Standards for Public Health in Washington State: 2005 Performance Assessment Report Local Health Jurisdictions Report for: Adams County Health District

The Standards and the 2005 Performance Assessment

Thank you for participating in the performance assessment of the Standards for Public Health in Washington State. The intent of the Standards is to provide an overarching measurement framework for the many services, programs, legislation, and state and local administrative codes that affect public health. The Washington State Standards for Public Health Performance address all 10 Public Health Essential Services and crosswalk directly to the Centers for Disease Control and Prevention (CDC) Standards for Performance.

The Washington standards and measures exemplify the national goals for public health performance measurement and development of standards—quality improvement, accountability, and science. Points to remember when looking at the reports include:

- The Standards articulate a higher level of performance, often described as stretch standards, not a description of the system as it is performing currently.
- The Standards reflect an improvement cycle; results of the performance assessment should be used to target areas for improvement.

This Report

The site reviews again demonstrated the incredible commitment, creativity and hard work of the people in the public health system. This report is specific to your local health jurisdiction and is intended to give you feedback about the materials you provided as a demonstration of how you met each measure. However, before describing the details that are in the report, we want to summarize overall observations regarding your organization's strengths and opportunities for improvement as observed during the site review.

Strengths

- The improvement in the preparation for the site visit and in the documentation demonstrating performance against the measures, especially in EH, is impressive.
- The Annual Report to the BOH describes the program goals and the progress toward goals with data for Immunizations, Yearly Comparison Report, with trends, and the work and reporting on the Oral Health Coalition that identified gaps and ways to address the gaps.
- The "Crosswalk" program and documentation of goals/objectives and performance measures provides a great tool for reporting of results and indicates implementation and use of the results.

- The continued focus on assessment even though changes occurred in staff and funding, especially the work in Tobacco prevention and control coalition and in the testing and monitoring of emergency preparedness.
- The CD process for identifying new providers and CD Resources Manual is an excellent tool.
- The CD self-audit tool provides a good basis for reviewing CD investigation work and can be applied to other types of investigations and staff work.
- The extensive amount of educational and informational materials that have been translated into other languages provides good resources for the high percentage of non-English speaking population
- The EH Client Satisfaction Survey, the EH Enforcement Policy and Procedure and related enforcement self-audit and results provide an excellent basis for improving EH programs and also for establishing client-related performance measures.

Areas for Improvement

- Build on the excellent work on performance measures by establishing and monitoring Core Indicators for CD, EH and PP programs, involving the BOH and potentially other community groups.
- Conduct planned staff performance evaluations.
- Conduct analysis of program and health status data to provide the ability to compare outcomes to quantitative goals and measures, to identify trends and to provide information for program improvements.
- Build on the Crosswalk work to develop and implement an agency strategic plan with mission and vision, and use results of program monitoring and evaluation to develop and implement a QI plan for the agency.

The Performance Assessment Approach

The performance assessment included all 35 local health jurisdictions (LHJs) in the state and 26 Department of Health (DOH) program sites selected by DOH for evaluation. Each site was asked to complete a self-assessment tool and to prepare for an on-site visit by organizing the documentation supporting the self-assessment on each measure.

For this cycle of assessment there were two new aspects that were not part of the 2002 Baseline Evaluation; the selection of specific environmental health and prevention and promotion programs for more in-depth review, and the evaluation of the new Proposed Administrative Standards and Measures. This expansion of the scope of the assessment was addressed through the training and use of internal DOH and LHJ reviewers working under the supervision of the external consultants.

During the site review, an independent consultant and an internal DOH reviewer evaluated the documents and scored each measure. When the reviewer had questions regarding the documentation, an informal interview was conducted with the appropriate manager or staff person. In addition, potential exemplary practice documentation was requested from each site.

The on-site reviews concluded with an exit interview in which general strengths and opportunities for improvement were discussed, and feedback on the Standards and assessment process was obtained. All of this information has been compiled into a system-wide report, with recommendations regarding the next steps for the system.

Results of the Site Review

The attached report is organized to follow the Standards format. The Standards have five topic areas (please note that these are not necessarily synonymous with program areas, there are organization-wide measures to be found in each of them). Within each of these five topic areas, four to five standards are identified for the entire governmental public health system. For each standard, specific measures are described for local health jurisdictions. For LHJs, all measures were applicable; however, some (for example those that required certain actions related to an outbreak) were not applicable if an event had not occurred.

Program Review Results: For the measures that were assessed through program review, the scores for all programs reviewed for the individual measure were aggregated to calculate an "agency-wide" score for the measure. For these measures the LHJ detail shows only the aggregate score for the measure as the detailed comments for these measures are included in the program reports. Attached to this summary report are four program specific reports with the detailed scoring for each measure evaluated for each program, with related comments.

Administrative Standards Results: For the Administrative Standards, this evaluation cycle was to evaluate the Proposed Administrative Standards and Measures themselves and not to report site specific performance. The results of our evaluation of these standards and measures are at the system level only, therefore, this report does not contain any results for the Proposed Administrative standards.

Comparability to the 2002 Baseline results: Due to the major revisions in the environmental health topic area of standards, and to the program review method of evaluation used for numerous measures, only some of the 2005 results can be compared to the results of the 2002 Baseline. The measures that are considered comparable between the two cycles are:

- All Assessment (AS) measures, except AS 3.2 and AS 3.3, which were evaluated through program review
- All Communicable Disease (CD) measures
- Prevention and Promotion (PP) measures in standards PP1, PP2, and PP3
- All Access (AC) measures

This report provides you with the following information:

- *For all measures*: a table listing all the measures with the performance designation to serve as a quick reference tool in identifying the measures that demonstrated performance, those scored as a partial, and those that did not demonstrate performance against the measure.
- *For each measure* (we have not repeated these in the report in order to reduce the number of pages, but have grouped them under their overarching standard): the *score* assigned by the reviewer:

- 2 = demonstrates the measure,
- 1 = partially demonstrates the measure,
- 0 = does not demonstrate the measure,
- 8 = not applicable,
- 9 = not able to rate [did not participate at a topic area level]

Comments provide clarification regarding the intent of the measure or the score assigned.

Documents lists, in abbreviated form, the documents that were the basis for the score. When multiple documents were provided and some did not demonstrate the measure or there were many more examples than needed, they are not all listed.

Exemplary documents lists documents requested for review as potential examples in the exemplary practices compendium.

- *For each topic area*: at the end of each topic area, there is a roll-up of the scores on all *applicable, rated* measures in the topic area (the percent of measures scored as *demonstrates*, the percent scored as *partially demonstrates*, the percent scored as *does not demonstrate*). Next to your roll-up for the topic area is a roll-up for peer counties, and then a statewide roll-up. Your peer counties are identified below, based on the DOH analysis of Dominant Rural Urban Commuting Area Codes (for detail on this methodology, please go to the DOH website http://www.doh.wa.gov/Data/Guidelines/RuralUrban.htm). There is no intent, in an improvement-focused effort, to compare specific organizations to one another. However, this roll-up data does provide each site reviewed with performance benchmarks.
- *For all topic areas*: the final segment of this part of the report provides you with a roll-up of all topic areas, with the same benchmark data from the peer group and statewide roll-ups.

Peer Groupings

Small Town/Rural	***Mixed Rural***	***Large Town***	***Urban***
Adams	Clallam	Asotin	Benton/Franklin
Columbia	Grays Harbor	Chelan/Douglas	Clark
Garfield	Island	Grant	Cowlitz
Jefferson	Mason	Kittitas	King
Klickitat	Skagit	Lewis	Kitsap
Lincoln	Skamania	Walla Walla	Pierce
NE Tri-County		Whitman	Snohomish
Okanogan			Spokane
Pacific			Thurston
San Juan			Whatcom
Wahkiakum			Yakima

Next Steps

First, celebrate what you have accomplished. In the two and a half year period between the 2002 Baseline Evaluation and this performance assessment, it was clear to the site reviewers that

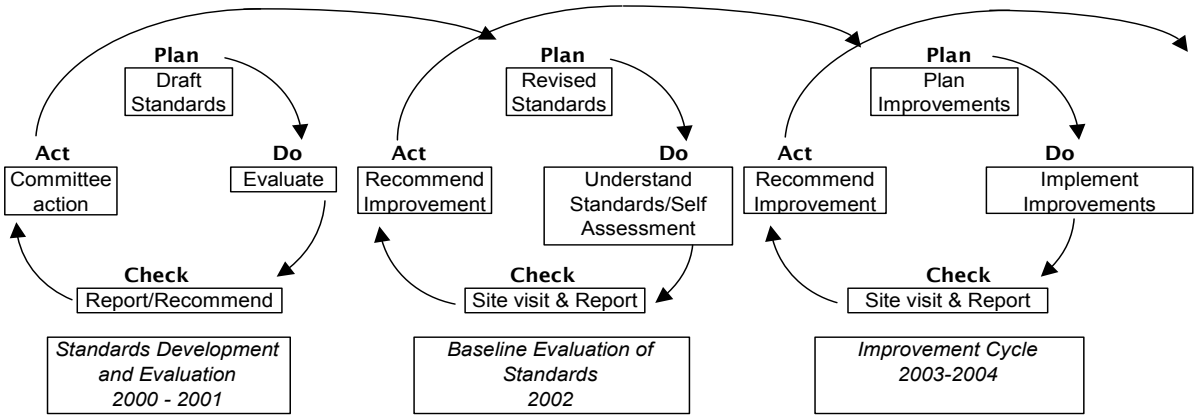
improvements had been developed and implemented. Again, thank you for all of your hard work every day, and especially in preparing for the site reviews.

Next, select the areas where you want to improve your performance. All of the information provided in this report is intended to support improvement of your organization's work on behalf of the citizens in your community and Washington State. After you have had a chance to digest this report and share it with staff and your Board of Health, you should review the data again to determine which areas of your work might benefit from a *focused improvement process*. Develop a brief, but specific and doable work plan—don't try to improve everything at once!

In selecting your areas of improvement you will be able to look at your overall strengths and opportunities for improvement (summarized above), or at the scores of specific measures or topic areas. You will be assisted in this effort by several initiatives:

- ***Exemplary practices:*** The Exemplary Practices Compendium provides you with documentation from many of the LHJs in Washington State. Potential exemplary practice documents were gathered from each of the sites and the very best examples for each measure will be organized into a electronic tool kit. This material will be available by year-end 2005 at www.doh.wa.gov/phip/Standards/BestPractices/StandardsExemplaryPractices.htm .
- ***Statewide initiatives*** projects such as the implementation of the Public Health Issue Management System (PHIMS) for communicable disease and the Assessment in Action project to build assessment capacity at the local level also support improvement of practice and documentation. Based on the recommendations in the system-wide report, the PHIP process will adopt additional statewide initiatives related to the measures.

Finally, begin preparing now for the next performance assessment. The assessment process itself has been conducted using quality improvement principles and methods, including the Plan-Do-Check-Act cycle. As shown below, the standards field test in 2000, the baseline in 2002, and this 2005 performance assessment are all part of the cycle of continuous quality improvement. The next cycle is planned for 2006-08, with site visits probably occurring in the spring of 2008.



Strategies for building on your current performance:

- Save the documentation you have used in this assessment as a good starting point for continuing to identify documentation for demonstrating performance.
- Establish an electronic document library for collecting documentation and facilitating the use of an electronic format for the next assessment. This cycle there were three LHJs that used an electronic format for all their documentation. These sites stated that the electronic preparation was much easier and helpful to the process than making paper copies of the documentation.
- Adopt or adapt as many exemplary practices as possible to improve your performance against the measures. There is no reason to "re-invent the wheel", when another LHJ may have an excellent process or documentation method that you can start using with less time and effort.
- Participate in regional or state-wide improvement efforts that are identified through PHIP work, or other multi-disciplinary efforts, such as the recent Assessment in Action effort to build capacity for assessment at the local level.
- Identify methods for getting technical assistance from state programs, or from other LHJs that may have targeted the same areas for improvement. Great gains can be made through sharing ideas and resources.

Again, we thank you for all your work in preparing for this 2005 performance assessment, and especially for the terrific work you do in protecting and promoting the health of the citizens of Washington State that we were privileged to review.

LHJ: Adams County Health District

Topic: 1. Understanding Health Issues

Standard 1: Public health assessment skills and tools are in place in all public health jurisdictions and their level is continuously maintained and enhanced.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
AS1.1L	1	Lack of qualitative data and analysis in documentation provided.	Adams County Health Dept. Website and brochure; 2003 County Health Profile	
AS1.2L	2		Adams County Health Dept. Website-Assessment page and brochure	
AS1.3L	2	Documentation for Tobacco Prevention and Control Coalition Program is very good.	Strategic Plan for Community Tobacco Control, 2005-2008	
AS1.4L	1	Documentation provided does not include information on communicable disease and environmental health.	2003 Adams County Health Profile; Adams County BRFSS 2003	
AS1.5L	2		Staff resume and training log	

Standard 2: Information about environmental threats and community health status is collected, analyzed and disseminated at intervals appropriate for the community.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
AS2.1L	2		2004 Adams County Health Dept. Stakeholders Survey for Strategic Plan; Minutes from Tobacco Stakeholder group (PAID)-11/3/04 and 1/5/05	

AS2.2L	2		2004 Adams County Health Dept. BOH Annual Report	
AS2.3L	1	Documentation provided does not include how emerging health issues are identified and data is gathered and used.	Adams County BRFSS-2004 Adams County Tobacco Prevention Evaluation Plan	
AS2.4L	2		Smoke Free Restaurant Surveys & Tabulation Sheet	
AS2.5L	2		2004 Adams County Health Dept. BOH Annual Report	

Standard 3: Public health programs results are evaluated to document effectiveness.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
AS3.1L	1	Documentation provided lacks reporting of progress toward goals.	2004 Adams County Health Dept. BOH Annual report	
AS3.2L	2			
AS3.3L	2			
AS3.4L	2		Staff training log	
AS3.5L	2		Emergency Preparedness 24/7 Work plan and test documentation	

Standard 4: Health Policy Decisions are guided by health assessment information, with involvement of representative community members.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*

AS4.1L	2		Planning Group Matrix; Form 4A Strategic Planning Process with findings/priority setting	
AS4.2L	2		2004 Adams County Health Dept. BOH Annual Report; Grant Proposal: DOE Melgrin Dump Clean-Up	
AS4.3L	2		Strategic Plan for Community Tobacco Control in Adams County Form 3B; Data Sources and Form 4A	
AS4.4L	2		Strategic Plan for Community Tobacco Control in Adams County Form 3A	

Standard 5: Health data is handled so that confidentiality is protected and health information systems are secure.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
AS5.1L	2		Adams County Health Dept. HIPAA Policy and Procedures	Policy #2-02 HIPAA (Safeguarding Documents or Communications Containing Protected Health Information)
AS5.2L	2		Child Profile Website page; WA State Data Sharing Agreement; Center for Health Statistics (CHS) Website page	

Score Totals for Topic 1. Understanding Health Issues

	Specific LHJ Totals:	*Peer Group Totals:*	*Combined LHJ Totals:*
% Demonstrates:	**81%**	**53%**	**56%**
% Partially Demonstrates:	**19%**	**28%**	**24%**
% Does not Demonstrate:	**0%**	**19%**	**20%**

Note: Totals may not equal 100% due to rounding.

Topic: 2. Protecting People from Disease

Standard 1: A surveillance and reporting system is maintained to identify emerging health issues.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
CD1.1L	2	ACHD also posts notice with after hour contact numbers on door.	Adams County Health Dept. Website; Adams County Sheriff Office 24/7 Sheet	
CD1.2L	2		Notifiable Conditions Provider Notebook update Log/Training; Policy and Procedure "Notifiable Conditions"; Letters for health care providers with information	
CD1.3L	2		2004 Adams County Health Dept. BOH Annual Report	

CD1.4L	2		Policy and Procedure "Reporting Communicable Diseases"; Notifiable Conditions Manual; Policy and Procedure "Issuing Public Health Notices & Alerts"	
CD1.5L	1	Documentation for only one core indicator provided.	Adams County STD Reporting Administrative Goal Sheet; Provider CBHA Meeting minutes; "STD's not reported" form	Goals Sheet-Cross walk (Administrative)
CD1.6L	2		Adams County CD Report Case Report Form; Pertussis Report	
CD1.7L	2		Staff training log with training agenda	

Standard 2: Response plans delineate roles and responsibilities in the event of communicable disease outbreaks and other health risks that threaten the health of people.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
CD2.1L	2		DOH Redbook; Annual letter to Community Partners with partner list; Adams County Sheriff Office 24/7 Sheet; Adams County Website	
CD2.2L	2		DOH Red Book; Annual letter to community partners; Adams County Sheriff Office 24/7 Sheet	
CD2.3L	2		Policy and Procedure "Reporting Communicable Diseases"; Notifiable Conditions Manual	

Standard 3: Communicable disease investigation and control procedures are in place and actions documented.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*

CD3.1L	2		Adams County Provider Resource Manual	Adams County Provider Resource Manual
CD3.2L	2	Information sent to providers also provided in Spanish.	Fax Broadcast Report; Provider NC notebook log; 10/15/04 Health Alert-"flu"; 1/30/04 Health Alert-Pertussis	
CD3.3L	2		Communicable Disease Manual (includes Em. Biologics Manual & Policy); Procedure "Reporting Communicable Diseases; Public Health Em. CD/Notifiable Conditions Calls Report Form; Pertussis Case Form	
CD3.4L	2		Adams County CD Self Audit 2004 (Goals Sheet); CD Case Report Form	Goals Sheet-Cross walk
CD3.5L	2		CD, TB & Immunizations Goals Sheets	Goals Sheets-Cross walk (CD, TB & Immunizations)
CD3.6L	2		Public Health Job Description; Clinic Orientation Sheet; Staff training logs	

Standard 4: Urgent public health messages are communicated quickly and clearly and actions documented.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
CD4.1L	2		Health Care Alert to Providers-10/20/04; Media Release with newspaper article	
CD4.2L	2		Adams County Health Dept. Resource Manual	Adams County Health Dept. Resource Manual
CD4.3L	2		CD/ERP Public Information Policy; Policy-Issuing Public Health Alerts and	
CD4.4L	2		Risk Communication Training Sign-In Sheet with training flyer	

Standard 5: Communicable disease and other health risk responses are routinely evaluated for opportunities for improving public health system response.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
CD5.1L	8		N/A	
CD5.2L	8		N/A	
CD5.3L	8		N/A	
CD5.4L	8		N/A	
CD5.5L	2		Staff training log with training agenda	
CD5.6L	8		N/A	

Score Totals for Topic 2. Protecting People from Disease

	Specific LHJ Totals:	*Peer Group Totals:*	*Combined LHJ Totals:*
% Demonstrates:	**95%**	**61%**	**62%**
% Partially Demonstrates:	**5%**	**22%**	**22%**
% Does not Demonstrate:	**0%**	**16%**	**16%**

Note: Totals may not equal 100% due to rounding.

Topic: 3. Assuring a Safe, Healthy Environment for People

Standard 1: Environmental health education is a planned component of public health programs.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
EH1.1L	2			
EH1.2L	1			
EH1.3L	2			
EH1.4L	2			

Standard 2: Services are available throughout the state to respond to environmental events or natural disasters that threaten the public's health.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
EH2.1L	2		Website emergency contact information, 8/04 Sheriff's Office contact list, ACHD EOC plan and protocols, 24-hour number on front door and on ACHD brochure, after-hours answering machine message	
EH2.2L	2	No EH threats or emergencies have occurred in last 2 years	Draft AC Local Emergency Response Plan, After-action report for AC Tabletop - 4/26/05, Earthquake Plan: On-Site/Immediate Response	
EH2.3L	1	NA for debrief review of access to critical services as no actual events in last 2 years. Public educ materials available online from DOH and CDC, as well as Region 9 - ERP, but no evidence of materials or plans for informing public of how to access food or safe water	Draft LERP- EH responsibility,	
EH2.4L	2		Report to Work in a Disaster/Emergency Policy, LERP- EH statement of responsibility, Bioterrorism Exercise and training log, Earthquake, Fire and Wind Storm Plans employee responsibilities	

Standard 3: Both environmental health risks and environmental health illnesses are tracked, recorded, and reported.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
EH3.1L	2			
EH3.2L	2			

EH3.3L	2			

Standard 4: Compliance with public health regulations is sought through enforcement actions.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
EH4.1L	2	Recommend web links to state RCW/WACs and county codes, if possible	Hard copies available upon request	
EH4.2L	2			
EH4.3L	2			
EH4.4L	2			
EH4.5L	2			

Score Totals for Topic 3. Assuring a Safe, Healthy Environment for People

	Specific LHJ Totals:	*Peer Group Totals:*	*Combined LHJ Totals:*
% Demonstrates:	**88%**	**47%**	**53%**
% Partially Demonstrates:	**13%**	**33%**	**30%**
% Does not Demonstrate:	**0%**	**19%**	**16%**

Note: Totals may not equal 100% due to rounding.

Topic: 4. Prevention is Best: Promoting Healthy Living

Standard 1: Policies are adopted that support prevention priorities and that reflect consideration of scientifically-based public health literature.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
PP1.1L	2		4/05 BOH minutes of discussion of 2004 annual report, Tobacco Planning group roster (matrix), Tobacco Strategic Planning process	
PP1.2L	2	BOH minutes contains BOH approval of ConCon and other funding sources for ACHD programs, including Tobacco	2004 Annual Report to BOH- 4/05 minutes	

PP1.3L	2		TB Program Report Crosswalk/Admin Goals; Immu Program Crosswalk/Admin goals; Tobacco Strategic Plan, 2004 Annual Report with 2005 goals for TB and Immu	TB Program Report Crosswalk/Admin Goals; Immu Program Crosswalk/Admin goals

Standard 2: Active involvement of community members is sought in addressing prevention priorities.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
PP2.1L	2		Tobacco Planning group roster/matrix, Tobacco Stake holder's survey regarding 16 TPCP Indicators	
PP2.2L	1	Training log for 1 staff member only	4/20/05 Effective Strategies for Working w/ Diverse Communities Commu-based Strategies for Policy Change- 2004, Cultivating Youth: A Leadership Approach-4/03	

Standard 3: Access to high quality prevention services for individuals, families, and communities is encouraged and enhanced by disseminating information about available services and by engaging in and supporting collaborative partnerships.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
PP3.1L	2		4people.org website,	
PP3.2L	2	Local Early Intervention plan with description of services and identified gaps	10/04 Local Early Intervention plan, Interagency Coordinating Council-- Infant Toddler EI Program support letter-11/04	
PP3.3L	2		11/9/04, 2/1/05 ICC minutes-	
PP3.4L	1	This evaluation plan could provide data or information for a quality improvement plan, along with other information or data, but this is not a QI plan.	Tobacco Control STP-- Form3A-Evaluation plan	

Standard 4: Prevention, early intervention and outreach services are provided directly or through contracts.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
PP4.1L	2			
PP4.2L	1			
PP4.3L	1			
PP4.4L	2			

Standard 5: Health promotion activities are provided directly or through contracts.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
PP5.1L	2		Early Intervention for Children who are deaf or hard of hearing training, Tobacco Strategic Plan	
PP5.2L	1	No documentation of an overall system to organize, develop, distribute, evaluate and update health promotion materials.	Infant Toddler Early Intervention Program (ITEIP) Self-Assessment- 2000 with 1-19-05 Public Awareness log	
PP5.3L	2			
PP5.4L	2			

Score Totals for Topic 4. Prevention is Best: Promoting Healthy Living

	Specific LHJ Totals:	*Peer Group Totals:*	*Combined LHJ Totals:*
% Demonstrates:	**71%**	**48%**	**48%**
% Partially Demonstrates:	**29%**	**31%**	**31%**
% Does not Demonstrate:	**0%**	**20%**	**21%**

Note: Totals may not equal 100% due to rounding.

Topic: 5. Helping People Get the Services They Need

Standard 1: Information is collected and made available at both the state and local level to describe the local health system, including existing resources for public health protection, health care providers, facilities, and support services.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
AC1.1L	2		Smile Survey Report; Oral Health Coalition Reports; Early Intervention Services Plan	
AC1.2L	2		Adams County Health Dept. Resource Manual; Client Referral Sample	Adams County Health Dept. Resource Manual
AC1.3L	1	Only one CHS example demonstrated in documents provided.	Adams County HPSA Survey Results	

Standard 2: Available information is used to analyze trends, which over time, affect access to critical health services.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
AC2.1L	1	Documentation provided for one CHS (dental care); Dental Care Access Survey not dated.	Dental Care Access Fluoride Varnish Questionnaire Report; Adams County Dental Health Coalition Summary Report, 2003-2004	
AC2.2L	2		Dental Care Fluoride Varnish Questionnaire Report	
AC2.3L	2		2004 Adams County Annual Report to the BOH-Critical Health Care Services	

Standard 3: Plans to reduce specific gaps in access to critical health services are developed and implemented through collaborative efforts.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
AC3.1L	2		Oral Health Coalition minutes; Adams County Health Department Report to the BOH	
AC3.2L	2		Oral Health Coalition Planning; Goals Sheet-Administrative	Goals Sheet-Cross walk (Administrative)
AC3.3L	1	Documentation provided does not clearly describe goals and performance measures.	Oral Health Coalition Planning Document; Goals Sheet-Cross walk (Administrative); Training log	Goals Sheet-Cross walk (Administrative)

Standard 4: Quality measures that address the capacity, process for delivery and outcomes of critical health services are established, monitored, and reported.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*

AC4.1L	1	Quality Improvement Plan provided for only one specific service (Maternal Support Service).	Goal Sheet-Cross walk (MSS)	Goal Sheet-Cross walk (MSS)
AC4.2L	2		Staff training log with training agenda	

Score Totals for Topic 5. Helping People Get the Services They Need

	Specific LHJ Totals:	*Peer Group Totals:*	*Combined LHJ Totals:*
% Demonstrates:	**64%**	**47%**	**52%**
% Partially Demonstrates:	**36%**	**19%**	**16%**
% Does not Demonstrate:	**0%**	**34%**	**32%**

Note: Totals may not equal 100% due to rounding.

Overall Score Totals: Adams County Health District

	Specific LHJ Totals:	*Peer Group Totals:*	*Combined LHJ Totals:*
% Demonstrates:	**81%**	**53%**	**55%**
% Partially Demonstrates:	**19%**	**27%**	**25%**
% Does not Demonstrate:	**0%**	**20%**	**20%**

Note: Totals may not equal 100% due to rounding.

LHJ: Adams County Health District

Program: EH: Food Safety

Topic: 1. Understanding Health Issues

Standard 3: Public health programs results are evaluated to document effectiveness.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
AS3.2L	2	Clear goals and objectives are stated in plan with action and results to date. BOH presentation shows annual 2004 actual and related 2005 goals.	2005 EH Food Program Administrative Goals, 2004 Adams County Annual BOH Report presentation-4/13/05	
AS3.3L	2	Performance with this measure could be strengthened by reporting targets for EH activities, such as number of high risk and low risk food establishments requiring inspection and then comparing the target to the actual numbers of inspections completed.	2004 BOH Annual Report with 2005 goals	

Topic: 3. Assuring a Safe, Healthy Environment for People

Standard 1: Environmental health education is a planned component of public health programs.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
EH1.1L	2		Checklist for temporary food establishment, Food Plan Review flyer	
EH1.2L	2		Commissioners/BOH meetings, meetings with food service managers re new regulations	

EH1.3L	2		New Food handlers test in Spanish, Review of brochure email, List of EH Permit Applications-2004, 2 examples of revised materials	
EH1.4L	2		New Food Regulation Workshops mailing, Completed workshop evaluations	

Standard 3: Both environmental health risks and environmental health illnesses are tracked, recorded, and reported.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
EH3.1L	2		2004 Annual BOH Report with EH data (4/05), Monthly EpiTRends on Website	
EH3.2L	2	EH training included information on CD notifiable conditions list, 2004 reports and 2005 goals, use of CD manual and emergency biologics, review of new report forms including timeliness and completeness, and need to clarify "who to call for what".	EpiTrends Monthly report on website, EH staff training in CD notifiable conditions, CD Case Report form- 2004 results	EH staff training in CD notifiable conditions, CD Case Report form- 2004 results
EH3.3L	2	Survey results have not yet resulted in identifying needed improvements.	Client Satisfaction Survey template, 4/27/05 Client Survey Improvement Policy, BOH minutes and discussion	Client Satisfaction Survey template, 4/27/05 Client Survey Improvement Policy

Standard 4: Compliance with public health regulations is sought through enforcement actions.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
EH4.2L	2	Great!!	Food Inspection Enforcement Policy,	
EH4.3L	2	This is a best practice and reflects the principles and methods of quality improvement. Consistent use of this process, or something similar, will enhance and standardize the food inspection process.	Food Inspection Enforcement Evaluation Policy, 4/29/05 Food Enforcement Evaluation Report, Food Inspection Enforcement Policy-- 4/29/05 Amendment	

EH4.4L	2	Complaint form, Food inspection form
EH4.5L	2	Food Rule Enforcement training

Overall Program Score Totals: EH: Food Safety

% Demonstrates:	% Partially Demonstrates:	% Does not Demonstrate:
100%	**0%**	**0%**

Note: Totals may not equal 100% due to rounding.

LHJ: Adams County Health District

Program: EH: Wastewater Management

Topic: 1. Understanding Health Issues

Standard 3: Public health programs results are evaluated to document effectiveness.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
AS3.2L	2		EH OSS Program Admin Goals, 2004 BOH Annual Report- EH data and goals for 2005	
AS3.3L	2		2004 Annual Report to BOH- EH data and 2005 goals	

Topic: 3. Assuring a Safe, Healthy Environment for People

Standard 1: Environmental health education is a planned component of public health programs.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
EH1.1L	2		Brochure on Septic Tank System-- 1996 date, Chicano su Sistema flyer, educational letter to RV park	
EH1.2L	1	No documentation of involvement of community other than BOH	8/04 Commissioners meeting minutes	
EH1.3L	2		Instructions for short Subdivisions with form, EH Permit Application forms list-- all created/revised in 2004, 2 examples of materials revised in 2004	

EH1.4L	2		OSS Repair and Water Use Conservation workshop, Letter to RV Park owner, completed evaluations of OSS workshop	

Standard 3: Both environmental health risks and environmental health illnesses are tracked, recorded, and reported.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
EH3.1L	2		4/05 Annual Report to BOH, Monthly EpiTrends on website	
EH3.2L	2		EpiTrends Monthly report, complaint form to track and report OSS failures,	
EH3.3L	2	Survey results have not yet resulted in identifying needed improvements.	Client Satisfaction Survey template, Client Satisfaction Improvement Policy, 8/04 and 4/05 BOH minutes	

Standard 4: Compliance with public health regulations is sought through enforcement actions.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
EH4.2L	2		OSS Failure/Replacement Policy	OSS Failure/Replacement Policy
EH4.3L	2		OSS Failure/Replacement Enforcement Evaluation Policy, 4/29/05 OSS Enforcement Evaluation Report- 10 cases	
EH4.4L	2		Complaint form, and Case write-up; OSS Final Inspection Record form and write-up	
EH4.5L	2		3/28/05 EH staff training with training log	

Overall Program Score Totals: EH: Wastewater Management

% Demonstrates:	% Partially Demonstrates:	% Does not Demonstrate:
92%	8%	0%

Note: Totals may not equal 100% due to rounding.

LHJ: Adams County Health District

Program: PP: Immunizations

Topic: 1. Understanding Health Issues

Standard 3: Public health programs results are evaluated to document effectiveness.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
AS3.2L	2		TB Program Report- Admin goals crosswalk; Immunization Program Admin goals, 2004 Annual Report presentation	
AS3.3L	2	Contains annual Immunization data for 1998-2204 stratified by child & adult, Flu, Overseas and Outside Provider	Personal Health Yearly Comparison, 2004 Annual Report presentation	

Topic: 4. Prevention is Best: Promoting Healthy Living

Standard 4: Prevention, early intervention and outreach services are provided directly or through contracts.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
PP4.1L	2		BOH 4/05 minutes with approval of ConCon	
PP4.2L	1	No documentation of information available to or used by staff for selecting appropriate health educ materials	Flu Vaccine shortage flyer in Spanish, Vaccine flyer in Spanish	
PP4.3L	1	Limited documentation of use of information for Immunization program improvement	Personal Health Yearly Comparison Report, Immunization Program Goals crosswalk	

PP4.4L	2		PH nurse job description, training logs for 2 staff	

Standard 5: Health promotion activities are provided directly or through contracts.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
PP5.3L	2		Immunization Annual Report form- Vaccines for Children Promotion, Accountability, Locally Identified and Adult Immu activities; Personal Health Yearly Comparisons Report	
PP5.4L	2		Effective PowerPoint presentations Training -- 2 staff attending	

Overall Program Score Totals: PP: Immunizations

% Demonstrates:	% Partially Demonstrates:	% Does not Demonstrate:
75%	**25%**	**0%**

Note: Totals may not equal 100% due to rounding.

LHJ: Adams County Health District

Program: PP: Tuberculosis

Topic: 1. Understanding Health Issues

Standard 3: Public health programs results are evaluated to document effectiveness.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
AS3.2L	2		TB Program Admin Goals-crosswalk, 2004 Annual Report presentation, Personal Health Yearly Comparisons Report	
AS3.3L	2		Personal Health Yearly Comparisons Report--TB data, 2004 Annual Report -- TB goals	

Topic: 4. Prevention is Best: Promoting Healthy Living

Standard 4: Prevention, early intervention and outreach services are provided directly or through contracts.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
PP4.1L	2		4/05 BOH minutes with approval of ConCon and other funding for programs	
PP4.2L	1	No data or information in presentation for Adams County, and no documentation of information being available and used by staff to select appropriate materials.	TB brochure in Spanish, TB Referral & Management Project presentation	

PP4.3L	2	Crosswalk- Admin goals indicates improvement action and plans for provider satisfaction survey in 2005 and Yearly Comparisons report gives activity data on PPDs, Medicines and TB cases	TB Program report-Admin goals, Personal Health Yearly Comparisons Report	
PP4.4L	2		PH nurse position description, 2 staff training logs	

Standard 5: Health promotion activities are provided directly or through contracts.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
PP5.3L	2		TB Program Admin Goals Crosswalk, Yearly Comparisons Report,	
PP5.4L	2		Effective PPT presentations training- 2 staff	

Overall Program Score Totals: PP: Tuberculosis

% Demonstrates:	% Partially Demonstrates:	% Does not Demonstrate:
88%	**13%**	**0%**

Note: Totals may not equal 100% due to rounding.

Adams County Health District

1. Understanding Health Issues

Measure	*Score*	*Compliance Demonstration*
AS1.1L	1	Partially demonstrates
AS1.2L	2	Demonstrates
AS1.3L	2	Demonstrates
AS1.4L	1	Partially demonstrates
AS1.5L	2	Demonstrates
AS2.1L	2	Demonstrates
AS2.2L	2	Demonstrates
AS2.3L	1	Partially demonstrates
AS2.4L	2	Demonstrates
AS2.5L	2	Demonstrates
AS3.1L	1	Partially demonstrates
AS3.2L	2	Demonstrates
AS3.3L	2	Demonstrates
AS3.4L	2	Demonstrates
AS3.5L	2	Demonstrates
AS4.1L	2	Demonstrates
AS4.2L	2	Demonstrates
AS4.3L	2	Demonstrates
AS4.4L	2	Demonstrates
AS5.1L	2	Demonstrates
AS5.2L	2	Demonstrates

2. Protecting People from Disease

Measure	*Score*	*Compliance Demonstration*
CD1.1L	2	Demonstrates
CD1.2L	2	Demonstrates
CD1.3L	2	Demonstrates
CD1.4L	2	Demonstrates
CD1.5L	1	Partially demonstrates

CD1.6L	2	Demonstrates
CD1.7L	2	Demonstrates
CD2.1L	2	Demonstrates
CD2.2L	2	Demonstrates
CD2.3L	2	Demonstrates
CD3.1L	2	Demonstrates
CD3.2L	2	Demonstrates
CD3.3L	2	Demonstrates
CD3.4L	2	Demonstrates
CD3.5L	2	Demonstrates
CD3.6L	2	Demonstrates
CD4.1L	2	Demonstrates
CD4.2L	2	Demonstrates
CD4.3L	2	Demonstrates
CD4.4L	2	Demonstrates
CD5.1L	8	not applicable
CD5.2L	8	not applicable
CD5.3L	8	not applicable
CD5.4L	8	not applicable
CD5.5L	2	Demonstrates
CD5.6L	8	not applicable

3. Assuring a Safe, Healthy Environment for People

Measure	*Score*	*Compliance Demonstration*
EH1.1L	2	Demonstrates
EH1.2L	1	Partially demonstrates
EH1.3L	2	Demonstrates
EH1.4L	2	Demonstrates
EH2.1L	2	Demonstrates
EH2.2L	2	Demonstrates
EH2.3L	1	Partially demonstrates
EH2.4L	2	Demonstrates

EH3.1L	2	Demonstrates
EH3.2L	2	Demonstrates
EH3.3L	2	Demonstrates
EH4.1L	2	Demonstrates
EH4.2L	2	Demonstrates
EH4.3L	2	Demonstrates
EH4.4L	2	Demonstrates
EH4.5L	2	Demonstrates

4. Prevention is Best: Promoting Healthy Living

Measure	*Score*	*Compliance Demonstration*
PP1.1L	2	Demonstrates
PP1.2L	2	Demonstrates
PP1.3L	2	Demonstrates
PP2.1L	2	Demonstrates
PP2.2L	1	Partially demonstrates
PP3.1L	2	Demonstrates
PP3.2L	2	Demonstrates
PP3.3L	2	Demonstrates
PP3.4L	1	Partially demonstrates
PP4.1L	2	Demonstrates
PP4.2L	1	Partially demonstrates
PP4.3L	1	Partially demonstrates
PP4.4L	2	Demonstrates
PP5.1L	2	Demonstrates
PP5.2L	1	Partially demonstrates
PP5.3L	2	Demonstrates
PP5.4L	2	Demonstrates

5. Helping People Get the Services They Need

Measure	*Score*	*Compliance Demonstration*
AC1.1L	2	Demonstrates
AC1.2L	2	Demonstrates

AC1.3L	1	Partially demonstrates
AC2.1L	1	Partially demonstrates
AC2.2L	2	Demonstrates
AC2.3L	2	Demonstrates
AC3.1L	2	Demonstrates
AC3.2L	2	Demonstrates
AC3.3L	1	Partially demonstrates
AC4.1L	1	Partially demonstrates
AC4.2L	2	Demonstrates