

Standards for Public Health in Washington State: 2005 Performance Assessment Report Local Health Jurisdictions Report for: Kittitas 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 GORI process for identifying goals and objectives for program activities and related staff work provides a good basis for measuring program effectiveness and linking to staff performance appraisals.
- The BOH work on establishing core indicators is helpful in establishing priorities and monitoring the important aspects of LHJ activities. The 5-Year Community Prevention Plan developed with the BOH Advisory Council provided extensive and specific input for the priority-setting activities.
- The commitment to assessment activities and work demonstrated in the data and information available for the BOH and other community activities described above.
- The consistent evaluation of training sessions for the public and the use of the results to improve the training. The use of evaluation methods to debrief events, such as the Food-

borne Illness Outbreak evaluation and the EH quality review process provide a good basis for improving staff and program performance.

- The extent and usefulness of the CD and EH information on the website is a good resource for the community on public health issues.

Areas for Improvement

- Adopt or adapt a comprehensive Communicable Disease Manual with disease specific protocols from the several excellent manuals currently available in other LHJs.
- Focus on some of the key measures contained in the GORI, monitor the performance in the key measures and link to current data reports and ongoing reporting of the core indicators to provide a comprehensive LHJ performance report.
- Implement self-audits of CD investigations to monitor staff performance in CD protocols.

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!

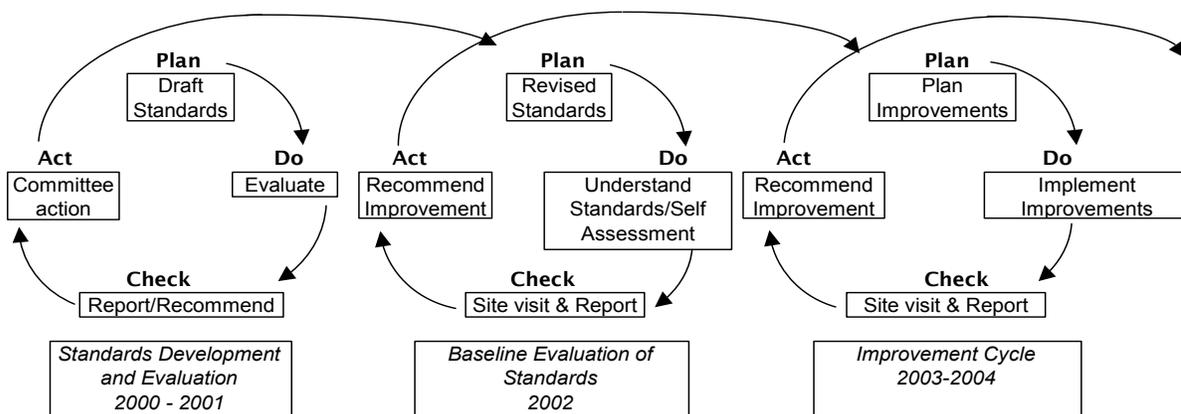
In selecting your areas of improvement you will be able to look at your overall strengths and opportunities for improvement (summarized above), or at the scores of specific measures or topic areas. You will be assisted in this effort by several initiatives:

- **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: Kittitas 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		Tobacco data book, fact sheets, health watch articles, radio schedule, July 2004 newsletter	Fact sheets
AS1.2L	2		Community Health Assessment Technical Assistance Policy, Assessment Website	
AS1.3L	2		Assessment Coordinator GORI	Assessment Coordinator GORI
AS1.4L	1	There is minimal documentation describing the data being assessed (data source, populations)	2003 4th Quarter Main, Kittitas Food db, 2002 Community Health Assessment Fact Sheets	
AS1.5L	1	No documentation presented that demonstrates staff training and experience in epidemiology.	Jane's job description and training memos	

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		Tobacco data book -(Tobacco free coalition meeting notes), BOHAC Minutes Nov. and Dec 2003, BOHAC membership list	

AS2.2L	2		2004 4th Quarter report, BOH minutes,- 5/04 KCPHD Health Indicators
AS2.3L	0	No documentation provided.	
AS2.4L	2		Shape-Up Grant narrative, Assessment Coordinator GORI
AS2.5L	1	A core indicator list is available but no documentation was provided that demonstrates recent measurement of priority issues.	4-05 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	2		2004 4th Quarter report	
AS3.2L	1			
AS3.3L	1			
AS3.4L	2		10/13/04 Evaluation Training, 10/13/04 PACE EH Training	
AS3.5L	2		FHC Evaluation, Clean Air for Kids Campaign	

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
----------------	--------------	-----------------	------------------	----------------------------

AS4.1L	2		BOHAC Minutes, 1004 Tobacco Strategic Plan Minutes
AS4.2L	2		2004 4th Quarter report, BOH meeting 5/20/04, BOH resolution - Shape Up
AS4.3L	0	No documentation provided.	
AS4.4L	0	No documentation provided.	

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AS5.1L	2		Disclosing PHI, Limiting Access, Data sharing -DOH-Abortion data	Limiting Access
AS5.2L	2		Limiting Access, FAX cover page, e-mails with confidentiality statement, FBI Patron Data Spreadsheet	

Score Totals for Topic 1. Understanding Health Issues

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
% Demonstrates:	62%	36%	56%
% Partially Demonstrates:	24%	26%	24%
% Does not Demonstrate:	14%	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 List for 24 Hour Reporting, 2005 Notifiable conditions tracking sheet, phone book	
CD1.2L	1	There was no documentation provided to demonstrate how new providers were identified.	2005 Notifiable Conditions Tracking Sheet, Notifiable conditions handout	
CD1.3L	2		2004 4th Quarter Report, BOH 3/17/05 Meeting	

CD1.4L	2		2005 Response to Report of Notifiable Conditions
CD1.5L	1	An assessment of several core indicators for CD is available. However, there is no documentation provided that demonstrates that the data was evaluated and used for changes in investigation, intervention or education efforts.	List of Core Indicators
CD1.6L	2		Diamondback Report, CD 2005 file (case reports)
CD1.7L	2		2005 April 6 minutes, EPI Road Show

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 list for 24 hour reporting, DOH Red Book	
CD2.2L	2		Phone List for 24 Hour Reporting, 2005 Notifiable Conditions Tracking Sheet	
CD2.3L	1	This standards envisions a procedure for investigating "routine" communicable disease outbreaks. Except for the food borne illness investigation protocols, the documentation provided speaks to non-routine emergency situations.	FBI investigation protocols	

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		KCPHD Community Resource List	

CD3.2L	2		2005 Notifiable Conditions Tracking Sheet, Notifiable Conditions handout
CD3.3L	2		Control of Communicable Diseases in Man, DOH Notifiable Conditions Manual, DOH Emergency Biologics 2004 Manual, copy of involuntary detention form, Communicable Disease 2005 file
CD3.4L	0	There is no system in place at this time, although one is in the planning stages.	
CD3.5L	2		2005 CHS GORI
CD3.6L	2		Epi Road Show, Infectious Disease Conference, Trip Report for EH Staff 3/04 - Food Workshop, Trip Report For Administrator - Epi Training

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 Alerts - Pertussis, Influenza, FBI. Press release for FBI.	
CD4.2L	1	There is a FAX list of phone numbers available. However, there is no CD manual in which to compile the information.		
CD4.3L	1	Roles are established for working with the media for emergency response. No documentation was provided for a communication policy or guidance for creating public health alerts and media releases.	KCPHD Incident Command System, PHIRT Policy	
CD4.4L	2		KCPHD Incident Command System, 2004 Participant List - Risk Communication	

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	2		Diamondback Report and Meeting Notes	
CD5.2L	2		BOH Minutes - 1/20/05	
CD5.3L	2		Old and new FBI forms, old and new spreadsheet contact investigation	
CD5.4L	2		2005 CHS GORI	
CD5.5L	2		Trip report - Infectious Disease Conference	
CD5.6L	2		Diamondback Report	

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:	77%	52%	62%
% Partially Demonstrates:	19%	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	2			
EH1.3L	2			
EH1.4L	2			

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		1/05 flyer to KVCH ERs, WSP, EPD; Distribution list of magnets/mouse pads to public, Mousepad, Magnet with 24 hour emergency number	Distribution list of magnets/mouse pads to public
EH2.2L	2		Pandemic Flu Response Plan, Diamondback Norovirus Outbreak QA report	
EH2.3L	1	No documentation of evaluation of public access to services or needed changes to public education or outreach information	Criticality of Services table-- Attachment A, Diamondback Outbreak QA document	Criticality of Services table-- Attachment A
EH2.4L	2		CEMP ESF#8, ICS training PPT and 3/05 attendance lists, KCPHD notification tree and contact information	

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	2			
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	KCPHD website
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:	81%	45%	53%
% Partially Demonstrates:	19%	32%	30%
% Does not Demonstrate:	0%	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 narrative describes annual BOH Advisory Committee priority setting process and referenced BOH resolution on Physical Activity and Nutrition	Letter for 5-year Community Prevention Grant, Grant narrative of Community Assessment and Priority Setting Process	
PP1.2L	2		7/04 BOH minutes--approval of ConCon and resolution for Nutrition and Physical Activity	
PP1.3L	2		2004 4Q GORI for Tobacco, HIV, Child Care, BHP; TIES (Tobacco, Intervention and Support) Evaluation and Survey summary, TIES Project Report-10/03-9/04	

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		5 Year Community Grant Narrative and cover letter	
PP2.2L	1	Measure requires documentation for at least 2 staff members to fully demonstrate this measure.	One staff attendance at Effective Strategies for Diverse Populations course	

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		KCPHD website link to Tobacco Quit Line, HIV/AIDS Counseling services, Child Care, Quit Line Outreach Tracking log of PCPs, Dental, and Hospital providers	

PP3.2L	2	TPC STP contains some data in Community Capacity Assessment - 9/03 that has description of stage (1-9) of program activities	KC Tobacco Prevention and Control Plan-- 3/05; TPC Strategic Plan- 2005-2008
PP3.3L	2		Tobacco Free Coalition of KC 12/04 meeting, 11/04 KC Community Network meeting minutes
PP3.4L	2		TPC STP 2005-2008 Form 3A: Evaluation Plan

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	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		Kittitas 05 Project SmartSOW from SHARE--HIV Intervention Plan View	
PP5.2L	1	No description of system to organize, develop, etc. health promotion materials	Provider training Flyer for Tobacco, 4th Q 2004 GORI Report for TPCP Health Promotion Program	

PP5.3L	1
PP5.4L	0

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

	<i>Specific LHM Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHM Totals:</i>
% Demonstrates:	65%	38%	48%
% Partially Demonstrates:	29%	32%	31%
% Does not Demonstrate:	6%	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	There is minimal information on access to critical health services and it is not sufficient to fully meet this measure.	Grant narrative Nut/Phys. Act, Key Health Indicators document	

AC1.2L	2		List of county practitioners, dental referral form,
AC1.3L	1	Documentation was provided that demonstrated that discussions about access issues for hospitals and alcohol treatment occurred. However, there was no documentation showing a comparison of the current level with needed level for access or conclusions regarding areas to improve access.	August 2004 BOH Minutes - Hospital districts, Spring 2004 BOHAC minutes - Alcohol Resources

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	No documentation to demonstrate analysis to identify barriers to access or evidence of a survey regarding the availability of critical health services.	KCPHD 4th quarter report	
AC2.2L	0	No documentation provided		
AC2.3L	2		KCPHD 2004 4th quarter report, March 2005 BOH agenda, August 2004 BOH minutes	

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AC3.1L	2		Oral health coalition minutes, February 2005 BOHAC minutes	
AC3.2L	2		Oral Health LCDF report, Oral health coalition meeting minutes	

AC3.3L 2

Nutrition/Physical activity grant proposal,
2005 GORI - Shape Up Kittitas County
Initiative

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	No documentation provided.		
AC4.2L	1	The various trip reports document some aspects of quality improvement training. However more robust training in this area would fully meet this standard.	Verification of CHES certification, various trip reports	

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:	45%	28%	52%
% Partially Demonstrates:	36%	17%	16%
% Does not Demonstrate:	18%	55%	32%

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

Overall Score Totals: Kittitas County Health District

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
% Demonstrates:	68%	41%	55%
% Partially Demonstrates:	24%	27%	25%
% Does not Demonstrate:	8%	32%	20%

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

LHJ: Kittitas 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	1	Documentation shows good identification of goals, objectives and performance measures for individual staff for Food Program, but it is unclear how data from the GORI will be used to evaluate program effectiveness.	2005 GORI-- Food Program	2005 GORI-- Food Program
AS3.3L	1	GORI provides good performance measures, but no evidence of description of progress toward goals	2005 GORI for Food Program staff, Diamondback QA Report of Outbreak, 4th Q 2004 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		Food Handlers Class Information on Website, Food program flyer	
EH1.2L	2	BOH Report describes numerous events and forums for community involvement in Food Program activities,	4/05 BOH Report on Food Program, New Food Rule Revision workshop evaluation	New Food Rule Revision workshop evaluation

EH1.3L	2		2005 GORI with brochures & website revision activities, co. Kittitas website with revised information	2005 GORI
EH1.4L	2		Food Handler Class Evaluation- July 2004 Summary, Food Rule Revision workshop evaluation	Food Handler Class Evaluation- July 2004

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		KCPHD 4th Q Report-- EH section of Food Program data, April 2005 Newsletter-CD data for food borne illness and food service regulation	KCPHD 4th Q Report-- EH section of Food Program data, April 2005 Newsletter
EH3.2L	2	While food borne illnesses are identified and reported monthly, there was no evidence of trending of food borne illness key indicators. However, number of food establishments with red items was trended over 3 years, which can be an indicator of health risk	April 2005 Newsletter CD/Notifiable Conditions list, 2004 Complaint Log, 4th Q 2004 KCPHD Report-EH-Food section	
EH3.3L	1	Good collection of evaluation information and conclusions regarding needed changes, but no plan to institute changes was present.	Food Handlers Class Evaluation- 7/04	Food Handlers Class Evaluation - 7/04

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		Website with Food Rule requirements and links to WACs and RCWs, Food Complaint Policy, New SOP-- Food Program Quality Assurance	

EH4.3L	2	Good description of process to review enforcement actions and review system.	New SOP-- Food Program QA, with review form, and numerous cases reviewed	New SOP-- Food Program QA and form
EH4.4L	2		Food Complaint Log, Diamondback Restaurant FBI follow-up Report, Hot Shots Espresso Closure HO letter	
EH4.5L	2		Three food program staff attendance at 9/04 class, 2/05 Food Safety meeting, and 3/05 conference for new Food Rule Revisions,	

Overall Program Score Totals: EH: Food Safety

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

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

LHJ: Kittitas 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	Good examples of goals, objectives, and performance measures and Logic model describes how data from the GORI will be used to evaluate program effectiveness.	2005 GORI for OSS Program, 4th Q 2004 KCPH Report of OSS data, OSS Logic Model	OSS Logic Model
AS3.3L	1	GORI provides good performance measures, but no evidence of description of progress toward goals	4th Q 2004 KCPH Report of OSS data, OSS Logic Model	OSS Logic Model

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		Maintaining Your Onsite Sewage System-Guide for Homeowners-4/05; OSS Design Guide for Homeowners,	
EH1.2L	2		4/05 Windermere Realty presentation--OSS, Realtors OSS presentation Evaluation, 8/04 Home Builders Assoc.meeting minutes	

EH1.3L	2	2005 GORI for OSS with objectives and measures for review and revision of information in all forms	Maintaining Your OSS system- rev. 4/05, 2005 GORI for OSS	2005 GORI for OSS
EH1.4L	2		Windermere Realty Presentation agenda and evaluation	

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		4th Q 2004 Report, April 2005 Newsletter with CD Notifiable conditions data for wastewater related illnesses	
EH3.2L	2	While wastewater illnesses are identified and reported monthly, there was no evidence of trending of illness key indicators. However, number of repairs to systems was trended over 3 years, which can be an indicator of health risk.	April 2005 Newsletter with CD illness info, 4th Q 2004 Report - OSS data section, OSS Logic Model	OSS Logic Model
EH3.3L	1	No evidence of plan for needed changes, if any	4/05 letter to DOE on TMDL document response	

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		Website link to County Code-- Title 18-Code Enforcement	
EH4.3L	0	No documentation of review of enforcement actions	County Title 18	
EH4.4L	2		OSS Code Enforcement Log	

Overall Program Score Totals: EH: Wastewater Management

% Demonstrates:	% Partially Demonstrates:	% Does not Demonstrate:
77%	15%	8%

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

LHJ: Kittitas 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		2004 GORI -- Immunizations	
AS3.3L	2	Performance could be strengthened by setting a target for number of children to be vaccinated in the Spring Clinic so that you could evaluate whether 70 children being vaccinated meets the goals or not.	4th Q 2004 Report-- Immunizations, 4/04 Spring Children's Clinic 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		4th Q 2004 report -- Immunizations and vaccine distribution; BOH minutes-12/04 approval of ConCon	
PP4.2L	1	No documentation on information how to select appropriate materials for staff use.	2002 KC Population statistics, Immunization flyers in Spanish--2	
PP4.3L	2		KC Immunization Survey, April 2004 Spring Clinic Evaluation Project Report, 4th Q 2004 Report--- Immunizations, 2003 Immunization Report	

PP4.4L 2

PH nurse II job description

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 performance results are used to improve program or revise curricula	Immunization Program GORI, Evaluation of 2004 Immu Clinics, 4th Q 2004 Report-Immunizations	
PP5.4L	0	No evidence of training in health promotion methods in this documentation	Training document	

Overall Program Score Totals: PP: Immunizations

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

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

LHJ: Kittitas County Health District

Program: PP: Tuberculosis

Topic: 1. Understanding Health Issues

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AS3.2L	1	GORI for TB contains goals and objectives, but no performance measures, or any description of how data is used to evaluate program effectiveness	2005 GORI--- TB section	
AS3.3L	1	No evidence of analysis of progress toward goals	4th Q 2004 Report, BOH minutes-- 1/05	

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		BOH minutes with approval of ConCon, 4th Q 2004 Report of activities, 1/05 BOH report on TB case and funding	
PP4.2L	0	No documentation of health education materials or how information on selecting appropriate materials for staff use	2002 population statistics	
PP4.3L	1	Documentation includes numbers of services, but no evidence of evaluation against performance measures or use for program improvement	4th Q 2004 Report	

PP4.4L 2

Staff training in 3/05 Infectious Disease conference, Epi Road Show, and 10/04 annual TB meeting

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 if or how data are used to improve program or revise curricula	2005 GORI, 4th Q 2004 Report	
PP5.4L	0	Does not include any health promotion content or courses	Example of training documentation	

Overall Program Score Totals: PP: Tuberculosis

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

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

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

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

EH3.1L	2	Demonstrates
EH3.2L	2	Demonstrates
EH3.3L	1	Partially demonstrates
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	2	Demonstrates
PP1.3L	2	Demonstrates
PP2.1L	2	Demonstrates
PP2.2L	1	Partially demonstrates
PP3.1L	2	Demonstrates
PP3.2L	2	Demonstrates
PP3.3L	2	Demonstrates
PP3.4L	2	Demonstrates
PP4.1L	2	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	1	Partially demonstrates
AC1.2L	2	Demonstrates

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