.

Data Sources:

2001 IDPH Customer Satisfaction Survey

Data Reliability: This is a point in time survey conducted in 2001. The survey needs to be replicated to assess reliability and validity.



What was achieved: In 2001, 78.4% of IDPH customers were completely satisfied, 20.5% were satisfied, and only 1.1% were not satisfied with the services they received.

Analysis of results: Nearly 99% of IDPH customers were positively satisfied with the services they received. This is far above our target of 90%. More recent customer surveys are necessary to assess continued customer satisfaction.

Link(s) to Enterprise Plan: None.

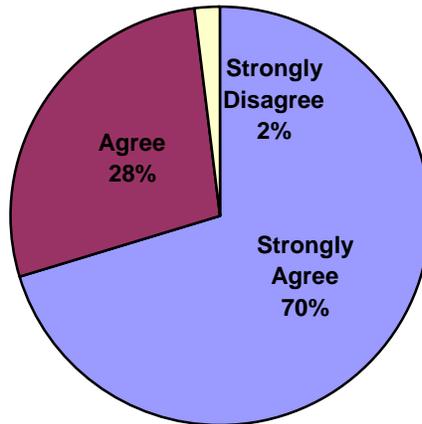
Performance Measure:

Percent of customers who are positively satisfied with timeliness.

Data Sources:

2001 IDPH Customer Satisfaction Survey

Data Reliability: This is a point in time survey conducted in 2001. The survey needs to be replicated to assess reliability and validity.



What was achieved: In 2001, 70.4% of IDPH customers strongly agreed with the statement “I received services when I wanted them,” 27.8% agreed, and only 1.9% strongly disagreed.

Analysis of results: More than 98% of IDPH customers were positively satisfied with the timeliness of the services they received. This is far above our target of 90%. More recent customer surveys are necessary to assess continued customer satisfaction.

Link(s) to Enterprise Plan: None.

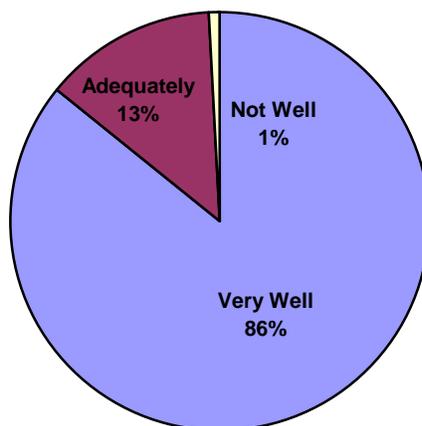
Performance Measure:

Percent of customers who are positively satisfied with treatment.

Data Sources:

2001 IDPH Customer Satisfaction Survey

Data Reliability: This is a point in time survey conducted in 2001. The survey needs to be replicated to assess reliability and validity.



What was achieved: In 2001, 85.9% of IDPH customers said they were treated very well, 13.4% said they were treated adequately, and only 0.7% said they were not treated well.

Analysis of results: More than 99% of IDPH customers were positively satisfied with how they were treated. This is far above our target of 90%. More recent customer surveys are necessary to assess continued customer satisfaction.

Link(s) to Enterprise Plan: None.

GOAL #3

IMPROVE THE CAPACITY OF LOCAL BOARDS OF HEALTH AND OTHER PUBLIC HEALTH PARTNERS TO ADDRESS PUBLIC HEALTH NEEDS AND IMPLEMENT THE CORE PUBLIC HEALTH FUNCTIONS.

Strategies:

- Evaluate the availability and distribution of program resources and redirect as needed.
- Assess local agency resources to address public health needs and carry out the core public health functions.
- Maintain and/or increase funding streams and empower local public health agencies to obtain additional funding sources for the implementation of essential public health services.
- Develop a regular communication system between regional IDPH staff and local boards of health that includes information on all IDPH funding, programs, and staff resources available to their county.
- Assess, evaluate, and address technical assistance needs of public health partners.
- Develop and strengthen the capacity of local boards of health to provide public health leadership for improving and promoting the health status of Iowans.

Measures/Results

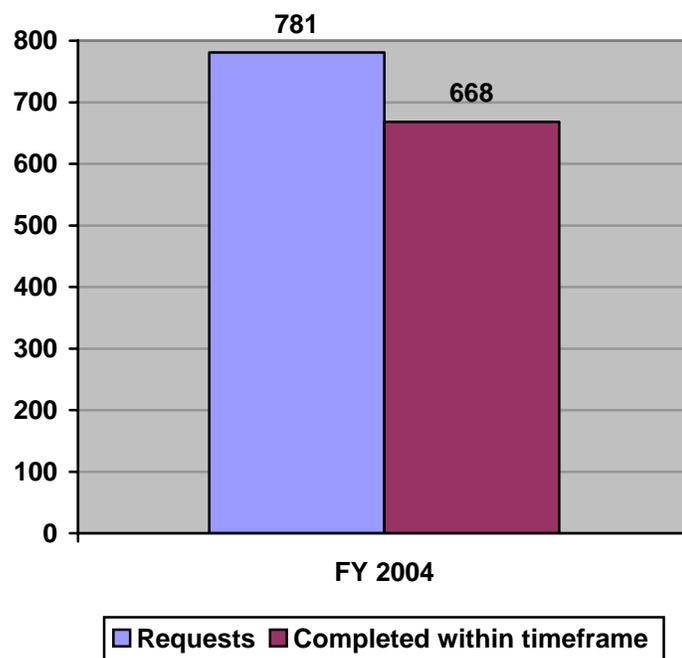
Performance Measure:

Percent of data requests completed by mutually agreed deadline (Center for Health Statistics).

Data Sources:

Health Statistics request database and IDPH Helpdesk.

Data Reliability: The data are reliable for January through June 2004. Before January 2004, staff members were not tracking data requests and how long it was taking to complete them. Next year, we will have a complete year's worth of data.



What was achieved: In FY 2004, 85.6% of data requests were completed within a mutually agreed upon timeframe.

Analysis of results: During the last two fiscal years, the statistical area of the IDPH

experienced nearly a 25% reduction in staff due to early retirements and budget cuts. At the same time, requests for health data have remained constant or increased for some data sets. A target of 90% will be set for FY 05.

Link(s) to Enterprise Plan: None.

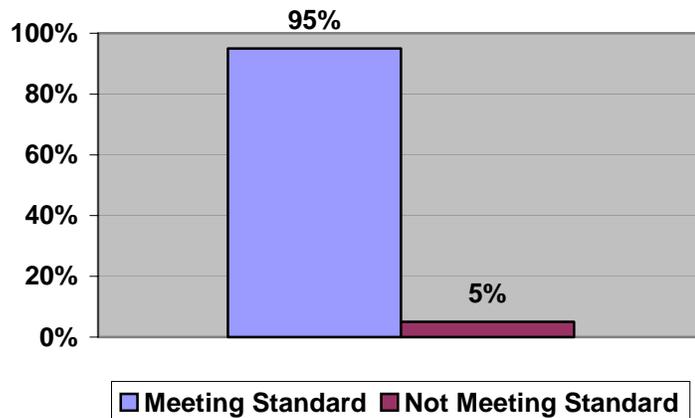
Performance Measure:

Percent of patients meeting the criteria of the lowa trauma protocol transported to a trauma care facility in 30 minutes or less.

Data Sources:

EMS Patient Registry.

Data Reliability: Reliability of the data is dependent upon the EMS Services entering the data.



What was achieved: In FY 2004, 95% of trauma patients were transported to a trauma care facility in 30 minutes or less.

Analysis of results: 5% higher than the target.

Link(s) to Enterprise Plan: Goal #3 All lowans have access to quality health care, including access to mental health and substance abuse treatment services.

INTERNAL ENVIRONMENT

Key Strategic Challenges and Opportunities:

Assessments have identified several internal department issues that affect employee productivity, job satisfaction, and interactions with customers. Employee productivity and job satisfaction are enhanced by providing a supportive, trusting environment in which employees receive: 1) orientation, 2) ongoing skills training, 3) diversity education, and 4) support for modeling healthful behaviors.

Iowa Department of Public Health employees have identified a need for input into the priority-setting process at the program level and access to consistent, accurate, timely, and direct communication about department decisions, job satisfaction surveys, and other issues directly affecting their work. Since research proves that attention to staff needs dramatically improves external customer service, satisfying employee needs promises to positively affect internal and external customer satisfaction.

GOAL #1

CREATE AN ENVIRONMENT WITHIN THE DEPARTMENT WHERE EMPLOYEES 1) ARE SUPPORTED IN MODELING HEALTHY BEHAVIORS; 2) HAVE OPPORTUNITIES FOR TRAINING; 3) FEEL SUPPORTED BY SUPERVISORS AND PEERS; 4) ARE TRUSTED BY, AND TRUST, DEPARTMENT MANAGERS; 5) VALUE DIVERSITY; AND 6) HAVE OPPORTUNITIES TO INFLUENCE PRIORITY-SETTING.

Strategies:

- ❑ Develop and implement wellness programs for employees that allow flex time for staff participation and include exercise, stress management, nutrition, and smoking cessation components.
- ❑ Pursue partnerships with existing organizations to provide wellness services.
- ❑ Whenever appropriate, incorporate appropriate diversity issues into the agendas of department-wide meetings.
- ❑ Provide comprehensive orientation to new department employees within one month of hire.
- ❑ Support the annual completion of a minimum of one management-track training session for supervisors and three job-related sessions for non-supervisory staff.
- ❑ Build department staff into a team.
- ❑ Inform and explain management decisions in an honest, open, timely, and direct manner.
- ❑ Develop, implement, and report the results of an Employee Satisfaction Survey that accurately reflects the strengths and weaknesses of the department.
- ❑ Support staff empowerment to prioritize work through individual performance plan functions.
- ❑ Implement an improved, effective, and responsive employee communication system.
- ❑ Coordinate and support an improved employee training system.
- ❑ Implement a system that assesses the efficiency and effectiveness of internal support processes.
- ❑ Develop a cross-training system in order to retain business knowledge.

Measures/Results

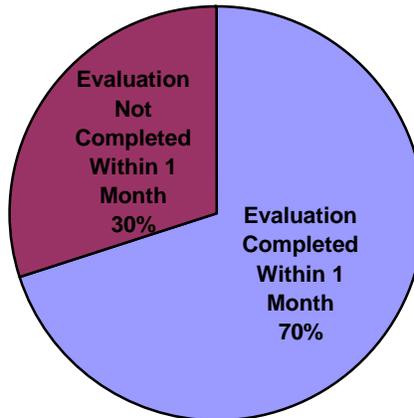
Performance Measure:

Percent of employee evaluations completed within one month of due date.

Data Sources:

Employee Personnel Records

Data Reliability: Data is kept on all employee evaluations in Human Resources Information System (HRIS).



What was achieved: In FY 2004, 70% of IDPH employees received their evaluations within one month of due date.

Analysis of results: Employee evaluation timeliness still needs to improve. The Department is 5% below target of 75%.

Link(s) to Enterprise Plan: None.

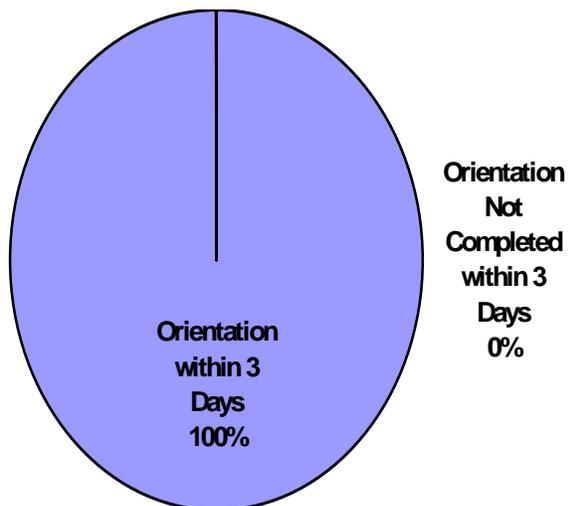
Performance Measure:

Percent of new employees who receive individual orientation within 3 days of hire.

Data Sources:

Employee Personnel Records

Data Reliability: Checklists are kept on all new employees to ensure they receive necessary orientation information.



What was achieved: In FY 2004, 100% of all new employees were oriented within 3 days of hire.

Analysis of results: This performance target was met. New employees are oriented and have proper time to make benefit decisions. They also are educated concerning work rules, policies, and procedures of IDPH.

Link(s) to Enterprise Plan: None.

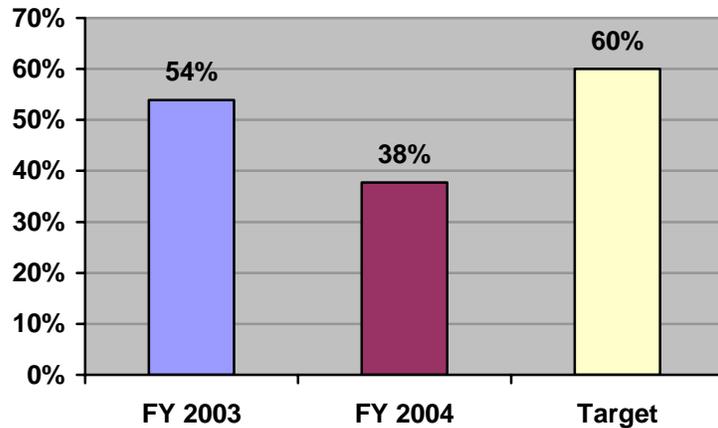
Performance Measure:

Percent of employees attending 3 trainings per year.

Data Sources:

Employee Access Records

Data Reliability: Reports are generated from Employee Access Records where all courses attended by IDPH employees are listed.



What was achieved: In FY 2003, the percent of employees attending three trainings per year was 53.9%. In FY 2004, the percent of employees attending three trainings per year decreased to 37.7%.

Analysis of results: Fewer employees are taking advantage of training opportunities.

Link(s) to Enterprise Plan: None.

IMAGE AND COMMUNICATION

Key Strategic Challenges and Opportunities:

Recent changes in national and state health-care delivery have challenged the Iowa Department of Public Health to re-examine its role as the leader in meeting Iowans' health needs. Timely and accurate collection and dissemination of information are critical in understanding and reacting to change and in initiating strategies to renew the state's public health system. Collaboration among the department and other public and private partners is important in this process and in promoting health messages and shaping public policy.

GOAL #1

RESPOND TO PUBLIC HEALTH ISSUES AND TRENDS AND LEAD IN PROMOTING AND PROTECTING THE HEALTH OF IOWANS.

Strategies:

- Provide legislators and other public policy makers with core messages on health issues.
- Communicate/collaborate with and disseminate information to public and private public health partners to prioritize health as an issue and better serve customers.
- Improve referral and information systems for telephone and on-line inquiries, and in-person visits to the Lucas Building.
- Develop structures for internal responses to emergent issues.

Measures/Results

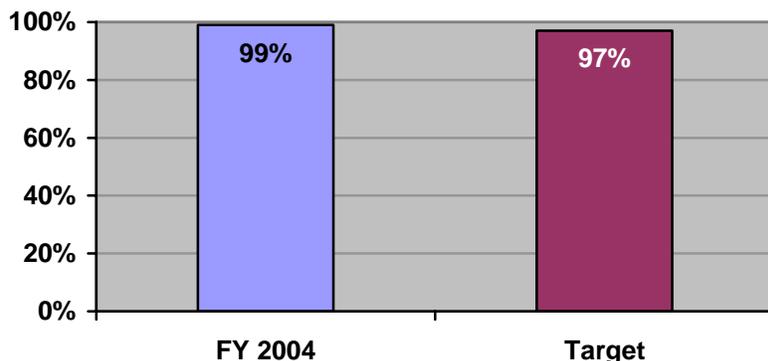
Performance

Measure:

Percent of infectious disease epidemiological follow-up contacts identified within 48 hours of notification.

Data Sources:

National Electronic Telecommunications System for Surveillance (NETSS).



Data Reliability: The NETSS database is the repository for reported disease information at the state level. Manual data entry performed by dedicated disease reporting staff and the data is subject to periodic audit for accuracy. The system is secure and dependable and since all reporting was analyzed for this report, the achieved performance reported is actual performance.

What was achieved: Analysis of the data indicates that 2,170 individual case

disease reports were received by the Iowa Department of Public Health during the period July 1, 2003 through June 30, 2004 (SFY 2004). Of these disease reports, necessary follow-up contacts were identified within 48 hours in 2,148 cases or 98.99%.

Analysis of results: There are 22 instances throughout state fiscal year 2004 where the performance measure was not successfully achieved. This is attributable to aberrant workflow issues within CADE involving coverage when key personnel are out of the office. These situations will be studied and the findings will be used to enhance communication and workflow during similar circumstances in the future.

Link(s) to Enterprise Plan: Goal #3 All Iowans have access to quality health care, including access to mental health and substance abuse treatment services.

**GOAL #2
UNDERSTAND AND RESPOND TO THE NEEDS AND HEALTH CONCERNS OF
ALL IOWANS.**

Strategies:

- Expand information-gathering techniques, such as surveys, to obtain primary customer data.
- Participate in community health events, including local planning, networking, and minority support organizations.
- Include community residents, customers, minority populations, and other target populations in the information gathering and public health planning process.
- Expand the department web site to facilitate customer dialogue and participation in surveys.
- Develop a central repository for information about local communities and the needs and desires of customers, minority residents, and other target populations.
- Establish effective systems to communicate and disseminate information within the IDPH.

Measures/Results

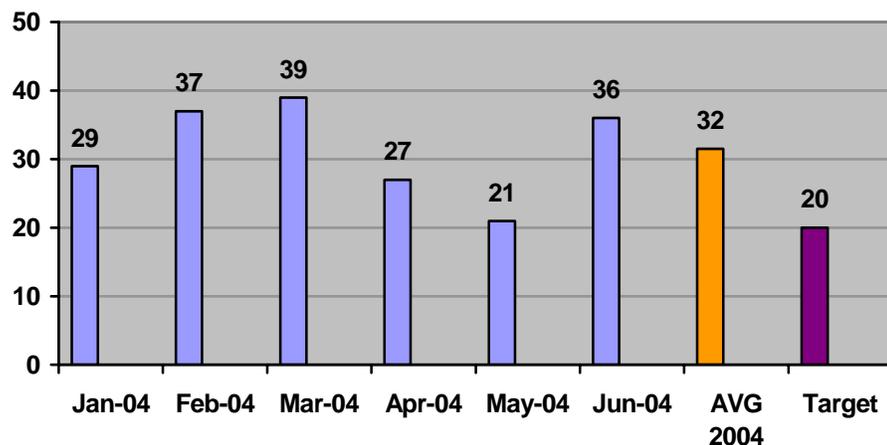
Performance

Measure:

Average monthly number of media contacts.

Data Sources:

Internal IDPH E-mail media contact notification form.



Data Reliability: Department staff making media contacts are requested to fill out media contact form. However, media contact requesting only statistical information (not policy) may not be recorded. Additionally, if multiple media outlets call in a short period of time, one form may be filled out. Form is also not filled out after department news conferences.

What was achieved: In FY 2004, there was an average of 32 media contacts each month.

Analysis of results: Performance measure was exceeded. Department visibility and credibility is greatly enhanced through regular media contact and publication. Department consistently is a regular media point-of-contact on health related news stories, increasing the Department visibility in the minds of the media and general

public.

Link(s) to Enterprise Plan: None.

Performance Measure:

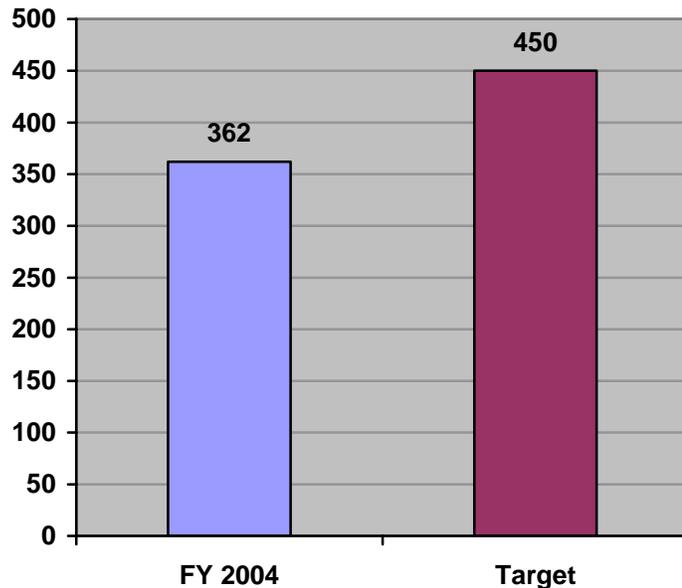
Number of direct consultations provided to local boards of health or environmental health practitioners annually.

Data Sources:

IDPH Call logs.

Data Reliability:

Data comes from phone and email logs maintained by Division of Environmental Health staff. Staff may have failed to document a number of consultations, while getting accustomed to phone and email log documentation.



What was achieved: In FY 2004, 362 direct consultations were provided to local health departments and boards of health.

Analysis of results: Better documentation on our part would have probably pushed the actual total over the target value. The results tell us that even local health departments and boards of health have made great strides in the field of environmental health there is still a significant need for support and guidance from the state level.

Link(s) to Enterprise Plan: None.

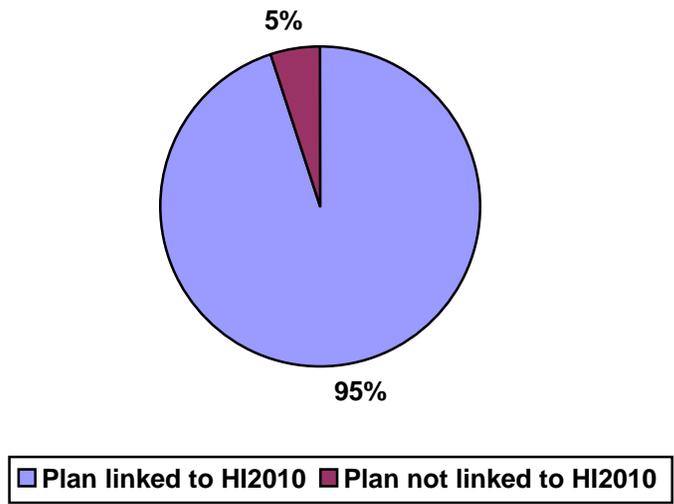
Performance

Measure:

Percent of local boards of health that have a local health improvement plan linked to Healthy Iowans 2010.

Data Sources:

Community Health Needs Assessments and Plans from each county board of health on the Iowa Department of Public Health website.



Data Reliability: In the spring of 2000, each local board of Health in all 99 counties assured the completion of a comprehensive community health needs assessment and health improvement plan. This process identified local health priorities and a health improvement plan outlined steps to address the priorities. The completed assessments and plans were submitted to IDPH and are archived there. IDPH staff reviewed each county assessment and plan to determine a connection to HI2010. The review and comparison to Healthy Iowans 2010 was accomplished for 100% of the counties' health improvement plans.

What was achieved: Every county board of health in Iowa completed the basic framework for public health delivery of services: assessment and planning. The boards involved community members and public health partners, and by relating their health improvements plans to Healthy Iowans 2010, the statewide plan for improvement of health of Iowans, Iowa has a coordinated health plan. This provides a basis for health policy decisions, both at the state and local level. 95% of the counties developed health improvement plans linked to HI2010.

Analysis of results: This is above the target, but the major accomplishments were the involvement of community members and partners in each of counties and leadership by local boards of health. Currently, reassessment of needs and revision of health plans are occurring at the local level, with updated plans to be submitted next year.

Link(s) to Enterprise Plan: None.

HEALTH STATUS

Key Strategic Challenges and Opportunities:

Not all department programs are familiar with and use essential health services, sometimes contributing to disparities in health status for population groups. While these disparities are recognized, frequently good data to define the extent of the disparity and to determine the effectiveness of intervention are not available. To reach the goals of improving health status, reducing health disparities, and improving the quality of life in the state, many Iowans have contributed to the development of *Healthy Iowans 2010*. A strong monitoring and tracking system is necessary for *Healthy Iowans 2010* to guide health promotion/disease prevention in the next decade.

To achieve positive health status and service outcomes, department programs should have a stated purpose, perform a needs assessment, and conduct regular evaluations. Research-based information on prevention effectiveness needs to be fully utilized by department programs to enhance efficient and effective delivery of services while, at the same time, being sensitive to external and internal changes and responding to emerging issues.

GOAL #1

IMPROVE ACCESS TO SERVICES FOR UNDER-SERVED POPULATIONS, ESPECIALLY THOSE AT INCREASED RISK OF ILLNESS AND PREMATURE DEATH.

Strategies:

- Adopt and implement a patient bill of rights that addresses, at a minimum, access to secondary and tertiary care for persons enrolled in managed care programs, access to preventive care, and universal access to health care.
- Allocate additional funding for health services for under-served and at-risk populations.

Measures/Results

Performance Measure:

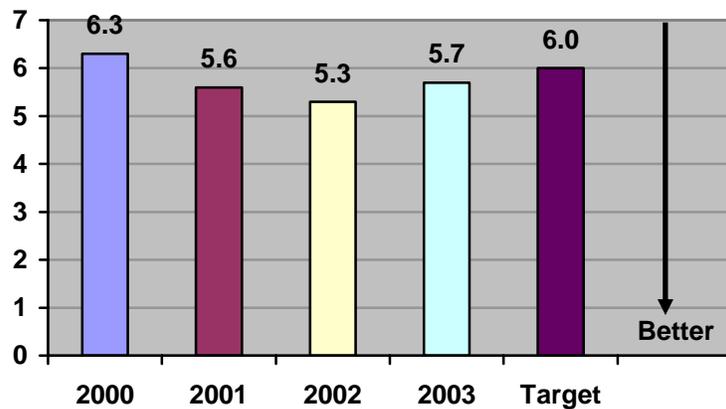
Infant mortality rate per 1,000 live births.

Data Sources:

Vital Statistics of Iowa.

Data Reliability:

The data are published in the annual *Vital Statistics of Iowa*, and are very reliable.



What was achieved: In 2003, the infant mortality rate was 5.7 per 1000 live births.

Analysis of results: Our performance target of 6.0 was met. Since 1995, trend data shows a general decrease in the infant mortality rate.

Link(s) to Enterprise Plan: Health EMT Strategy 3.2 Improve access to and use of diagnostic screening and treatment services for children, the elderly, persons with disabilities, minorities, immigrant groups, and low-income populations.

Measures/Results

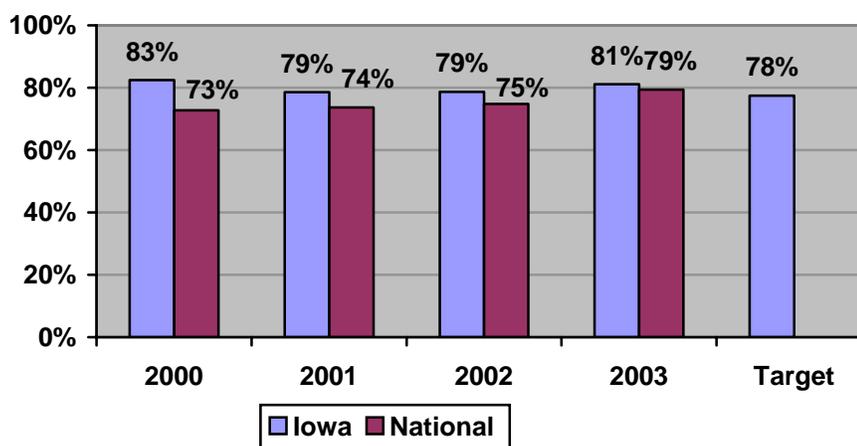
Performance

Measure:

Percent of children age 19-35 months appropriately immunized with 4DTaP, 3 Polio, 1 MMR, 3 Hib, and 3 Hepatitis B.

Data Sources:

CDC National Immunization Survey (NIS).



Data reliability: NIS provides ongoing national estimates of vaccination coverage among children 19 – 35 months, based on data for the most recent 12 months. To collect vaccination information for all age-eligible children, NIS uses a quarterly random-digit-dialing sample of telephone numbers for each survey area. Following the interview and with parental/guardian consent, data accuracy was verified from vaccination providers. Children with provider data were weighted to represent all children surveyed and to account for nonresponding households, changes in natality patterns, and lower vaccination coverage in households without telephones.

What was achieved: 2003 data show that 81.1 % of Iowa's children 19 – 35 months of age were appropriately immunized with 4 DTaP, 3 Polio, 1 MMR, 3 Hib, and 3 Hepatitis B.

Analysis of results: Iowa's rate of 81.1% is higher than the National Average of 79.4%. The 81.1% is a 2.4% increase from 2002 (78.7%).

Link(s) to Enterprise Plan: Health EMT Strategy 3.2 Improve access to and use of diagnostic screening and treatment services for children, the elderly, persons with disabilities, minorities, immigrant groups, and low-income populations.

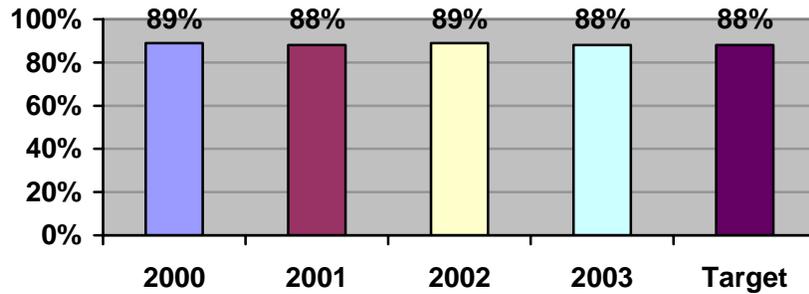
Performance

Measure:

Percent of lowans rating their own health at good to excellent.

Data Sources:

IDPH Behavioral Risk Factor Surveillance System.



Data reliability: The data comes from the Behavioral Risk Factor Surveillance System (BRFSS), and it is reliable. The margin of error for the BRFSS is + or – 1%. The BRFSS, Centers for Disease Control funded activity, allows IDPH to collect self-reported health information through telephone surveys. The actual surveying is contracted out to the Center for Behavioral Research at the University of Northern Iowa.

What was achieved: The target measure was met, since 88.3% of the lowans surveyed rated their health at good to excellent.

Analysis of results: The vast majority of lowans (88.3%) rate their health at good to excellent. This measure has remained relatively constant.

Link(s) to Enterprise Plan: All health-related goals and strategies.

**GOAL #2
SUPPORT AND ENHANCE PROGRAMMING TO OPTIMIZE EFFECTIVENESS.**

Strategies:

- Develop a mission statement for each bureau/program and annual performance measures for each division showing their relationship to the department mission.
- Evaluate the effectiveness of each department program in promoting and protecting the health of lowans.

Measures/Results

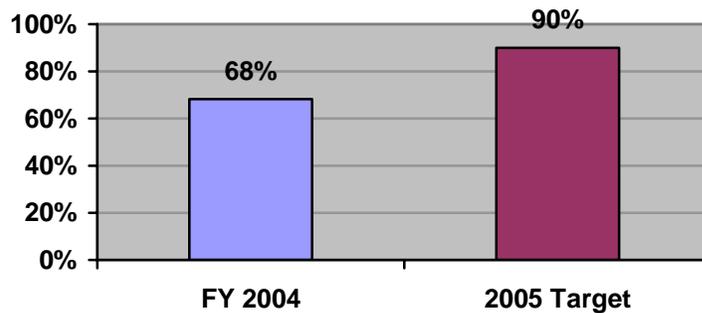
Performance

Measure:

Percent of strategic plan objectives achieved on schedule.

Data Sources:

IDPH Performance Plan Report.



Data reliability: This measure is a measure of what percent of strategic plan performance measures are achieved by the end of the plan period. Reliability is dependent on the reliability of these performance measures.

What was achieved: The current strategic plan runs through 2005. As measured by the performance measures in this report, 68.2% of strategic plan objectives meet or exceed their FY 2004 targets.

Analysis of results: The target is to complete 90% of objectives by 2005. Additional progress is necessary to achieve this target.

Link(s) to Enterprise Plan: None.

**GOAL #3
ELIMINATE HEALTH DISPARITIES.**

Strategies:

- Build a comprehensive, minority health surveillance system.
- Identify, collect, analyze, and disseminate appropriate data on disparate populations.
- Design department and local agency programs to eliminate health disparities.
- Create targeted, culturally relevant public health messages, programs, and services.

Measures/Results

Performance

Measure:

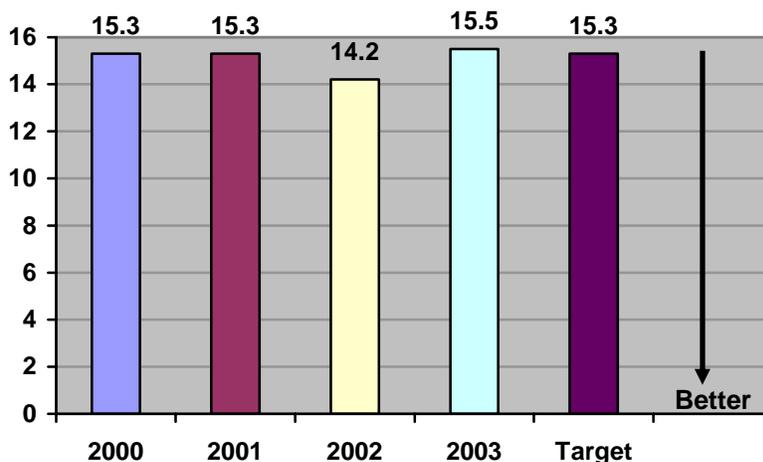
Death rate due to motor vehicle crashes (seat belt issue) per 100,000 population.

Data Sources:

Vital Statistics of Iowa.

Data reliability:

The data are published in the annual *Vital Statistics of Iowa*, and are very reliable.



What was achieved: The death rate due to motor vehicle crashes per 100,000 population for 2003 was 15.5.

Analysis of results: The target rate of 15.3 was not met, however, the difference between the target and the actual results are not statistically significant.

Link(s) to Enterprise Plan: Health EMT Strategy 3.2 Improve access to and use of diagnostic screening and treatment services for children, the elderly, persons with disabilities, minorities, immigrant groups, and low-income populations.

GOAL #4

MONITOR PROGRESS ON *HEALTHY IOWANS 2010* GOALS AND ACTION STEPS WITH PARTICULAR FOCUS ON MEASURES OF HEALTH STATUS.

Strategies:

- Annually track the status of *Healthy Iowans 2010* goals and action steps by gathering data from available data systems or responsible entities.

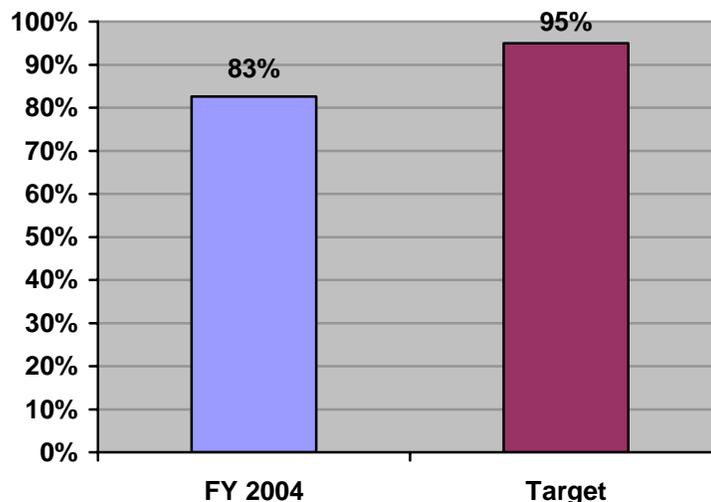
Measures/Results

Performance Measure:

Percent of health indicators with a minimum of 3 to 5 years data (except new) trended, tracked, and analyzed.

Data Sources:

Chapter goals contain baseline data and sources for tracking purposes. Health status indicators with a minimum of three to five years of hard data are tracked by chapter.



Data Reliability: There are national standards for vital statistics and BRFSS—two basic data sources.

What was achieved: As of FY 2004, 19 of the original 23 chapters, had at least one major goal that had a minimum of three to five years of hard data—a performance of 82%.

The chapters and measures include the following:

Access to Health Services: Health Insurance Coverage—BRFSS

Cancer: Mortality and Morbidity Rates—Vital Statistics of Iowa and SEER

Diabetes: Prevalence Rates—BRFSS

Education and Community Based Programs: Drop Out Rates and Pre-School Programs—Iowa Department of Education, Division of Early Childhood, Elementary and Secondary Education reports

Environmental Health: Childhood Lead Poisoning--Family and Community Health Indicator Tracking System

Family Planning: Teen Birth Rates and Intended Pregnancies—Iowa Barriers to Prenatal Care Project Report and Vital Statistics of Iowa Department of Public Health

Food and Drug Safety: Salmonella and *E.-coli*—Iowa Health Fact Book 2003

Heart Disease and Stroke: Mortality Rates—Vital Statistics of Iowa and BRFSS
Immunization and Infectious Diseases: Influenza and Pneumonia Immunizations—
1997 and 2002 BRFSS

Maternal and Child Health: Infant Mortality Rates—Center for Health Statistics, Vital
Records Preliminary Data

Nutrition: Consumption of Fruits and Vegetables and Obesity Rates—BRFSS

Occupational Safety and Health: Occupational Illness and Injury—Bureau of Labor
Statistics Industry Illness and Injury Data

Physical Activity and Fitness: Leisure Time Activity—BRFSS (three years of data)

Respiratory Disease: Asthma Prevalence Data—BRFSS (three years of data)

STD and HIV: Disease Rates—Iowa Health Fact Book

Substance Abuse and Problem Gambling: Youth Alcohol and Marijuana Use—
The Iowa Youth Survey—three years; Tobacco—BRFSS

Unintentional Injuries: Drowning and Seat Belt Use—Vital Statistics, Iowa
Department of Transportation, Seat Belt Usage Survey

Violent and Abusive Behavior: Violent Crimes and Homicide Rates—Iowa
Department of Public Safety, Iowa Uniform Crime Report

Analysis of results: The results are below the target of 95%. A mid-course revision
of the Healthy Iowans 2010 plan is ongoing and should be complete in early 2005.

Link(s) to Enterprise Plan: All health-related goals and strategies.

Performance Plan Results

CORE FUNCTION: Child and Adult Protection

Description: Provide prevention, protection, and support services to families and communities in Iowa.

Why we are doing this: To ensure strong families and safe communities.

What we're doing to achieve results: Ensure state capacity to evaluate and influence the problem of infant mortality rate disparities among demographic subgroups. Implement the array of child mortality prevention recommendations set forth by the Child Death Review Team. Provide adequate state funding to maintain domestic violence shelters and service programs. Continue to educate local providers regarding hawk-I and Medicaid and promote communication with hawk-I outreach programs.

Resources used: 3.91 FTEs and \$1,155,525 in state, federal, and other funding.

Results

Performance Measure:

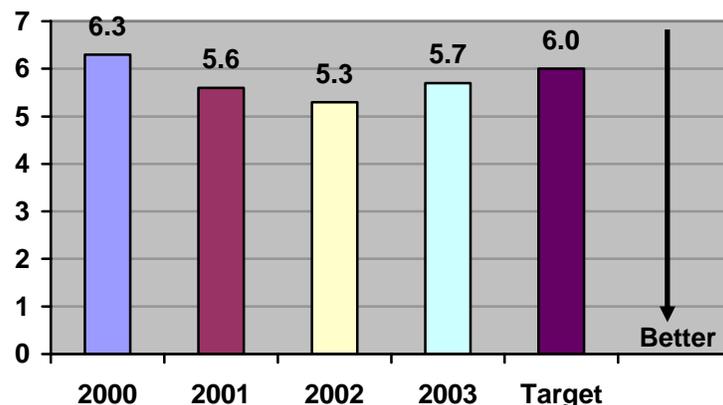
Infant mortality rate per 1,000 live births.

Performance Target: 6.0

Data Sources:

Vital Statistics of Iowa.

Data Reliability: The data are published in the annual *Vital Statistics of Iowa*, and are very reliable.



Why we are using this measure: Infant mortality is a key indicator of the health of a population. It reflects the overall state of maternal health as well as the quality and accessibility of primary health care available to pregnant women and infants.

What was achieved: In 2003, the infant mortality rate was 5.7 per 1000 live births.

Analysis of results: Our performance target of 6.0 was met. Since 1995, trend data shows a general decrease in the infant mortality rate.

Factors affecting results: As fewer resources become available to programs, barriers to obtaining parental care may increase (especially for immigrant, minority, and undocumented pregnant women). Program planning considers these issues to ensure access to care.

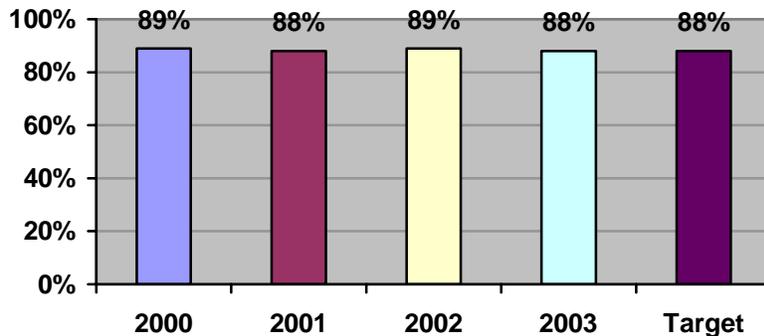
Performance

Measure:

Percent of lowans rating their own health at good to excellent.

Data Sources:

IDPH Behavioral Risk Factor Surveillance System.



Data reliability: The data comes from the Behavioral Risk Factor Surveillance System (BRFSS), and it is reliable. The margin of error for the BRFSS is + or – 1%. The BRFSS, Centers for Disease Control funded activity, allows IDPH to collect self-reported health information through telephone surveys. The actual surveying is contracted out to the Center for Behavioral Research at the University of Northern Iowa.

Why we are using this measure: Many studies have found a link between self-ratings of health and mortality. Even when controlling for things like age, income, evaluations by a doctor, and others, people who report that their health is very good or excellent are less likely to die as soon as those who report their health is poor or fair.

What was achieved: The target measure was met, since 88.3% of the lowans surveyed rated their health at good to excellent.

Analysis of results: The vast majority of lowans (88.3%) rate their health at good to excellent. This measure has remained relatively constant.

Factors affecting results: None noted.

SERVICES/PRODUCTS/ACTIVITIES: Prevention Services

Results

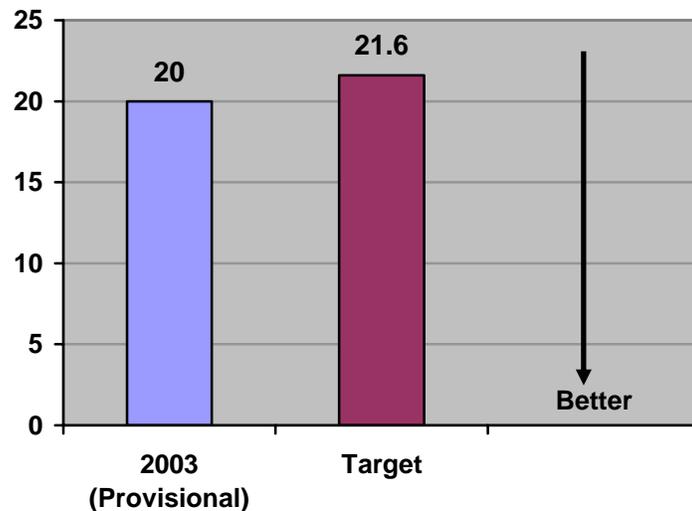
Performance Measure:

Child death rate per 100,000 children age 1-14 years.

Performance Target: 21.6

Data Sources: Vital Records and Iowa Child Death Review Team Data Base.

Data Reliability: Data from Vital records and the Iowa Child Death Review Team were used to determine this rate. These are extremely reliable data.



Why we are using this measure: This measure is used as an indicator of child health status and to guide health and safety educational programs aimed at youth.

What was achieved: Using provisional 2003 data, the child death rate was 20 per 100,000 children age 1-14.

Analysis of results: The performance target was achieved. Analyses of the results show that aggressive health and safety messages targeted at youth and their families are having a positive impact.

Factors affecting results: Programs established by other state agencies have assisted in achieving the performance target. An example is the graduated driver's license for teens.

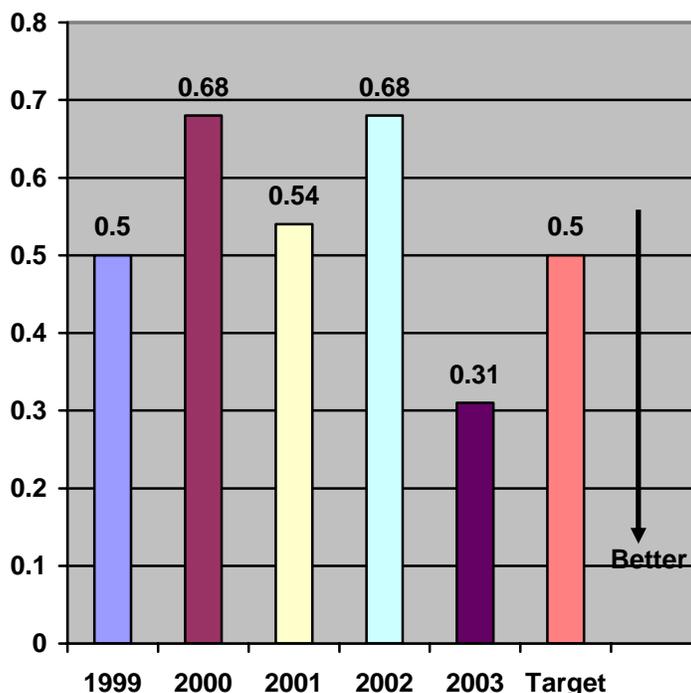
Performance Measure:

Adult death rate per 100,000 as reported through the Domestic Abuse Death Review Team.

Performance Target: 0.5

Data Sources:

The cases are initially identified through autopsy reports filed by the State Medical Examiner's office. Law enforcement investigation reports, health care records, newspaper clippings, corrections records, court records, child abuse reports, and other related documents are requested from local agencies. Data from each case is tracked and entered into a database.



Data Reliability: The data that is gathered on each case is only as accurate or reliable as the individuals completing the report. Counties and other local jurisdictions may differ around the detail given in investigation and prosecution reports. In some cases, data is not always available if records can't be located or are not released to the team.

Why we are using this measure: Ultimately, the team expects its recommendations to contribute to a decline in domestic abuse deaths. However, domestic abuse is a complex public health problem, and community interventions are multi-faceted. Since the team has been in operation since 2000, it cannot reasonably have an impact on practices in such a short time. It may take a number of years before recommendations can be implemented and begin to have some impact on actually reducing deaths. (While this measure is the ultimate outcome, it may more useful to track the number of recommendations made by the team that are actually implemented. That measure would offer more results-oriented data for the team's work.)

What was achieved: For calendar year 2003, the adult death rate was 0.31 per 100,000 population. The increase in adult deaths in 2000 and 2002 are attributed to perpetrator suicides. In 2003, there were no perpetrator suicides or other bystanders killed following the domestic abuse homicide.

Analysis of results: Community interventions to reduce domestic abuse deaths involve actions by law enforcement, court, corrections, health care, and human service agencies. In some cases, there was minimal community agency contact before the death so there would have been little opportunity for intervention unless family members or friends had taken action. A reduction in perpetrator suicides is viewed as a positive step toward reducing the domestic abuse death rate, and more analysis is needed to determine if it is a stable trend.

Factors affecting results: The state appropriation for team expenses (travel, staff support, and operating expenses) was eliminated in 2002. To continue operation, the number of meetings has been decreased and all team members now donate their travel expenses. There is less staff time to process case materials. This has limited the number of cases that can be reviewed.

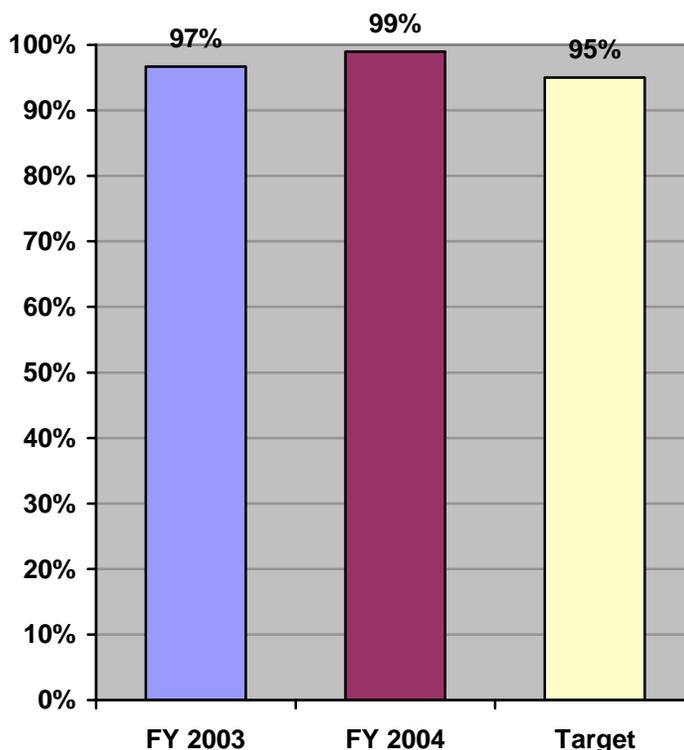
Performance Measure:

Percent of children 0-5 enrolled in (Health Opportunities for Parents to Experience Success-Healthy Families Iowa) HOPES-HFI with health care coverage.

Performance Target:

95

Data Sources: Family records identify and track the target child's type of health care coverage and maintaining the coverage. The HOPES-HFI grantees maintain accounts to total and report information on health care coverage and report the numbers for each fiscal year.



Data Reliability: HOPES-HFI grantees follow the same definition for Health Care Coverage and record family records accurately. HOPES-HFI staff connects families with their medical homes, therefore confirming the family's health care coverage to assure access to health services. On site visits by IDPH staff review the data in the family record and confirm documented health care coverage during a home visit with the family.

Why we are using this measure: Measuring health care coverage for pregnant woman or target child enrolled in HOPES-HFI enhances access to health services at

a medical home.

What was achieved: In FY 2004, the percent of children 0-5 enrolled in (Health Opportunities for Parents to Experience Success-Healthy Families Iowa) HOPES-HFI with health care coverage increased from 97% to 99%.

Analysis of results: Families with multiple risk factors are supported and assisted to obtain and maintain health care coverage while participating in HOPES-HFI services. HOPES-HFI staff is proud of its success to educate and assist families to obtain and value health care coverage. The families have achieved a higher level than was anticipated. Access and use of private providers for preventive and acute health care services has been achieved by families having health care coverage instead of accessing public clinics for well child care, immunizations, and oral health. The sustainability of private providers has a higher level of probability than continued funding for public clinic services. The ability to reimburse for health services through a health care coverage plan increases the child's access to a physician or medical clinician. Families are assisted to access all Iowa's Academy of Pediatrician's recommended preventive health screens and have success due to their ability to reimburse providers through their health care coverage.

Factors affecting results: A change in Medicaid regulations so a Medicaid enrolled child has continued coverage for the first year of a child's life has increased the percentage of HOPES-HFI participants to have health care coverage. The availability of Iowa's hawk-I insurance plan for children has made it possible for parents to access affordable health insurance for their children. Education and information to all HOPES-HFI program staff on health care coverage eligibility and availability has increased this performance measure as well.

SERVICES/PRODUCTS/ACTIVITIES: Policy Development

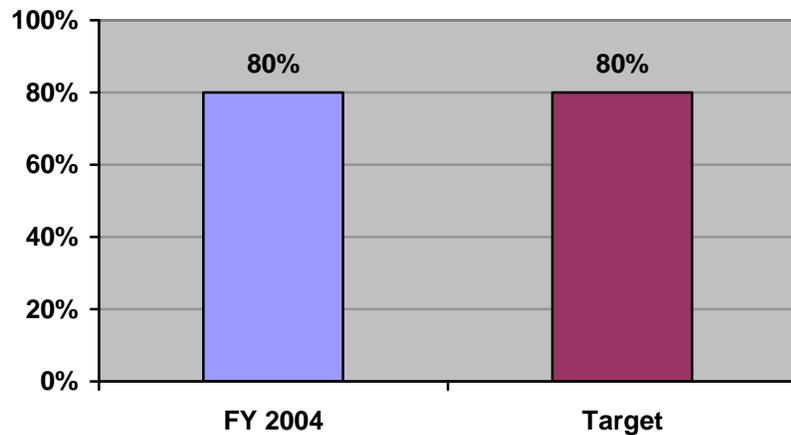
Results

Performance

Measure: Percent of prior calendar year child deaths (age 0-17 years) investigated and documented.

Performance Target:
80

Data Sources: Iowa Child Death Review Team Data Base.



Data Reliability: The Iowa CDRT reviews every aspect of and all records related to each case of child death, and documents the sources of information. Therefore, the data are very reliable.

Why we are using this measure: This measure is used to help ascertain the quality of information on which the team's determination of cause and manner of death are based. Improved information will help clarify what strategies to prevent future deaths should be implemented.

What was achieved: In FY 2004, 80% of prior calendar year child deaths (age 0-17 years) were investigated and documented.

Analysis of results: The performance measure was achieved. Vastly improved investigations are being conducted statewide when a child dies.

Factors affecting results: Turnover of investigative personnel in rural areas affected the consistency and quality of death scene investigation.

Performance Measure:

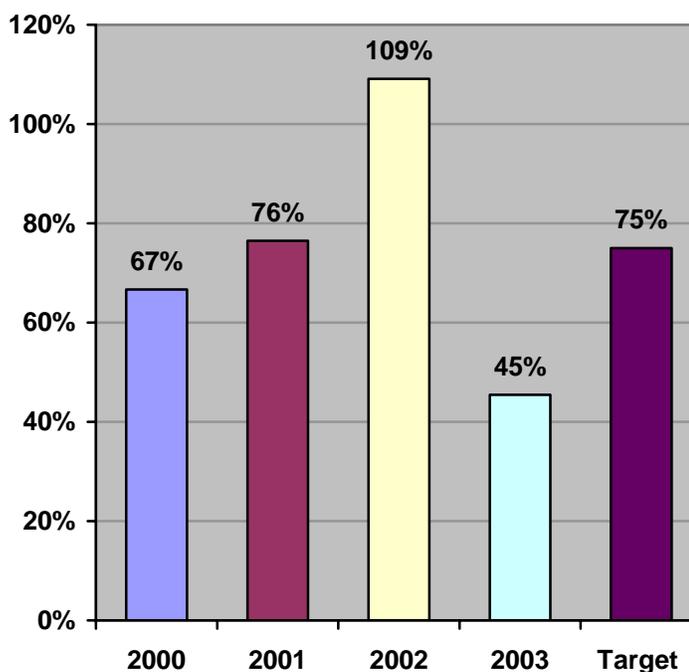
Percent of prior calendar year(s) adult domestic abuse homicides and suicides investigated and documented by end of following calendar year.

Performance Target: 75

Data Sources:

The cases are initially identified through autopsy reports filed by the State Medical Examiner's office. Then, law enforcement investigation reports, health care records, newspaper clippings, corrections records, court records, child abuse reports, and other related documents are requested from local agencies. Data from each case is tracked and entered into a database.

Note: During 2000 and 2001, 12 cases from 1997-1998 were also reviewed, but they are not reflected in the # of prior year deaths.



Data Reliability: The data that is gathered on each case is only as accurate or reliable as the individuals completing the report. Counties and other local jurisdictions may differ around the detail given in investigation and prosecution reports. In some cases, data is not always available if records can't be located or are not released to the team.

Why we are using this measure: Domestic abuse is a complex public health problem, and community interventions are multi-faceted. The death review team has been in operation since 2000 and cannot reasonably have an impact on policies and practices in such a short time. It may take a number of years before recommendations can be implemented and begin to have some impact on actually reducing deaths. While this measure is a good process measure for team activity, it may more useful to track the number of recommendations made by the team that are actually implemented. That measure would offer more results-oriented data.

What was achieved: During 2003, there were 11 cases eligible for review and only 5 were reviewed (45%). In 2002, there were 11 cases eligible, but 12 were reviewed

(carryover from a prior year). The team reviewed 38 out of 53 domestic abuse deaths that occurred between 1997 and 2002. That is an average rate of 71.7 percent, which is slightly under the target of 75 percent.

Analysis of results: The four-year average is close to the target for the team. This rate will fluctuate year-to-year based on the number of cases that are actually eligible for review (ones in which there has been an initial criminal justice disposition).

Factors affecting results: The factors that most influence successful accomplishment of program targets are 1) the number of cases in a prior year that are eligible for review and 2) budget and staff limitations.

1. Cases where the perpetrator commits suicide and there is not a criminal charge can usually be reviewed in the year following the death. Otherwise, a case is not eligible for review until an initial perpetrator conviction. This may take 9-15 months, depending on the case.
 2. The state appropriation for team expenses (travel, staff support, and operating expenses) was eliminated in 2002. To continue operation, the number of meetings has been decreased and all team members now donate their travel expenses. There is less staff time to process case materials. This has limited the number of cases that can be reviewed.
-

SERVICES/PRODUCTS/ACTIVITIES: Public Health Disaster Response Systems Development

Results

Performance Measure:

Number of mass vaccination or prophylaxis clinics per county.

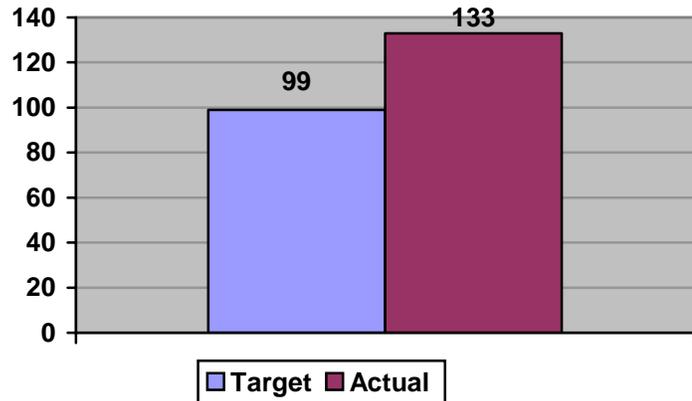
Performance Target:

1

Data Sources:

Quarterly Resource Directory reports. (IDPH)

Data Reliability: All counties use the same reporting form to submit quarterly updates.



Why we are using this measure: By having at least one clinic in every county, a mechanism is provided to distribute drugs to the Iowa population in a timely manner to prevent further spread of disease during a bioterrorism event or other public health emergencies.

What was achieved: During the past year, all 99 Iowa counties have identified a minimum of one clinic site for mass vaccination or prophylaxis as part of a county bio-emergency response plan.

Analysis of results: Some of the counties established additional clinic sites to meet the needs of a larger population base.

Factors affecting results: None noted.

CORE FUNCTION: Health and Support Services

Description: Assure individual, community- and facility-based prevention, intervention, treatment, and support services to all Iowans. Provide disease epidemiology services to families and communities in Iowa. Provide emergency medical and trauma services to Iowans. Provide risk reduction and prevention services to all Iowans.

Why we are doing this: To maintain/improve health status and access to health services. To develop and implement a system of public health services ready to deal with outbreaks of infectious disease, food borne illness, and other public health threats or emergencies. To develop and implement a system of health services ready to respond to health emergencies, and to ensure improved health status.

What we're doing to achieve results: Public Health Planning/Communications—Continue to improve employee/management communications through frequent employee meetings, management accessibility, and frequent individual meetings. Continue to refine, track progress, and update strategic plan on an annual basis. Communicate/collaborate with and disseminate information to public and private public health partners to prioritize health as an issue and better serve customers.

Intervention/Treatment—Evaluate the effectiveness of treatment programs in promoting and protecting the health of all Iowans. Develop a plan to provide immunization services to under-served populations. Advocate for improved access to early prenatal care for vulnerable populations, including undocumented (immigrant) women. Support the development of a system for prescription drug coverage for seniors. Maintain and enhance local providers' ability to prioritize admissions.

Prevention Services—Encourage local jurisdictions to adopt lead hazard remediation ordinances. Continue to enhance and produce effective counter marketing campaigns for tobacco use prevention. Establish preventable-disease risk reduction programs for general and identified at-risk populations. Develop a worksite breastfeeding support kit. Continue to promote collaboration between private health clinics and local contract agencies to establish medical homes for children.

Assessment/Surveillance/Epidemiology—Establish and support state and local communicable disease data collection systems. Educate physicians, infection control practitioners, and laboratories through statewide meetings, conferences, web postings, and other program literature. Maintain and enhance local public health agencies to implement the essential public health services.

Policy Development—Continue to identify and analyze important policy issues that impact the public's health and the health delivery system.

Systems Development—Evaluate the availability and distribution of program resources and redirect as needed. Assess and support the development of local agency resources to address public health needs and carry out the core public health functions. Continue to provide technical assistance to local communities in developing health improvement

plans that include all community sectors especially special and hard-to reach populations.

Medical Services—Enhance the resources of the Medical Examiner’s Office to complete work in a timely manner.

Resources Used: 206.85 FTEs and \$127,620,770 in federal, state, gambling, tobacco, and other funding.

Results

Performance Measure:

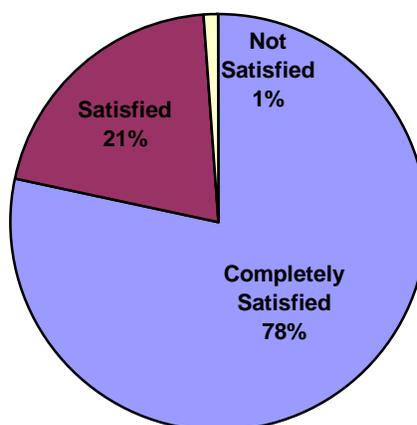
Percent of surveyed customers who are positively satisfied overall.

Performance Target: 90

Data Sources:

2001 IDPH Customer Satisfaction Survey.

Data Reliability: This is a point in time survey conducted in 2001. The survey needs to be replicated to assess reliability and validity.



Why we are using this measure: To determine how satisfied lowans are with the services we provide so that we can improve accordingly.

What was achieved: In 2001, 78.4% of IDPH customers were completely satisfied, 20.5% were satisfied, and only 1.1% were not satisfied with the services they received.

Analysis of results: Nearly 99% of IDPH customers were positively satisfied with the services they received. This is far above our target of 90%. More recent customer surveys are necessary to assess continued customer satisfaction.

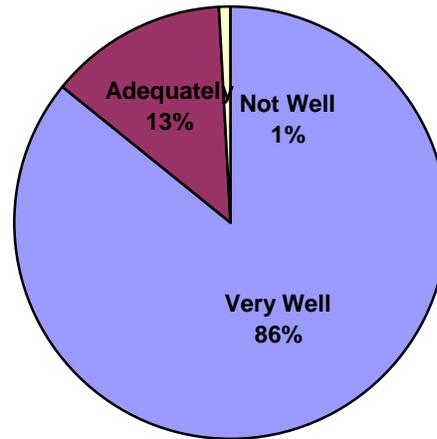
Factors affecting results: None noted.

Performance Measure:
Percent of customers who are positively satisfied with treatment.

Performance Target: 90

Data Sources:
2001 IDPH Customer Satisfaction Survey

Data Reliability: This is a point in time survey conducted in 2001. The survey needs to be replicated to assess reliability and validity.



Why we are using this measure: To determine how satisfied lowans are with the services we provide so that we can improve accordingly.

What was achieved: In 2001, 85.9% of IDPH customers said they were treated very well, 13.4% said they were treated adequately, and only 0.7% said they were not treated well.

Analysis of results: More than 99% of IDPH customers were positively satisfied with how they were treated. This is far above our target of 90%. More recent customer surveys are necessary to assess continued customer satisfaction.

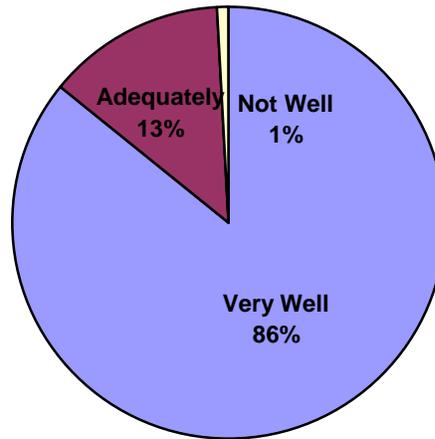
Factors affecting results: None noted.

Performance Measure:
Percent of customers who are positively satisfied with treatment.

Performance Target: 90

Data Sources:
2001 IDPH Customer Satisfaction Survey

Data Reliability: This is a point in time survey conducted in 2001. The survey needs to be replicated to assess reliability and validity.



Why we are using this measure: To determine how satisfied lowans are with the services we provide so that we can improve accordingly.

What was achieved: In 2001, 85.9% of IDPH customers said they were treated very well, 13.4% said they were treated adequately, and only 0.7% said they were not treated well.

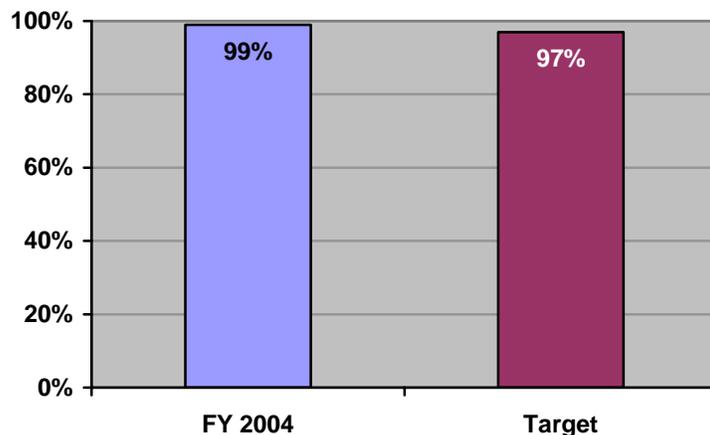
Analysis of results: More than 99% of IDPH customers were positively satisfied with how they were treated. This is far above our target of 90%. More recent customer surveys are necessary to assess continued customer satisfaction.

Factors affecting results: None noted.

Performance Measure:
Percent of infectious disease epidemiological follow-up contacts identified within 48 hours of notification.

Performance Target: 97

Data Sources: National Electronic Telecommunications System for Surveillance (NETSS).



Data Reliability: The NETSS database is the repository for reported disease

information at the state level. Manual data entry performed by dedicated disease reporting staff and the data is subject to periodic audit for accuracy. The system is secure and dependable and since all reporting was analyzed for this report, the achieved performance reported below is actual performance.

Why we are using this measure: This measure is used to monitor the Iowa Department of Public Health's role in assisting local public health agencies in preventing the spread of infectious disease. Among all of the support functions that IDPH provides local agencies, this information provides a clean quantitative measure.

What was achieved: Analysis of the data indicates that 2,170 individual case disease reports were received by the Iowa Department of Public Health during the period July 1, 2003 through June 30, 2004 (SFY 2004). Of these disease reports, necessary follow-up contacts were identified within 48 hours in 2,148 cases or 98.99%.

Analysis of results: There are 22 instances throughout state fiscal year 2004 where the performance measure was not successfully achieved. This is attributable to aberrant workflow issues within CADE involving coverage when key personnel are out of the office. These situations will be studied and the findings will be used to enhance communication and workflow during similar circumstances in the future.

Factors affecting results: While it is difficult to document, CADE believes there is substantial under-reporting throughout the state. We are developing methods to audit reporting to determine if reporting gaps exist. In addition, implementation of a National Electronic Disease Surveillance System (NEDSS) in Iowa has the potential to increase disease reporting throughout the state and change the role of key CADE personnel in the future. AT present, it is unclear how this performance measure will be affected by such a change in disease reporting.

Performance Measure:

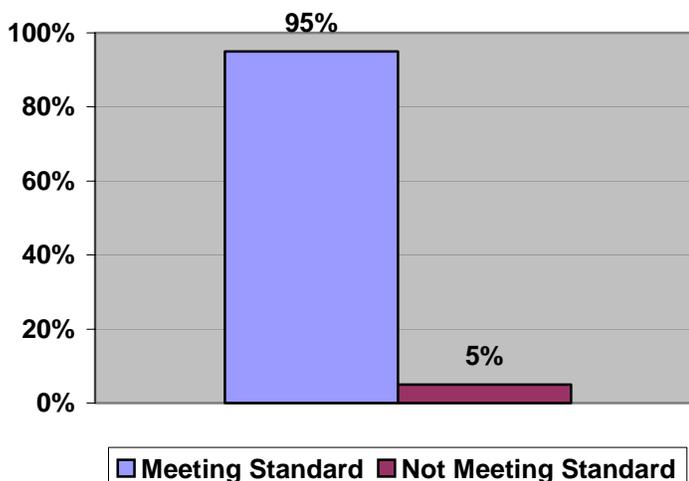
Percent of patients meeting the criteria of the Iowa trauma protocol transported to a trauma care facility in 30 minutes or less.

Performance Target: 90

Data Sources:

EMS Patient Registry.

Data Reliability: Reliability of the data is dependent upon the EMS Services entering



the data.

Why we are using this measure: To measure timely transport of the emergency trauma patient to an appropriate medical facility.

What was achieved: In FY 2004, 95% of trauma patients were transported to a trauma care facility in 30 minutes or less.

Analysis of results: 5% higher than the target.

Factors affecting results: None, exceeded goal.

Performance

Measure:

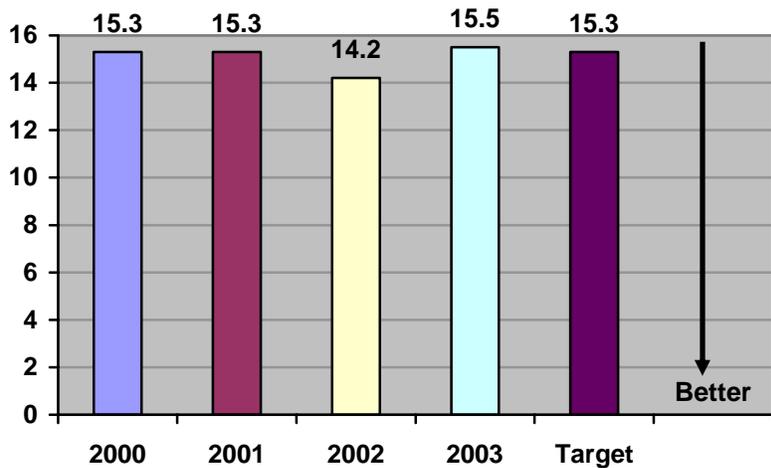
Death rate due to motor vehicle crashes (seat belt issue) per 100,000 population.

Data Sources:

Vital Statistics of Iowa.

Data reliability:

The data are published in the annual *Vital Statistics of Iowa*, and are very reliable.



Why we are using this measure: Seat-belt use is a determining factor in the motor vehicle crash death rate.

What was achieved: The death rate due to motor vehicle crashes per 100,000 population for 2003 was 15.5.

Analysis of results: The target rate of 15.3 was not met, however, the difference between the target and the actual results are not statistically significant.

Factors affecting results: The rate has remained relatively steady since 2000. No

factors noted.

SERVICES/PRODUCTS/ACTIVITIES: Public Health Planning/Communications

Results

Performance Measure:

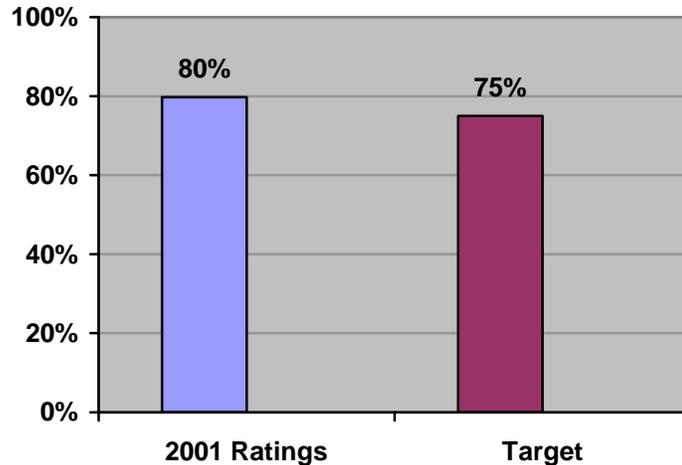
Percent of overall or composite management ratings that meet or exceed expectations.

Performance Target: 75

Data Sources:

2001 IDPH Employee Survey.

Data Reliability: This is a point in time survey conducted in 2001. The survey needs to be replicated to assess reliability and validity.



Why we are using this measure: To provide important feedback to Department leadership for improving communication and performance.

What was achieved: In 2001, 79.7% of department employees rated management as meeting or exceeding expectations.

Analysis of results: Performance measure was exceeded.

Factors affecting results: None noted.

Performance

Measure:

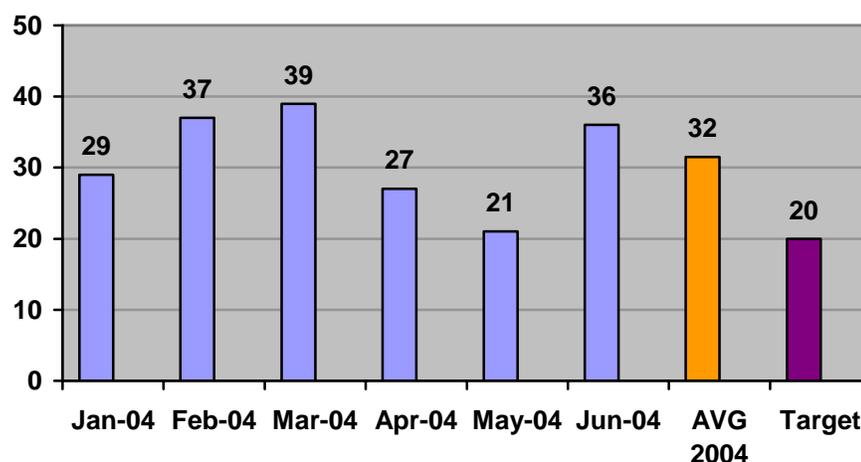
Average monthly number of media contacts.

Performance

Target: 20

Data Sources:

Internal IDPH E-mail media contact notification form.



Data Reliability: Department staff making media contacts are requested to fill out media contact form. However, media contact requesting only statistical information (not policy) may not be recorded. Additionally, if multiple media outlets call in a short period of time, one form may be filled out. Form is also not filled out after department news conferences.

Why we are using this measure: Department visibility and credibility is greatly enhanced through regular media contact and publication. This measure is the most cost-effective method. There are commercial services that will provide copies of stories done in the media about the Department, but those services are costly.

What was achieved: In FY 2004, there was an average of 32 media contacts each month.

Analysis of results: Performance measure was exceeded. Department consistently is a regular media point-of-contact on health related news stories, increasing the Department visibility in the minds of the media and general public.

Factors affecting results: Media interest in the Department does ebb and flow and is general crisis or perceived-crisis based. Some days there are multiple media contacts. Some days there are few.

SERVICES/PRODUCTS/ACTIVITIES: Intervention/Treatment

Results

Performance Measure:

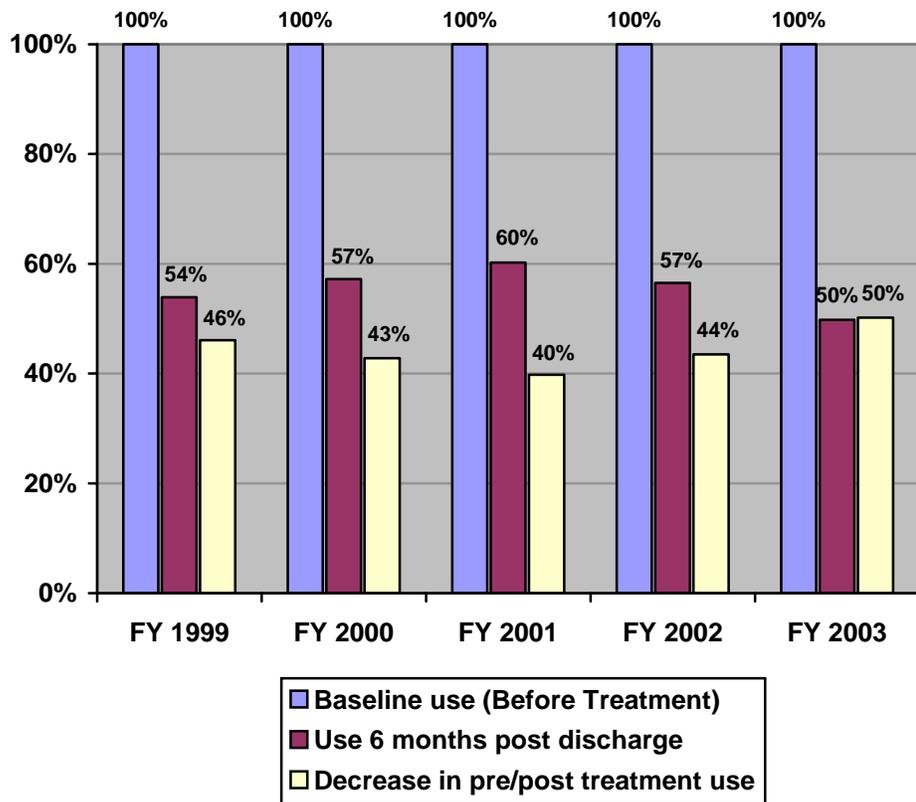
Percent decrease in pre/post-treatment substance use.

Performance Target: 15

Data Sources: IDPH Substance Abuse Reporting System.

Data Reliability:

The data are self-reported by programs to the department. Accuracy is reviewed during monitoring visits.



Why we are using this measure: To evaluate the results of substance abuse treatment.

What was achieved: In FY 2003, there was a 50% decline in pre/post-treatment substance use.

Analysis of results: Over the past five fiscal years, results have been above the performance target.

Factors affecting results: National outcome studies show that the most effective treatment must be at least three months in length. Length of stay in treatment has decreased due to more clients entering the system and less funding available to treat them. This is reflected in the gradual increase in client relapse rate.

Performance Measure:

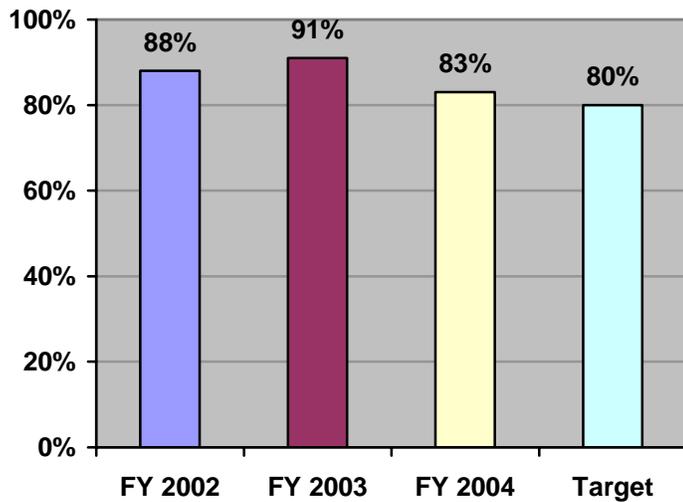
Percent of successfully discharged clients reporting no wagering in last 30 days

Performance Target: 80

Data Sources:

IDPH Gambling Treatment Reporting System Discharge form, Item 57.

Data Reliability: The data are self-reported from admitted gamblers at the time of their discharge.



Why we are using this measure: The measure is an indication of how well clients report they do after gambling treatment is provided.

What was achieved: The great majority of clients (83%) indicate no wagering at the time of discharge.

Analysis of results: Over the past three fiscal years, results have been above the performance target.

Factors affecting results: Clients may complete some gambling treatment and leave early. If they do not substantially complete gambling treatment, they are not included in this data because they usually are categorized as leaving the program. Some of these clients may have achieved a measure of success, in that they may have reduced their wagering or are not wagering at all.

Performance

Measure:

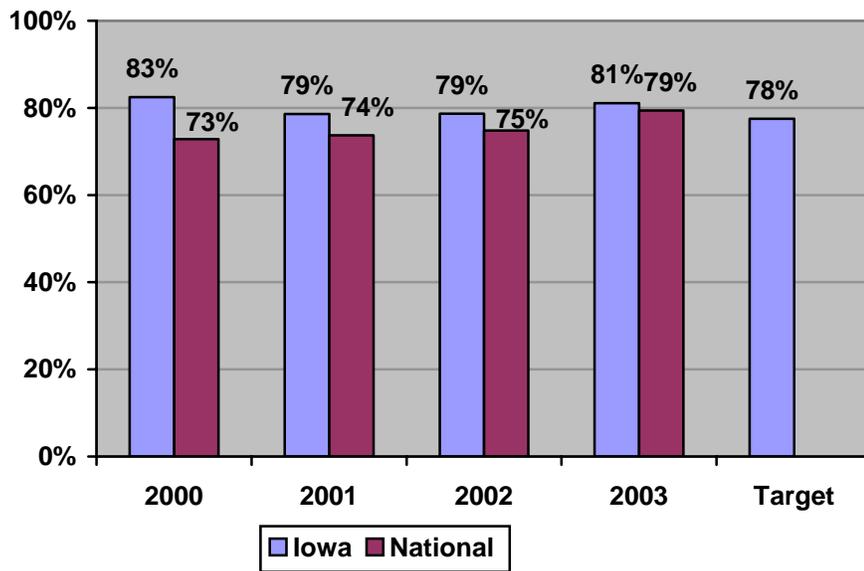
Percent of children age 19-35 months appropriately immunized with 4DTaP, 3 Polio, 1 MMR, 3 Hib, and 3 Hepatitis B.

Performance

Target: 77.5

Data Sources:

CDC National Immunization Survey (NIS).



Why we are using this measure: Monitoring vaccination coverage levels is necessary to characterize undervaccinated populations and to evaluate the effectiveness of efforts to increase coverage.

Data reliability: NIS provides ongoing national estimates of vaccination coverage among children 19 – 35 months, based on data for the most recent 12 months. To collect vaccination information for all age-eligible children, NIS uses a quarterly random-digit-dialing sample of telephone numbers for each survey area. Following the interview and with parental/guardian consent, data accuracy was verified from vaccination providers. Children with provider data were weighted to represent all children surveyed and to account for nonresponding households, changes in natality patterns, and lower vaccination coverage in households without telephones.

What was achieved: 2003 data show that 81.1 % of Iowa’s children 19 – 35 months of age were appropriately immunized with 4 DTaP, 3 Polio, 1 MMR, 3 Hib, and 3 Hepatitis B.

Analysis of results: Iowa’s rate of 81.1% is higher than the National Average of 79.4%. The 81.1% is a 2.4% increase from 2002 (78.7%).

Factors affecting results: The poor economy has cut funding at the federal, state, and local level for Immunization services. Many local health departments and private providers have had to cut back on staffing. Even with these cutbacks, Iowa was able to increase the percent of children properly immunized.

Performance Measure:

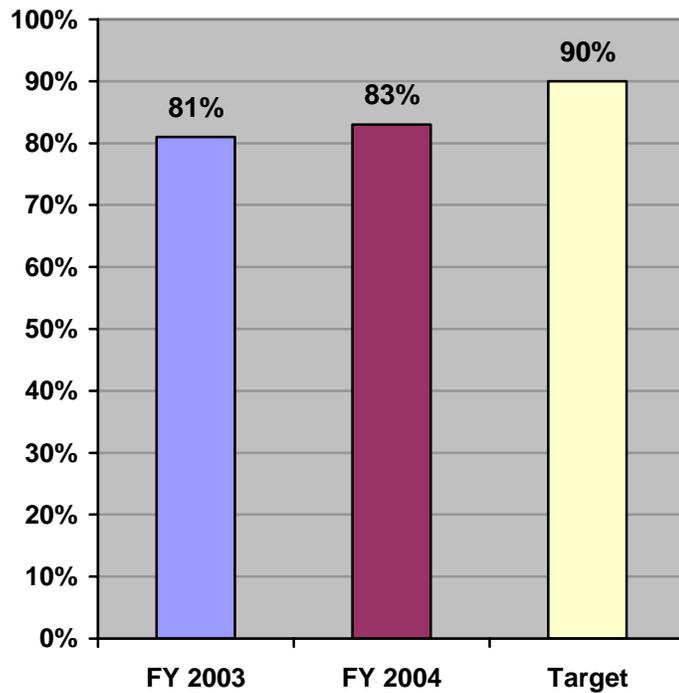
Percent of women enrolled in Title V programs who receive prenatal care in the first trimester.

Performance Target: 90

Data Sources:

WHIS – Women’s Health Information System.

Data Reliability: Local Maternal Health agencies utilize a standard definition of entry into prenatal care. All local MH agencies receive yearly training from IDPH staff to ensure that consistent interpretation and documentation are maintained.



Why we are using this measure: Measuring first trimester entry into prenatal care provides an indicator of the potential for early identification of maternal disease and risks for complications of pregnancy or birth.

What was achieved: In, FY 2004 83% of the women enrolled in Title V received prenatal care in the first trimester.

Analysis of results: This result is below our target of 90%. Maternal health agencies provided services to facilitate early entry into prenatal care including Medicaid presumptive eligibility, care coordination, and case management. IDPH collaborated with DHS to implement transportation coverage for pregnant women.

Factors affecting results: Within Maternal Health agencies, attention to the quality of data entry is important to ensure results are captured accurately.

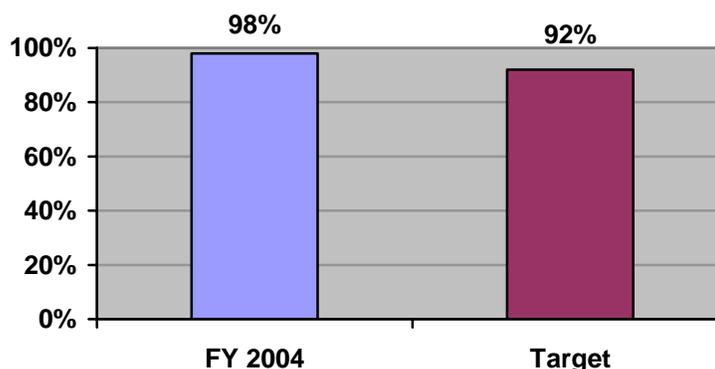
Performance Measure:

Percent of home care aide clients where services have delayed, reduced, or prevented institutionalization.

Performance Target: 92

Data Sources:

Monthly utilization reports submitted to IDPH by Contractors of LPHS Contract funds.



Data reliability: Local Contractors of the LPHS Contract funds report monthly to IDPH the unduplicated count of clients for whom home and community-based services delayed, reduced, or prevented institutionalization. At the time of admission for these services, the nurse or case manager employed by service providers for the LPHS Contract completes a comprehensive assessment that considers the patient’s health status including severity of illness and the patient’s functional capacity. Based on this assessment, a determination is made as to whether the client would be a candidate for institutionalization if home and community-based services were not available.

Why we are using this measure: The focus of home and community-based service is to prevent or reduce inappropriate institutionalization. PHN and HCA funds typically pay for services for those with the greatest need, the lowest income, and the fewest resources. Lowans want to know that the funds are utilized in a manner consistent with their intended purpose.

What was achieved: Public Health Nursing (PHN) and Home Care Aide (HCA) funds used for home and community-based services for disabled and elderly who have no other source of funding for services have reduced, prevented or delayed institutionalization for 98% (8702 out of 8880) of clients receiving the services.

Analysis of results: This result exceeded our target of 92%. Institutionalization was delayed, prevented, or reduced for 98% of clients receiving home and community-based services funded by the Public Health Nursing (PHN) and Home Care Aide (HCA) funds.

Factors affecting results: None noted.

SERVICES/PRODUCTS/ACTIVITIES: Prevention Services

Results

Performance

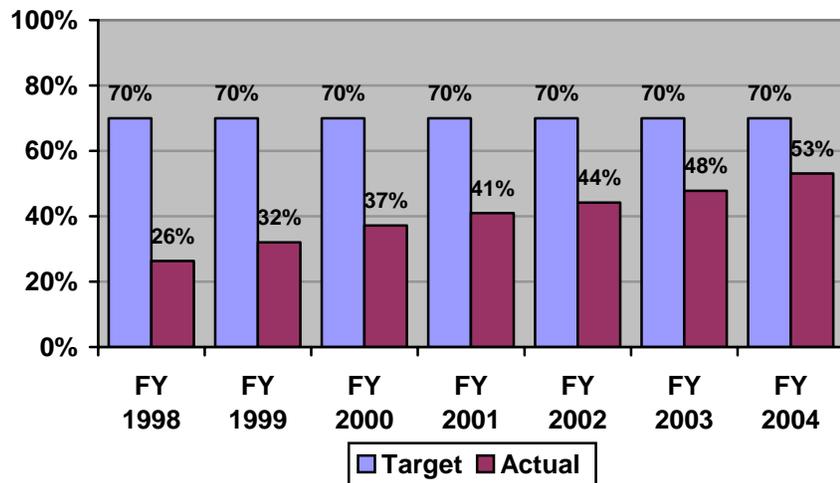
Measure: Percent of Iowa children age 12-71 months that receive a blood lead test.

Performance

Target: 70

Data Sources:

IDPH Childhood blood lead surveillance database.



Data reliability: Data are extremely reliable because state law requires the results of all blood lead testing to be reported to the Iowa Department of Public Health. This requirement has been in effect since 1992, so providers and laboratories are familiar with the law and are complying with it.

Why we are using this measure: The prevalence of lead poisoning in Iowa is very high compared to the national average. The only way to know if a child is lead-poisoned is for them to be tested for lead poisoning. This allows IDPH to target services to families of lead-poisoned children and to areas of Iowa with a high prevalence of childhood lead poisoning.

What was achieved: By FY2004, 53.1% of children who were born in 1997 had received a blood lead test at the age of 12 to 71 months.

Analysis of results: The percentage of children tested for lead poisoning at the age of 12 to 71 months is steadily increasing. However, there is still a need to educate providers and parents of the need to test children for lead poisoning.

Factors affecting results: Providers and parents must be aware that lead-poisoned children do not usually have any symptoms. Therefore, the only way to know if a child is lead-poisoned is to do a blood lead test. Providers also need to know that state and federal law require testing for children covered by Medicaid and recommend it for all other children. A decrease in resources for the federal lead program, the federal Maternal and Child Block Grant, and state funds for public health nursing have created barriers to meeting the performance target.

Performance Measure:

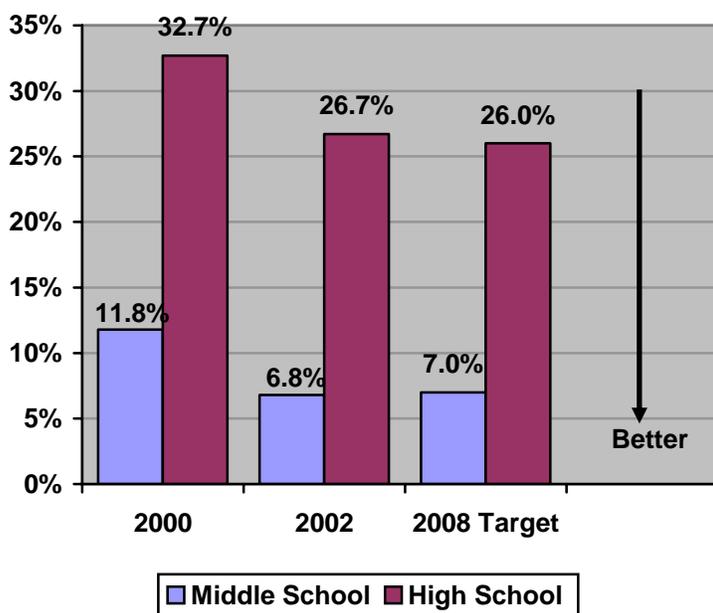
Percent of Iowa middle and high school students who use tobacco products.

Performance Target: Middle school 7; High school 26 (by 2008).

Data Sources:

Iowa Youth Tobacco Survey

Data reliability: The Youth Tobacco Survey is an established measure, developed by the Centers for Disease Control. It has been in use by all states since 2000.



Why we are using this measure: More than 90% of all smokers become addicted to tobacco before they graduate from high school. Reducing the initiation of tobacco use by youth is of primary importance in preventing addiction and reducing the prevalence of tobacco use overall.

What was achieved: A drop in the percentage of students who are current tobacco users: Middle school to 6.8% and High school to 26.7%.

Analysis of results: The 2008 target for the prevalence of smoking for middle school students has been met and the 2008 target for high school students is nearly met. These targets will be revised downward after the 2004 Iowa Youth Tobacco Survey data becomes available in spring of 2005.

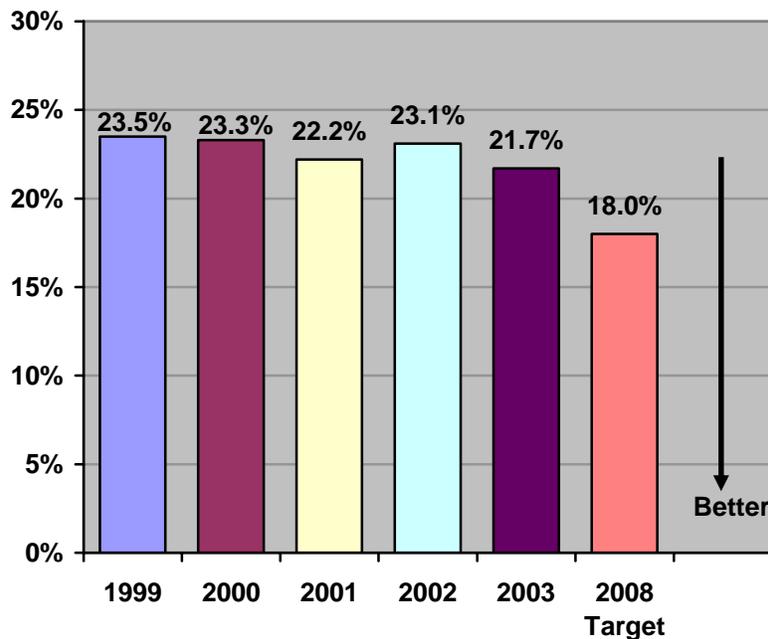
Factors affecting results: Analysis of the data from the 2004 Iowa Youth Tobacco Survey will not be available until Spring of 2005.

Performance Measure:
Percent of Iowa adults who use tobacco products.

Performance Target: 18 (by 2008).

Data Sources:
Behavioral Risk Factor Surveillance System (BRFSS) Survey

Data reliability: The BRFSS is an established measure, developed by the Centers for Disease Control, and used by all states.



Why we are using this measure: Tobacco use is the leading cause of preventable death in Iowa, causing more than 4,600 deaths and \$794 million in health care costs each year. It is important to track the changes in prevalence of current adult smokers.

What was achieved: The percent of adult smokers decreased by 1.4% from 2002 to 2003.

Analysis of results: At the current rate of decline, the target of 18% of adult smokers in 2008 will be met.

Factors affecting results: The rate of decline in the prevalence of smoking has been greater in several other states than the rate of decline in Iowa. Declines have been most significant in states with adequate resources being devoted to tobacco use prevention and cessation programs. Funding for tobacco control in Iowa is currently at 26% of the minimum recommended by the Centers for Disease Control.

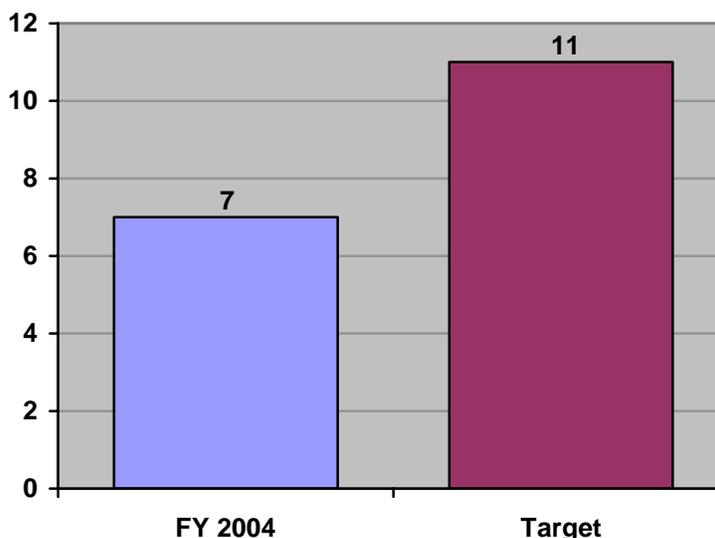
Performance Measure:

Number of project sites that support positive individual behavior change to reduce the prevalence of cardiovascular disease and stroke.

Performance Target: 11

Data Sources:

The Coronary Risk Profile tool, produced by Wellsource, Inc., collects post-intervention participant indicator data from a valid study group of volunteers selected during project period one.



Data reliability: The seven agencies: monitor at least one (1) community policy change, one (1) environmental change, and intervention strategies to effect behavioral change, then collect participant indicator data such as self-reported behaviors, body mass index, waist circumference, flexibility, cardiac recovery rate, blood pressures, and cholesterol levels from a valid study group, identified in project period one. Change may be measured over time.

Why we are using this measure: The long-term goal is to reduce the prevalence of cardiovascular disease and stroke. The short-term goal is to reduce modifiable cardiovascular risk factors: high cholesterol, inactivity, high-fat diet, elevated blood pressure, and encourage diabetes control and smoking cessation.

What was achieved: Due to budget cuts, we no longer fund 11 initiatives. Seven agencies are conducting contracted services through three project periods, to conclude June 30, 2005.

Analysis of results: The initial Cardiovascular Risk Reduction Program Evaluation was prepared by the Center for Social and Behavioral Research, University of Northern Iowa. We have data analyzed from project period one, September 2002 through August 2003. Due to the short time frame, large reductions of risk factor indicators were not found, however some changes were noteworthy. Nine percent of men and women reduced their body mass index and 18% of men decreased their waist girth, moving them out of the abdominal obesity category. About one-third or more of both men and women lowered their LDL and total cholesterol levels. Aerobic activity and the percentage of respondents starting or maintaining healthy behaviors increased between the initiation and end of project period one.

Due to budget cuts and staffing restrictions, data collected from the same study group during project period two, July 2003 through June 2004 has not been analyzed.

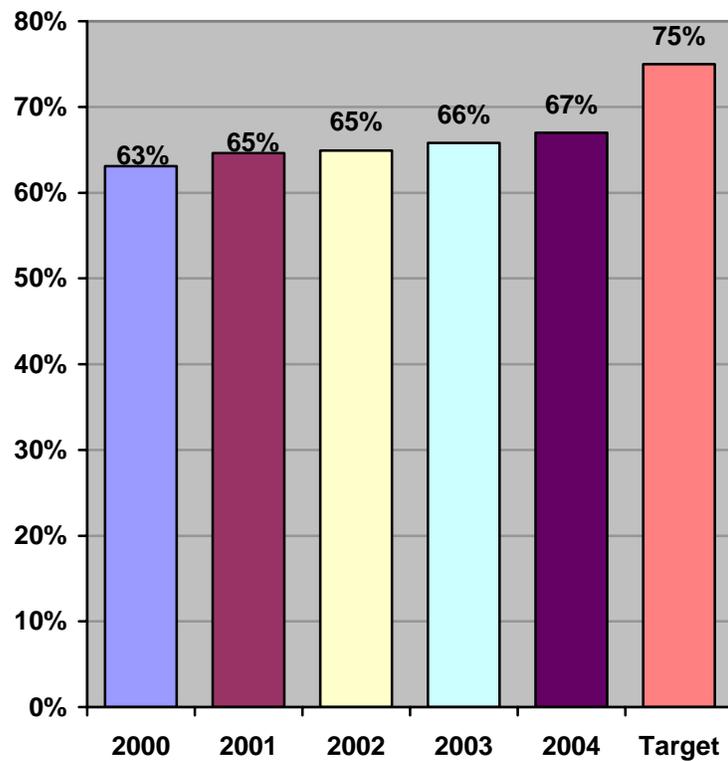
Factors affecting results: Budget cuts and staffing restrictions.

Performance Measure:
Percent of infants breastfed at birth among Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) population.

Performance Target: 75

Data Sources:
Iowa Newborn Metabolic Screening Profile, University of Iowa Hygienic Lab.

Data reliability: This data is compared to national data that allows for comparison by state. Data is available through the University of Iowa Hygienic Lab on a quarterly basis compared to national data that runs 1-2 years behind.



Why we are using this measure: To assess breastfeeding rates among Iowa mothers. Nutrition counseling and education, checks for nutritious foods, and breastfeeding promotion and support increase the health status of Iowa families. Formula fed infants have three times more respiratory illnesses and two times as many ear infections as breast-fed infants.

What was achieved: In FY 2004, 67% of infants were being breastfed at birth. This approached achieving the goal of 75% of infants being breastfed at birth.

Analysis of results: The analysis of 2004 data shows that 67% of infants were breastfed, which fell short of our target. However, breastfeeding rates have been steadily increasing for the past 10+ years.

Factors affecting results: Numerous factors can affect breastfeeding rates but most significant in Iowa's is the number of women who return to employment after the birth

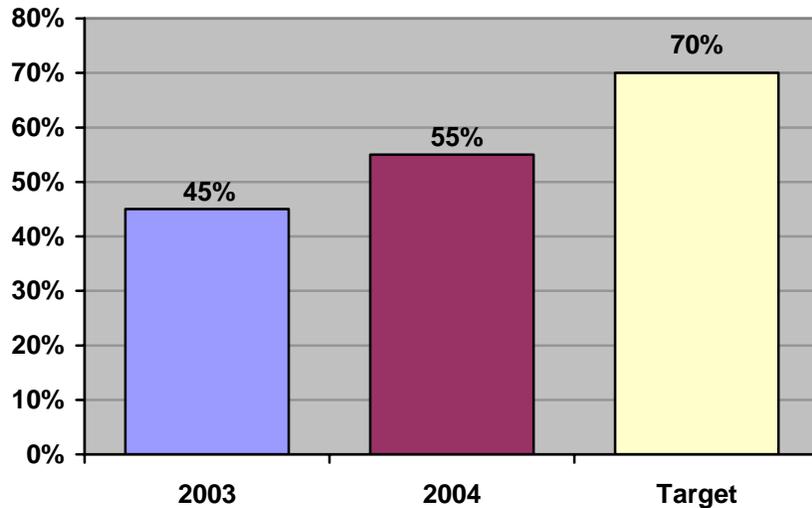
of their baby and meet barriers in the work setting for the continuation of breastfeeding.

Performance

Measure: Percent of children served by Title V who report a medical home, excluding children with special health care needs.

Performance Target: 70

Data Sources: CARES – Child and Adolescent Reporting System.



Data reliability: Local Child Health agencies utilize a standard definition of medical home for the child. Documentation in the CARES electronic database indicates if the child has a usual source of medical care available 24/7 and if the child’s medical record is maintained there. All local CH agencies receive yearly training from IDPH staff to ensure that consistent interpretation and documentation are maintained.

Why we are using this measure: Children should have preventive and acute or emergency care available continuously and without interruption. The medical care should be coordinated with other health, social, or family support services, comprehensive, family centered, and culturally appropriate.

What was achieved: In FY 2004, 55% percent of the children enrolled in Title V have a medical home.

Analysis of results: This result is below our target of 70%.

Factors affecting results: In areas of the state with a high proportion of immigrant children not eligible for Title XIX or hawk-i, public health providers are unable to establish a medical home due to financial access issues. Within child health agencies, accurate reporting based on the standard definition of medical home definition affects the quality of the data.

SERVICES/PRODUCTS/ACTIVITIES: Assessment/Surveillance/Epidemiology

Results

Performance Measure:

Number of direct consultations provided to local boards of health or environmental health practitioners annually.

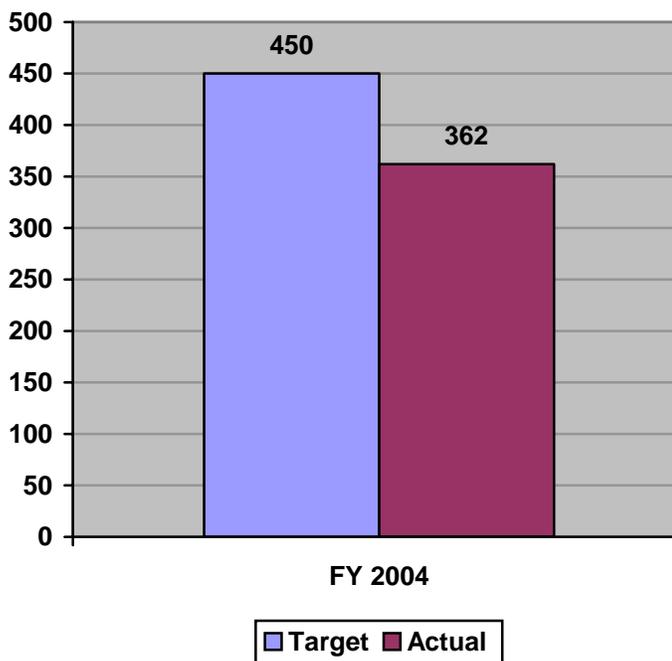
Performance Target: 450

Data Sources:

IDPH Call logs.

Data Reliability:

Data comes from phone and email logs maintained by Division of Environmental Health staff. Staff may have failed to document a number of consultations, while getting accustomed to phone and email log documentation.



Why we are using this measure: Assists the IDPH in determining the need for technical assistance at the local level as well as identifying issue specific training opportunities for local practitioners.

What was achieved: In FY 2004, 362 direct consultations were provided to local health departments and boards of health.

Analysis of results: Better documentation on our part would have probably pushed the actual total over the target value. The results tell us that even local health departments and boards of health have made great strides in the field of environmental health there is still a significant need for support and guidance from the state level.

Factors affecting results: The number of newly employed local environmental health practitioners greatly affects the number of calls received by staff. Someone who is new to the field or fresh off the street will have a number of questions for IDPH staff. It is common for a new person at the local level to call the IDPH 3-4/week seeking guidance during the first 6 months of his/her employment. On an annual basis, there are typically 10-12 new people entering the field of environmental health at the local level.

Performance Measure:

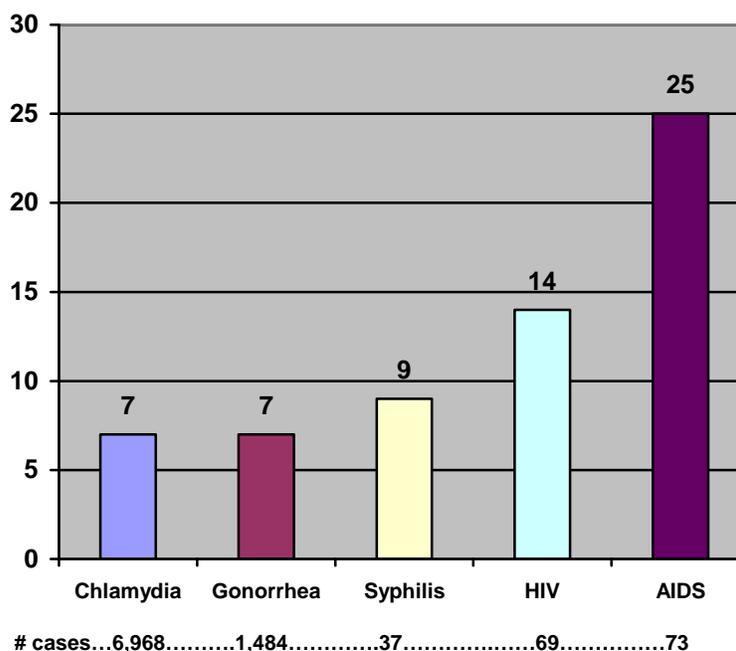
Average number of days between diagnosis and report of an STD, HIV, or AIDS case to IDPH.

Performance Target: 7

Data Sources:

HIV/AIDS Reporting System, STD Management Information System.

Data reliability: Averages are calculated using the date the report was printed or completed as the date of diagnosis and the date the report was received by the Iowa Department of Public Health as the report date.



Why we are using this measure: Timeliness of reporting is critical for early intervention and treatment of persons with infectious diseases, and it ensures that the resulting data accurately describe the respective epidemic. Accurate data are essential to guide the allocation of funds, to help inform policy-making decisions, and to guide intervention, prevention, and care activities.

What was achieved: In FY 2004, the more common reportable diseases meet the performance target of 7 days from diagnosis to report. Syphilis, HIV, and AIDS do not. In particular, reports of new AIDS diagnoses are delayed.

Analysis of results: Although the mean number of days to report for diagnoses of AIDS is high, this reflects a small number of cases where the HIV-positive person resided in Iowa but received their care out of the state. For those persons, the surveillance program must rely on other states to forward results, and this can result in substantial delays. The median number of days from diagnosis to report for AIDS was only 9, and is probably a better measure of central tendency for AIDS. Because no new interventions are initiated from a conversion from an HIV diagnosis to an AIDS diagnosis, a delay in reporting is not critical. The Centers for Disease Control and Prevention (CDC) is working with states to promote interstate cooperation for reporting of HIV/AIDS cases.

Factors affecting results: Timeliness of reporting is influenced by the type and location of facility reporting, the degree to which electronic reporting is offered and utilized, and the ability of the Iowa Department of Public Health to monitor and enforce reporting requirements. In 2005, the department will begin using an

electronic disease reporting system. As this system is adopted, time from diagnosis to report should decrease.

SERVICES/PRODUCTS/ACTIVITIES: Systems Development

Results

Performance

Measure:

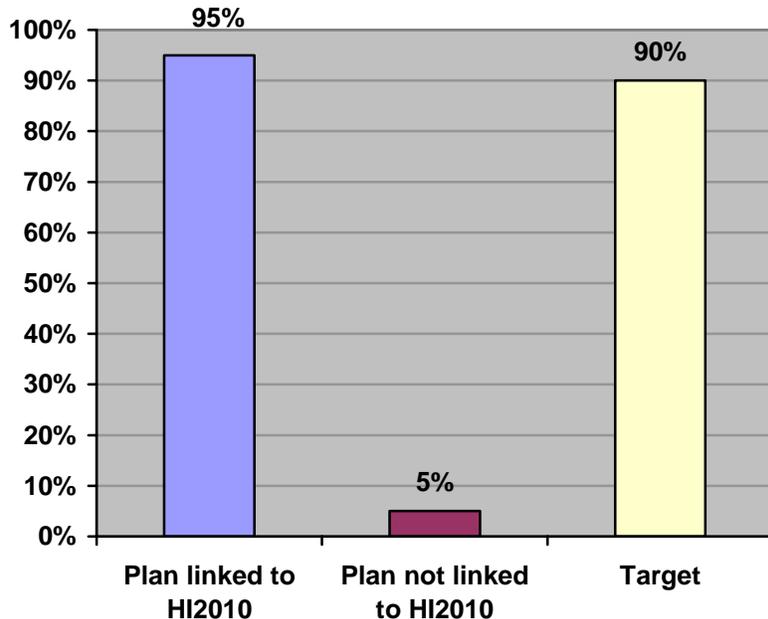
Percent of local boards of health that have a local health improvement plan linked to Healthy Iowans 2010.

Performance Target:

90

Data Sources:

Community Health Needs Assessments and Plans from each county board of health on the Iowa Department of Public Health website.



Data Reliability: In the spring of 2000, each local board of Health in all 99 counties assured the completion of a comprehensive community health needs assessment and health improvement plan. This process identified local health priorities and a health improvement plan outlined steps to address the priorities. The completed assessments and plans were submitted to IDPH and are archived there. IDPH staff reviewed each county assessment and plan to determine a connection to HI2010. The review and comparison to Healthy Iowans 2010 was accomplished for 100% of the counties' health improvement plans.

Why we are using this measure: Goal III in the IDPH strategic plan addresses improvement of capacity of the local boards of health and other public health partners to address public health needs and implement the core public health functions. A comprehensive health needs assessment is the foundation for determining health priorities. Implementation of the health plans provides the mechanism for improved health status of the citizens of Iowa.

What was achieved: Every county board of health in Iowa completed the basic

framework for public health delivery of services: assessment and planning. The boards involved community members and public health partners, and by relating their health improvements plans to Healthy Iowans 2010, the statewide plan for improvement of health of Iowans, Iowa has a coordinated health plan. This provides a basis for health policy decisions, both at the state and local level. 95% of the counties developed health improvement plans linked to HI2010.

Analysis of results: This is above the target, but the major accomplishments were the involvement of community members and partners in each of counties and leadership by local boards of health. Currently, reassessment of needs and revision of health plans are occurring at the local level, with updated plans to be submitted next year.

Factors affecting results: There was limited available funding for the assessment and planning process at both the local and state level. This was the first time an attempt had been made to have all local boards of health lead the health assessment and planning process, so there was a learning curve as boards and communities learned about the process and how to manage it effectively. IDPH staff provided education, consultation, support, and technical assistance to local boards of health and communities throughout the process.

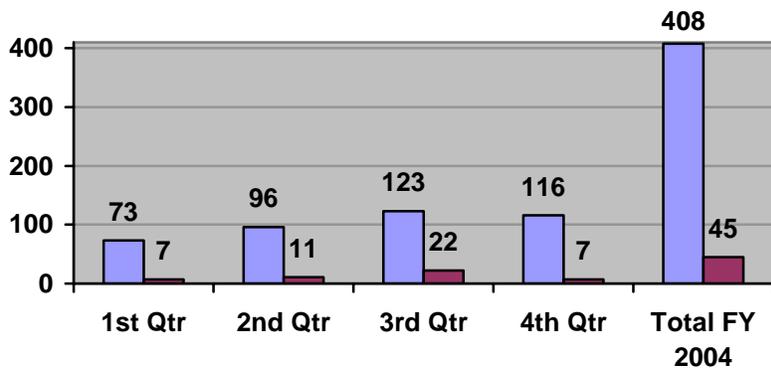
SERVICES/PRODUCTS/ACTIVITIES: Medical Services

Results

Performance

Measure: Percent of autopsy reports completed within 90 days from date of death.

Performance Target: 95



Data Sources:

Medical Examiner's Office Case Log Files



Data Reliability: Same method used since 1999.

Why we are using this measure: Provides an indicator of how well we provide timely information on deaths in Iowa.

What was achieved: Out of the 408 autopsies performed in FY2004, only 45 reports were not completed in 90 days. This is about 11% not completed, or 89% of the reports completed on time.

Analysis of results: We are at 89% of reports completed in 90 days, which is 6% away from our goal of 95%.

Factors affecting results: Outside investigations (i.e., police in homicide cases), outside consultations (complicated brain/heart diagnoses), toxicology reports and positively identifying bodies.

CORE FUNCTION: Regulation and Compliance

Description: Provide enforcement of the Code of Iowa and Iowa Administrative Code.

Why we are doing this: To ensure and protect Iowans' health, safety, and welfare.

What we're doing to achieve results: Program/Professional Licensing— Continue to monitor application processing and remove barriers. Maximize use of online licensing renewal systems (where available.)

Compliance/Enforcement— Continue to educate retailers and employees through the tobacco retailer education program. Review complaints; conduct investigations; and track disciplinary caseload. Monitor compliance with board ordered discipline. Resolve cases through education and corrective measures where appropriate.

Resources used: 95.16 FTEs and \$8,978,995 in federal, state, tobacco, and other funding.

Results

Performance

Measure:

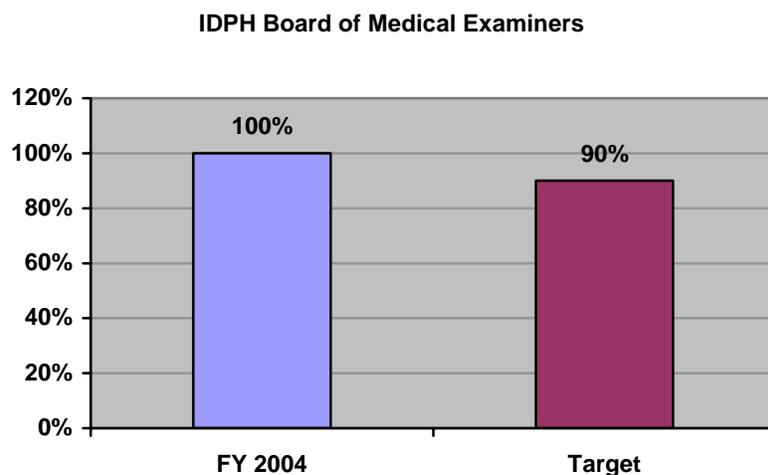
Percent of complaints about health professionals investigated and resolved according to due process.

Performance Target:

90

Data Sources:

IDPH Board of Medical Examiners records.



Data Reliability: Due process is required for hearings and the Administrative Law Judge and the Attorney General's Office would not let us proceed without it.

Why we are using this measure: To assure fairness in the disciplinary process.

What was achieved: All formal discipline was preceded by due process. There were no Court findings that the Board violated due process of a licensee.

Analysis of results: The performance target should be 100%. All Boards should provide their licensees with due process before formal disciplinary action.

Factors affecting results: Due process is assured when the following individuals are

knowledgeable about what's needed and attentive to maintaining a fair process as established by the law and administrative rules: Board staff, physician and public members of the Board, the Assistant Attorney General, and the Administrative Law Judge.

Performance

Measure:

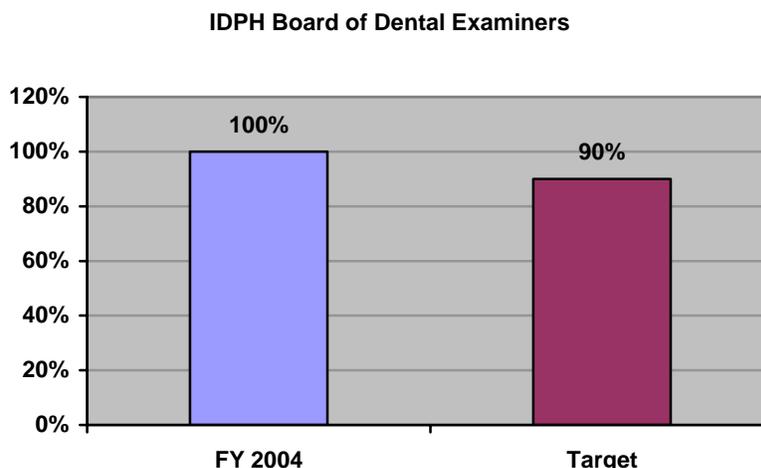
Percent of complaints about health professionals investigated and resolved according to due process.

Performance Target:

90

Data Sources:

IDPH Board of Dental Examiners records.



Data Reliability: Due process is required for hearings and the Administrative Law Judge and the Attorney General's Office would not let us proceed without it.

Why we are using this measure: To assure fairness in the disciplinary process.

What was achieved: All formal discipline was preceded by due process. There were no Court findings that the Board violated due process of a licensee.

Analysis of results: The performance target should be 100%. All Boards should provide their licensees with due process before formal disciplinary action.

Factors affecting results: Due process is assured when the following individuals are knowledgeable about what's needed and attentive to maintaining a fair process as established by the law and administrative rules: Board staff, physician and public members of the Board, the Assistant Attorney General, and the Administrative Law Judge.

Performance

Measure:

Percent of complaints about health professionals investigated and resolved according to due process.

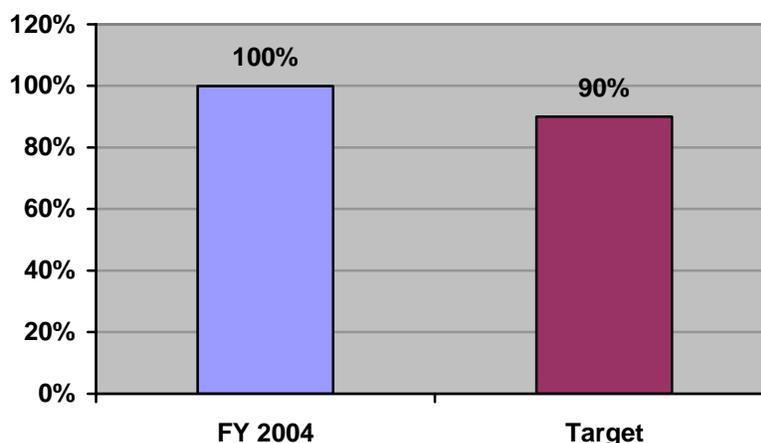
Performance Target:

90

Data Sources:

IDPH Board of Pharmacy Examiners records.

IDPH Board of Pharmacy Examiners



Data Reliability: Due process is required for hearings and the Administrative Law Judge and the Attorney General’s Office would not let us proceed without it.

Why we are using this measure: To assure fairness in the disciplinary process.

What was achieved: All licensees and registrants that were subject to disciplinary processes were ensured due process. There were no appeals to the courts of Board decisions and no court findings that the Board violated due processes of a licensee or registrant.

Analysis of results: The performance target should be 100%. All Boards should provide their licensees and registrants with due process before and during formal disciplinary action.

Factors affecting results: Due process is assured when the following individuals are knowledgeable about what’s needed and attentive to maintaining a fair process as established by the law and administrative rules: Board staff, physician and public members of the Board, the Assistant Attorney General, and the Administrative Law Judge.



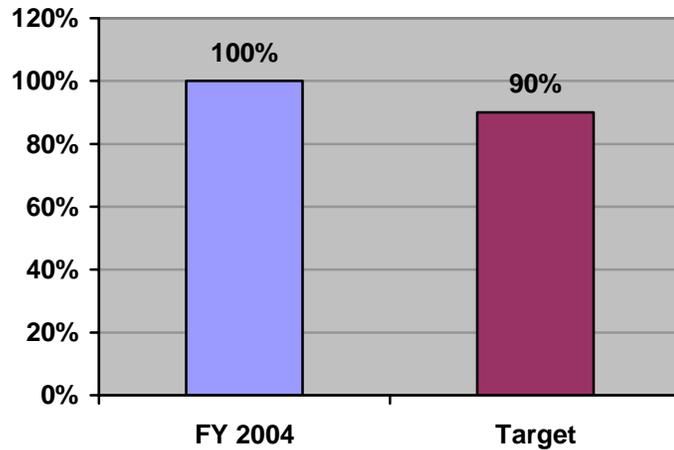
Performance Measure:
Percent of complaints about health professionals investigated and resolved according to due process.

Performance Target: 90

Data Sources:
IDPH Board of Nursing Examiners records.

Data Reliability: Due process is required for hearings and the Administrative Law Judge and the Attorney General's Office would not let us proceed without it.

IDPH Board of Nursing Examiners



Why we are using this measure: To assure fairness in the disciplinary process and to maintain compliance with the law.

What was achieved: All Registered Nurse, Licensed Practical Nurse, and Advanced Registered Nurse Practitioner's that were subject to disciplinary processes were ensured due process.

Analysis of results: The Board of Nursing exceeded the performance target of 90%. Licensees and applicants were provided due process before and during formal disciplinary action.

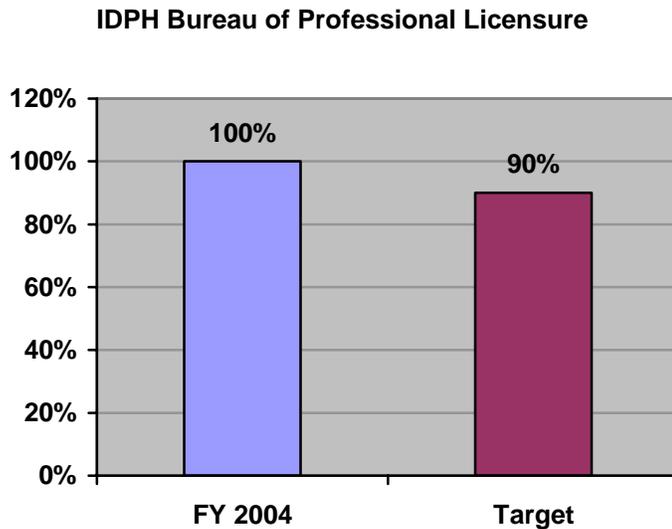
Factors affecting results: Due process is assured when the following individuals are knowledgeable about what is needed and attentive to maintaining a fair process as established by the law and administrative rules: Board staff, Board Members, Assistant Attorney General and the Administrative Law Judge.

Performance Measure:
Percent of complaints about health professionals investigated and resolved according to due process.

Performance Target: 90

Data Sources:
IDPH Bureau of Professional Licensure records.

Data Reliability: Due process is required for hearings and the Administrative Law Judge and the Attorney General's Office would not let us proceed without it.



Why we are using this measure: To assure fairness in the disciplinary process.

What was achieved: All formal discipline was preceded by due process. There were no Court findings that the Board violated due process of a licensee.

Analysis of results: The performance target should be 100%. All Boards should provide their licensees with due process before formal disciplinary action.

Factors affecting results: Due process is assured when the following individuals are knowledgeable about what's needed and attentive to maintaining a fair process as established by the law and administrative rules: Board staff, physician and public members of the Board, the Assistant Attorney General, and the Administrative Law Judge.

SERVICES/PRODUCTS/ACTIVITIES: Program/Professional Licensing

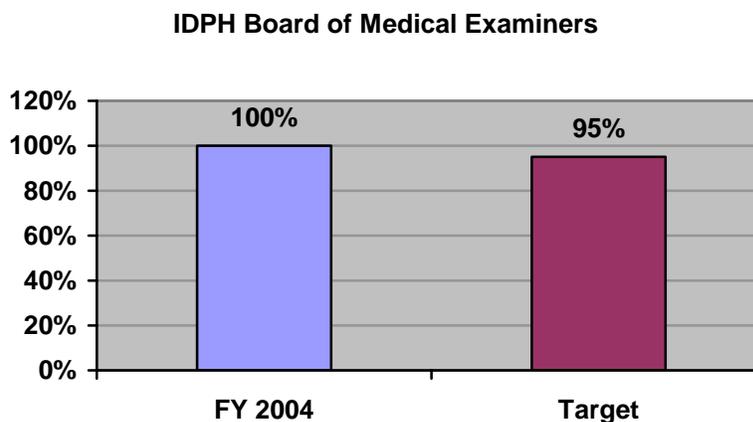
Results

Performance

Measure: Percent of completed license renewals processed in 2 weeks.

Performance Target:
95

Data Sources: IDPH Board of Medical Examiner's database.



Data Reliability: The database is capable of tracking when a paper application comes into the office or an on-line application was submitted and when the license was renewed.

Why we are using this measure: Some boards may have difficulty accomplishing license renewal within two weeks and if it takes longer than that, it may cause difficulties for the health professionals and those organizations that depend on the professional having current licensure.

What was achieved: In FY'04, all renewals were processed within two weeks. More than 80 percent of physician licensees used the on-line license renewal system, which renews the license immediately. The remaining physicians used paper renewal applications that were processed in less than two weeks.

Analysis of results: Our performance target was exceeded. There is no change from FY'03, although on-line licensure has made the process even faster.

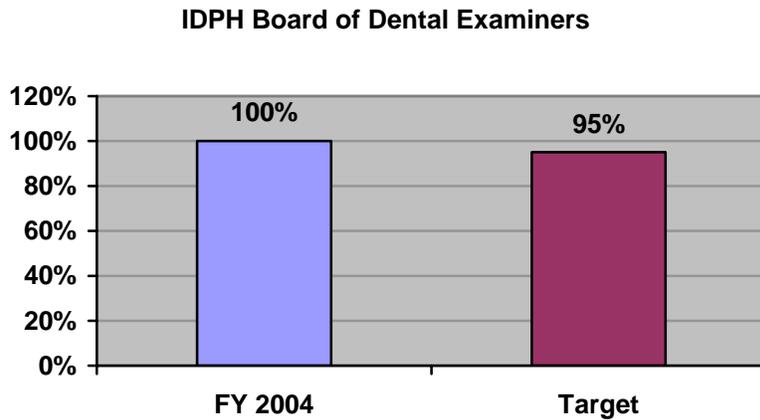
Factors affecting results: Our success in this area can be attributed to on-line licensure with its requisite computer assistance for technical problems and clerical staff to handle those who use paper applications.

Performance

Measure: Percent of completed license renewals processed in 2 weeks.

Performance Target: 95

Data Sources: IDPH Board of Dental Examiner's database.



Data Reliability: The database is capable of tracking when applications come in and when license is renewed.

Why we are using this measure: Some boards may have difficulty accomplishing license renewal within two weeks and if it takes longer than that, it may cause difficulties for the health professionals and those organizations that depend on the professional having current licensure.

What was achieved: In FY'04, all renewals were processed within two weeks.

Analysis of results: Our performance target was exceeded. No change from last year. Online licensing expected next year might allow renewals to occur in a shorter timeframe.

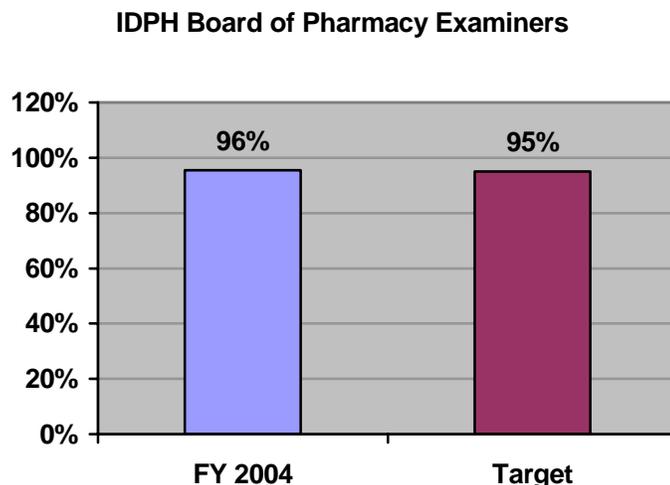
Factors affecting results: Availability of sufficient staffing.

Performance Measure:

Percent of completed license renewals processed in 2 weeks.

Performance Target: 95

Data Sources: IDPH Board of Pharmacy Examiner's license/registration database and manual records regarding application review.



Data Reliability: The database identifies the date an application is processed. All applications are date-stamped upon receipt. Comparison of these records provides the length of time required to process an application for license or registration renewal.

Why we are using this measure: At times it may be difficult to accomplish license or registration renewal within two weeks. Processing delays may cause difficulties for health professionals and for those organizations that depend on the professional having a current license. Delays in processing pharmacy and drug wholesaler license renewals may limit a patient's access to needed prescription drugs and pharmaceutical services and may cause disruption of the prescription drug distribution system in numerous states.

What was achieved: All pharmacist, in-state pharmacy, and in-state drug wholesaler license renewals were processed within two weeks of receipt. All pharmacy technician and Controlled Substances Act registration renewals were processed within two weeks of receipt. Approximately 500 out-of-state pharmacy and drug wholesaler license renewals were processed within five weeks of receipt. The processing of these renewal applications was due to extensive review and verification of detailed information required in lieu of inspections not completed by the applicants' home states. These applicants reported that the home state either did not periodically inspect pharmacy or drug wholesaler facilities or that the last inspection of the applicant facility was more than four years old. Because a copy of the home state inspection report is required for license renewal, the Board created a "self-inspection" report, requiring additional detailed information to be submitted with the application for renewal, in lieu of the unavailable inspection reports. This substitution necessitated review by a limited number of qualified members of the Board's staff, resulting in delays in processing less than five percent of all license and registration renewal applications during FY 04.

Analysis of results: Our performance target was exceeded. The previous fiscal year, all renewal applications were processed within two weeks of receipt. The problems encountered during FY 04 regarding the unavailable inspection reports were not evident in FY 03. Although inspection reports may not be available from all states in future years, the Board is exploring alternatives that will ensure timely processing of all renewal applications.

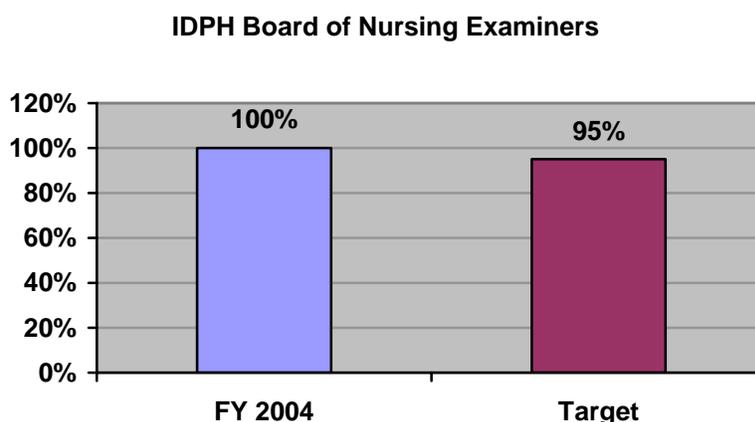
Factors affecting results: The problems encountered during FY 04 regarding the unavailable inspection reports from out-of-state applicants were not evident in FY 03. The review and verification of information submitted by applicants in lieu of a home state inspection report required that staff members with a higher level of knowledge and discrimination than that of the licensing staff review each application. This increased demand on the time of a few staff members delayed processing of those applications.

Performance

Measure: Percent of completed license renewals processed in 2 weeks.

Performance Target:
95

Data Sources: IDPH Board of Nursing Examiner's licensure tracking database.



Data Reliability: The database identifies the date a renewal is processed and approved. The licensure tracking database also indicates the number of days to complete the renewal process, including printing and mailing the wallet card.

Why we are using this measure: Delays in processing Registered Nurse, Licensed Practical Nurse and Advanced Registered Nurse Practitioner's license renewals may cause difficulties for facilities, patients and for those organizations that depend on the professional having a current license to practice.

What was achieved: In FY'04, all Registered Nurse, Licensed Practical Nurse, and Advanced Registered Nurse Practitioner's license renewals were processed within two weeks or less.

Analysis of results: The Board of Nursing exceeded the performance target of 95%.

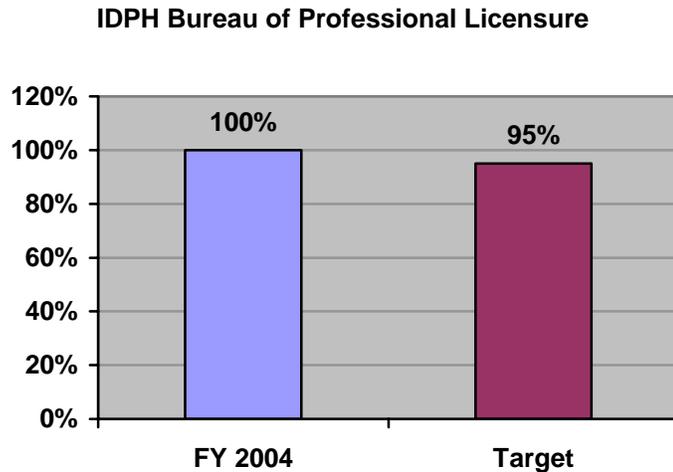
Factors affecting results: On-line renewal, the nursing newsletter, and productive staff are all factors in reaching the performance measure desired.

Performance Measure:

Percent of completed license renewals processed in 2 weeks.

Performance Target: 95

Data Sources: 10 batches were examined as samples. Range from time of application postmarked to date of issue of license was 4 to 11 days.



Data Reliability: This is a small sample achieved by a manual count. 16,534 licenses were renewed this fiscal year. The bureau does not have the resources to determine the actual length of time taken to renew all licenses during the fiscal year.

Why we are using this measure: Licensure is mandatory. Due to the volume of renewals and to the fact that many licensees wait until the last minute to submit the renewal application, it is important to have an expedient process to assure that there are adequate numbers of licensed professionals to provide services to the public.

What was achieved: In FY 2004, 100% of sampled licenses were renewed within 2 weeks. Licensees and their employers are pleased with the turn around time to issue the license.

Analysis of results: Our performance target was exceeded. The bureau will continue with its streamlining measures and continue to look for ways to improve the process. The bureau is contemplating providing online license renewal.

Factors affecting results: The volume of renewal applications varies greatly from month to month with no flexibility in staffing to provide consistency.

SERVICES/PRODUCTS/ACTIVITIES: Compliance/Enforcement

Results

Performance Measure:

Percent of retailers in noncompliance with tobacco sales to minors.

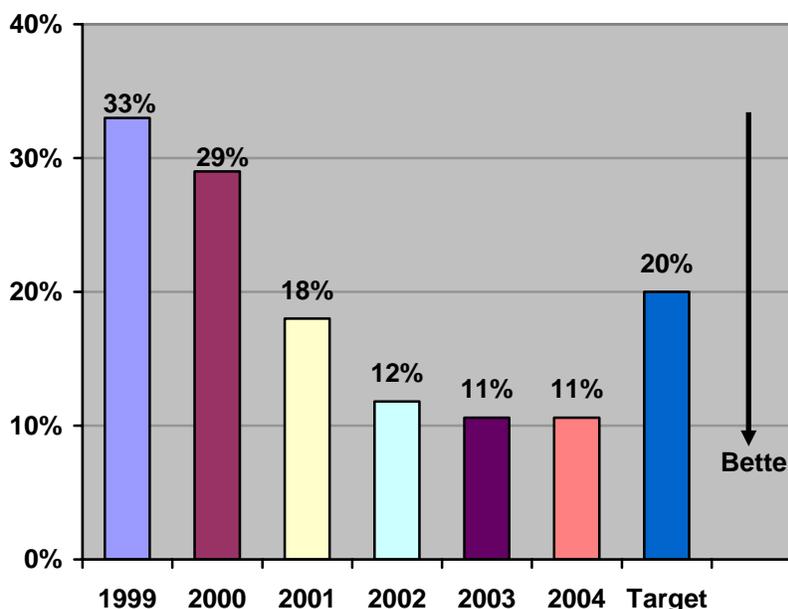
Performance Target:

20

Data Sources:

Iowa Alcoholic Beverages Division

Data reliability: This is an established measure that has been in place since 1999.



Why we are using this measure: It is illegal in Iowa to sell tobacco to a minor. In order to reduce the accessibility of tobacco products to minors, it is important to ensure that retailers are complying with the law.

What was achieved: The rate of noncompliance remained stable at 10.6%.

Analysis of results: The rate of noncompliance remained well below the target of 20% required by federal Synar regulations.

Factors affecting results: No factors affected the results. Funding for the Alcoholic Beverages Division tobacco-retailer enforcement program remained stable.

CORE FUNCTION: Research, Analysis, and Information Management

Description: Provide health information and information assistance to lowans for health assessment, planning, and decision-making.

Why we are doing this: To promote efficient and effective use of resources.

What we're doing to achieve results: Data Collection/Research/Analysis— Implement business plan to maintain and improve health statistics system. Assure that all local information and referral services, health departments, and programs have access to up-to-date information on all IDPH programs and initiatives. Identify, collect, analyze, and disseminate appropriate data on disparate populations.

Resources used: 29.53 FTEs and \$2,266,748 in federal, state, and other funding.

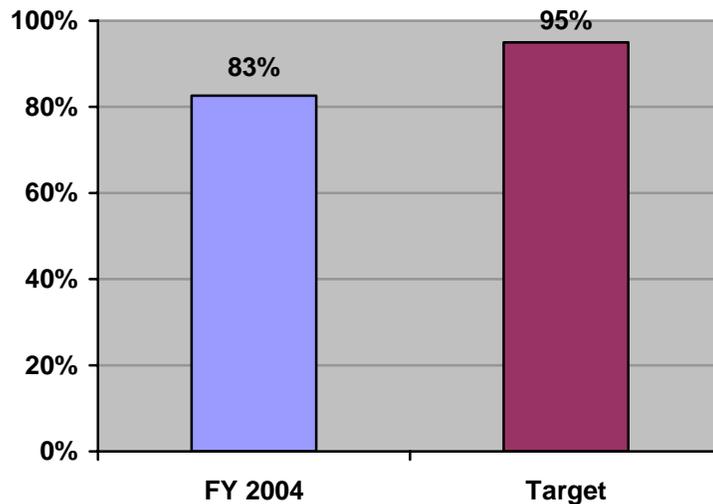
Results

Performance Measure:

Percent of health indicators with a minimum of 3 to 5 years data (except new) trended, tracked, and analyzed.

Data Sources:

Chapter goals contain baseline data and sources for tracking purposes. Health status indicators with a minimum of three to five years of hard data are tracked by chapter.



Data Reliability: There are national standards for vital statistics and BRFSS—two basic data sources.

Why we are using this measure: To advance the health of lowans by mobilizing more than 200 organizations to take concerted action based on agreed upon goals. Healthy lowans 2010 goals were set by more than 500 individuals working in teams. The teams used the *National Healthy People 2010* as a basis for developing lowa-specific goals. (If you don't know where you are going, you may end up somewhere else. -Yogi Berra-).

What was achieved: As of FY 2004, 19 of the original 23 chapters, had at least one major goal that had a minimum of three to five years of hard data—a performance of 82%.

The chapters and measures include the following:

Access to Health Services: Health Insurance Coverage—BRFSS
Cancer: Mortality and Morbidity Rates—Vital Statistics of Iowa and SEER
Diabetes: Prevalence Rates—BRFSS
Education and Community Based Programs: Drop Out Rates and Pre-School Programs—Iowa Department of Education, Division of Early Childhood, Elementary and Secondary Education reports
Environmental Health: Childhood Lead Poisoning--Family and Community Health Indicator Tracking System
Family Planning: Teen Birth Rates and Intended Pregnancies—Iowa Barriers to Prenatal Care Project Report and Vital Statistics of Iowa Department of Public Health
Food and Drug Safety: Salmonella and *E.-coli*—Iowa Health Fact Book 2003
Heart Disease and Stroke: Mortality Rates—Vital Statistics of Iowa and BRFSS
Immunization and Infectious Diseases: Influenza and Pneumonia Immunizations—1997 and 2002 BRFSS
Maternal and Child Health: Infant Mortality Rates—Center for Health Statistics, Vital Records Preliminary Data
Nutrition: Consumption of Fruits and Vegetables and Obesity Rates—BRFSS
Occupational Safety and Health: Occupational Illness and Injury—Bureau of Labor Statistics Industry Illness and Injury Data
Physical Activity and Fitness: Leisure Time Activity—BRFSS (three years of data)
Respiratory Disease: Asthma Prevalence Data—BRFSS (three years of data)
STD and HIV: Disease Rates—Iowa Health Fact Book
Substance Abuse and Problem Gambling: Youth Alcohol and Marijuana Use—The Iowa Youth Survey—three years; Tobacco—BRFSS
Unintentional Injuries: Drowning and Seat Belt Use—Vital Statistics, Iowa Department of Transportation, Seat Belt Usage Survey
Violent and Abusive Behavior: Violent Crimes and Homicide Rates—Iowa Department of Public Safety, Iowa Uniform Crime Report

Analysis of results: The results are below the target of 95%. A mid-course revision of the Healthy Iowans 2010 plan is ongoing and should be complete in early 2005.

Factors affecting results: There are many factors relating to progress or lack of it. These include rising poverty rates, budget cuts, available resources such as grant programs, a willingness to collaborate, emerging diseases, to name only a few factors.

SERVICES/PRODUCTS/ACTIVITIES: Data Collection/Research/Analysis

Results

Performance Measure:

Percent of data requests completed by mutually agreed deadline (Center for Health Statistics).

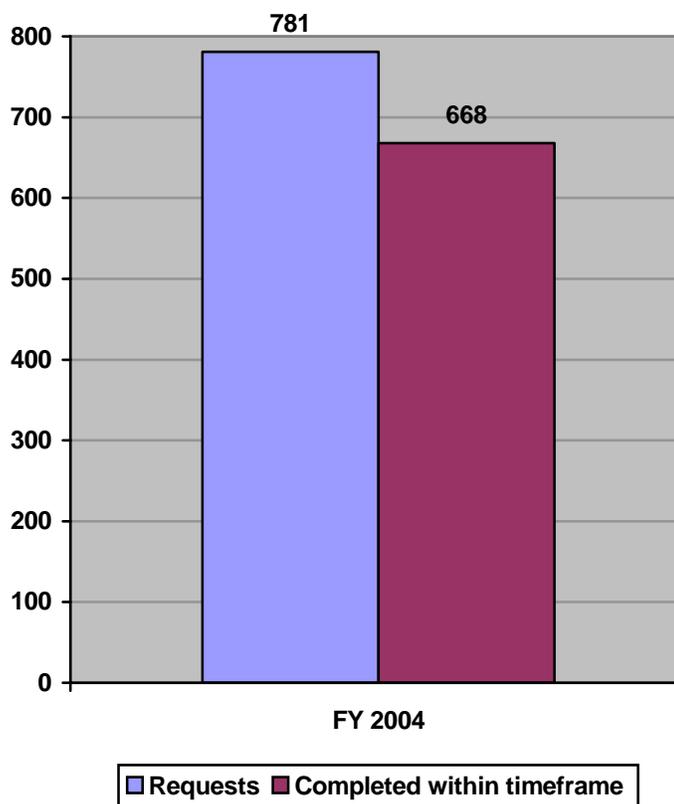
Performance Target:

Collect baseline in FY 04.
Recommend 90% for FY 05.

Data Sources:

Health Statistics request database and IDPH Helpdesk.

Data Reliability: The data are reliable for January through June 2004. Before January 2004, staff members were not tracking data requests and how long it was taking to complete them. Next year, we will have a complete year's worth of data.



Why we are using this measure: It measures our ability to meet the needs of our customers. This measure also holds us accountable to those who rely upon getting our data in a timely manner for research and community health needs assessments.

What was achieved: In FY 2004, 85.6% of data requests were completed within a mutually agreed upon timeframe.

Analysis of results: During the last two fiscal years, the statistical area of IDPH experienced a 25% reduction in staff due to early retirements and budget cuts. At the same time, requests for health data have remained constant or increased for some data sets. A target of 90% will be set for FY 05.

Factors affecting results: The statistical area of IDPH has experienced a 25% reduction in staff during the last two fiscal years. These reductions occurred because of early retirements and budget cuts. Additionally, requests for health data have remained constant or increased. The staff reductions most likely affected our ability to meet deadlines. Target measure for FY 05 will be established at 90%.

CORE FUNCTION: Resource Management

Description: Provide administrative, financial, and support services to IDPH personnel, programs, and contractors.

Why we are doing this: To support improved services and results for lowans.

What we're doing to achieve results: Personnel— Ensure that supervisors have proper training to complete employee evaluations.

Education—Provide comprehensive orientation to new department employees within one month of hire. Continue to assess new employee orientation needs and facilitate the development of orientation sessions to meet those needs. Support the completion of an annual minimum of one management track training session for supervisors and three job-related sessions for non-supervisory staff.

Information Management—Evaluate and improve IM customer service strategies. Implement plans to minimize disaster recovery time. Adopt appropriate technology to support public health activities.

Finance—Maintain and maximize fiscal responsibility in the management of state, federal, and other revenues and expenditures by continued compliance with accounting-related state and federal regulations. Ensure compliance with FSR filing schedules. Maintain internal review of contract process.

Policy Development-- Continue to identify and analyze important policy issues that impact the public's health and the health delivery system.

Resources used: 39.63 FTEs and \$3,431,420 in federal, state, and other funding.

Results

Performance Measure:

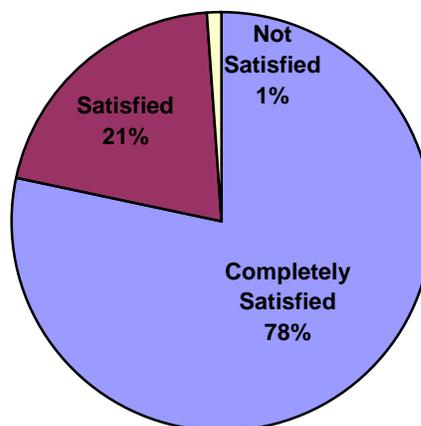
Percentage of surveyed customers who are positively satisfied overall.

Performance Target: 90

Data Sources:

2001 IDPH Customer Satisfaction Survey

Data Reliability: This is a point in time survey conducted in 2001. The survey needs to be replicated to assess reliability and validity.



Why we are using this measure: To determine how satisfied lowans are with the services we provide so that we can improve accordingly.

What was achieved: In 2001, 78.4% of IDPH customers were completely satisfied, 20.5% were satisfied, and only 1.1% were not satisfied with the services they received.

Analysis of results: Nearly 99% of IDPH customers were positively satisfied with the services they received. This is far above our target of 90%. More recent customer surveys are necessary to assess continued customer satisfaction.

Factors affecting results: None noted.

Performance Measure:

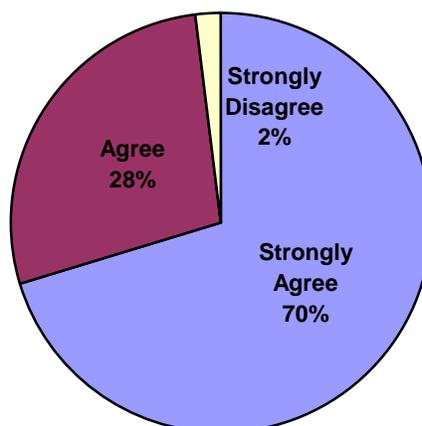
Percent of customers who are positively satisfied with timeliness.

Performance Target: 90

Data Sources:

2001 IDPH Customer Satisfaction Survey

Data Reliability: This is a point in time survey conducted in 2001. The survey needs to be replicated to assess reliability and validity.



Why we are using this measure: To determine how satisfied lowans are with the services we provide so that we can improve accordingly.

What was achieved: In 2001, 70.4% of IDPH customers strongly agreed with the statement "I received services when I wanted them," 27.8% agreed, and only 1.9% strongly disagreed.

Analysis of results: More than 98% of IDPH customers were positively satisfied with the timeliness of the services they received. This is far above our target of 90%. More recent customer surveys are necessary to assess continued customer satisfaction.

Factors affecting results: None noted.

Performance Measure:
Percent of customers who are positively satisfied with treatment.

Performance Target: 90

Data Sources:
2001 IDPH Customer Satisfaction Survey

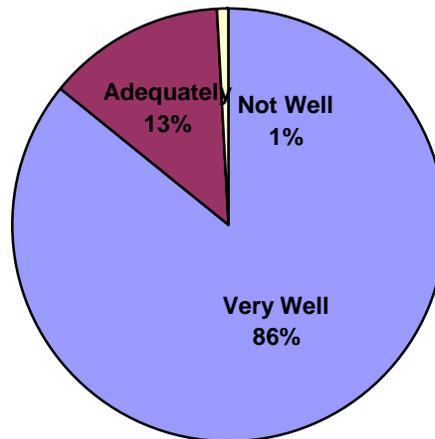
Data Reliability: This is a point in time survey conducted in 2001. The survey needs to be replicated to assess reliability and validity.

Why we are using this measure: To determine how satisfied lowans are with the services we provide so that we can improve accordingly.

What was achieved: In 2001, 85.9% of IDPH customers said they were treated very well, 13.4% said they were treated adequately, and only 0.7% said they were not treated well.

Analysis of results: More than 99% of IDPH customers were positively satisfied with how they were treated. This is far above our target of 90%. More recent customer surveys are necessary to assess continued customer satisfaction.

Factors affecting results: None noted.



SERVICES/PRODUCTS/ACTIVITIES: Personnel

Results

Performance Measure:

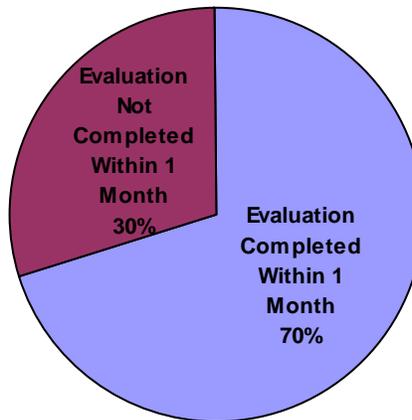
Percent of employee evaluations completed within one month of due date.

Performance Target: 75

Data Sources:

Employee Personnel Records

Data Reliability: Data is kept on all employee evaluations in Human Resources Information System (HRIS).



Why we are using this measure: This measure is used to assure that all employees in IDPH receive their evaluations in a timely fashion as requested by Governor Vilsack.

What was achieved: In FY 2004, 70% of IDPH employees received their evaluations within one month of due date.

Analysis of results: Employee evaluation timeliness still needs to improve. The Department is 5% below target of 75%.

Factors affecting results: New evaluation instrument has resulted in evaluation percentage going down. Supervisors had become familiar with old EDPD system and need to become more comfortable with new system.

SERVICES/PRODUCTS/ACTIVITIES: Education

Results

Performance Measure:

Percent of new employees who receive individual orientation within 3 days of hire.

Performance Target: 100

Data Sources:

Employee Personnel Records

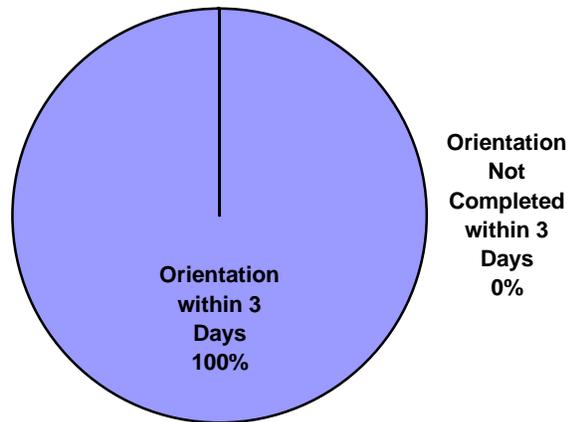
Data Reliability: Checklists are kept on all new employees to ensure they receive necessary orientation information.

Why we are using this measure: Persons hired to work for IDPH are entitled to all benefits allowed State of Iowa employees. This measure assures that all employees receive every benefit they should.

What was achieved: In FY 2004, 100% of all new employees were oriented within 3 days of hire.

Analysis of results: This performance target was met. New employees are oriented and have proper time to make benefit decisions. They also are educated concerning work rules, policies, and procedures of IDPH.

Factors affecting results: None noted.



Performance Measure:

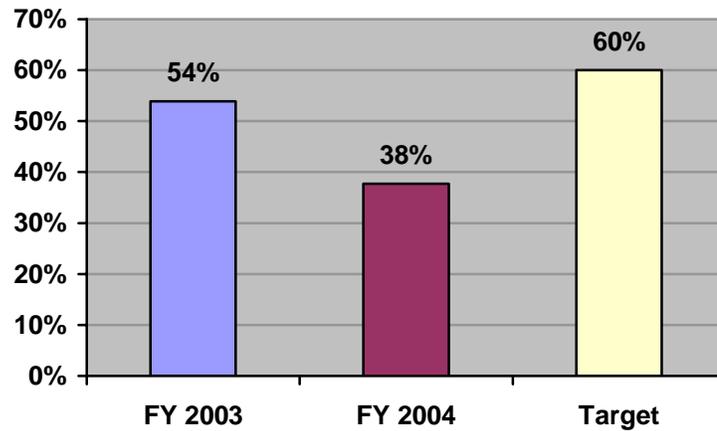
Percent of employees attending 3 trainings per year.

Performance Target: 60

Data Sources:

Employee Access Records

Data Reliability: Reports are generated from Employee Access Records where all courses attended by IDPH employees are listed.



Why we are using this measure: Better training should help employees achieve more job satisfaction and better results for lowans.

What was achieved: In FY 2003, the percent of employees attending three trainings per year was 53.9%. In FY 2004, the percent of employees attending three trainings per year decreased to 37.7%.

Analysis of results: Fewer employees are taking advantage of training opportunities.

Factors affecting results: Employees are less willing to take time from work because of added workload due to lack of funds to fill vacant positions. Because of declining enrollment, courses have been cancelled. Also, employees may not be reporting all their training courses to personnel so percentages on Access may not be accurate.

SERVICES/PRODUCTS/ACTIVITIES: Information Management

Results

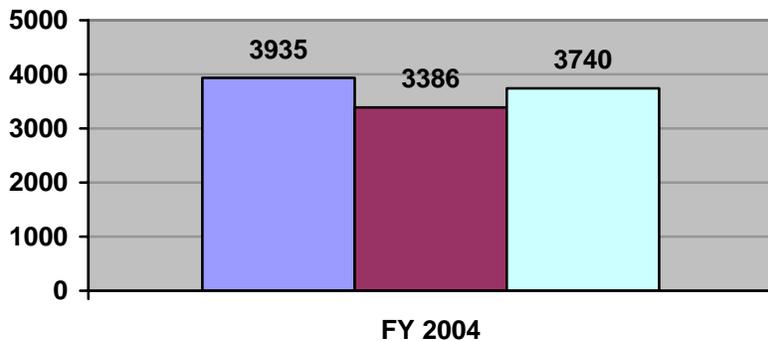
Performance

Measure:

Percent of helpdesk requests resolved within 4 business hours of initial request.

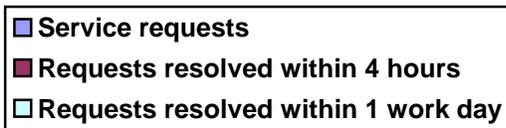
Performance Target:

70



Data Sources:

Blue Ocean Track-It (IDPH)



Data Reliability: This data is automatically recorded in the Track-It application that is used for service calls in the bureau. The one shortcoming of this application is that it uses a 24-hour clock instead of business hours to track resolved times. This means that if a request is made at 4:00 p.m. and it is resolved at 8:00 a.m. the next morning, the cumulative time includes the off work hours from 4:30 p.m. until 8:00 a.m. the next day. This makes the actual resolution time much better than the 86% that is reported.

Why we are using this measure: To track the responsiveness of Information Management Help Desk requests to provide the best service possible.

What was achieved: In FY 2004, there were 3,935 service requests. 3,386 or 86% of these requests were resolved within 4 hours. 3,740 or 95% of these requests were resolved within 1 workday.

Analysis of results: With a target of 70% resolved within 4 business hours, the 86% achieved is above the required threshold.

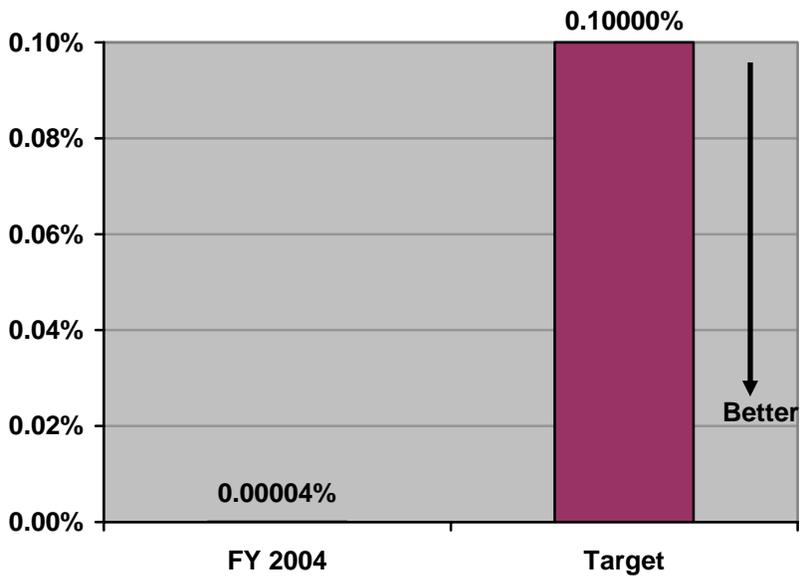
Factors affecting results: See **Data Reliability**.

Performance

Measure: Percent of network-wide unscheduled downtime, in accumulated annual hours as a percent of total hours, for the Lucas Building IDPH local area network.

Performance Target:
0.1

Data Sources:
Big Brother monitoring system (IDPH).



Data Reliability: This data is pulled from actual event logs from each server without human intervention. An automated system pulls these into a central repository for analysis. It is 100% reliable.

Why we are using this measure: To assure that all network services are up at all times to maximize efficiency and productivity in the department. Many of the department’s applications are critical for the public and local health departments and health providers, and must be available 24x7x365.

What was achieved: In FY 2004, unscheduled downtime was limited to 10 minutes. This downtime was a result of proper lockout procedures caused by an intruder attempting to plug a foreign piece of equipment into the department network. This information is verified by event logging that is maintained across 82 department servers and forwarded to a central monitoring system. This results in a 0.00004% network-wide unscheduled downtime.

Analysis of results: The result of 0.00004% downtime far exceeds the limit of 0.1% set as a required threshold to maintain availability of services. The above results reflect the quality of service provided by the Information Management staff at the Department of Public Health. This level of service far surpasses the level of service that is expected at other departments.

Factors affecting results: This performance measure is necessary to achieve the level of service that is required by the business users at the department and our external customers. No other service is more vital to the day-to-day operations. This must be a top priority in providing reliable service.

SERVICES/PRODUCTS/ACTIVITIES: Finance

Results

Performance Measure:

Percent of noncompliance incidents with accounting-related state rules and regulations.

Performance Target: 2

Data Sources:

Iowa Department of Administrative Services, State Accounting Enterprise post-audit reports.

Data Reliability: A post-audit process in which claims are selected using a proven statistical random sampling process for compliance with statewide pre-audit policies and procedures is completed.

Why we are using this measure: To ensure fiscal accountability, payment of claims are governed by generally accepted accounting practices and federal and state laws and policies.

What was achieved: Unknown. The last report received by the department addressed the first six months of FY2003 post-audit findings.

Analysis of results: NA

Factors affecting results: No report has been issued for FY 2004 post-audit findings.

Resources used: The department's accounting activities are funded by state general appropriation and federal indirect funds for a total amount of \$908,711 in FY2004.

Performance Measure:

Percent of contracts requiring a corrective amendment.

Performance Target: 1

Data Sources:

Manual count of amendments written to implement a correction.

Data Reliability: Percentage is calculated using the total number of amendments written to correct a contractual condition/clause and the total number of service contracts reviewed in accordance with the departmental process and fully executed before June 30th.

Why we are using this measure: In order to achieve the highest level of results as efficiently and effectively as possible, contracts for the provision of professional services to the citizens of Iowa must ensure adherence/compliance with legal guidelines, generally accepted contracting principles, and administrative rules governing service contracting.

What was achieved: During this period, less than one percent of the service contracts executed by the department required an amendment to correct a contractual condition/clause.

Analysis of results: The department's internal processes for development and review of contractual service agreements is effective in assuring compliance with legal guidelines and generally accepted contracting principals.

Factors affecting results: None noted.

Resources used: These activities are funded by federal indirect funds for a total amount of \$84,836 in FY2004.

Differences from 2004 Agency Performance Plan

In preparing our FY 2005 performance plan, we re-evaluated all of our measures. Thirteen measures were either unreliable, lacked a consistent data source, or better measures became available. These thirteen measures are not included in this report.

Percentage of completed regional public health disaster/terrorism capacity and capability plans.

Percentage of surveyed customers positively impacted through receipt of public health services or products.

Percentage of premature adult deaths due to heart disease using a 3-year national average of years of potential life lost.

Percentage of premature adult deaths due to cancer using a 3-year national average of years of potential life lost.

Percentage of Iowa seniors with prescription drug coverage.

Average number of days between diagnosis and report to IDPH.

Percentage of policy initiatives analyzed annually.

Percentage of identified health systems changes that have been implemented.

Ratio of the number of cases open at the end of the year to the number of cases open at the end of the prior year.

Percentage of data resources that are coordinated from a single point of contact to meet the demands of the department, executive branch, and Governor's office.

Completion of an updated annual health statistics business plan.

Percentage of financial status reports (FSRs) filed prior to due date.

Percentage of policy initiatives analyzed.

Resources Reallocations

The department eliminated the Division of Administration and restructured the remaining 5 divisions to improve efficiency and effectiveness. The elimination of a division allowed the department to continue many programs that would have been eliminated due to budget cuts.

Because of the lack of funding, we lost 30 positions to layoffs, early out, and normal attrition. In these cases, we have reallocated work to other positions, in most cases without diminishing the existing workload of those receiving the additional assignments. These reassignments will continue until budgets increase sufficiently to allow new hires.

Agency Contacts

Copies of the Iowa Department of Public Health's Performance Reports are available on the Results Iowa web site (www.resultsiowa.org) and the IDPH web site (www.idph.state.ia.us). Copies of the report can also be obtained by contacting Jonn Durbin at 515-281-8936.

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