

Standards for Public Health in Washington State: 2005 Performance Assessment Report Local Health Jurisdictions Report for: Clark County Health Department

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 commitment to assessment demonstrated by staff dedicated to assessment team, use of LCDF funding to support assessment activities, including the Community Report Card, Health Indicators List, the Report to the Community and the Assessment Unit Work plan and debriefing process.
- The work in the BOH orientation materials and process, on priority setting with the subgroup of the BOH, the PH Advisory Council (appointed by BOH) and the BOH resulting in policy recommendations specific to public health.
- The Logic Models show with continued evolution and use of these planning tools that now include performance measures, data collection processes and Summary Reports.
- The Emergency Response Plan, especially Annex C, contains good descriptions of roles and responsibilities and public health interventions.

- The CD and EH Outbreak Debrief form and process are clear and consistently used.
- The Materials Magic Manual and process for development and revision of educational materials provide a good basis for clearer messages and annual review of materials.
- The Draft HIPAA training manual is comprehensive and clearly describes expectations for staff.

Areas for Improvement

- Expand data analysis and trending activities, and compare performance to goal or target to calculate progress toward goals. Include performance trends and results in next round of strategic planning.
- Conduct regular self-audits of CD investigations and of environmental health enforcement actions to assure staff compliance with procedures and protocols.
- Increase communication with the public and community members through newsletters and other health education materials.
- Identify QI activities and develop improvement plan based on the results of monitoring the performance measures in the logic models for specific programs

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

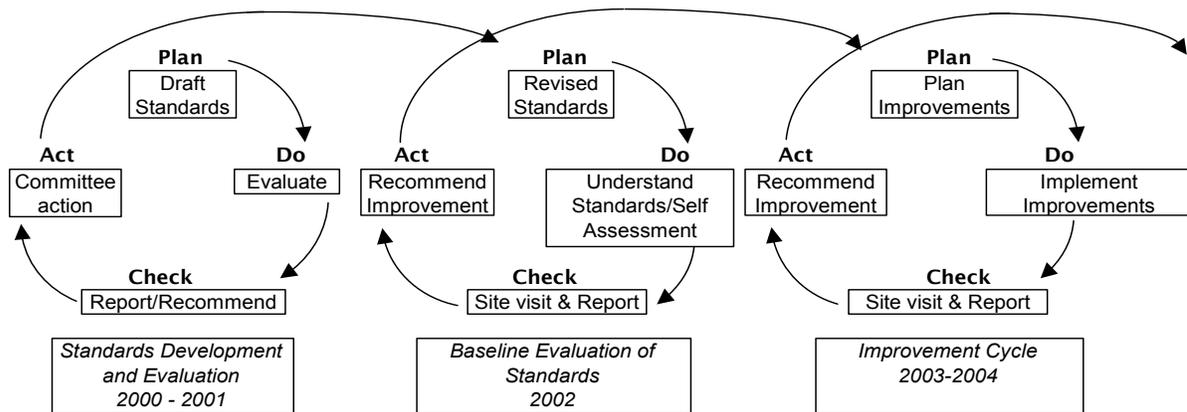
First, celebrate what you have accomplished. In the two and a half year period between the 2002 Baseline Evaluation and this performance assessment, it was clear to the site reviewers that improvements had been developed and implemented. Again, thank you for all of your hard work every day, and especially 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/phil/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: Clark County Health Department

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		Webpage/BRFSS; Community Report Card	
AS1.2L	2		CC Website; Region 4 PHEPR pamphlet; Monitoring of BRFSS Data Collection process	
AS1.3L	2		2004 LCDF Application for CH Assessment & CD Prev; 2004 A&R Unit Work plan; A&R Unit Briefing	2004 LCDF Application for CH Assessment & CD Prev; 2004 A&R Unit Work plan; A&R Unit Briefing
AS1.4L	2		Community Health Assessment Sheets	
AS1.5L	2		Resumes & agenda of Regional Assessment Mtgs.	

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>
AS2.1L	2		Community Choices 2010 Benchmark Comm minutes; STEPS app	

AS2.2L	2		Packet for PH Advisory Council mtg with CCBOH	Packet for PH Advisory Council mtg with CCBOH
AS2.3L	1	No documentation of county-specific protocols or process	Packet for Public Health Advisory Council mtg with BOH	
AS2.4L	2		LCDF Application; 2004 A&R Unit Work Plan	
AS2.5L	2		Community Health Assessment Data Sheets; Community Health Assessment Indicator List	

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 Goal/Obj. Reports are provided, no demonstration of how accomplishments relate to goals/obj	PH Advise Committee History/Accomplishments; Packet for PH Advise Council with BOH	
AS3.2L	1			
AS3.3L	1			
AS3.4L	2		CCHD Prog Eval Process/Documentation 02-04; Prog Eval PowerPoint Presentations	
AS3.5L	2		Prog Eval Packet for HIV Program; EPICs mtg agenda; WIC 2004 Customer Service Satisfaction Survey	Performance Measurement Summary Report Form

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	1	No linkage between community involvement in these programs or how impacts policy level direction.	Child Health Initiative materials; Grant app for STEPS; STEPS packet; RegionIV Hospital Planning Committee	
AS4.2L	2		PH Advise Council History/Accomplishments; Packet for PH Advise Comm mtg with BOH	
AS4.3L	2		A&R Unit Draft Logic Model	
AS4.4L	1	no documentation of related recommendations	Prog Eval Packets	

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		DOH Vital Statistics Agreement; HIPPA agreements	
AS5.2L	1	Need documentation of evidence that data ,which has been shared, uses confidentiality procedures	CCHD Notice of Privacy Practices; Confidentiality of Electronic Medical Records & HIPAA Compliance; HIPAA - Compliant Electronic Billing & Payments with DSHS Medicaid	

Score Totals for Topic 1. Understanding Health Issues

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
% Demonstrates:	67%	69%	56%
% Partially Demonstrates:	29%	21%	24%
% Does not Demonstrate:	5%	10%	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	2		CCHD Website; distribution list for law enforcement & wallet card	
CD1.2L	1	need consistent and more current method for locating new providers	email distribution list	
CD1.3L	2		March 2005 Packet for Public Health Advisory Council mtg with BOH	March 2005 Packet for Public Health Advisory Council mtg with BOH

CD1.4L	1	no documentation for how information is relayed to the public	Outbreak Investigation & Response Steps; CD Process, Policies & Procedures; CD Step-by-Step
CD1.5L	2		Community Health Assessment Indicator List; EPI-SODE Newsletter
CD1.6L	2		Communicable Disease Process; Memo to DOH - Tracking System of Notifiable Disease
CD1.7L	2		Bio T & Emergency Readiness; documentation of staff attendance

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	1	unable to verify recent distribution to appropriate local agencies	Notifiable Conditions Poster; WA Public Health Emergency Contacts;	
CD2.2L	2		Letter to providers on STD reporting	
CD2.3L	2		CD Step-by-Step; CD Policies & Procedures	

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		Flyers & Directory of community providers & Community Service Directory	
CD3.2L	2		1/05 Health Advisory Letter Re: Meningococcal Disease; Fax Alert List	1/05 Health Advisory Letter Re: Meningococcal Disease

CD3.3L	1	no info on process for exercising legal authority for disease control	Guidelines for Reporting & Surveillance; GEPI screen prin; Emergency Biologics booklet;	
CD3.4L	2		Notifiable Condition Surveillance Evaluation & CD Quality Assurance Report	
CD3.5L	2		Program Eval Packet for CD Program	Program Eval Packet for CD Program
CD3.6L	2		Resume & job description of staff	

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	2		Health Advise Re: Meningococcal Disease 1/05; Press release re: meningococcal meningitis	
CD4.2L	2		SARS communication plan; Local Media E-mail list; provider list	
CD4.3L	2		mandatory all staff Crisis & Emergency Risk Mgt Training; Clark Co News Media Policy; list of local health spokespersons	
CD4.4L	2		Crisis & Emergency Risk Communication training; list of local health spokespersons	

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>
CD5.1L	1	measure requires documentation of all outbreaks and evaluation since Jan 03	ID Advisory Mtg Agenda & Minutes	

CD5.2L	0	does not contain info on outbreak evaluation issues and recommended changes	Packet for PH Advise Committee mtg with BOH
CD5.3L	2		West Nile Virus Surveillance & Response: Human Cases
CD5.4L	0	no documentation provided	
CD5.5L	2		Zoonotic & Vector Borne Disease Workshop; WA State Annual TB Mtg; CCHD annual training - Blood borne Pathogens
CD5.6L	2		Prog Eval Packet for CD

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:	73%	75%	62%
% Partially Demonstrates:	19%	17%	22%
% Does not Demonstrate:	8%	8%	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	2			
EH1.2L	2			
EH1.3L	0			
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		CD Notifiable Conditions poster, CCHD website Contacts section, 2003 Community Services Directory	
EH2.2L	1	No documentation of after-action debrief or of EH staff involved in after-action debrief, and no changes to response plan are documented.	CCHD PH Emergency Response Plan- 2/05- Annex C-- EH Response Protocol,	CCHD PH Emergency Response Plan- 2/05- Annex C-- EH Response Protocol,
EH2.3L	1	No documentation of after-action debrief of the public's access to critical EH services such as safe food and water	CCHD ERP-Annex C: EH Protocols, Safe Drinking Water After a Disaster flyer, Emergency Drinking Water Supplies After a Flood flyer, Emergency Water Supply Guidelines flyer	CCHD ERP-Annex C: EH Protocols, Safe Drinking Water After a Disaster flyer
EH2.4L	1	No documentation on training in the duties during an emergency response	PH Emergency Interventions and Roles matrix, CCHD ERP- Annex C-EH	

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		CCHD website for EH drinking water, food safety, Fact Sheets for PH and Safety in Disaster or Power Outage, Food Rule Revision brochure	
EH4.2L	2			
EH4.3L	1			
EH4.4L	2			
EH4.5L	2			

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:	50%	63%	53%
% Partially Demonstrates:	38%	29%	30%
% Does not Demonstrate:	13%	8%	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	2	3/05 History & Accomplishments document-indicates priority setting by AC in 2 & 4/04 and 3/05	CC PH Advisory Council- 3/05 History & Accomplishments 2 & 4/04 and 3/05, PH Advisory Council minutes- 3/04 & 3/05 with table of Priority Issues, Issues of Highest Public Health Importance-3/05	3/04 table of Priority Issues, Issues of Highest Public Health Importance-3/05
PP1.2L	1	No documentation of adoption by Advisory Board or BOH	Basic Food Nutrition Educ. Program-2004, PH Advisory Council minutes- 3/04 & 3/05 with table of Priority Issues, Issues of Highest Public Health Importance-3/05	

PP1.3L	2		Steps-Intervention Yr2, Community Choices 2010-Steps Leadership Team, Immunization Logic Model-2/05, HIV Counseling-5/04
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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	2		PH Advisory Council, Community Choices 2010 Benchmark Comm., Planning Forum for HIV/AIDS, FP Advisory Comm. Info & Educ. Comm.- 2004-2005	
PP2.2L	2		Habits of Successful Coalitions-2/05, Effective Strategies for Working w/ Diverse Communities- 3/05	

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		CCHD website for Personal Health Services and for HIV/AIDS information, CCHD Community Resources list-1/05CCHD HIV Prevention Outreach	
PP3.2L	2		2/04 Peer review of immunization providers, 8/04 Performance Summary Report & 1/05 Clinic Immu Study, Program Eval. HIV Counseling & Testing plan, Chart audit- 3/04, Highest Priority Issues	Program Eval. HIV Counseling & Testing plan, Chart audit- 3/04
PP3.3L	1	No documentation of presentation of gap analysis to local stakeholders	Tobacco control work plan, 2005-2008 Comp. HIV Prevention Plan- Region 6 gap analysis	

PP3.4L 2

Various program evaluation packets, with
Logic Model- TB and Immunizations,

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	2			
PP4.2L	1			
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		HIV Intervention Plan and Worksheet, Nutrition Education Plan, Basic Food Nutrition Education Program Annual Plan	
PP5.2L	1	No documentation of providing assistance to community organizations for development of health promotion materials.	Materials Magic! Manual	
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>
% Demonstrates:	53%	58%	48%
% Partially Demonstrates:	47%	28%	31%
% Does not Demonstrate:	0%	14%	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	2		Access to Primary Care Providers report & Agenda of Community Mtg.	
AC1.2L	2		HIV/AIDS CM, General Referral, Tobacco Cessation, & Dental lists; clinic encounter form with referral info.	
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	1	Tracking only Health Insurance & Routine Source of Medical Care; no clear documentation of analysis of barriers to these or other CHS	BRFSS	
AC2.2L	0	no documentation provided		
AC2.3L	2		Report to PHAC on Health Prof Shortage; Packet for PHAC mtg with BOH 3/05	

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	1	HPSA Forum -no documentation of goals & action steps; HIV/AIDS consortium - no documentation of use of info about local resources & trends in CHS availability	HPSA Forum Packet; SW Washington Consortium materials	
AC3.2L	2		Clark Co Access to Primary Care Roundtable	
AC3.3L	2		Prog Eval Packet for Health Access Prog & PowerPoint	

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	2		Prog Eval Packet for Immunization	

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>
% Demonstrates:	55%	69%	52%
% Partially Demonstrates:	18%	15%	16%
% Does not Demonstrate:	27%	16%	32%

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

Overall Score Totals: Clark County Health Department

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
% Demonstrates:	62%	68%	55%
% Partially Demonstrates:	30%	22%	25%
% Does not Demonstrate:	9%	13%	20%

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

LHJ: Clark County Health Department

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	No documentation of Food Safety Program goals, objectives or performance measures	WAC 246-215-200 Permits required, Food Inspection work list	
AS3.3L	1	No documentation of data analysis or comparison to goals or objectives to evaluate progress toward goals.	1/04-11/04 Cross Tab Count Type of Inspections, Spreadsheet from Food Database	

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	Materials indicate dates of 1988 and 1999 as last revision, consider review for accuracy, especially since recent Food Rule revision.	Refrigeration flyer, Serve Safe Foods flyer, EColi PH Fact Sheet, CCHD website	
EH1.2L	2		SWWHD Technical Advisory Committee Roster- 4/2001, 2/15/05 New Food Code Revision meeting minutes	
EH1.3L	0		No documentation provided	
EH1.4L	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		Clark Co website- Food/Food scores, EPI-SODE Newsletter 3/04, Newspaper weekly publication of food inspection scores	
EH3.2L	1	No documentation of trending of waterborne illness indicators.	CDCHD Community Health Assessment Indicator List: 2003-2004, EPI-SODE newsletter 3/04, Complaint completed cases	
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		WAC 246-215-200 Permits required, SWWHD Enforcement Regulation No. 96-0, Draft version 01-5 of Inspections requirements with low, medium, high impact, and flow chart	
EH4.3L	0		No documentation provided	
EH4.4L	2		Food borne Illness Investigation form, Completed Complaint forms, completed inspection report, Columbian Newspaper weekly list of restaurant inspection	
EH4.5L	2		Food Safety Workshop-- 2005- several staff attended	

Overall Program Score Totals: EH: Food Safety

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

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

LHJ: Clark County Health Department

Program: EH: Drinking Water

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	The Health Assessment Indicators list includes some performance measures, but no documentation of Drinking Water Program goals and objectives	2003-2004 CCHD Community Health Assessment Indicators List,	
AS3.3L	1	No documentation of data analysis across time or against targets or any description of progress toward goals.	CCHD Health Assessment Indicators List, 2003 Community Report Card, EPI-SODE Newsletter 3/04	

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		Clark County website for drinking water and Safe Water After a Disaster flyer	
EH1.2L	2		CC BOH Work Session- 6/04- Protection of Groundwater, Maintenance of Septic Systems and Wells- workshops for community, 11/03 Forum on Arsenic in Drinking Water	
EH1.3L	0		No documentation provided	

EH1.4L	2		Maintenance of Well and Septic Systems workshop, blank evaluation for, evaluation results for workshop with analysis and comments
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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 Community Report Card, EPI-SODE Newsletter 3/04	
EH3.2L	1	No documentation of trending of waterborne illness indicators.	CCHD Health Assessment Indicators List 2003-2004, EPI-SODE 3/04, Write-ups of complaint cases	
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		SWWHD Enforcement regulation No. 96-01, documentation packet for W.A.V.E, including Water Well Report	
EH4.3L	1	Unclear from this documentation how many enforcement actions were reviewed and how the review was conducted or if procedures were revised based on the outcomes of this activity.	Conditional Waves emails	
EH4.4L	2		Complaint database screen print for several; well or water related complaints	
EH4.5L	2		SWRO/LHJ Drinking Water Training Day-2/10/05	

Overall Program Score Totals: EH: Drinking Water

% Demonstrates:	% Partially Demonstrates:	% Does not Demonstrate:
54%	31%	15%

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

LHJ: Clark County Health Department

Program: PP: Nutrition & Physical Activity

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		Steps Leadership involvement in - Community Choices 2010 Process & Outcome in various domains matrix	
AS3.3L	0	No documentation on monitoring performance in identified measures, no analysis of data and no documentation of progress toward goals.	Steps Leadership involvement in Community Choices 2010 Process & Outcomes matrix	

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	2		PH Advisory Council 2004 and 2005 Priority setting processes, Issues of Highest Priority, 3 &4/04 BOH minutes, 3/05 BOH minutes -	
PP4.2L	2		Stretch to be Fit flyer in Spanish, several PPTs in multiple languages, Annual training sessions for staff on presenting new material, Material Magic! Manual	

PP4.3L	1	No evaluation documented against performance measures or how data are used for program improvement.	Basic Food Nutrition Educ. Program 2004, Nutrition Risk Factors Report- 2/05
PP4.4L	2	No documentation of required skill in prevention or outreach services in position description	Nutrition Assistant position description, Staff educ summary-all staff in-services

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 of evaluation process used to improve program or curricula.	2004Basic Food Nutrition Education Program plan, BFNEP- 2004 report	
PP5.4L	2		Food Pyramid Teaching tips training, Community Mobilization Conference	

Overall Program Score Totals: PP: Nutrition & Physical Activity

% Demonstrates:	% Partially Demonstrates:	% Does not Demonstrate:
63%	25%	13%

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

LHJ: Clark County Health Department

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	2		TB Logic Model-3/03, Process Measures for TB Program-CCHD	
AS3.3L	0	2004 TB Plan packet does not include data results of performance measurement, analysis of data or report of progress.	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	2		Infectious Disease priority in Issues of Highest PH Importance- 3/05 BOH minutes	
PP4.2L	0		No documentation provided	
PP4.3L	1	No documentation of how information is used for program improvement or evaluation against performance measures.	PPD tests/Results, Case management roster	

PP4.4L	0	No documentation of staff having received training and no other documentation provided	Draft TB training PPTs and agenda for Nov. 2005
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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 of evaluation results being used for program or curricula improvement	TB logic model, PPD Results report, Case management clients	
PP5.4L	0	Conference agenda does not include any health promotion	10/04 Annual TB Conference	

Overall Program Score Totals: PP: Tuberculosis

% Demonstrates:	% Partially Demonstrates:	% Does not Demonstrate:
25%	25%	50%

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

Clark County Health Department

1. Understanding Health Issues

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

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	1	Partially demonstrates
CD1.5L	2	Demonstrates

CD1.6L	2	Demonstrates
CD1.7L	2	Demonstrates
CD2.1L	1	Partially demonstrates
CD2.2L	2	Demonstrates
CD2.3L	2	Demonstrates
CD3.1L	2	Demonstrates
CD3.2L	2	Demonstrates
CD3.3L	1	Partially 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	1	Partially demonstrates
CD5.2L	0	Does not demonstrate
CD5.3L	2	Demonstrates
CD5.4L	0	Does not demonstrate
CD5.5L	2	Demonstrates
CD5.6L	2	Demonstrates

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	0	Does not demonstrate
EH1.4L	1	Partially demonstrates
EH2.1L	2	Demonstrates
EH2.2L	1	Partially demonstrates
EH2.3L	1	Partially demonstrates
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	1	Partially demonstrates
EH4.4L	2	Demonstrates
EH4.5L	2	Demonstrates

4. Prevention is Best: Promoting Healthy Living

<i>Measure</i>	<i>Score</i>	<i>Compliance Demonstration</i>
PP1.1L	2	Demonstrates
PP1.2L	1	Partially demonstrates
PP1.3L	2	Demonstrates
PP2.1L	2	Demonstrates
PP2.2L	2	Demonstrates
PP3.1L	2	Demonstrates
PP3.2L	2	Demonstrates
PP3.3L	1	Partially demonstrates
PP3.4L	2	Demonstrates
PP4.1L	2	Demonstrates
PP4.2L	1	Partially demonstrates
PP4.3L	1	Partially demonstrates
PP4.4L	1	Partially demonstrates
PP5.1L	2	Demonstrates
PP5.2L	1	Partially demonstrates
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	2	Demonstrates

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