

Standards for Public Health in Washington State: 2005 Performance Assessment Report Local Health Jurisdictions Report for: Chelan-Douglas 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 initial planning for the Program Improvement Process to be implemented in 2005 and for Strategic Plan Development process will provide a good basis for future planning.
- The Guidelines and samples of forms/flyers for Food Establishment Operators and the Operating Procedures for the Food Guide are good examples of EH educational materials and documentation. The Food Protection Program Review conducted by DOH Food Safety Program to formally evaluate the program.
- The CD activities are comprehensive and well documented, including the implementation of the CD Manual showing performance and productivity and the current implementation of the PHIMS database.
- The 2004 Report to the BOH provided good information and was clearly written.

- The content and quality of documentation for the proposed Administrative standards and measures, especially the Accounts Receivable Procedure is impressive.

Areas for Improvement

- Continue to build on the recognized need for program improvement and expanded assessment activities. The assessment program activities documented in the 2002 cycle of baseline evaluation were shown to correlate with higher performance across all topic areas.
- Establish and implement performance measures for all appropriate programs, and then monitor, analyze and report performance related to the measures. Establish thresholds for the performance measures to facilitate comparison of results to goals and take action to improve program performance, if needed.
- Implement the planned improvements to the website to provide greater community access to data and information about the agencies programs and services.

Note to Site Report: Chelan-Douglas misunderstood the scope of the assessment and believed that the site visit would be limited to the EH and PP topic areas. They had completed the entire Self-Assessment Guide, all topic areas, and all documents listed in the Self-Assessment Guide were collected and evaluated during the site visit, in addition to other documentation for some measures that was requested on-site by the reviewers.

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.

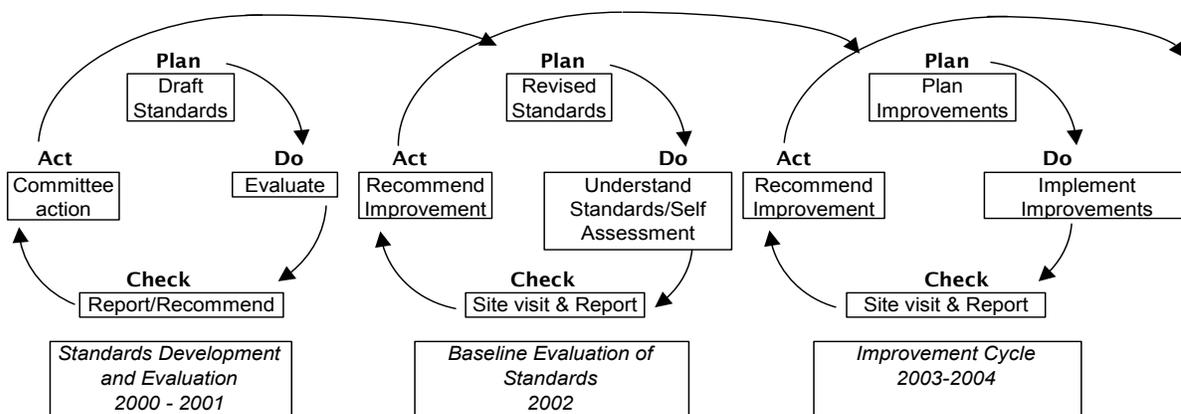
Next, select the areas where you want to improve your performance. All of the information provided in this report is intended to support improvement of your organization’s work on behalf of the citizens in your community and Washington State. After you have had a chance to digest this report and share 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.
- **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: Chelan-Douglas 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	0	CDHD does not currently address this standard. CDHD states that although information on community health problems is used by program managers in many ways, it is not systematically made available to the community by CDHD at this time.	No documents provided.	
AS1.2L	0	CDHD does not currently address this standard. CDHD states that the Administrator is the designated contact person on assessment issues for DOH, but no specific staff time is assigned to assessment	No documentation provided.	
AS1.3L	1	In development stage - Phases 2 and 3 of Collaborative Agreement recognizes need for community needs assessment. No assessment goals and objectives documented.	Collaborative Project Agreement (in Strategic Planning Process, 2005); CDHD Program Improvement Process, March 2005; Message to DOH on Assessment at CDHD, 3/29/05.	
AS1.4L	0		No documentation provided.	
AS1.5L	0		No documentation provided.	

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	0		No documentation provided.
AS2.2L	1	Reportable diseases data provided in Report to the Board, but no comprehensive report on community health status, or environmental health.	Annual Report to the Board
AS2.3L	1	Process to identify, gather data, and investigate emerging health issues, and recommendations for policies or actions not described.	Threats, Outbreaks, and Exposure (TOE) - West Nile Virus
AS2.4L	0	Strategic Plan in development, but no assessment goals and objectives are written.	Collaboration agreement-2005 for development of strategic plan
AS2.5L	0	No evidence of continuous monitoring of community health status or tracking of data over time.	No documentation provided

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	1	Report to Board includes report of data, but does not describe progress or comparison to established goals.	2004 Report to the Board	
AS3.2L	1			
AS3.3L	1			
AS3.4L	0	No evidence of training in performance evaluation.	Three staff training logs	
AS3.5L	1	Program Improvement Process recently developed, not yet implemented.	CDHD Program Improvement Process	

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>
AS4.1L	2		Community Meeting of the Local Health Care Community, 10/26/04; data from MRSA list serve	
AS4.2L	0	2004 Report to the Board does not summarize assessment data or recommendations for actions or health policy decisions.	2004 Report to the Board	
AS4.3L	1	Plan for process is in draft, not implemented.	Message to DOH on Assessment at CDHD, 3/29/05	
AS4.4L	1	Process for tracking and using data recently put into place, not yet implemented.	CDHD Program Improvement Process, March 2005	

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	0	No evidence of policy on using, sharing, transferring data within the Health Department and with partners.	Copies of confidentiality statements signed by staff	
AS5.2L	2		Child Profile (data sharing) internet site	

Score Totals for Topic 1. Understanding Health Issues

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
% Demonstrates:	10%	36%	56%
% Partially Demonstrates:	43%	26%	24%
% Does not Demonstrate:	48%	38%	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.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
CD1.1L	1	No documentation on how public gets 24 hour contact information. After hours script refers doctors to answering service, but it is unclear that the general public would use after-hours answering service.	Memo from 2/17/04 and 3/05 to law enforcement and other providers.	
CD1.2L	1	No evidence of process to identify new providers.	Communicable Disease Reporting & Resource Manual; distribution list	
CD1.3L	2		2004 Report to the Board; 2/28/05 Personal Health Report Update to Board.	

CD1.4L	2		Communicable Disease Policy & Procedure Manual; West Nile Virus Flow Chart
CD1.5L	1	No evidence of analysis with recommendations for changes or improvement.	Communicable Disease Report, January 2005
CD1.6L	2		PHIMS Report for Hepatitis A case
CD1.7L	2		Three staff training logs

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 Local Public Health Directory; 2/17/02 & 3/05 Memo to Providers; Phone script with after hours phone numbers	
CD2.2L	2		DOH Local Public Health Directory; 2/17/04 & 3/05 Memo to providers	
CD2.3L	2		Communicable Disease Report, January 2005; West Nile Virus Flow Chart; TOE; Illness Report to CDHD	

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		Social Services Directory	
CD3.2L	2		Distribution list of providers; Quarterly newsletter	

CD3.3L	2		Communicable Disease Policy and Protocol Manual; Illness flow chart; Communicable Disease Report	Communicable Disease Policy & Procedure Manual
CD3.4L	1	No evidence of 2004 annual self-audit, therefore unable to verify annual process.	Template for self-audit, 2003 audit results	
CD3.5L	1	I and Q policies not provided; One example (flu vaccine) to demonstrate summary report and monitoring	Minutes of Community Meeting of Local Health Care Community, 10/26/04; Monthly Report to the Board, 2/17/05)	
CD3.6L	2		PHN II Position Description	

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 evidence of public health alerts or urgent communications to hospitals or public agencies.	West Nile Virus Press Release	
CD4.2L	0	No evidence of contact numbers for media, providers, and others.	No documentation provided	
CD4.3L	1	No evidence of specific roles for staff working with media, expectation of staff for communication of urgent public health messages, or process to assure accuracy and clarity of communications.	Communicable Disease Policy & Procedure;	
CD4.4L	0	No evidence of training in risk communications	T.O.E.; Training logs	

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	8	No CD outbreaks in last 24 months in which CDHD was lead department.	NA
CD5.2L	8	No CD outbreaks in last 24 months in which CDHD was lead department.	NA
CD5.3L	8	No CD outbreaks in last 24 months in which CDHD was lead department.	NA
CD5.4L	8	No CD outbreaks in last 24 months in which CDHD was lead department.	N A
CD5.5L	2		Training logs of 3 staff members
CD5.6L	8	No CD outbreaks in last 24 months in which CDHD was lead department.	NA

Score Totals for Topic 2. Protecting People from Disease

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
% Demonstrates:	57%	52%	62%
% Partially Demonstrates:	33%	25%	22%
% Does not Demonstrate:	10%	23%	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.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH1.1L	1			
EH1.2L	1			
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	1	Main telephone # after-hours script only directs doctors to the after-hours answering service, not the public. This could limit the public reporting of environmental threats	Phonebook page, 3/3/05-memo to providers, law enforcement, mayors, etc. of 24-hour number through answering service	
EH2.2L	1	No documentation provided of changes to EH response as a result of the after-exercise debrief meeting.	Douglas County Comprehensive Emergency Management Plan- 12/01, LERC Meeting minutes- 5/24/04	
EH2.3L	1	No documentation of after-action review of access to critical PH services	Douglas County CEMP critical PH services section, Memo to law enforcement, hospitals, mayors, etc. 3-05, Call down Sequence	

EH2.4L 0

No documentation provided

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	1			

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 Attorney general-WA, and numerous EH program sites with codes and regulations	
EH4.2L	2			
EH4.3L	0			
EH4.4L	1			
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>
% Demonstrates:	19%	45%	53%
% Partially Demonstrates:	69%	32%	30%
% Does not Demonstrate:	13%	23%	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.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
PP1.1L	0	CDHD states that " overall prioritization of agency prevention programs has not been done since 2000 program review. Tobacco Program allowed funding for these activities.	No documentation provided	
PP1.2L	0		No documentation provided	

PP1.3L	0	This report presents some program evaluation data, but no evidence of using the data to develop strategies. CDHD states that "There are no annual plan/measures used to evaluate services. Last strategic plan was adopted by the BOH in 2000.	2004 Annual BOH Report
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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	1	Documentation indicates involvement of community in discussion of prevention and promotion activities, but no evidence of local level assessment information available for community to review.	Childcare Stakeholders Group roster, First Steps Providers meeting minutes	
PP2.2L	1	This measure requires evidence of at least 2 staff members attendance at training to fully demonstrate the measure.	"Organizing to Change Local Tobacco Policy" training- 4-5/04- 1 staff person attendance	

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		www.4people.org online community database, Chelan-Douglas Social Service Directory, ServiceLink-3/05	
PP3.2L	0	CDHD states that "This level of evaluation and analysis has not occurred in prevention programs on a regular basis. 2004 HIV Regional Gap Analysis completed with report pending."	No documentation provided	
PP3.3L	0		No documentation provided	

PP3.4L	0	CDHD has initiated a Program Improvement process in March 2005 with a detailed description of the questions to answers in each step of the process and plans for activities. This effort should result in a comprehensive QI plan to address this measure	No documentation provided
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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	1			
PP4.3L	1			
PP4.4L	2			

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		STEPS vendor contracts with CVCH, Tobacco contracts	
PP5.2L	0		No documentation provided	
PP5.3L	1			
PP5.4L	2			

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

	<i>Specific LHH Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHH Totals:</i>
% Demonstrates:	24%	38%	48%
% Partially Demonstrates:	29%	32%	31%
% Does not Demonstrate:	47%	30%	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.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AC1.1L	0	CDHD states that "although CDHD managers and staff are well aware of local resources, these are not formally documented by CDHD". No evidence of information for analysis of local critical health services in this documentation.	Community Meeting of the Local Health Care Community, 10/26/04	
AC1.2L	2		Social Service Directory	

AC1.3L	0	No evidence of use of assessment information to determine community needs.	No documentation provided
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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	0		No documentation provided	
AC3.2L	0		No documentation provided.	
AC3.3L	8		No documentation provided	

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	Process Plan recently developed; not in implementation stage.	CDHD Program Improvement Process, March 2005	

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>
% Demonstrates:	20%	28%	52%
% Partially Demonstrates:	10%	17%	16%
% Does not Demonstrate:	70%	55%	32%

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

Overall Score Totals: Chelan-Douglas Health District

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
% Demonstrates:	27%	41%	55%
% Partially Demonstrates:	39%	27%	25%
% Does not Demonstrate:	34%	32%	20%

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

LHJ: Chelan-Douglas 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	This work plan includes goals and objectives for the Food Program, but does not contain specific performance measures and does not indicate how the objectives are based on relevant research.	2005 Food work plan	
AS3.3L	1	Food Protection Program Review Report-Appendix A includes scoring against numerous measures for 2004, however no documentation of data analysis or regular reports of progress toward goals	Food Protection Program Review Report-Appendix A	

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		The Feeding Frenzy - 4/05 newsletter, Food Rule Revision-2005, CDHD website EH home page	
EH1.2L	0		No documentation provided	

EH1.3L	1	Shows recent development of educational materials, but does not demonstrate annual review of EH educational materials in all forms (e.g. brochures, flyers, etc)	Food Safety Plan Guidelines	
EH1.4L	1	No evidence of documentation of evaluating EH workshops or other in-person trainings	Food Safety Plan Guidelines and sample plan for Cold Holding	Food Safety Plan Guidelines and sample plan for Cold Holding

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		2004 Annual Report to the Board	
EH3.2L	1	No documentation of tracking data to report trends.	2004 Annual Report to the BOH, Food borne Illness complaint log, TOE response process	
EH3.3L	1	Excellent program evaluation, but no evidence of using the results to develop an improvement plan for Food Safety.	May-June 2004 Food Protection Program Review	

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		Chapter 2.04 Enforcement of Health Rules and Regulations, Operating Procedure Implementing Washington Food Guide and Flowchart	Operating Procedure Implementing Washington Food Guide and Flowchart
EH4.3L	0	CDHD states that this measure is not addressed	No documentation	

EH4.4L	1	No evidence of tracking form for routine inspections or other activity that are not initiated through a complaint. There was also no documentation of reporting to other agencies as required.	Complaint form
EH4.5L	1	No evidence of staff training in enforcement procedures, such as new food rules or operating procedures for food code	EH Director's WA State Bar License

Overall Program Score Totals: EH: Food Safety

% Demonstrates:	% Partially Demonstrates:	% Does not Demonstrate:
23%	62%	15%

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

LHJ: Chelan-Douglas 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	This work plan includes goals and objectives for the Onsite Program, but does not contain specific performance measures and does not indicate how the objectives are based on relevant research.	2005 Onsite Work plan	
AS3.3L	0		No documentation provided	

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	1	Need more than one example of information about on-site	On-site Newsletter-3/05, CDHD website EH home page	
EH1.2L	2		Wenatchee Watershed Subcommittee meeting- 3/22/05	
EH1.3L	0		No documentation provided	

EH1.4L	0		NO documentation provided
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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		2004 Annual report to BOH,	2004 Annual report to BOH,
EH3.2L	0		No documentation provided	
EH3.3L	0		No documentation provided	

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		Chapter 2.04-Enforcement Rules and Regulations, OSS Failure Response Procedures,	
EH4.3L	0		No documentation provided	
EH4.4L	1	No evidence of logging or tracking for enforcement actions in database or of reporting to other agencies as required.	Complaint form, Onsite Database	
EH4.5L	1	No evidence of staff training in enforcement	EH Director's WA State Bar License	

Overall Program Score Totals: EH: Wastewater Management

% Demonstrates:	% Partially Demonstrates:	% Does not Demonstrate:
23%	31%	46%

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

LHJ: Chelan-Douglas Health District

Program: PP: First Steps

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	0		No documentation provided	
AS3.3L	0		No documentation provided	

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 provided	
PP4.2L	2		How I Grow brochure English & Spanish), Birth Control, First Steps Web-based Recourses list, maternity Cycle Health Messages, Getting to Know the Internet, The Copyright Handbook	
PP4.3L	0		No documentation provided	

PP4.4L 2

PH Nurse II, Social Worker, and Behavioral Specialist job descriptions, Training logs for several staff members

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	This report contains state level data only. The reports do not, at this time, contain local level data or results so this report is not used at the local level for program improvement.	Healthy Child Care Washington (HCCW) - 2003-2004 Evaluation Report, HCCW Consultative Learning Session, HCCW Program Evaluation Logic Model-10/03,	
PP5.4L	2		Training logs for several staff	

Overall Program Score Totals: PP: First Steps

% Demonstrates:	% Partially Demonstrates:	% Does not Demonstrate:
38%	13%	50%

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

LHJ: Chelan-Douglas 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		Healthy Child Care WA Evaluation Report-2003-2004	
AS3.3L	1	HCCW report does not contain local data, although overall state progress toward goals is reported	HCCW Report	

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 provided	
PP4.2L	1	No documentation of information on how to select appropriate materials for Child Care program presented.	How to Choose Your Child Care Consultant brochure, Health and Safety Advice for Child Care Providers, The Copyright Handbook,	
PP4.3L	1	This report and online system contain state level data only and are not used by CDHD for program improvement.	HCCW Report and online reporting system	

PP4.4L 2

PH Nurse II, Social Worker, Behavioral Health Specialist job descriptions, numerous staff training logs

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	Contains goals and objectives-- reported at state level. No evidence of activities being tracked or reported or used for improving programs or revising curricula.	HCCW Report- 2003-2004	
PP5.4L	2		Several training logs	

Overall Program Score Totals: PP: Child Care

% Demonstrates:	% Partially Demonstrates:	% Does not Demonstrate:
38%	50%	13%

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

Chelan-Douglas Health District

1. Understanding Health Issues

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

2. Protecting People from Disease

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

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

EH3.1L	2	Demonstrates
EH3.2L	1	Partially demonstrates
EH3.3L	1	Partially demonstrates
EH4.1L	2	Demonstrates
EH4.2L	2	Demonstrates
EH4.3L	0	Does not demonstrate
EH4.4L	1	Partially 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	0	Does not demonstrate
PP1.2L	0	Does not demonstrate
PP1.3L	0	Does not demonstrate
PP2.1L	1	Partially demonstrates
PP2.2L	1	Partially demonstrates
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	1	Partially demonstrates
PP4.3L	1	Partially demonstrates
PP4.4L	2	Demonstrates
PP5.1L	2	Demonstrates
PP5.2L	0	Does not demonstrate
PP5.3L	1	Partially demonstrates
PP5.4L	2	Demonstrates

5. Helping People Get the Services They Need

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

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	0	Does not demonstrate
AC3.2L	0	Does not demonstrate
AC3.3L	8	not applicable
AC4.1L	1	Partially demonstrates
AC4.2L	2	Demonstrates