

Standards for Public Health in Washington State: 2005 Performance Assessment Report Local Health Jurisdictions Report for: Grant 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 extent of planning for and acquisition of grants to support unfunded activities
- The continued focus on assessment through contracted services when changes occurred in staff and funding, and the resulting products such as the Personal Health Report and the Health Assessment Report
- The extensive amount of information shared regularly with the BOH, the prioritization process and the decisions and support demonstrating a strong relationship. A unique example is the letter from Dr. Brzenzy and additional funding that resulted from the clearly articulated need

- The multiple and varied examples of providing information to the public, for example the HepA and Pertussis news releases, and the newspaper articles on public health. Many materials in Spanish, such as the Family Resources Booklet and New Client Intake form.
- The Outbreak Evaluation Summaries were well done, especially the sections on plan of action and the demonstrated follow-up on the evaluation results.
- The Review of Investigation Policy provides a good description of the commitment to reviewing CD and EH investigations
- The commitment to training evident in the training logs and attendance sheets
- The QI Planning Process Policy provides a good tool for establishing and implementation of a QI plan for the agency.

Areas for Improvement

- Conduct analysis of program and health status data to provide the ability to compare outcomes to quantitative goals and measures, to identify trends and to provide information for program improvements.
- Expand upon access work to identify the gaps in access to critical health services and to take action for improvement
- 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 electronic EH database to provide more standardized information on investigations and on enforcement actions. This will facilitate the audit of enforcement actions.
- Implement the proposed QI plan for the agency.

The Performance Assessment Approach

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

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

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

opportunities for improvement were discussed, and feedback on the Standards and assessment process was obtained. All of this information has been compiled into a system-wide report, with recommendations regarding the next steps for the system.

Results of the Site Review

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

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

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

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

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

This report provides you with the following information:

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

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

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

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

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

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

Peer Groupings

<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

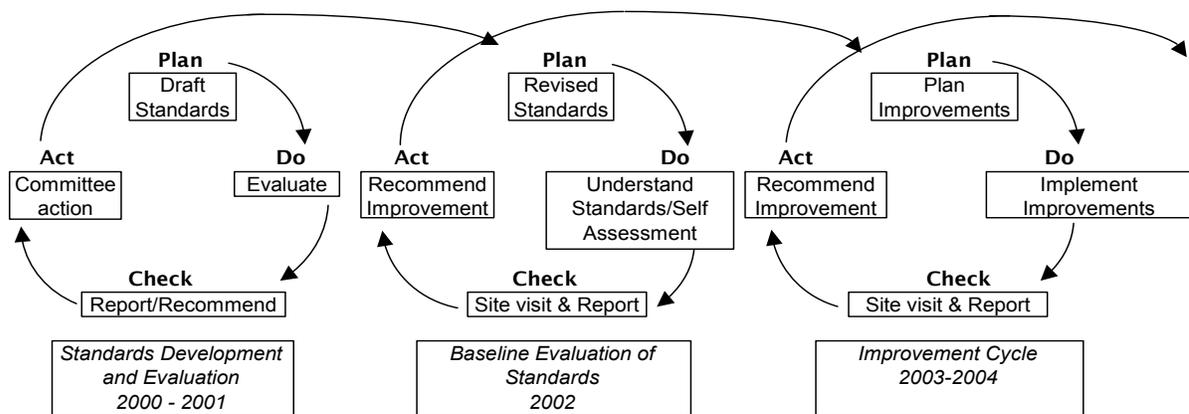
First, celebrate what you have accomplished. In the two and a half year period between the 2002 Baseline Evaluation and this performance assessment, it was clear to the site reviewers that improvements had been developed and implemented. Again, thank you for all of your hard work every day, and especially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

Topic: 1. Understanding Health Issues

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AS1.1L	2		The Health of Grant County-2004 Assessment Report; Home Web page	
AS1.2L	2		2/25/03 letter from Dr. Brzezny to Community Resource Forum; Webpage-Getting Information on Health	2/25/03 letter from Dr. Brzezny to Community Resource Forum
AS1.3L	2		The Health of Grant County-2004 Assessment Report; Assessment Position Description and Personal Services Contract; 2004 Annual Reports-Personal and Environmental Health	The Health of Grant County-2004 Assessment Report, 2004 Annual Reports-Personal and Environmental Health
AS1.4L	2		The Health of Grant County-2004 Assessment Report; 2004 Personal and Environmental Health Annual Reports	The Health of Grant County-2004 Assessment Report; 2004 Personal and Environmental Health Annual Reports
AS1.5L	2		Personal Health Staff listing from 2004 Report; Assessment Coordinator Position Description; Resume and training log of Assessment Coordinator	

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		WISE-Making Systems Better for Families; Oral Health Coalition Minutes; BOH minutes	
AS2.2L	2		2004 Personal Health and Environmental Health Reports; BOH reports-Jan & Feb 2005	2004 Personal Health and Environmental Health Reports
AS2.3L	2		The Health of Grant County-2004 Assessment Report; April 12, 2005 Assessment protocol	The Health of Grant County-2004 Assessment Report
AS2.4L	1	No evidence of goals and objectives provided in documentation.	BOH reports (re:TB); August 31, 2004 Memo to BOH (re:planning and priorities)	
AS2.5L	2		2004 Personal Health Report; Health of Grant County-2004 Assessment Report, Memo to BOH-12/03 Items for your review	2004 Personal Health Report; Health of Grant County-2004 Assessment Report

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	2		2004 Personal Health and Environmental Reports; BOH minutes-2/9/05	2004 Personal Health and Environmental Reports
AS3.2L	2			
AS3.3L	1			

AS3.4L	2		Training logs for 2 staff with training agendas	
AS3.5L	2	Very nice policy and procedure with tool.	Grant County Health District Policy and Procedure-QI Planning; Grant County Outbreak Evaluation-2/2/05	Grant County Health District Policy and Procedure-QI Planning

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	Demonstrates community involvement, but lacking documentation of review and recommendations.	WISE Telephone Survey to Parents/Providers packet; CICC Minutes-1/21/03	
AS4.2L	2		2004 Personal and Environmental Health Reports; Health of Grant County-2004 Assessment Report; Program Prioritization Documents; 2005 Budget Proposal	2004 Personal and Environmental Health Reports; Health of Grant County-2004 Assessment Report; Program Prioritization Documents
AS4.3L	2		2005 Assessment Protocol and timelines; Grant County Health District Policy and Procedure-QI Planning	Grant County Health District Policy and Procedure-QI Planning
AS4.4L	1	Key Indicator tracking demonstrated in Health Report, but no evidence of data used to drive improvements..	WISE 2003 Evaluation; WISE 2004 Matrix and Summary; WISE Deliverables Report; 2004 Personal Health Report	

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		Child Profile agreement; Employee Handbook - Confidentiality Statement	

Score Totals for Topic 1. Understanding Health Issues

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
% Demonstrates:	81%	36%	56%
% Partially Demonstrates:	19%	26%	24%
% Does not Demonstrate:	0%	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		Page from telephone book with phone answering script; 4/27/04 Email to DEM; BOH minutes-4/22/05	
CD1.2L	1	No evidence of process to identify new providers	Web main page-Health Care Provider Info page; 4/26/04 memo with distribution documentation	

CD1.3L	2		2004 Personal Health Report with 1/12/05 BOH minutes;
CD1.4L	1	Documentation does not include specific instructions on notifying public.	GCHD Policy and Procedure-2/2/04-Notifiable Conditions; Emergency Response Checklist;
CD1.5L	1	Does not demonstrate core indicators are analyzed annually, or identifying needed changes.	2004 Personal Health Report; Notifiable Conditions Investigation Review Sheet; Outbreak Evaluation Sheet; GCHD Policy and Procedure-Review of Investigations
CD1.6L	1	Documentation does not demonstrate tracking from initial report to reporting to state and federal agencies. A standardized case documentation or tracking form would better demonstrate this measure.	Mumps outbreak evaluation package-2003-2003; Tularemia Investigation Review Sheet-7/7/04; Hep-A Case report to DOH-2/2/05
CD1.7L	2		Training logs for 2 staff

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		4/26/04 mailing of Memo and GCHD Policy and Procedure-Reporting Notifiable Conditions; Phone number in telephone book; Telephone script; DOH Redbook	
CD2.2L	2		4/26/04 Memo- Reporting Notifiable Conditions	
CD2.3L	2		Emergency Response Checklist and Notification Graphic	Emergency Response Checklist

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>
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CD3.1L	2		Resource and referral list; 2004 Resources for Families (English and Spanish); Health Care Provider/Medical Community database	2004 Resources for Families (Spanish)
CD3.2L	2		Fax lists for 12/04 Influenza info for pharmacies/health care providers; 3/03 SARS info; 12/02 Pertussis info	
CD3.3L	2		Policy and Procedure-Mgmt of TB; Potential Human Rabies Exposure Protocol-1/13/04; Em. Biologics Book; Investigations Review Sheets; Em. Response Checklist	
CD3.4L	2		GCHD Case Evaluation Sheets (Staph, Mumps, Meningitis, Influenza A); Policy and Procedure-Review of Investigations	Policy and Procedure-Review of
CD3.5L	0	Documentation does not identify key performance measures.	GCHD Policy and Procedure-Review of Investigations	
CD3.6L	2		Training log for 2 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		Influenza order 2004; Mumps package	
CD4.2L	2		Contact information from database for media/providers/schools/emergency services medical services; Update Memo-4/25/05	

CD4.3L	1	No evidence of a process to ensure accuracy/clarity; not clear who is responsible for working with media; timelines not addressed.	2004 Employee Handbook; Emergency Response Checklist	Emergency Response Checklist
CD4.4L	1	Documentation not clear if only 2 staff members are lead for risk communications.	Training log for 2 staff; Risk Communications training document from all-staff meeting-1/05	

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	No evidence of input from other providers for evaluation feedback.	Evaluation Reports-Food borne outbreak, Mumps, Meningitis, Influenza A	
CD5.2L	2		BOH Minutes-2/05 and 3/05; Memo to BOH-3/9/05	
CD5.3L	2	Excellent use of Outbreak Evaluation Sheet	Outbreak Evaluation-Clinical Staph; Protocol for Outbreak/Event Response-1/30/04	
CD5.4L	2		2004 BOH Annual Report	
CD5.5L	2		Training logs for 2 staff; Training agenda	
CD5.6L	2	Outbreak Evaluation Sheets include section: "Plan for Action, Responsible Person, Timelines" and is used.	Outbreak Response Evaluation Sheets; Quality Plan with goals, objectives review procedure tool	Outbreak Response Evaluation Sheets; Quality Plan with goals, objectives review procedure tool

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:	69%	52%	62%
% Partially Demonstrates:	27%	25%	22%
% Does not Demonstrate:	4%	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	1			
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		Website granthealth.org with phone number, Ephrata phone book-main number, Main number with script for after-hours	
EH2.2L	2		Grant County HD- Emergency Response Plan-3/18/05, Emergency Response Checklist, Mattawa Outbreak summary and debrief Evaluation Report-10/31/03	Mattawa Evaluation Report-10/31/03
EH2.3L	2	Limited identification of critical services in emergency response plan. Mattawa outbreak evaluation describes notification to hospitals, clinics and area providers, evaluation of the public's access to hospital	Emergency response plan, Hepatitis A press release, Mattawa outbreak debrief report	
EH2.4L	2		Emergency Response-Appendix A, Emergency Response Checklist, Local Emerg. Planning Committee 4/05 minutes, Staff mtg. Minutes regarding response to white powder incident, 2 staff training	Emergency Response Checklist

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 granthealth.org, public record disclosure policy for local ordinances	
EH4.2L	1			
EH4.3L	0			
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:	56%	45%	53%
% Partially Demonstrates:	31%	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	2		Grant Co. Interagency Coordinating Council, (CICC) 4/04 minutes, WISE Grant application, BFNET Grant application	
PP1.2L	2		Aug & Sept.2004 BOH minutes with Personal Health Priorities topic, 8/04 Program Prioritization document, 2004 Health of Grant County Assessment Report	8/04 Program Prioritization document, 2004 Health of Grant County Assessment Report
PP1.3L	2		2004 GC Health Assessment Report, 2005 1st Q Personal Health Report, 10/04 BOH minutes, 11/04 Dr. Brzenzy letter to Council/Commissioners, 12/04 BOH minutes	2005 1st Q Personal Health Report, 11/04 Dr. Brzenzy letter to Council/Commissioners

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		Community Partners in HIV Prevention group roster, 2/05 agenda & minutes, Working Integrated Service Enhancement (WISE) grant information	
PP2.2L	2		2004 training log-Social Marketing class-WISE, JCH-Social marketing	

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		Resources for Families-Spanish & English, website referral list, Children with Special Health Care Needs referral list,	
PP3.2L	2	Documentation of evaluation and gap analysis for oral health, and use of survey results in prioritization process with coalition	Oral Health Survey Findings memo-6/03, GC Oral Health Coalition-1/04 Prioritization of Needs list,	
PP3.3L	2		Oral Health gap analysis & prioritization in Oral Health Coalition, 4/05 Oral Health Coalition info to Dental Society meeting, CICC 4/04 agenda & minutes, website access-2004 Health Assessment Report	
PP3.4L	1	This plan requires that program evaluation be done and used in setting goals and objectives, but the QI plan is still in the initial implementation stage and no Goals and Objectives were documented.	QI Planning Policy- 4/6/05	QI Planning Policy- 4/6/05

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	2			
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		Contract for Assessment and Planning Consultant Services, Fit for Life Outcomes Report, Basic Food Nutrition Educ. Program, BFNEP grant package with Boys & Girls Club Contract	
PP5.2L	1	No documentation of an overall system to manage health promotion materials.	Tobacco Coalition training & materials-Speak-out workshop-3/05, Resource Fair-march/?, Indian Cultural Center Communication re 5-a-day	
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:	76%	38%	48%
% Partially Demonstrates:	24%	32%	31%
% Does not Demonstrate:	0%	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	1	Documentation shows use of information in meetings, but does not identify set of critical health services tracked by GCHD or annual assessment of access to CHS.	Child Health Notes with distribution memo; CICC minutes-11/19/04	
AC1.2L	2		CSHCN Resource/Referral list; CSHCN-New Client packet; Resource for Families book	

AC1.3L	0	Documentation does not provide information on local CHS and assessments to determine need.	WISE -2004 Matrix and Summary WISE Deliverables Report
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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	1	Documentation lacks of data and description of key measures of access.	WISE2003 Evaluation; WISE Report 1/03-5/03 and 7/04-12/04	
AC2.2L	0	No evidence of data and gap analysis of CHS.	WISE-2004 Matrix and Summary; WISE Report; CAH Grant Final Report-8/18/03	
AC2.3L	0	Documentation does not include information specific to access to CHS.	2004 Personal Health Report; BOH minutes-1/05 and 2/05	

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	Assessment of access to CHS is limited to one question on survey regarding access and a strategy for improvement is mentioned, but no evidence of follow-up action. Strategic Plan addressing access mentioned in email, but plan not provided.	CAH Grant Final Report-8/18/03; email to DOH	
AC3.2L	1	No documentation of implementation provided	CAH Grant Final Report-2/18/03; WISE Matrix, Summary, Evaluation; Email to DOH	
AC3.3L	1	Goals, objectives, and performance measures not described in documentation.	CAH Grant Final Report-2/18/03; WISE Matrix, Summary, Evaluation; Email to DOH	

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	QI Plan recently developed; no evidence of performance measure tracking and reporting.	Policy and Procedure-Quality Improvement Plan; DOH Immunization Program Site Visit	
AC4.2L	2		Training logs for 2 staff; 2 staff resumes	

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

	<i>Specific LHHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHHJ Totals:</i>
% Demonstrates:	18%	28%	52%
% Partially Demonstrates:	55%	17%	16%
% Does not Demonstrate:	27%	55%	32%

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

Overall Score Totals: Grant County Health District

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
% Demonstrates:	65%	41%	55%
% Partially Demonstrates:	29%	27%	25%
% Does not Demonstrate:	7%	32%	20%

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

LHJ: Grant County 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	2	Performance measures could be described in more measurable and specific terms to facilitate monitoring.	QI Planning P&P-4/05 with Goals & Obj Review Instrument, 2004 Review of Environmental Health Program Plans	QI Planning P&P-4/05 with Goals 7 Obj Review Instrument
AS3.3L	1	2004 report contains statements of progress toward goals, but no evidence of the monitoring of performance measures or analysis of the data. Providing table or charts with data showing comparison to goals would demonstrate more performance against this measure	2004 EH Report	

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

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH1.1L	2		Website granthealth.org, Checklist for Food License, GCHD Brochure	
EH1.2L	1	The focus of this measure is the community at large and stakeholders "who are involved in addressing EH issues", such as the BOH or advisory groups, as well as food establishment operators. For example, documentation of presentation of changes in Food Rule	Two letters to individual food establishments regarding inspection results	

EH1.3L	0		No documentation provided
EH1.4L	1	No documentation of evaluation of training to determine effectiveness	Outline for Food Safety course

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 Health of Grant County Report- EH section, 2005 Personal Health Report-FB Illness data	
EH3.2L	2		Salmonellosis reporting form, Mattawa Outbreak report and Press Release, 2005 1st Q Personal Health report with FB illness information	
EH3.3L	1	No documentation of data or other information being used to determine what QI may be needed, or of a plan to address those needs, if appropriate.	2004 EH Program Review Report	

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		Ordinance 99-1, Bare Hands Contact, 2005 Food Ordinance	
EH4.3L	0	This measure requires that an evaluation of a sample of enforcement actions, such as 1st and 2nd reinspections, be done to evaluate the effectiveness of those actions in order to revise and/or improve enforcement if needed.	Individual case of inspection and action taken for HepA incident	

EH4.4L	2	The completely narrative form of documentation of actions makes it difficult to track the actions and to conduct evaluation of actions across a sample of cases.	Nuisance form, 10/03 summary of Staph outbreak with reports to other agencies
EH4.5L	2		Two EH staff training logs provided with Food Code Revision training indicated

Overall Program Score Totals: EH: Food Safety

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

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

LHJ: Grant County 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	2	Performance measures could be described in more measurable and specific terms to facilitate monitoring.	QI Improvement Planning, 2004 EH Program Plans-Sewage	
AS3.3L	1	2004 report contains statements of progress toward goals, but no evidence of the monitoring of performance measures or analysis of the data. Providing table or charts with data showing comparison to goals would demonstrate more performance against this measure	2004 EH Program Plan	

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

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH1.1L	2		website- granthealth.org, GCHD general brochure, Septic System Permit checklist	
EH1.2L	2	Documentation for this measure could be strengthened by including evidence of workshops and or technical assistance to community groups (OSS operators) or other presentations	March 2004 BOH minutes-public hearing and discussion of OSS Ordinance Revision, 6/04 letter to Septic System Installers	

EH1.3L	0	No evidence of review of brochures or flyers or other educational information such as workshop or training materials on a regular basis	6/04 letter to OSS installers
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		11/04 letter to council/commissioners, BOH agenda for 6/04, 2004 EH activity Report	
EH3.2L	1	This provides documentation of one key indicator. This measure requires documentation of key indicators for health risk and illnesses, such as E coli, and of tracking to identify trends. No evidence of other key indicators or of monitoring for trends was presented	Perch Point Sewage Investigation- letter to DOH and court action	
EH3.3L	1	No evidence of information from data or other information from the public, BOH or installer compliance rates or a plan to address changes was presented for this measure.	2004 EH Program Plans Report	

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	1	These documents did not describe the documentation needed to take enforcement action.	Ordinance No. 02S with 2002 hand-made revisions, Policy on connections to existing systems	
EH4.3L	0	No evidence of evaluation of a sample of enforcement actions to evaluate compliance and effectiveness of actions or of any revisions to procedures based on evaluation results	7/03 letter regarding OSS violation, Perch Point letters and summary of enforcement actions	

EH4.4L	2	The completely narrative form of documentation of actions makes it difficult to track the actions and to conduct evaluation of actions across a sample of cases.	Nuisance form, Perch Point case write-ups and summary
EH4.5L	2		Training logs for 2 EH employees

Overall Program Score Totals: EH: Wastewater Management

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

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

LHJ: Grant County Health District

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	2		QI Planning Policy & process, 2004 Personal Health Report, 2004 ConCon Exhibit A-deliverables, 2004 Immu Annual Report, CD Program Goals & Objectives	
AS3.3L	2		1stQ 2005 Personal Health Report, 2004 Personal Health 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	2		April, May, Sept., Nov., Dec. BOH minutes; 8/04 Program prioritization documents	
PP4.2L	2		Health Literacy/Help Your Patients Understand video training for staff, Is Your baby Protected flyer-Spanish, Immu table-Spanish, Adult Vaccine flyer	

PP4.3L	2	2004 Personal Health Report-Immu Program summary and Vaccine Administration data
PP4.4L	2	PH Nurse II position description, Staff 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	2003 Report contains educational objectives, but no tracking of educ. activities evident in the documentation	2003 & 2004 Personal Health reports, 2004/05 statements of work, 2005 1st Q Personal Health report	
PP5.4L	2		Training log with Coalition Building, Behavioral Theory and program planning, and Social Marketing classes	

Overall Program Score Totals: PP: Immunizations

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

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

LHJ: Grant County Health District

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		Basic Food Nutrition Educ. Plan proposal goals and objectives, Fit for Life proposal, statement of work, and evaluation report, 2004 Personal Health Report-Healthy Behaviors	
AS3.3L	1	No evidence of analysis of performance data or comparison against goals	BFNEP 10/04-12/05 report, 2004 Personal Health Report - Healthy Behaviors	

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		2004 Program Prioritization document, April, Sept. & Dec. 2004 BOH minutes	
PP4.2L	2		Staff mtg. training log for health & literacy video, Eat 5 fruits/veg a Day-Spanish, 10 steps for Parents to make PA easy, Prevent type 2 diabetes	

PP4.3L	1	Unclear if personal health or activity reports have been used for program improvement.	2003 Personal Health-Fit For Life report, 2004 Healthy Behaviors, BFNEP 10/04-12/05 Report
PP4.4L	2		PH nurse I & II position descriptions, several 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	Unclear how program reports are used to improve programs, and little information on health promotion target audiences or number of attendees.	2005 BFNEP proposal, statement of work & report, 2004 Fit for Life proposal, statement of work and report, Personal health reports	
PP5.4L	2		Training logs for personal health staff	

Overall Program Score Totals: PP: Nutrition & Physical Activity

% Demonstrates:	% Partially Demonstrates:	% Does not Demonstrate:
63%	38%	0%

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

Grant County Health District

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	2	Demonstrates
AS2.4L	1	Partially demonstrates
AS2.5L	2	Demonstrates
AS3.1L	2	Demonstrates
AS3.2L	2	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	2	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	1	Partially demonstrates

CD1.6L	1	Partially demonstrates
CD1.7L	2	Demonstrates
CD2.1L	2	Demonstrates
CD2.2L	2	Demonstrates
CD2.3L	2	Demonstrates
CD3.1L	2	Demonstrates
CD3.2L	2	Demonstrates
CD3.3L	2	Demonstrates
CD3.4L	2	Demonstrates
CD3.5L	0	Does not demonstrate
CD3.6L	2	Demonstrates
CD4.1L	2	Demonstrates
CD4.2L	2	Demonstrates
CD4.3L	1	Partially demonstrates
CD4.4L	1	Partially demonstrates
CD5.1L	1	Partially demonstrates
CD5.2L	2	Demonstrates
CD5.3L	2	Demonstrates
CD5.4L	2	Demonstrates
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	1	Partially demonstrates
EH1.3L	0	Does not demonstrate
EH1.4L	1	Partially demonstrates
EH2.1L	2	Demonstrates
EH2.2L	2	Demonstrates
EH2.3L	2	Demonstrates
EH2.4L	2	Demonstrates

EH3.1L	2	Demonstrates
EH3.2L	1	Partially demonstrates
EH3.3L	1	Partially demonstrates
EH4.1L	2	Demonstrates
EH4.2L	1	Partially demonstrates
EH4.3L	0	Does not demonstrate
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	2	Demonstrates
PP1.3L	2	Demonstrates
PP2.1L	2	Demonstrates
PP2.2L	2	Demonstrates
PP3.1L	2	Demonstrates
PP3.2L	2	Demonstrates
PP3.3L	2	Demonstrates
PP3.4L	1	Partially demonstrates
PP4.1L	2	Demonstrates
PP4.2L	2	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	2	Demonstrates

5. Helping People Get the Services They Need

<i>Measure</i>	<i>Score</i>	<i>Compliance Demonstration</i>
AC1.1L	1	Partially demonstrates
AC1.2L	2	Demonstrates

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