

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

The Standards and the 2005 Performance Assessment

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

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

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

This Report

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

Strengths

- The scope and breadth of services delivered with such a small staff is impressive.
- The development of the Bioterrorism Plan contains specific strategies that work for this community.
- The overall work with the community, including the Interagency Coordinating Council, the Ladies Night Out project, and the Tobacco Strategic Plan demonstrate the commitment to community input and involvement.

Areas for Improvement

- Develop assessment capacity to support program planning. Use the format of the evaluation plan in the Tobacco Strategic Plan to establish goal, objectives and performance measures for other programs.
- Train all staff on confidentiality/HIPAA and update forms and procedures; consider using the exemplary practice files.
- Develop enforcement procedures for EH; consider using the exemplary practice files to adopt or adapt a process.

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.

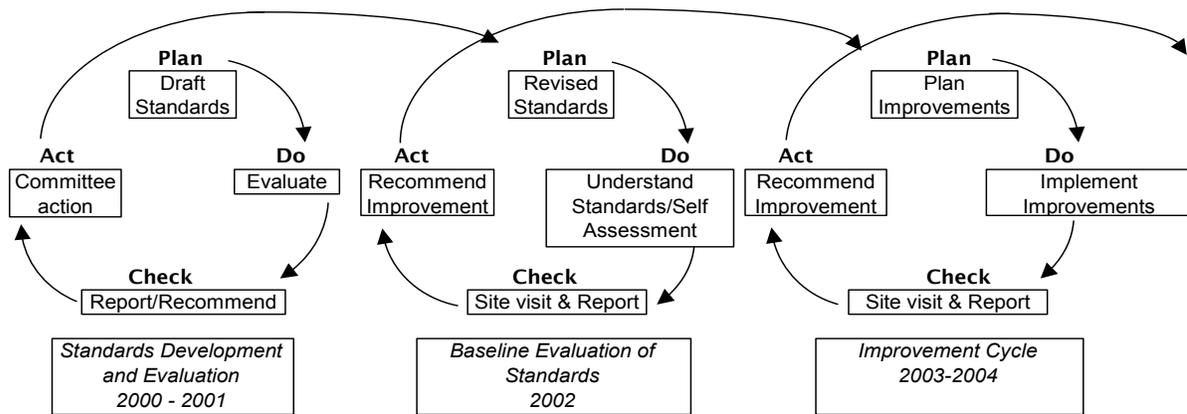
Next, select the areas where you want to improve your performance. All of the information provided in this report is intended to support improvement of your organization’s work on behalf of the citizens in your community and Washington State. After you have had a chance to digest this report and share 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/hip/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: Garfield 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	0	No information documenting quantitative and qualitative data is readily available to the public.		
AS1.2L	0	Documentation does not give process to obtain assistance on assessment issues.		
AS1.3L	0	No goals and objectives are established for assessment activities..		
AS1.4L	0	No documentation provided.		
AS1.5L	2		Educational Credit for Data Analysis and resume	

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	0	This measure is for assessment data about health issues which is available to community groups and stakeholders. Documents do not provide assessment data.		

AS2.2L	0	No documentation provided for local core set of indicators.	
AS2.3L	1	No assessment or analysis of data in documentation. No recommendations for policies or actions on emerging health issues.	Hepatitis A DOH Report
AS2.4L	0	This measure requires documentation for assessment investigations of health issues provided, which was not evident in documentation.	
AS2.5L	0	No documentation of core set of indicators with data about community health status, communicable disease, and environmental health.	

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	No agency- wide goals and objectives have been established. It is noted that there are program reports at the BOH meetings.	BOH Minutes	
AS3.2L	1			
AS3.3L	0			
AS3.4L	0	No documents provided to show training in assessing program effectiveness against goals.		
AS3.5L	0	No monitoring data available to be analyzed.		

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	0	No health assessment data available.		
AS4.2L	0	No assessment report with health policy recommendations.	BOH Minutes	
AS4.3L	2		Healthy Youth Survey	
AS4.4L	2		Tobacco Strategic Plan	

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 documentation for written policies for data sharing and data transfer.		
AS5.2L	1	No procedures or protocols for data transfer.	Fax Transmittal Form	

Score Totals for Topic 1. Understanding Health Issues

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
% Demonstrates:	14%	36%	56%
% Partially Demonstrates:	19%	26%	24%
% Does not Demonstrate:	67%	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	2		Phone Book, 24/7 Phone Tree, Emergency Response Book	
CD1.2L	1	No process provided for identifying new health care providers.	Fax Coversheet, Notifiable Conditions List	
CD1.3L	0	No reporting of communicable disease surveillance data in annual reports to the BOH.		
CD1.4L	2		Notifiable Conditions	

CD1.5L	0	No documentation provided of local indicators to communicable disease.	
CD1.6L	2		DOH Meningococcal Report
CD1.7L	2		Infectious Disease Conference Credits

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		Phone Directory, 24/7 Phone Tree for Garfield, and DOH Red Book	
CD2.2L	2		247 GCHD Phone Tree Protocol	
CD2.3L	2		24/7 GCHD Phone Tree Protocol, Communicable Disease Guiding Principles	

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		Pomeroy, DOH Programs and Services, Medical Clinic, CDC Website	
CD3.2L	2		"Got Bugs" flyer, Notifiable Conditions	
CD3.3L	1	No documentation for exercising legal authority for non-voluntary isolation	Notifiable Conditions	
CD3.4L	0	No documentation provided.		

CD3.5L 0 No documentation provided.

CD3.6L 2 Environmental Health Officer Job 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	2		CDC Health Advisory, Newspaper East Washingtonian Vaccines	
CD4.2L	1	No contact list of media in CD Manual.	Emergency Response and CD Manual	
CD4.3L	0	No documentation provided.		
CD4.4L	2		CEU's for Training in Emergency Communications Training	

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	0	No documentation provided.		
CD5.2L	0	No documentation provided.		
CD5.3L	0	No documentation provided.		
CD5.4L	0	No documentation provided.		

CD5.5L	2		Communicable Disease Training requirement in resume.
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>
% Demonstrates:	50%	52%	62%
% Partially Demonstrates:	12%	25%	22%
% Does not Demonstrate:	38%	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	2			
EH1.2L	0			

EH1.3L 0

EH1.4L 0

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		Emergency Response Plan, phone tree protocol, phone book listing	
EH2.2L	2		GCHD Communicable Disease and BT response plan 03-04, GC EMS/Trauma Council minutes and tabletop 6/4/03, SNS Quarterly progress report 11/04	
EH2.3L	1	No after action debrief of tabletop exercises	PH Emergency Preparedness & Response Brochure, CD and BT Plan 03-04	
EH2.4L	1	Measure calls for all staff to receive training annually on duties	GCHD phone tree protocol, WMD Garfield County Plan, GCHD CD&BT Plan 03-04, Risk communication workshop, hospital decontamination training	

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	0			
EH3.2L	2			

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	1	State materials are available on the web, no information regarding local access to local ordinances	GC Ordinances: 2004-1, 12772, 12577, WAC and RCW web addresses	
EH4.2L	0			
EH4.3L	0			
EH4.4L	1			
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:	31%	45%	53%
% Partially Demonstrates:	25%	32%	30%
% Does not Demonstrate:	44%	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	2		GCICC minutes	
PP1.2L	0	No documentation available		
PP1.3L	1	Objectives and performance measures are mostly process and narrative, little data used in performance measures or documentation regarding how data is used to develop strategies	Eit Narrative report, Tobacco/Catalyst, MCH Oral Health, Garfield dental needs assessment	

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	The intent of this measure is to use population based data from assessment activities to determine which prevention programs are of highest priority for the community. The documentation provided shows work with a range of partners, however, the documentation does not show use of assessment data to establish priorities.	GC EMS & Trauma Care Council minutes, sign in sheet, BT tabletop exercise	
PP2.2L	0	No documentation available--training in community mobilization is a specific set of methods and tools for community organization and involvement, often associated with the CMASA program		

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		DSHS community resources, 0-3 brochure, ABCD brochure, GCHD brochure	
PP3.2L	0	No documentation available		
PP3.3L	0	No documentation available		
PP3.4L	1	The tobacco plan is well done, the evaluation plan very clear, and the QI cycle will be fully underway in the future when you assess accomplishments of your priorities and determine next steps	Tobacco Strategic Plan, with data review including Quit Line calls	

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	1			
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		Ladies Night Out (abstract and article)	Ladies Night Out (abstract and any other details available)
PP5.2L	1	This measure focuses on how an agency manages all of its health promotion materials to assure they are current and appropriate, as well as tracking TA provided in the community	Public awareness log, brochures	
PP5.3L	1			
PP5.4L	0			

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:	24%	38%	48%
% Partially Demonstrates:	47%	32%	31%
% Does not Demonstrate:	29%	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	No documentation provided		
AC1.2L	2		Pomeroy Medical Clinic and Client Progress Notes	
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 for data tracking and reporting for key measures of access.		
AC2.2L	0	No documentation to identify gaps in access to critical health services.		
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	1	Oral Health information provided. No local resources and trends documents provided.	Minutes for GCICC	
AC3.2L	0	Documentation not provided for local planning processes and initiatives.		
AC3.3L	0	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	0	Documentation not provided for quality improvement plan in last 12 months.		

AC4.2L 0 No documentation for training in quality improvement methods.

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:	9%	28%	52%
% Partially Demonstrates:	9%	17%	16%
% Does not Demonstrate:	82%	55%	32%

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

Overall Score Totals: Garfield County Health Department

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
% Demonstrates:	29%	41%	55%
% Partially Demonstrates:	22%	27%	25%
% Does not Demonstrate:	49%	32%	20%

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

LHJ: Garfield 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	0	No documentation available		
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		Brochure: Food Safety during Pregnancy	
EH1.2L	0	No documentation available		
EH1.3L	0	Documentation provided does not reference review of educational materials or provide information on how the example was changed and updated	Flyer: How do you Make a Sanitizing Wiping Cloth?	
EH1.4L	0	No documentation--the focus of this measure is on education and training provided by the GCHD, not training for employees		

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	0	Data provided is almost ten years old	Public Health Assessment Report	
EH3.2L	2		DOH 2003 analysis, showing reported illness and rates	
EH3.3L	0	No documentation available (all measures are applicable unless specifically noted as potential NA)		

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	0	No documentation available		
EH4.3L	0	No documentation available (all measures are applicable unless specifically noted as potential NA)		
EH4.4L	0	No documentation available		
EH4.5L	2		Food Safety workshop	

Overall Program Score Totals: EH: Food Safety

% Demonstrates:	% Partially Demonstrates:	% Does not Demonstrate:
23%	0%	77%

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

LHJ: Garfield County Health Department

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	0	No documentation available		
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		Brochure: Understanding and Caring for Your Septic Tank System	
EH1.2L	0	No documentation available		
EH1.3L	0	No documentation available		
EH1.4L	0	No documentation--the focus of this measure is on education and training provided by the GCHD, not training for employees		

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	0	Data provided is almost ten years old	Public Health Assessment Report	
EH3.2L	2		DOH 2003 analysis, showing reported illness and rates	
EH3.3L	0	No documentation available (all measures are applicable unless specifically noted as potential NA)		

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	0	No documentation available		
EH4.3L	0	No documentation available (all measures are applicable unless specifically noted as potential NA)		
EH4.4L	2		Hazard/Public Nuisance letters dated 7/13/04 and 8/11/04	
EH4.5L	2		Wastewater training and inspector certificates, solid waste training	

Overall Program Score Totals: EH: Wastewater Management

% Demonstrates:	% Partially Demonstrates:	% Does not Demonstrate:
31%	0%	69%

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

LHJ: Garfield County Health Department

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	1	No documentation of using data to evaluate program effectiveness	HCCW Community Plan establishes actions, but no performance measures or data	
AS3.3L	0	No documentation available		

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	1	The documentation shows updates to the BOH on program activities (which is a good thing), but does not show how the BOH determines which programs should be offered or not, through a priority setting	BOH minutes	
PP4.2L	1	No clear information about how materials are selected and used	Kindergarten Success in Spanish, GC health profile	
PP4.3L	1	It is not clear that evaluation has been done based on the performance measures.	HCCW data collector, 9-1-04	

PP4.4L 2

RN job description, 2004 training log

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	Community Plan is missing performance measures, presentation missing number of attendees and evaluation	HCCW monthly report, Community Plan has actions to be taken, Preschool hand washing presentation	
PP5.4L	0	This measure is looking for training in health promotion methods (for example, social marketing) rather than content (car seat training)		

Overall Program Score Totals: PP: Child Care

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

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

LHJ: Garfield County Health Department

Program: PP: Immunizations

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 of using data to evaluate program effectiveness	IMM contract describes activities and deliverables, but no performance measures or data	
AS3.3L	0	No documentation available		

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	1	The documentation shows updates to the BOH on program activities (which is a good thing), but does not show how the BOH determines which programs should be offered or not, through a priority setting	BOH minutes	
PP4.2L	1	No clear information about how materials are selected and used	Flu vaccine flyer in Spanish, GC health profile	
PP4.3L	1	Documentation not available regarding data collected on performance measures or evaluation	Child Profile brochure, IMM contract requirements	

PP4.4L 2

Nursing job description, training log, time sheet with satellite IMM conference

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	The documentation provided is very summarized, not providing information on training content, number of attendees, evaluation or planned improvement	PHBG report 03-04, MCH report 04	
PP5.4L	0	This measure is looking for training in health promotion methods (for example, social marketing) rather than content (IMM updates)		

Overall Program Score Totals: PP: Immunizations

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

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

Garfield County Health Department

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	0	Does not demonstrate
AS1.4L	0	Does not demonstrate
AS1.5L	2	Demonstrates
AS2.1L	0	Does not demonstrate
AS2.2L	0	Does not demonstrate
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	0	Does not demonstrate
AS3.4L	0	Does not demonstrate
AS3.5L	0	Does not demonstrate
AS4.1L	0	Does not demonstrate
AS4.2L	0	Does not demonstrate
AS4.3L	2	Demonstrates
AS4.4L	2	Demonstrates
AS5.1L	0	Does not demonstrate
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	0	Does not demonstrate
CD1.4L	2	Demonstrates
CD1.5L	0	Does not demonstrate

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	1	Partially demonstrates
CD3.4L	0	Does not demonstrate
CD3.5L	0	Does not demonstrate
CD3.6L	2	Demonstrates
CD4.1L	2	Demonstrates
CD4.2L	1	Partially demonstrates
CD4.3L	0	Does not demonstrate
CD4.4L	2	Demonstrates
CD5.1L	0	Does not demonstrate
CD5.2L	0	Does not demonstrate
CD5.3L	0	Does not demonstrate
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	0	Does not demonstrate
EH1.3L	0	Does not demonstrate
EH1.4L	0	Does not demonstrate
EH2.1L	2	Demonstrates
EH2.2L	2	Demonstrates
EH2.3L	1	Partially demonstrates
EH2.4L	1	Partially demonstrates

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

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