Mission
Protect and improve the public health and well-being of all people in Anchorage.

Core Services
- Develop and maintain coordinated emergency response capability for pandemics, natural disasters and bioterrorist events.
- Safeguard public health by:
  - Preventing, detecting, and treating communicable disease;
  - Assuring a safety net of services for vulnerable citizens;
  - Monitoring and enforcing air quality, sanitation, noise, child care, and animal control regulations.
- Strengthen the community’s ability to improve its own health and well-being by:
  - Informing, educating, and empowering people about health issues;
  - Mobilizing community partnerships to identify and solve public health problems;
  - Developing plans and policies that support individual and community health efforts.

Accomplishment Goals
- Improve responsiveness to public health complaints.
- Increase community and agency partnerships in public health initiatives.
- Improve response to animal-bites/attacks complaints in the Municipality. (Grants & Contracts, Animal Control)
- Reduce days non-compliant with federal air quality standards by monitoring key indicators and developing strategies to reduce air pollution. (Environmental Health Services)
- Maximize industry compliance with safe food handling practices by inspecting facilities and effectively enforcing regulations. (Environmental Health Services)
- Ensure compliance with safe food handling practices by inspecting every permitted food establishment at least once per year. (Environmental Health Services)
- Improve the quality of life of those in need of long-term care by increasing the effectiveness of ADRC referrals (Senior Services).

Performance Measures
Progress in achieving goals shall be measured by:
Measure #1: Percentage of time HHS makes contact within 24 hours (1 working day) of a high priority complaint.

<table>
<thead>
<tr>
<th>Date</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/31/2012</td>
<td>100%</td>
</tr>
<tr>
<td>3/31/2013</td>
<td>100%</td>
</tr>
<tr>
<td>6/30/2013</td>
<td>100%</td>
</tr>
</tbody>
</table>

Measure #2: Percent of DHHS services and programs supported by grant and non-property tax dollars.

Measure #3: Average number of hours to respond to a dog bite/attack complaint.

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>717</td>
</tr>
<tr>
<td>2008</td>
<td>704</td>
</tr>
<tr>
<td>2009</td>
<td>697</td>
</tr>
<tr>
<td>2010</td>
<td>661</td>
</tr>
<tr>
<td>2011</td>
<td>713</td>
</tr>
<tr>
<td>2012</td>
<td>814</td>
</tr>
<tr>
<td>2013</td>
<td>401</td>
</tr>
</tbody>
</table>
**Measure #4:** Percent of days in the year having an Air Quality Index (AQI) value of “Good”.

From January through June 2013 we experienced 151 days (83.4%) with good air quality, and twenty-nine days (16.0%) with moderate air quality. 27 of the moderate days were due to airborne dust, and three were due to fine particulate matter. DHHS/PHQ/AQ worked closely with MOA Street Maintenance and no exceedances of a Federal air quality standard were incurred during the spring dust season. The percentage of good air quality days is expected to be higher in subsequent quarters.
**Measure #5:** Percent of food establishments inspected with fewer than two critical items.

![Graph showing the percent of food establishments with fewer than two critical items over the years.](image)

**NOTE:** The graph shows the percent of food establishments that had fewer than 2 critical items marked on an inspection. The data for 2010 reflects changes in the Municipal Food Code which added several new critical violations, resulting in a higher percentage of establishments with critical violations. The chart may differ from prior reports in that it shows the percent of establishment with fewer than 2 critical violations rather than the percent with 2 or more violations.

**Measure #6:** Percent of active establishments inspected within the last 12 months.*

![Graph showing the percent of facilities inspected within the last 12 months.](image)
NOTE: Staff vacancies from early spring 2012 through the end of the year resulted in reduced number of inspections and reduced ability to keep inspections up to date.

**Measure #7:** Percentage of Aging and Disability Resource Center (ADRC) clients who indicate that their situation improved as a result of the long-term care referrals

**ADRC Client Satisfaction Survey, 2nd quarter, FY 2013**

- **Client would recommend ADRC to others?**
  - Yes: 80%
  - No: 20%
  - Unsure: 0%

- **Client was given a number of options to choose from?**
  - Yes: 80%
  - No: 20%
  - Unsure: 0%

- **Information received was helpful?**
  - Yes: 80%
  - No: 20%
  - Unsure: 0%

- **Staff member was knowledgeable about services?**
  - Yes: 80%
  - No: 20%
  - Unsure: 0%
Measure #1: Percentage of time HHS makes contact within 24 hours (1 work day) of a high priority complaint.

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 high priority issues.

Definition
Provides a percentage of how the department (Childcare Licensing, Environmental Health Services) responds to those complaints considered per internal policy to be high priority complaints.

Data Collection Method
Programs will maintain a monthly and annual report of complaints.

Frequency
Quarterly and annually

Measured By
Programs maintain a log of open complaints.

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 bottle-necks to the process.
Measure #2: Percent of DHHS services and programs supported by grant and non-property tax dollars.

Type
Effectiveness

Accomplishment Goal Supported
Increase grant funding based on type of service provided.

Definition
Provide a measurement for services supported by property tax dollars and non-property tax grant support.

Data Collection Method
The data/percentage is derived by comparing labor expenses funded by the operating budget to those funded by grants.

Frequency
Quarterly and annually

Measured By
Comparing general ledger operating budget labor expenditures to grant-funded labor expenditures during the period of interest.

Reporting
Fiscal to assess percentage

Used By
The Division Manager and Director will consider the information to assess future grant needs and potential operating budget reductions.
# Measure #3: Average number of hours to respond to an animal related dog bite/attack complaint.

<table>
<thead>
<tr>
<th>Type</th>
<th>Effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Accomplishment Goal Supported</strong></td>
<td>Improve response to the most serious animal-related complaint in the Municipality.</td>
</tr>
<tr>
<td><strong>Definition</strong></td>
<td>Provide a measure for the total number of requests for animal control enforcement services and the average response time for this priority category.</td>
</tr>
<tr>
<td><strong>Data Collection Method</strong></td>
<td>Anchorage Animal Care and Control Center (AACCC) facility operator maintains a log of daily requests for service and associated response times.</td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
<td>Monthly and annual</td>
</tr>
<tr>
<td><strong>Measured By</strong></td>
<td>AACCC staff and officers</td>
</tr>
<tr>
<td><strong>Reporting</strong></td>
<td>The DHHS Contract Administrator oversees monthly and annual reports received from AACCC contract operator. Reports are distributed to department management monthly and summarized annually.</td>
</tr>
<tr>
<td><strong>Used By</strong></td>
<td>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 goals.</td>
</tr>
</tbody>
</table>
Measure #4: Percent of days in the year having an Air Quality Index (AQI) value of "Good".

**Type**
Effectiveness

**Accomplishment Goal Supported**
Increase the % of “good” air quality days as measured on the EPA Air Quality Index scale to 90% or more by developing and implementing strategies aimed at reducing air pollutants - such as road dust which contributes to PM-10 pollution.

**Definition**
Provide a measure of Anchorage air quality based on the EPA Air Quality Index scale.

**Data Collection Method**
Existing air quality monitors gather real-time data on PM-2.5, PM-10 and CO.

**Frequency**
Constant monitoring, real-time online data, monthly summary and annual reports

**Measured By**
Air Quality Program staff

**Reporting**
Pollutant levels are reported hourly in real-time on the DHHS/DEC Alaska Air Monitoring Network website. Air Quality Program staff will maintain an annual report assessing CO and PM-10 levels by month.

**Used By**
The Division Manager and Director will use collected data and reports to assess the effectiveness of dust control techniques, and monitor for any impacts of changes to vehicle emission control or other air quality problems.
<table>
<thead>
<tr>
<th>Measure #5: Percent of food establishments inspected with fewer than two critical items.</th>
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</thead>
</table>

**Type**
- Effectiveness

**Accomplishment Goal Supported**
Maximize industry compliance with safe food handling practices by inspecting facilities and effectively enforcing regulations.

**Definition**
Provide a measure of the number of food facilities having fewer than 2 critical items marked on an inspection.

**Data Collection Method**
Food Safety & Sanitation Program Manager maintains a monthly and annual report of inspections conducted and the number of facilities having fewer than two critical items marked.

**Frequency**
Monthly and annually

**Measured By**
Food Safety and Sanitation Program Manager

**Reporting**
Food Safety & Sanitation Program Manager will develop and maintain a monthly and annual report assessing total inspections conducted and the number of those inspections with fewer than two critical items.

**Used By**
Division Manager and Director will use collected data and reports to assess the effectiveness of the inspection program.
<table>
<thead>
<tr>
<th>Measure #6: Percent of active food establishments inspected within the last 12 months.</th>
</tr>
</thead>
</table>

**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. Timely inspections help assure industry compliance with safe food handling practices.

**Definition**  
Provide a measure of the number of active food facilities that have had an inspection within the last 12 months.

**Data Collection Method**  
Food Safety & Sanitation Program Manager will maintain a quarterly and annual report of inspections conducted and the percent of active facilities which have received at least one inspection during the prior 12 month period.

**Frequency**  
Quarterly and annually

**Measured By**  
Food Safety and Sanitation Program Manager

**Reporting**  
Food Safety & Sanitation Program Manager will develop and maintain a quarterly and annual report assessing the percent of active facilities which have received at least one inspection during the prior 12 month period.

**Used By**  
Division Manager and Director will use collected data and reports to assess the effectiveness of the inspection program.
Measure #7: Percentage of Aging and Disability Resource Center (ADRC) clients who indicate that their situation improved as a result of the long-term care referrals.

**Type**
Effectiveness

**Accomplishment Goal Supported**
Improve the quality of life of those in need of long-term care by increasing the effectiveness of Aging and Disability Resource Center (ADRC) referrals.

**Definition**
Provides a measure of the % of ADRC clients who feel that the referrals they received from Aging and Disability Resource Center staff had lasting positive impact.

**Data Collection Method**
ADRC Staff will follow-up (1, 3, and 6 months) with clients to whom referrals have been made. The Program Manager will take that information and track it in a spreadsheet.

**Frequency**
Monthly, quarterly, and at 6 months

**Measured By**
Program Manager maintains a spreadsheet of the percentage of ADRC clients who indicate that their situation improved as a result of the long-term care referrals given.

**Reporting**
Senior Services Program Manager will create and maintain a monthly report on the percentage of ADRC clients who indicate that their situation improved as a result of the long-term care referrals given. 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 gain a clearer understanding of the level of success in providing ADRC clients with referrals that improved the client’s long-term care situation.