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## **Anchorage Health Department**

*Anchorage: Performance. Value. Results.*

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**Measure #1: Percentage of time Child Care Licensing responds to priority complaints within established timeframes.**

### **Type**

Effectiveness

### **Accomplishment Goal Supported**

Increase the well-being of children and the public by reducing the amount of time it takes to respond to priority reports of concern (complaints). Established program goal is to respond within 1 day for Priority 1 reports, 3 days for Priority 2 reports and 7 days for Priority 3 reports.

### **Definition**

Provides a percentage of how Childcare Licensing responds to those complaints considered per internal policy to be Priority 1 (death, abuse, neglect, serious injury, possible permanent damage, or serious background clearance violation), Priority 2 (serious supervision problems, accidental or other injury, safety hazards, or harmful treatment), and Priority 3 (low or less immediate risk) complaints.

### **Data Collection Method**

Program will maintain a monthly and annual report of complaints received by priority level.

### **Frequency**

Quarterly and annually

### **Measured By**

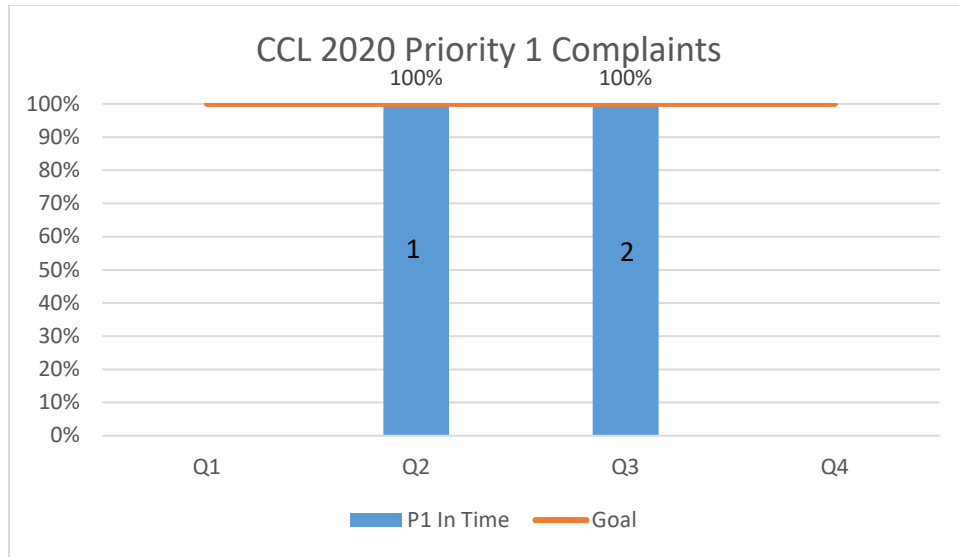
Program will maintain a record of complaints received, investigated and closed.

### **Reporting**

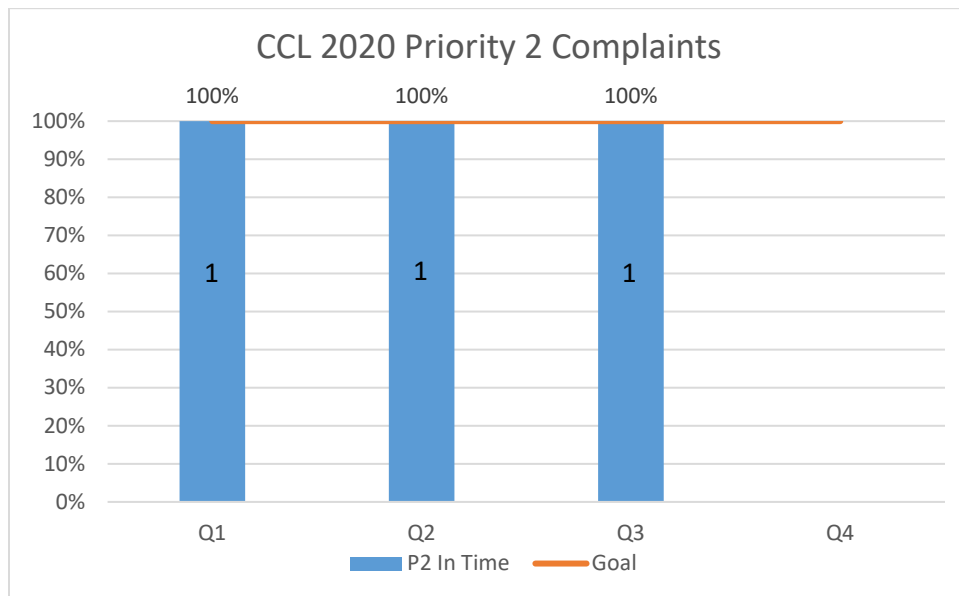
Program Supervisors will create and maintain a monthly and annual report of days it takes to respond to a complaint. This information will be provided to Division Manager and Department Leadership for review. Information will be presented as real data and converted per Section into percentages then the percentages will be averaged for a final overall percentage reported on the PVR form.

### **Used By**

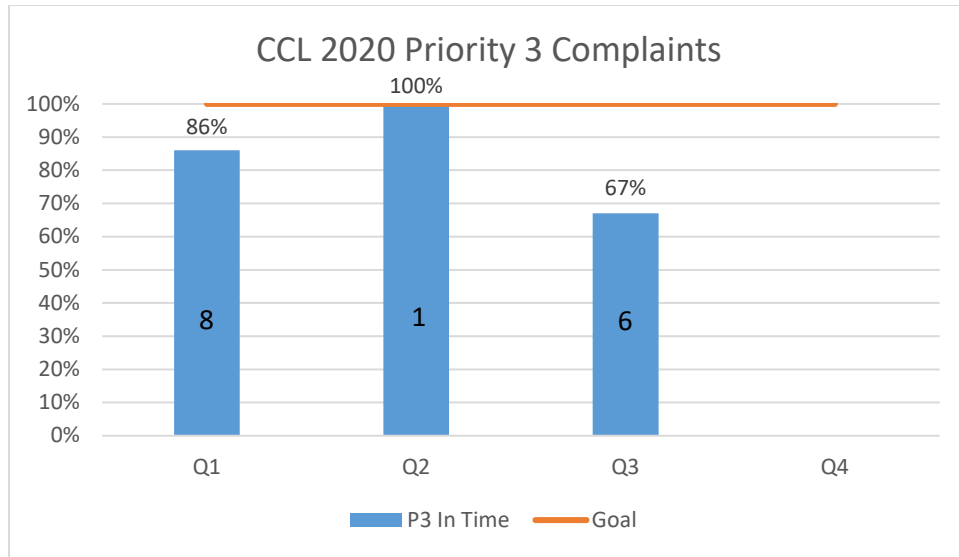
The Division Manager and Director will use the information to gain a clearer understanding of the complaint process and to identify bottlenecks to the process.



100%, 2 total [1 Center, 1 Home; 2 conducted within required time frame] of Priority 1 complaints (reports of death, abuse, neglect, or serious injury) were investigated within 24 hours this quarter.



100%, 1 total [1 Center; 1 conducted within required time frame] of Priority 2 complaints (reports of harm less than priority 1, serious supervision problems, accidental or other injury, safety hazards, or harmful treatment) were investigated within the goal of 72 hours.



67%, 4total [5 Centers, 1 Home; 4 conducted within required time frame] of Priority 3 complaints (reports of low or less immediate risk to children) met the goal of being investigated within 7 days. This delay was due to COVID-19 restrictions.

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## **Anchorage Health Department**

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<b>Measure #2: Average number of hours to respond to an animal related dog bite/attack complaint.</b>
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### **Type**

Effectiveness

### **Accomplishment Goal Supported**

Improve response to the most serious animal-related complaint in the Municipality.

### **Definition**

Provide a measure for the total number of requests for animal control enforcement services and the average response time for this priority category.

### **Data Collection Method**

Anchorage Animal Care and Control Center (AACCC) facility operator maintains a database of daily requests for service and associated response times.

### **Frequency**

Monthly and annually

### **Measured By**

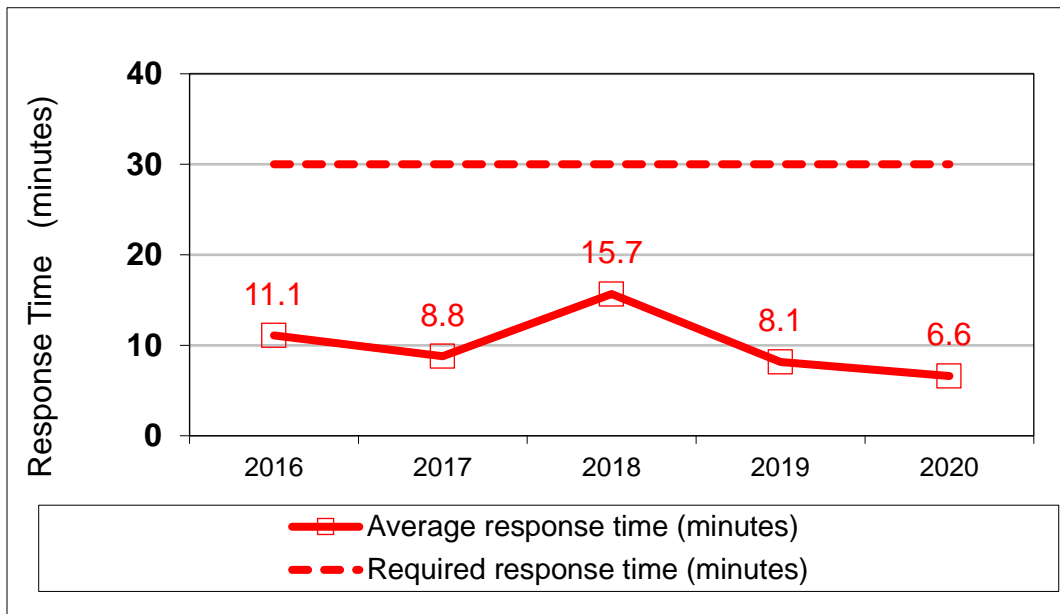
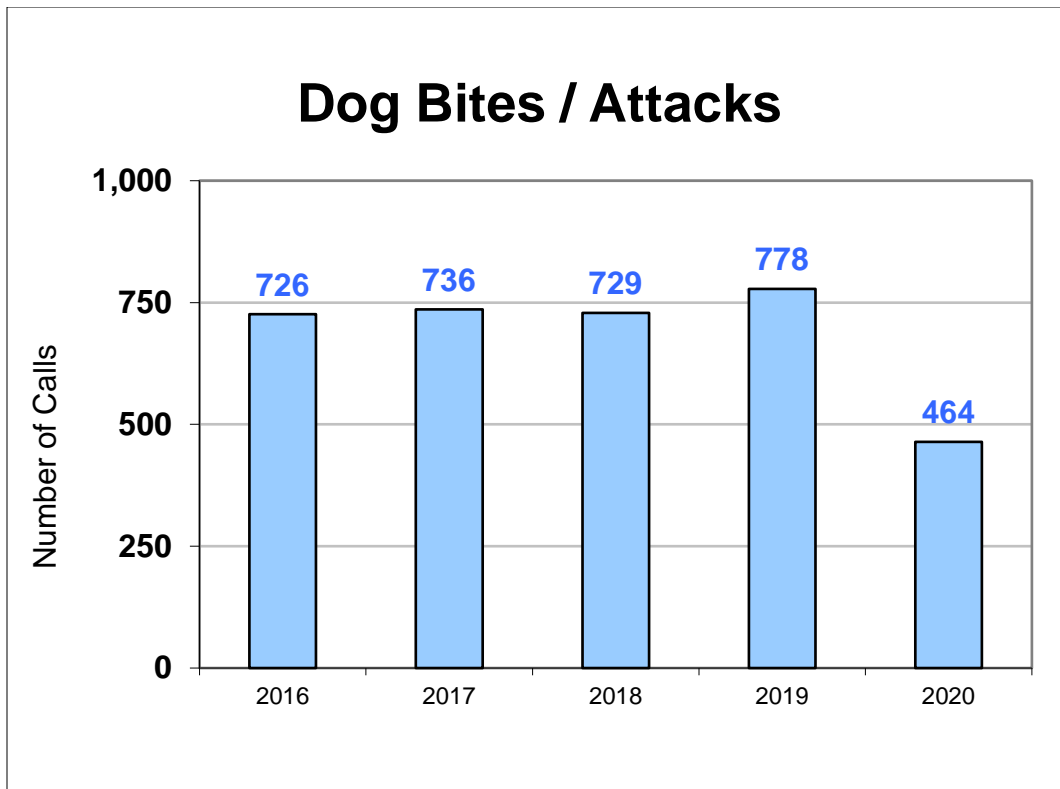
AACCC staff and officers

### **Reporting**

The AHD Contract Administrator oversees monthly and annual reports received from AACCC contract operator. Reports are distributed to department management monthly and summarized annually.

### **Used By**

Data will be used by AACCC facility operator and the Contract Administrator, Deputy Director and Director to review annual progress and to determine short and long-term priorities to maintain overall progress towards service goal.



Indicates the total number of calls received by Animal Care and Control for dog bites and/or attacks by year. The required average response time is thirty minutes (dotted line) and the actual response time by year (solid line). The required response time was consistently met or exceeded in Q3.

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## **Anchorage Health Department**

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<b>Measure #3: Number of permitted food establishments inspected within the last 12 months.</b>
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### **Type**

Effectiveness

### **Accomplishment Goal Supported**

Under the Anchorage Food Code, the Department is charged with making a reasonable effort to inspect every permitted food establishment at least once per year. The U.S. Food and Drug Administration (FDA) recommends an inspection frequency of two times per year as a best practice to assure compliance with safe food handling and the prevention of food borne illnesses. There are approximately 1,800 permitted facilities in the municipality. AHD has 6 environmental health specialists on staff responsible for food facility inspections and other environmental health work including inspections of temporary events, retail marijuana facilities, pools, beauty and barbershops, and other facilities; responding to noise, pest/rodent, hotel mold, smoke/smoking, pesticide application, and other health related public concerns; and plan review of approximately 100 new facilities annually. With the number of permitted facilities and other environmental health duties, double the staff is needed to meet FDA guidelines. At least one additional inspector would add capacity to support inspection frequency and response to food borne illness outbreaks.

### **Definition**

Provide a measure of the number of permitted food facility inspections completed compared to the number of inspections that should be completed by code and FDA.

### **Data Collection Method**

Food Safety & Sanitation Program Manager will maintain a quarterly and annual year-to-date report of the number of routine permitted food facility inspections as well as the number of permitted food facilities. Data is collected in the Envision database.

### **Frequency**

Quarterly and annually

### **Measured By**

Food Safety and Sanitation Program Manager

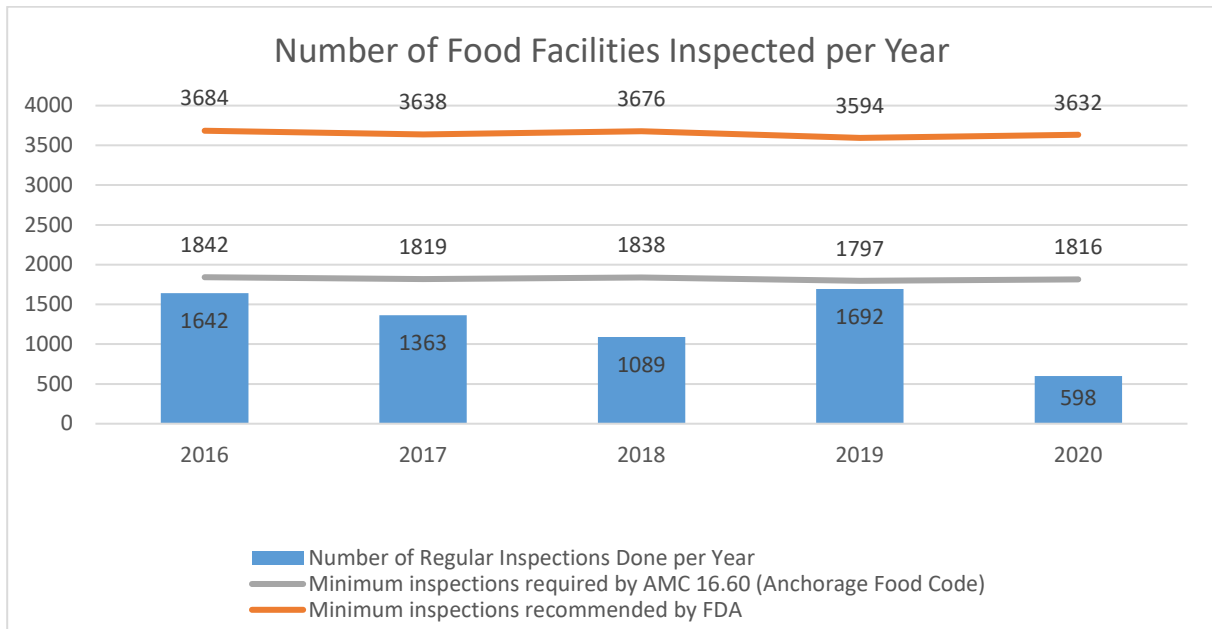
### **Reporting**

Food Safety & Sanitation Program Manager will develop and maintain a year-to-date report submitted quarterly and annually assess the number of routine permitted food

facility inspections completed vs. the number of inspections required by local code and FDA best practices.

### Used By

Division Manager and Director will use collected data and reports to assess the effectiveness of the inspection program.



Indicates the number of retail food inspections recommended by the FDA, required by municipal code, and accomplished each year. Inspections conducted remain less than recommendations/requirements. In Q3 2020, inspections were below quarterly average to meet those required by AMC 16.60 due to COVID restrictions.

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## **Anchorage Health Department**

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**Measure #4: Number of Aging and Disability Resource Center (ADRC) clients who receive assistance to make informed, cost-effective decisions about their long-term service and support needs.**

### **Type**

Effectiveness

### **Accomplishment Goal Supported**

Improve the quality of life of ADRC clients who contact our office for information and referral and options counseling services.

### **Definition**

Provides the number of ADRC clients who have contacted an ADRC Resource Specialist to learn about community long-term services and supports.

### **Data Collection Method**

Provides the number of individuals (1) who contacted the ADRC for information and referral services and (2) the number of referrals made to other agencies that could provide the needed assistance.

### **Frequency**

Quarterly

### **Measured By**

Quarterly reports obtained through grantor program reporting software.

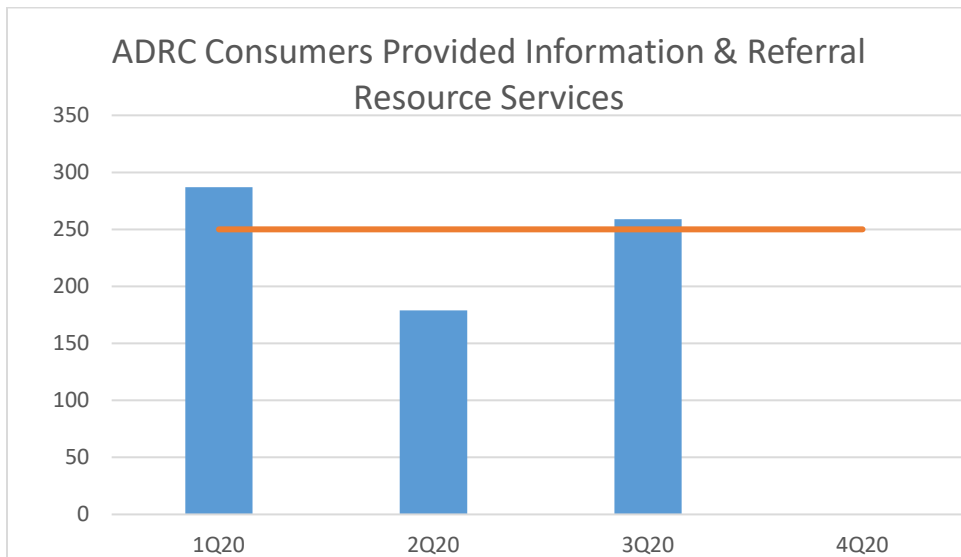
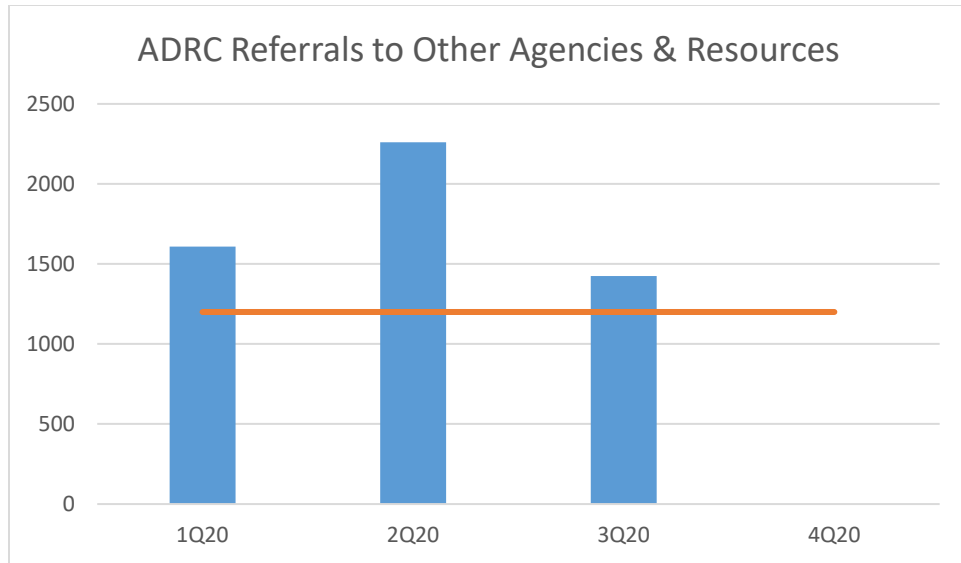
### **Reporting**

Senior Services Program Manager will generate quarterly reports from grantor program reporting software.

### **Used By**

The Division Manager and Director will use the information to gain a clearer understanding of the level of success in providing ADRC clients with information, referral and long-term options counseling that can improve the client's long-term care situation.





The Aging and Disability Resource Center continues to improve quality of life for those who contact us. The number of consumers and referrals increased due to call volume related to COVID-19. During this timeframe the annual goal of 4,800 or 1,200 per quarter for referrals to other agencies and resources was exceeded. Referrals decreased by approximately 300-400 due to ESG pause and decrease in available services due to COVID shutdowns. In consumers provided information, the annual goal is 1,000 or 250 per quarter. The goal was exceeded by 71.

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## **Anchorage Health Department**

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<b>Measure #5: Average number of days for public health to contact community members with a reportable infectious disease.</b>
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### **Type**

Effectiveness

### **Accomplishment Goal Supported**

Improve the public health of the community by maintaining surveillance systems that detect and provide a timely response to public health needs. As a part of response, Public Health staff will notify individuals who have tested positive or who are presumptively positive for reportable communicable diseases as soon as is possible in order to assure and/or refer for treatment.

### **Definition**

Provides a measure of the percentage of cases where Public Health clients with a reportable infectious disease are contacted within 3 days of Public Health receiving the results. Program goal is 75%.

### **Data Collection Method**

Public Health staff will monitor the length of time between the department's notification of infectious disease and notification of disease positive (or presumptive positive) individuals.

### **Frequency**

Quarterly and annually

### **Measured By**

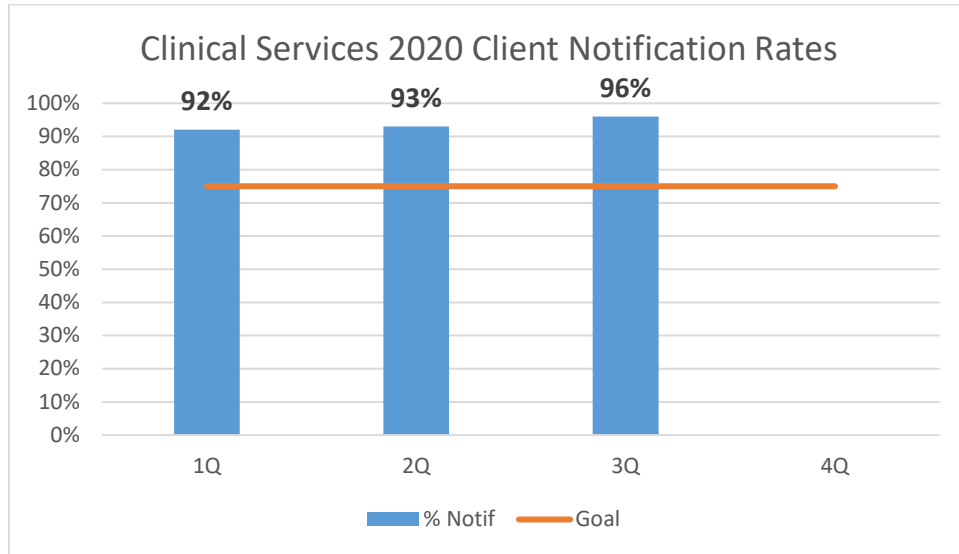
Program maintains database of contact time using the electronic medical records system INSIGHT, as well as other internal tracking systems used in partnership with the State of Alaska Department of Health and Social Services.

### **Reporting**

Clinical Services Program Manager will create and maintain a quarterly report on the percentage of community members with a reportable infectious disease and the number of days to contact them. This information will be provided to Division Manager and Department Leadership for review. Information will be presented numerically and graphically.

## Used By

The Division Manager and Director will use the information to assess the effectiveness of staffing, and the ability of clinical services to respond to public health needs.



This graph shows the percentage of clients testing positive for reportable STIs who were notified of their results within three business days of receiving them. In the third quarter, 96% of clients were notified within three days. This rate substantially exceeds the target rate of 75% and reflects the diligence of Public Health staff.

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## **Anchorage Health Department**

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<b>Measure #6: Average number of days public health investigates and ensures treatment of community members with a reportable infectious disease.</b>
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### **Type**

Effectiveness

### **Accomplishment Goal Supported**

Improve public health of individuals and the community by maintaining surveillance systems that detect and timely respond to public health needs. As a part of response, Public Health staff will assure treatment of individuals who have tested positive or who are presumptively positive for reportable communicable diseases as soon as possible in order to prevent further spread of diseases.

### **Definition**

Provides a measure of the percentage of cases where Public Health clients with a reportable infectious disease are investigated and treated within 14 days of initial contact by the department. Program goal is 85%.

### **Data Collection Method**

Public Health Staff will monitor the length of time between the department's notification of infectious disease and treatment of disease positive (or presumptive positive) individuals.

### **Frequency**

Quarterly and annually

### **Measured By**

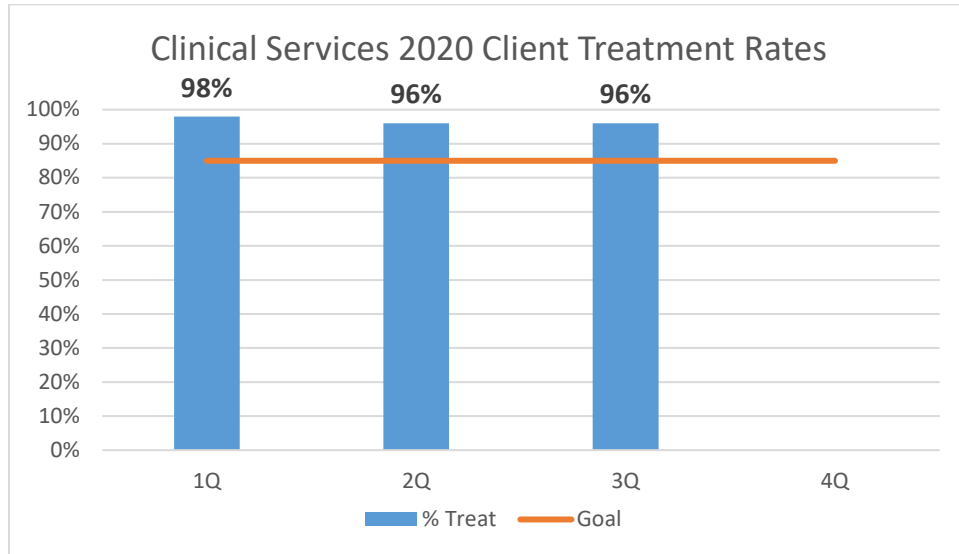
Program maintains database of contact time using the electronic medical record system INSIGHT, as well as other internal tracking systems used in partnership with the State of Alaska Department of Health and Social Services.

### **Reporting**

Clinical Services Program Manager will create and maintain a quarterly report on the percentage of community members with a reportable infectious disease and the number of days to investigate and treat. This information will be provided to Division Manager and Department Leadership for review. Information will be presented numerically and graphically.

## Used By

The Division Manager and Director will use the information to assess the effectiveness of staffing, and the ability of clinical services to respond to public health needs.



This graph shows the percentage of clients testing positive for reportable STIs who received treatment within 14 business days of receiving their results. In the third quarter, 96% of clients were treated within 14 days. This rate substantially exceeds the target rate of 85% and reflects the diligence of Public Health staff.

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## **Anchorage Health Department**

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<b>Measure #7: Percentage of Women, Infant and Children (WIC) participant's breastfeeding infants at initiation, 6 months and 12 months.</b>
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### **Type**

Effectiveness

### **Accomplishment Goal Supported**

Improve public health of the next generation through infant breastfeeding as a beneficial source of nutrition and protection against illnesses, allergies, obesity and Sudden Infant Death Syndrome. The American Academy of Pediatrics recommends new mothers breastfeed exclusively for approximately six months of an infant's life.

### **Definition**

Provides a measure of the percent of WIC participants breastfeeding infants. The goal is for participants to align with the State of Alaska Healthy Alaskans 2020 goals to increase breastfeeding. This includes a breastfeeding initiation rate of 82%; a 6-month duration rate of 60%; and a 12-month duration rate of 34%.

### **Data Collection Method**

WIC Staff will counsel 100% of pregnant women to breastfeed their infant and refer for support to WIC breastfeeding peer counselors (BFPC). Using the State of Alaska SPIRT software platform, counselors will document referral to BFPC and document at post-partum follow-up visits breastfeeding initiation and duration.

### **Frequency**

Quarterly with an annual summary

### **Measured By**

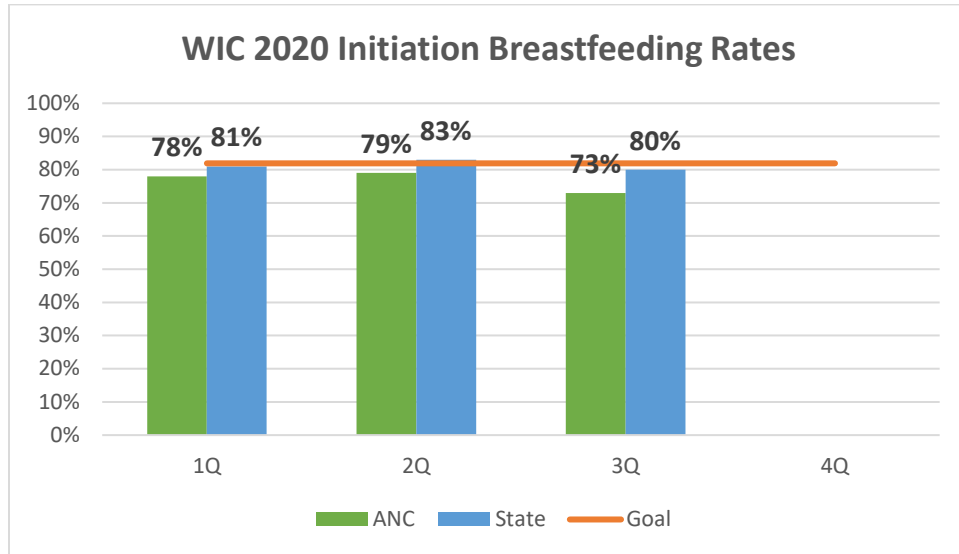
WIC Program Manager. The State of Alaska SPIRT software reports quarterly initiation, 6-month and 12-month breastfeeding duration rates of all WIC participants.

### **Reporting**

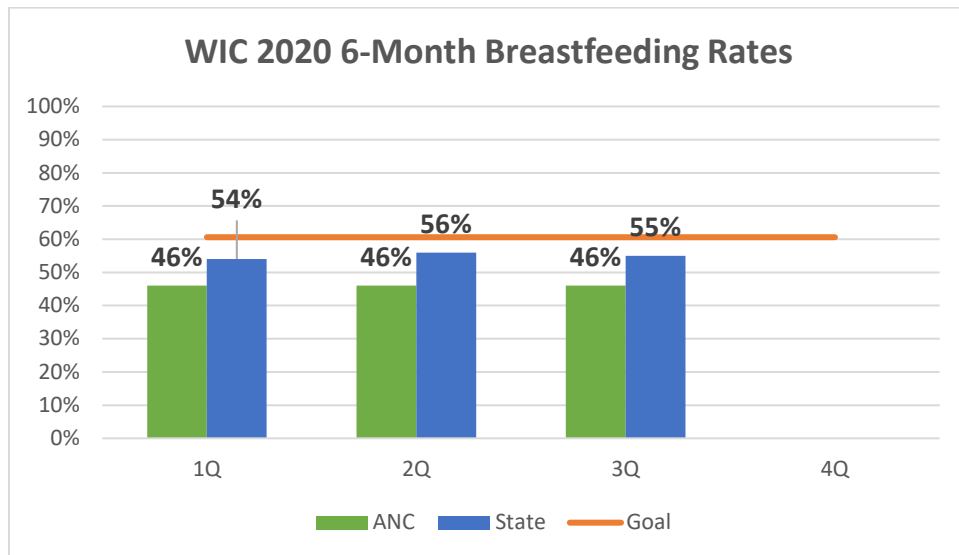
WIC Program Manager will create and maintain a quarterly report on the percentage of WIC participants. This information will be provided to Division Manager and Department Leadership for review. Information will be presented numerically and graphically.

## Used By

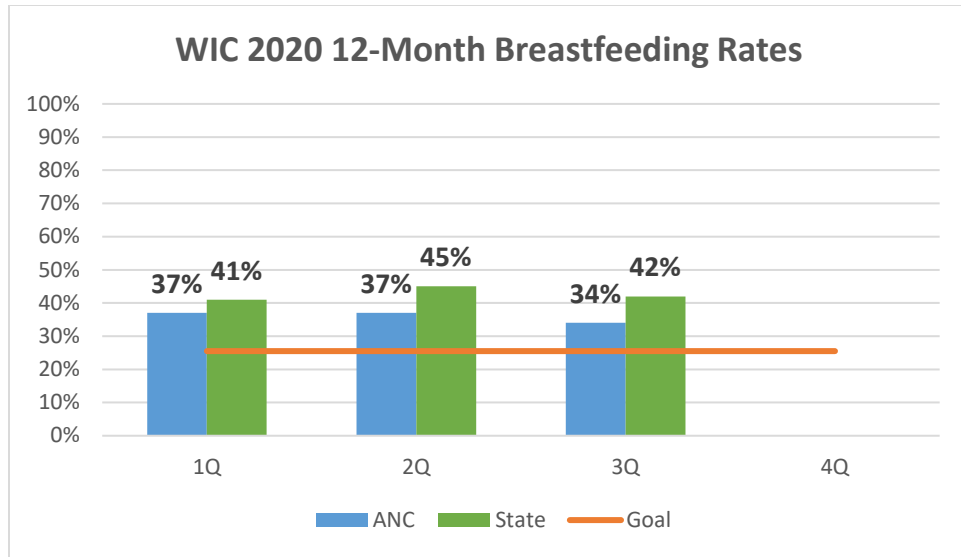
The Division Manager, Director, and WIC Manager will use the information to assess WIC counselor/BFPC effectiveness and make adjustments to the program to improve Anchorage WIC breastfeeding rates.



A 73% breastfeeding initiation rate was met by the WIC program, under the goal of 82%.



A 46% 6-month breastfeeding rate was met by the WIC program, under the goal of 60%.



A 34% 12-month breastfeeding rate was met by the WIC program, exceeding the goal of 25%.



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## **Anchorage Health Department**

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<b>Measure #8: Percent of AHD staff serving as a Crisis Health Action Team (CHAT) member and trained to respond to a public health emergency.</b>
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### **Type**

Effectiveness

### **Accomplishment Goal Supported**

CHAT members receive training about roles and responsibilities required of them in the event of a public health emergency or disaster response situation.

### **Definition**

Provide a measure of the percentage of staff trained in emergency response procedures at any given time.

### **Data Collection Method**

Emergency Preparedness Program Manager will maintain a quarterly and annual report of AHD staff trained as CHAT team members.

### **Frequency**

Quarterly and annually

### **Measured By**

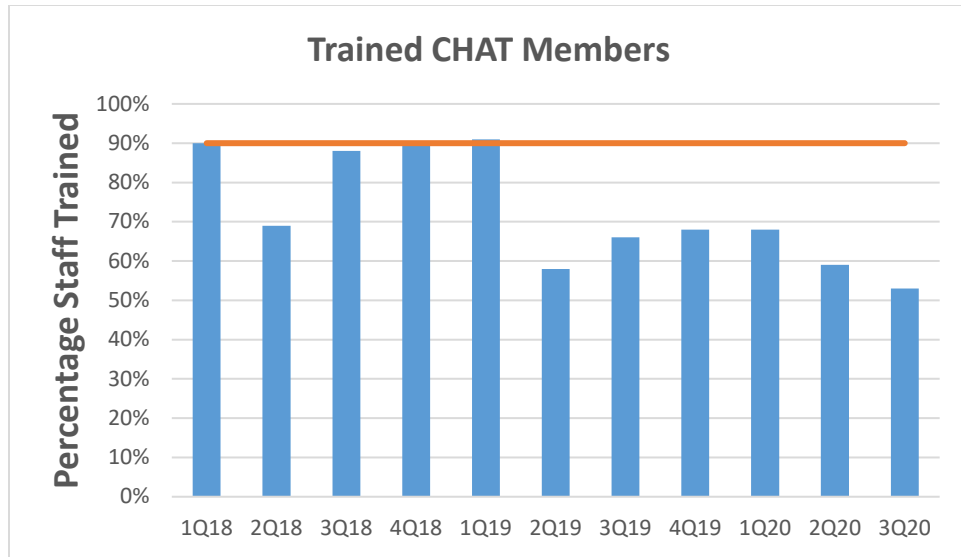
Emergency Preparedness Program Manager.

### **Reporting**

Emergency Preparedness Program Manager will maintain a quarterly and annual report of AHD staff trained as CHAT team members.

### **Used By**

Division Manager and Director will use collected data and reports to assess the effectiveness of the emergency preparedness program.



No additional training was held during this quarter due to the COVID-19 pandemic response.

### PVR Measure WC: Managing Workers' Compensation Claims

Reducing job-related injuries is a priority for the Administration by ensuring safe work conditions and safe practices. By instilling safe work practices, we ensure not only the safety of our employees but reduce the potential for injuries and property damage to the public. The Municipality is self-insured and every injury poses a financial burden on the public and the injured worker's family. It just makes good sense to WORK SAFE.

Results are tracked by monitoring monthly reports issued by the Risk Management Division.

