

# Standards for Public Health in Washington State: 2005 Performance Assessment Report Local Health Jurisdictions Report for: Benton-Franklin 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 further development of the website provides good information including the use for EH activities in public education, Foodborne Illness instructions, and the Child Care project, with regular newsletters for providers.
- The continued EH work on public education, as described in the LCDF report, and the new and revised materials developed as a part of the process are impressive.
- The Child Care project, including the educational materials/newsletter and the focus on vision/hearing/dental/immunization screening and tracking is comprehensive.
- The Immunization clinic offered last fall, which served 1.5 as many people as in previous years and was fully documented in an after action report as an exercise in mass prophylaxis.

- The implementation of PHIMS provides a systematic database for documenting CD cases and information.
- The ongoing work with the Health Alliance, including the successful HRSA Access grant to address community needs for access services.
- The implementation of the Notifiable Conditions Manual for providers provides enhanced communication with community practitioners.

### ***Areas for Improvement***

- Consider the need for overarching health indicators and associated assessment activity to provide the data foundation to support current and future efforts.
- Develop goals, objectives and measurable performance indicators for all program areas.

### ***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

<i>Small Town/Rural</i>	<i>Mixed Rural</i>	<i>Large Town</i>	<i>Urban</i>
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!

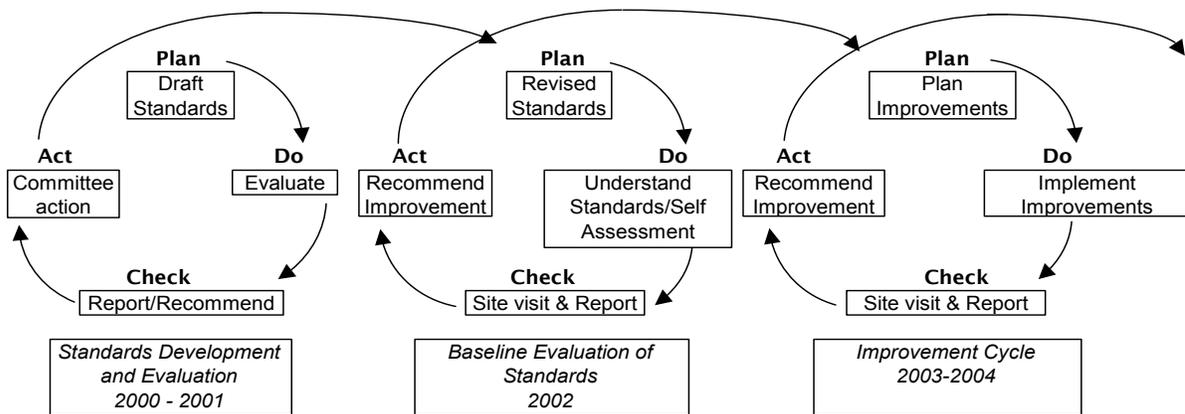
In selecting your areas of improvement you will be able to look at your overall strengths and opportunities for improvement (summarized above), or at the scores of specific measures or topic areas. You will be assisted in this effort by several initiatives:

- **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 an electronic tool kit. This material will be available by year-end 2005 at [www.doh.wa.gov/phip/Standards/BestPractices/StandardsExemplaryPractices.htm](http://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: Benton/Franklin 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.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AS1.1L	2		2004 Community Assessment Available on website. Benton-Franklin Board of Health Report for 2004.	2004 Community Assessment Available on website. Benton-Franklin Board of Health Report for 2004.
AS1.2L	0	No documentation provided.		
AS1.3L	0	No documentation provided.		
AS1.4L	2		Notifiable Conditions 2003 Communicable Disease Report; Notebook of Notifiable conditions Reporting. Environmental Health Division 2003 Annual Report.	Notifiable Conditions Reporting 2003 Communicable Disease Report on Web
AS1.5L	2		Degree for individual with MPH. Separate job description for epidemiologist. Regional assessment meeting minutes.	

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
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AS2.1L	2		Benton - Franklin Health Care Alliance and meeting minutes and attendees.
AS2.2L	1	Report included health status data, but no documentation for CD and EH.	Report to BOH re Health Status 2004.
AS2.3L	0	No documentation provided.	
AS2.4L	0	No documentation provided.	
AS2.5L	1	Report included health status data, but no documentation for CD and EH.	Report to BOH re Health Status 2004.

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AS3.1L	0	No documentation provided.		
AS3.2L	1			
AS3.3L	1			
AS3.4L	0	No documentation provided.		
AS3.5L	0	No documentation provided.		

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
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AS4.1L	1	It is clear that the alliance is looking at data and creating initiatives, but it is not clear of the linkage.	Community Health Alliance 2004 Year End Report
AS4.2L	1	Report included health status data, but no documentation for CD and EH or health policy recommendations.	Report to BOH re Health Status 2004.
AS4.3L	0	No documentation provided.	
AS4.4L	0	No documentation provided.	

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AS5.1L	2		Agreement with La Clinica.	
AS5.2L	0	No documentation provided.		

## Score Totals for Topic 1. Understanding Health Issues

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
<b>% Demonstrates:</b>	<b>24%</b>	<b>69%</b>	<b>56%</b>
<b>% Partially Demonstrates:</b>	<b>29%</b>	<b>21%</b>	<b>24%</b>
<b>% Does not Demonstrate:</b>	<b>48%</b>	<b>10%</b>	<b>20%</b>

*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.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
CD1.1L	2		Contacting Benton-Franklin Health District letter sent to Law Enforcement. Website contains 24hr answering service .	
CD1.2L	1	No documentation provided to evidence identifying new providers and how they are informed.	Distribution of Notifiable Conditions Memo and mailing list.	
CD1.3L	2		BOH Meeting Minutes Feb 2005. 2004 Notifiable Disease Spreadsheet.	

CD1.4L	2		Notifiable Conditions Reporting Procedure
CD1.5L	1	Listing of core indicators provided. No documentation provided for implications for changes.	Notifiable Conditions 2004 Data from Web
CD1.6L	2		Epi data base
CD1.7L	2		BT list of attendees for CD course 101 and 303.

**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.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
CD2.1L	2		DOH Red Book. Schools and Hospitals have Notifiable condition Notebook. Website.	
CD2.2L	2		Notifiable conditions notebook.	
CD2.3L	2		Notifiable Disease condition notebook. Notifiable Disease Policy and Procedure protocol.	

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
CD3.1L	2		Telephone book and Provider list	
CD3.2L	1	Press release for notifiable condition. No documentation for stuffed mailboxes with alerts or distribution of Notifiable Disease notebooks.	Example of press release.	

CD3.3L	2		Notifiable Conditions Notebook. Procedures Manual for Isolation and Quarantine. PHIMS case write-ups. Guidelines for Reporting and Surveillance and Emergency Biologics Locations.	Emergency Preparedness Plan (Procedures Manual for Isolation & Quarantine)
CD3.4L	0	No documentation provided.		
CD3.5L	0	No documentation provided.		
CD3.6L	2		Attendance CD course of 101 and 303 Staff meeting attendance for BT subject.	

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
CD4.1L	1	No documentation of health alerts sent to providers and key stakeholders.	Health alert and press release.	
CD4.2L	2		Health Care Provider List. Emergency Preparedness Plan.	
CD4.3L	1	Documentation did not provide all elements listed in the measure.	Appendix 4 to Disaster Plan.	
CD4.4L	1	No documentation for Risk Communication training for one individual.	Communicating in a Crisis. Certification for one Basic Public Information Officer.	

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
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CD5.1L	1	No documentation provided for conclusions and recommendations for improvement in response procedures or meeting minutes for change recommendations.	Camp Wooten outbreak.
CD5.2L	1	No documentation provided for conclusions and recommendations for improvement in response procedures or meeting minutes for change recommendations.	Minutes of BOH Meeting
CD5.3L	2		Adopted PHIMS Jan 2005
CD5.4L	0	No documentation provided.	
CD5.5L	2		Staff attendance figures for CD course 101 and 303.
CD5.6L	0	No documentation provided.	

**Score Totals for Topic 2. Protecting People from Disease**

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
<b>% Demonstrates:</b>	<b>54%</b>	<b>75%</b>	<b>62%</b>
<b>% Partially Demonstrates:</b>	<b>31%</b>	<b>17%</b>	<b>22%</b>
<b>% Does not Demonstrate:</b>	<b>15%</b>	<b>8%</b>	<b>16%</b>

*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.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH1.1L	2			
EH1.2L	2			
EH1.3L	1			
EH1.4L	1			

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH2.1L	2		Website, phone book, notifiable conditions reporting	
EH2.2L	2		Emergency response plan, After action report of Influenza Immunization Clinic	After action report of Influenza Immunization Clinic
EH2.3L	0	No documentation available		
EH2.4L	1	No documentation available on annual training of staff	Emergency Response Plan	

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH3.1L	2			
EH3.2L	1			
EH3.3L	0			

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH4.1L	2		Website links to laws, informs public that local policies are available at offices	

EH4.2L	2
EH4.3L	0
EH4.4L	2
EH4.5L	1

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

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
<b>% Demonstrates:</b>	<b>50%</b>	<b>63%</b>	<b>53%</b>
<b>% Partially Demonstrates:</b>	<b>31%</b>	<b>29%</b>	<b>30%</b>
<b>% Does not Demonstrate:</b>	<b>19%</b>	<b>8%</b>	<b>16%</b>

*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		Health Alliance, with broad community participation, is working on Food and Fitness, Oral Health with participation from BFPH
PP1.2L	0	No documentation available	
PP1.3L	0	No documentation available	

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
PP2.1L	2		Health Alliance materials	
PP2.2L	0	No documentation available		

**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.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
PP3.1L	2		Community Resource brochure	
PP3.2L	0	No documentation available		
PP3.3L	0	No documentation available		
PP3.4L	0	No documentation available		

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
PP4.1L	0			
PP4.2L	2			
PP4.3L	1			
PP4.4L	1			

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
PP5.1L	2		LCDF 2004 report on Water Quality	LCDF 2004 report on Water Quality
PP5.2L	0	No documentation available		
PP5.3L	1			
PP5.4L	1			

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

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
<b>% Demonstrates:</b>	<b>29%</b>	<b>58%</b>	<b>48%</b>
<b>% Partially Demonstrates:</b>	<b>24%</b>	<b>28%</b>	<b>31%</b>
<b>% Does not Demonstrate:</b>	<b>47%</b>	<b>14%</b>	<b>21%</b>

*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.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AC1.1L	2		Health Alliance 2004 Year End Report	
AC1.2L	0	No documentation provided.		
AC1.3L	0	No documentation provided.		

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AC2.1L	0	No documentation provided.		
AC2.2L	0	No documentation provided.		
AC2.3L	0	No documentation provided.		

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AC3.1L	2		Application for Access grant from Community Health Care Alliance.	
AC3.2L	2		Application for access grant from Community Health Care Alliance	
AC3.3L	1	Missing data about the achievement of goals and objectives.	Health Alliance 2004 Year End Report	

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AC4.1L	1	No documentation provided to show the plan and improvement on the plan based on the data.	Reports for HIV and STD	
AC4.2L	0	No documentation provided.		

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

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
<b>% Demonstrates:</b>	<b>27%</b>	<b>69%</b>	<b>52%</b>
<b>% Partially Demonstrates:</b>	<b>18%</b>	<b>15%</b>	<b>16%</b>
<b>% Does not Demonstrate:</b>	<b>55%</b>	<b>16%</b>	<b>32%</b>

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

**Overall Score Totals: Benton/Franklin Health District**

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
<b>% Demonstrates:</b>	<b>38%</b>	<b>68%</b>	<b>55%</b>
<b>% Partially Demonstrates:</b>	<b>27%</b>	<b>22%</b>	<b>25%</b>
<b>% Does not Demonstrate:</b>	<b>34%</b>	<b>10%</b>	<b>20%</b>

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

*Friday, September 16, 2005*

# LHJ: Benton/Franklin Health District

## Program: EH: Food Safety

### Topic: 1. Understanding Health Issues

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AS3.2L	1	Objectives are articulated, not tied specifically to data	EH 2003 Annual Report	EH 2003 Annual Report
AS3.3L	0	No documentation available		

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

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH1.1L	2		Website has information on Food borne Illness Investigation/Reporting, food worker cards, etc. WACs and RCWs, brochures and fact sheets, public presentations documented in EH 2003 Annual Report	Food borne Illness Investigation/Reporting, Brochure: The Ill Food worker
EH1.2L	2		LCDF 2005 application that lists partnerships in community	
EH1.3L	1	2003 report lists food related materials developed or revised, no documentation provided for 2004	2003 EH report	

EH1.4L	2		LCDF application for 2005, completed presentation evaluation forms, 2003 EH Report lists education materials
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**Standard 3: Both environmental health risks and environmental health illnesses are tracked, recorded, and reported.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH3.1L	2		2003 Annual Report, website access	
EH3.2L	1	There is high level data in the EH 2003 Report on food risk complaints, no documentation of connecting the data together	Notifiable Condition Spreadsheet from website	
EH3.3L	0	No documentation available		

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH4.2L	2		EH Food Surveillance Section Permit Suspensions and Revocation, Compliance Policy Flow Sheet	EH Food Surveillance Section Permit Suspensions and Revocation, Compliance Policy Flow Sheet
EH4.3L	0	No documentation available		
EH4.4L	2		State DOH Indicator summary of 04 inspection activity, Food Borne Illness Complaint Log	
EH4.5L	2		Training Log	

## Overall Program Score Totals: EH: Food Safety

<b>% Demonstrates:</b>	<b>% Partially Demonstrates:</b>	<b>% Does not Demonstrate:</b>
<b>54%</b>	<b>23%</b>	<b>23%</b>

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

# LHJ: Benton/Franklin Health District

## Program: EH: Wastewater Management

### Topic: 1. Understanding Health Issues

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AS3.2L	1	Objectives are articulated, not tied specifically to data	EH 2003 Annual Report	
AS3.3L	0	No documentation available		

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

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH1.1L	2		Website, brochures and fact sheets, public presentations documented in 2003 Annual Report	
EH1.2L	2		LCDF 2005 application that lists partnerships in the community	
EH1.3L	0	No documentation available		
EH1.4L	0	No documentation available		

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH3.1L	2		2003 Annual Report, website access	
EH3.2L	0	No documentation available		
EH3.3L	0	No documentation available		

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH4.2L	2		Complaint Response Procedure	Complaint Response Procedure
EH4.3L	0	No documentation available		
EH4.4L	2		Land Use Complaint Log	
EH4.5L	0	No documentation available		

## Overall Program Score Totals: EH: Wastewater Management

<b>% Demonstrates:</b>	<b>% Partially Demonstrates:</b>	<b>% Does not Demonstrate:</b>
<b>38%</b>	<b>8%</b>	<b>54%</b>

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

# LHJ: Benton/Franklin Health District

## Program: PP: Tuberculosis

### Topic: 1. Understanding Health Issues

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AS3.2L	1	Not clear that data is being collected on these performance measures	Outcome Measures for Cases, Objectives for Contact Investigations	
AS3.3L	0	Documentation not available on data, analysis, reports		

### Topic: 4. Prevention is Best: Promoting Healthy Living

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
PP4.1L	0	No documentation available		
PP4.2L	2		TB pamphlets in Spanish, articles about serving Latino populations	
PP4.3L	1	No documentation provided regarding data collected and how it has been used to evaluate the program	Cohort Review	
PP4.4L	0	No documentation available		

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
PP5.3L	1	No documentation provided on how the immunization record relates to goals, objectives, or evaluation of the process	Immunization record	
PP5.4L	0	Documentation provided was not specific to health promotion methods (e.g., social marketing, etc.)	CD Training	

**Overall Program Score Totals: PP: Tuberculosis**

<b>% Demonstrates:</b>	<b>% Partially Demonstrates:</b>	<b>% Does not Demonstrate:</b>
<b>13%</b>	<b>38%</b>	<b>50%</b>

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

# LHJ: Benton/Franklin Health District

## Program: PP: Child Care

### Topic: 1. Understanding Health Issues

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AS3.2L	2		Child Care Health Handbook, Caring for our Children, LCDF 2004 Report Child Care, screening data sheets	
AS3.3L	2		LCDF 2004 Annual Report Child Care, screening data sheets	

### Topic: 4. Prevention is Best: Promoting Healthy Living

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
PP4.1L	0	The documentation provided does not address the measure--which focuses on action by the BOH to adopt prevention priorities	Child Care Health Documentation	
PP4.2L	2		Population data, classes taught in Spanish, articles about serving Latino populations	
PP4.3L	2		Initiative Plan 7/03-6/04, screening data sheets, LCDF 2004 Report	

PP4.4L 2

Training certificates

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
PP5.3L	2		Listing of STARS classes, completed evaluations	
PP5.4L	2		Child Care Consultant Training Modules	

**Overall Program Score Totals: PP: Child Care**

<b>% Demonstrates:</b>	<b>% Partially Demonstrates:</b>	<b>% Does not Demonstrate:</b>
<b>88%</b>	<b>0%</b>	<b>13%</b>

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

# Benton/Franklin Health District

## 1. Understanding Health Issues

<i>Measure</i>	<i>Score</i>	<i>Compliance Demonstration</i>
AS1.1L	2	Demonstrates
AS1.2L	0	Does not demonstrate
AS1.3L	0	Does not demonstrate
AS1.4L	2	Demonstrates
AS1.5L	2	Demonstrates
AS2.1L	2	Demonstrates
AS2.2L	1	Partially demonstrates
AS2.3L	0	Does not demonstrate
AS2.4L	0	Does not demonstrate
AS2.5L	1	Partially demonstrates
AS3.1L	0	Does not demonstrate
AS3.2L	1	Partially demonstrates
AS3.3L	1	Partially demonstrates
AS3.4L	0	Does not demonstrate
AS3.5L	0	Does not demonstrate
AS4.1L	1	Partially demonstrates
AS4.2L	1	Partially demonstrates
AS4.3L	0	Does not demonstrate
AS4.4L	0	Does not demonstrate
AS5.1L	2	Demonstrates
AS5.2L	0	Does not demonstrate

## 2. Protecting People from Disease

<i>Measure</i>	<i>Score</i>	<i>Compliance Demonstration</i>
CD1.1L	2	Demonstrates
CD1.2L	1	Partially 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	1	Partially demonstrates
CD3.3L	2	Demonstrates
CD3.4L	0	Does not demonstrate
CD3.5L	0	Does not demonstrate
CD3.6L	2	Demonstrates
CD4.1L	1	Partially demonstrates
CD4.2L	2	Demonstrates
CD4.3L	1	Partially demonstrates
CD4.4L	1	Partially demonstrates
CD5.1L	1	Partially demonstrates
CD5.2L	1	Partially demonstrates
CD5.3L	2	Demonstrates
CD5.4L	0	Does not demonstrate
CD5.5L	2	Demonstrates
CD5.6L	0	Does not demonstrate

### **3. Assuring a Safe, Healthy Environment for People**

<i>Measure</i>	<i>Score</i>	<i>Compliance Demonstration</i>
EH1.1L	2	Demonstrates
EH1.2L	2	Demonstrates
EH1.3L	1	Partially demonstrates
EH1.4L	1	Partially demonstrates
EH2.1L	2	Demonstrates
EH2.2L	2	Demonstrates
EH2.3L	0	Does not demonstrate
EH2.4L	1	Partially demonstrates

EH3.1L	2	Demonstrates
EH3.2L	1	Partially demonstrates
EH3.3L	0	Does not demonstrate
EH4.1L	2	Demonstrates
EH4.2L	2	Demonstrates
EH4.3L	0	Does not demonstrate
EH4.4L	2	Demonstrates
EH4.5L	1	Partially demonstrates

#### **4. Prevention is Best: Promoting Healthy Living**

<i>Measure</i>	<i>Score</i>	<i>Compliance Demonstration</i>
PP1.1L	2	Demonstrates
PP1.2L	0	Does not demonstrate
PP1.3L	0	Does not demonstrate
PP2.1L	2	Demonstrates
PP2.2L	0	Does not demonstrate
PP3.1L	2	Demonstrates
PP3.2L	0	Does not demonstrate
PP3.3L	0	Does not demonstrate
PP3.4L	0	Does not demonstrate
PP4.1L	0	Does not demonstrate
PP4.2L	2	Demonstrates
PP4.3L	1	Partially demonstrates
PP4.4L	1	Partially demonstrates
PP5.1L	2	Demonstrates
PP5.2L	0	Does not demonstrate
PP5.3L	1	Partially demonstrates
PP5.4L	1	Partially demonstrates

#### **5. Helping People Get the Services They Need**

<i>Measure</i>	<i>Score</i>	<i>Compliance Demonstration</i>
AC1.1L	2	Demonstrates
AC1.2L	0	Does not demonstrate

AC1.3L	0	Does not demonstrate
AC2.1L	0	Does not demonstrate
AC2.2L	0	Does not demonstrate
AC2.3L	0	Does not demonstrate
AC3.1L	2	Demonstrates
AC3.2L	2	Demonstrates
AC3.3L	1	Partially demonstrates
AC4.1L	1	Partially demonstrates
AC4.2L	0	Does not demonstrate