

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

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.

EH and PP programs had not been selected from menus except for Wastewater Management. Coordination with OCHD Administrator and staff resulted in documentation for Immunizations, Food Safety, and Nutrition and Physical Activity programs. Staff located appropriate documentation and the reviewers completed a full assessment of the four programs.

Strengths

- The amount and depth of assessment activities including data, analysis, and comprehensive presentation for numerous public health issues provides useful and easily understood information for the public and community groups, especially the Annual Report aligned with the standards, EH tracking, reporting and training.
- The materials for orientation of the Board of Health and the comprehensiveness of the information submitted to the BOH for discussion and action on community health issues,

especially the letter to the BOH for comprehensive sex education and approval of the Consolidated Contract is impressive.

- The extensive and innovative LHJ involvement in community groups facilitates addressing priority issues, for example distributing gun locks at the Food Handlers Training sessions, and for building relationships with providers through vaccine delivery and office visits.
- The EH work on revisions to policies, procedures, and enforcement protocols, especially the related OSS Designer Manual for training, provides good basics for educating community members on EH requirements.
- The OCHD website provides comprehensive useful information, including how to contact the LHJ for CD incidents or health threats.

Areas for Improvement

- Build on the assessment work and the planning retreat for the Strategic Plan/Annual Plan by establishing goals, objectives and specific performance measures for LHJ program activities.
- Evaluate program effectiveness by monitoring against the performance measures, training sessions, and conducting self-audits of CD investigations and of environmental health enforcement actions to assure staff compliance with procedures and protocols.
- Assure that the Emergency Response Plan contains roles and responsibilities specific to CD and EH staff rather than general instructions.
- Identify goals and objectives for access to critical health services and monitor access to identify gaps and opportunities for improvement.

The Performance Assessment Approach

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

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

During the site review, an independent consultant and an internal DOH reviewer evaluated the documents and scored each measure. When the reviewer had questions regarding the documentation, an informal interview was conducted with the appropriate manager or staff person. In addition, potential exemplary practice documentation was requested from each site. The on-site reviews concluded with an exit interview in which general strengths and opportunities for improvement were discussed, and feedback on the Standards and assessment process was obtained. All of this information has been compiled into a system-wide report, with recommendations regarding the next steps for the system.

Results of the Site Review

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

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

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

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

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

This report provides you with the following information:

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

- 9 = not able to rate [did not participate at a topic area level]

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

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

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

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

Peer Groupings

<i>Small Town/Rural</i>	<i>Mixed Rural</i>	<i>Large Town</i>	<i>Urban</i>
Adams	Clallam	Asotin	Benton/Franklin
Columbia	Grays Harbor	Chelan/Douglas	Clark
Garfield	Island	Grant	Cowlitz
Jefferson	Mason	Kittitas	King
Klickitat	Skagit	Lewis	Kitsap
Lincoln	Skamania	Walla Walla	Pierce
NE Tri-County		Whitman	Snohomish
Okanogan			Spokane
Pacific			Thurston
San Juan			Whatcom
Wahkiakum			Yakima

Next Steps

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

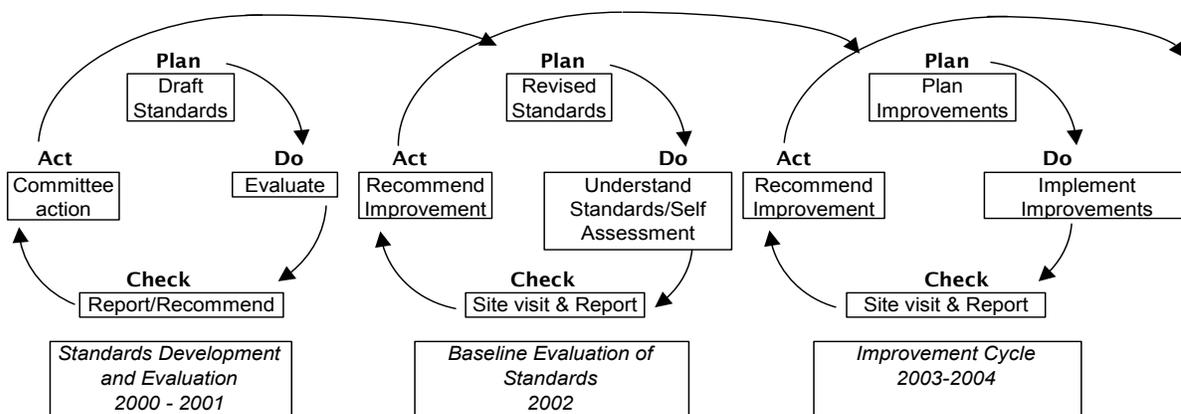
Next, select the areas where you want to improve your performance. All of the information provided in this report is intended to support improvement of your organization’s work on behalf of the citizens in your community and Washington State. After you have had a chance to digest this report and share it with staff and your Board of Health, you should review the data again to

determine which areas of your work might benefit from a *focused improvement process*. Develop a brief, but specific and doable work plan—don't try to improve everything at once!

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

- **Exemplary practices:** The Exemplary Practices Compendium provides you with documentation from many of the LHJs in Washington State. Potential exemplary practice documents were gathered from each of the sites and the very best examples for each measure will be organized into an electronic tool kit. This material will be available by year-end 2005 at www.doh.wa.gov/phip/Standards/BestPractices/StandardsExemplaryPractices.htm.
- **Statewide initiatives** projects such as the implementation of the Public Health Issue Management System (PHIMS) for communicable disease and the Assessment in Action project to build assessment capacity at the local level also support improvement of practice and documentation. Based on the recommendations in the system-wide report, the PHIP process will adopt additional statewide initiatives related to the measures.

Finally, begin preparing now for the next performance assessment. The assessment process itself has been conducted using quality improvement principles and methods, including the Plan-Do-Check-Act cycle. As shown below, the standards field test in 2000, the baseline in 2002, and this 2005 performance assessment are all part of the cycle of continuous quality improvement. The next cycle is planned for 2006-08, with site visits probably occurring in the spring of 2008.



Strategies for building on your current performance:

- Save the documentation you have used in this assessment as a good starting point for continuing to identify documentation for demonstrating performance.
- Establish an electronic document library for collecting documentation and facilitating the use of an electronic format for the next assessment. This cycle there were three LHJs that used an electronic format for all their documentation. These sites stated that the electronic preparation was much easier and helpful to the process than making paper copies of the documentation.

- Adopt or adapt as many exemplary practices as possible to improve your performance against the measures. There is no reason to “re-invent the wheel”, when another LHJ may have an excellent process or documentation method that you can start using with less time and effort.
- Participate in regional or state-wide improvement efforts that are identified through PHIP work, or other multi-disciplinary efforts, such as the recent Assessment in Action effort to build capacity for assessment at the local level.
- Identify methods for getting technical assistance from state programs, or from other LHJs that may have targeted the same areas for improvement. Great gains can be made through sharing ideas and resources.

Again, we thank you for all your work in preparing for this 2005 performance assessment, and especially for the terrific work you do in protecting and promoting the health of the citizens of Washington State that we were privileged to review.

LHJ: Okanogan 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		Okanogan County Public Health 2004 Annual Report, Power Point Presentation to Okanogan BOH and Community Groups, HPSA reports-Medical & Dental 3/05	Okanogan County Public Health 2004 Annual Report, Power Point Presentation to Okanogan BOH and Community Groups
AS1.2L	2		Website with links to Current County PH Issues	
AS1.3L	2		Assessment of Chlamydia STD rates/Presentation to Board followed by letter to School Superintendents and School Boards	Assessment of Chlamydia STD rates/Presentation to Board followed by letter to School Superintendents and School Boards
AS1.4L	2		BOH and Community PowerPoint Presentations, 2003/2004 Annual Activity Reports- data is defined and measured within PowerPoint reports	
AS1.5L	2		Resume of key assessment staff, Three staff attending Epi Road Show 3/05, Vista Training, PHIMS training	

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		BOH minutes, 6/04 report. Comm presentations-West Nile Virus, Tobacco Prev, Handwashing. PH Planning Day-topics Trauma and Accident Reduction, Oral Health & Fluoridation, Comp.Sex Ed., Annual Rpt 2004	
AS2.2L	2		Mo. BOH Report and Presentations, 2003/2004 Annual Report, Board of Health Orientation Manual/ CD-Rom PowerPoint, 1/05	Board of Health Orientation Manual/CD-Rom, PowerPoint, 1/05
AS2.3L	2		BOH Mo. Reports, 2003/2004 Annual Report, ex. Chlamydia, STD's data resulting in rec/letter to School Boards and Superintendent for Comprehensive Sex Ed, Accidental death rates-gun locks distributed	
AS2.4L	1	staff acknowledge lack of resources to systematically set annual goals and objectives in	2003/2004 Annual Report -Future Work, Staff Planning Day, 2004	
AS2.5L	2		Annual Reports 2003-2004 with future work identified, BOH Mo.reports, Oral Health Rpt to coalition	

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 documentation on evaluation of public health programs	BOH Monthly Meetings, BOH Orientation Manual 1/05, 2004 Annual Report	

AS3.2L	1	
AS3.3L	1	
AS3.4L	0	no documentation provided, staff state lack of resources and funding to meet this standard
AS3.5L	0	no documentation provided, staff state lack of resources and funding to meet this standard

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		Oral Health Coalition, Steps to Healthier Future Meetings, Agenda5/05	
AS4.2L	2		2004 Annual Report, Chlamydia/Comprehensive Sex Education, Teen Pregnancy Prevention RFP, Accidents and Trauma-Development of Safety Coalition, Proposal for funding comm.	Accidents and Trauma-Development of Safety Coalition, Proposal for funding community
AS4.3L	0	no documentation provided, staff state a lack of resources and funding to meet standard		
AS4.4L	0	no documentation provided, staff state lack of resources and funding to meet standard		

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>
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AS5.1L	2	HIPPA and Confidentiality policies and manuals/training, Confidentiality policies, data sharing for Healthy Youth Survey, 2002, 2004
AS5.2L	2	PHIMS confidentiality and security documents,- digital certificates, Secure Network passwords

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%	53%	56%
% Partially Demonstrates	19%	28%	24%
% Does not Demonstrate:	19%	19%	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		Telephone book-referral to 911, 24/7 contact list, distributed to law enforcement 3/05	

CD1.2L	2	CD Reporting and Resource Manual, memo and distribution list 4/05, Contact Info and Reporting protocols on CD-Rom provided to county hospitals & OC Emergency Management, website
CD1.3L	2	BOH Orientation Manual, 2004 Annual Report, BOH PowerPoint Presentation
CD1.4L	2	CD Reporting & Resource Manual, U Drive Comm Disease Protocol, last update 3/05
CD1.5L	2	BOH Mo. Minutes, 2003, 2004 Annual Report, Database of CD indicators
CD1.6L	2	Reporting & Resource Manual, screen prints for initial reports, TB tracking log, PHIMS
CD1.7L	2	TB Provider Training, Zoonotic Disease, Risk Communication Training, Medical Epidemiologist presentation, CDC Rapid Testing for HIV, Statewide Hepatitis C Conference

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		CD Reporting and Resource Manual provided to hospitals and health care providers, 24/7 contact information, list of community agencies who have listing of all weekday and after hours emergency contact	

CD2.2L	2	CD Resource & Reporting Manual, 24/7 Contact information mailed to clinics, EMS, Fire Dept., Schools, Cities,
CD2.3L	2	CD Resource & Reporting Manual has CD Protocol updated 3/05

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		Database List of Healthcare Providers and Agencies for Client Referral, link to MD Report by Clinic, Group email lists for providers, media, dentists. Community Resources Directory, 2004	Community Resources Directory, 2004
CD3.2L	2		Memo to Medical Providers on: Pertussis 9/04, Mexican Immunization Records 6/04, PH Alert for Child Care Settings-Staph Infections, TB Provider Training, Notifiable Conditions for CD	
CD3.3L	1	policies and procedures are not part of documentation	Procedures/ Protocols on CD provided to hospitals & labs. Emergency Response Plan adapted for CD protocols. Reviewed by -Emergency Preparedness Tabletop Exercise 4/05	
CD3.4L	0	no documentation provided, however evaluation of tabletop exercise for emergency response to pandemic flu outbreak 4/05 could be used for this		
CD3.5L	2		Communicable Disease Access Database, PHIMS	
CD3.6L	2		PHN job descriptions require training CD investigation, treatment and follow-up	

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		Media contact list, Email listing of media contacts for press release, Health Alerts sent out to provider list serve	
CD4.2L	2		List of media and providers updated and maintained in database	
CD4.3L	2		Communicable Disease Management Protocol, 3/05 defines Management Team and notifying local media	
CD4.4L	2		All staff have received risk communications training as documented in training logs, certificates of completion	

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		After Action Reports, White Powder Incident, PH Table Top After Action	
CD5.2L	1	No evidence of After Acton Reports and training reported to BOH		
CD5.3L	0	No documentation provided		
CD5.4L	0	Staff report establishing relationships with Canada, Border Protection, APHIS and FDA, as well as liaison with Colville Confederated Tribes, however no documentation provided		

CD5.5L	2	In-Service on Core Curriculum for TB Control for PH workers and community, 8/04 Training logs for all staff
CD5.6L	2	Database on Investigations, MRSA outbreak and responses

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	81%	61%	62%
% Partially Demonstrates	8%	22%	22%
% Does not Demonstrate:	12%	16%	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 1

EH1.4L 1

Standard 2: Services are available throughout the state to respond to environmental events or natural disasters that threaten the public's health.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH2.1L	2		OCPH main number in phone book, After-hours message to call 9-1-1, OCPH 24/7 Response Plan with contacts 24 numbers for county Dispatch Center	
EH2.2L	2		OC Comprehensive Emergency Management Plan (CEMP), Draft 2004-Local Bioterrorism ERP for OCPH-Annex IV, 6/2/2004 White Powder incident, 5/12/04 Tabletop After-Action	
EH2.3L	2		OC CEMP, OCPH Bioterrorism ERP-2004, OCPH Emergency Information Control Center on CD/ROM, Region 7 OCPH After-Action Report-	OCPH Emergency Information Control Center on CD/ROM
EH2.4L	2		OCPH Bioterrorism ERP-2004, ICS Train-the -trainer session, 5/05 staff meeting on ERP and ICS	

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		OCPH website based information on OSS with county code, regs and forms, OSS Installation brochure-Spanish, OSS	
EH4.2L	1			
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 :	63%	47%	53%
% Partially Demonstrates :	38%	33%	30%
% Does not Demonstrate:	0%	19%	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		Obesity Prevention Workgroup, Community Forum-5/17/05-STEPS, Healthy Child Care -Community Plan-2004-2005, Okanogan County Oral Health Coalition	
PP1.2L	2		7/04 BOH minutes- approval of Consolidated Contract, 6/04 BOH	

PP1.3L	1	Documentation of data from program evaluation was not presented	1/05 BOH PPT for Orientation, Maternal and Child Health, Tobacco, and Oral Health 2005-2006 ConCon Statements of Work
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Standard 2: Active involvement of community members is sought in addressing prevention priorities.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
PP2.1L	2		Oral Health Coalition, BOH Orientation presentation, Talking Heads meeting, North Central EMS & Trauma Care Council letter	
PP2.2L	0	Risk Communication training is evaluated in other measures	No documentation provided	

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		OCPH website, Community Resources Directory	
PP3.2L	2		3/05 PC HPSA Designation Request for Central Okanogan County and North Okanogan County, Oral Health Coalition Manual and materials, Healthy Youth Survey PPT	
PP3.3L	2		BOH minutes 6/04, 7/04, and 1/05 and BOH Orientation PPT, Community Forum minutes, Oral Health Coalition, Healthy Youth Survey PPT to BOH	
PP3.4L	0		No documentation provided	

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		Family Planning Contract, HIV contract, ABCD program description, Steps to a Healthier US, Tobacco Program	
PP5.2L	0		No documentation provided	
PP5.3L	0			
PP5.4L	1			

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

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
% Demonstrates :	53%	48%	48%
% Partially Demonstrates :	24%	31%	31%
% Does not Demonstrate:	24%	20%	21%

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

Topic: 5. Helping People Get the Services They Need

Standard 1: Information is collected and made available at both the state and local level to describe the local health system, including existing resources for public health protection, health care providers, facilities, and support services.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AC1.1L	2		Oral Health Coalition, HPSA request for medical and dental, Steps to Healthier US- Asthma PowerPoint, 3/05, Obesity	
AC1.2L	2		Resource Directory, 2004 for client referrals, email address lists of providers by type	

AC1.3L	2	Oral Health PowerPoint 4/04, HYS presentation, BOH Meeting, 10/04 -Discussion of Uncompensated Care
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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	2		HPSA Survey of Providers for Medical and Dental, 8/04, Oral Health Access PowerPoint on Fluoridation and access data, HYS 2002, 2004	
AC2.2L	2		BOH presentation on un compensated care, unintended injury, adolescent pregnancy, child mortality, low birth weight, preterm delivery, Chlamydia infection, 10/04	
AC2.3L	2		BOH PowerPoint presentation on uncompensated care and health issues, 10/04, Annual Report 2003,2004	

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/Meetings, Meetings for HPSA Process-Provider Survey. Steps to Healthier US, Regional Trauma Meetings	
AC3.2L	2		Oral Health Coalition meeting minutes,4/05, Steps to Healthier Future 3/05, Chlamydia & Comprehensive Sex Education 6/04	

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	no documentation provided		
AC4.2L	0	no documentation provided		

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

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
% Demonstrates	73%	47%	52%
% Partially Demonstrates	0%	19%	16%
% Does not Demonstrate:	27%	34%	32%

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

Overall Score Totals: Okanogan County Health District

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
% Demonstrates:	67%	53%	55%
% Partially Demonstrates:	18%	27%	25%
% Does not Demonstrate:	15%	20%	20%

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

LHJ: Okanogan 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	1	Performance measures are not stated in documentation provided	Chapter 246-272A, 2004 OCPH Annual Report, Draft Policies and Procedures- OSS-2/05, OCPH OSS Disposal Regulation- 2003	2004 OCPH Annual Report, Draft Policies and Procedures- OSS-2/05,
AS3.3L	1	Annual report shows monitoring of OSS activities, but no evidence of data analysis such as comparison to targets, goals or past performance	2004 OCPH Annual 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		Developing Your Dream flyer, Permit procedures and forms, Keep Okanogan Waters Clean brochure, Newspaper articles, OCPH website for EH	OCPH website for EH
EH1.2L	2		OSS Designer meeting- 11/04, 1/05; 2004 Designer Meeting- OSS Disposal Program PPT, 3/05 Designers letter-Updated OSS Policies	2004 Designer Meeting- OSS Disposal Program PPT

EH1.3L	2		OSS Designer Manual and related materials-- recent revision due to OSS reg changes, 2005 Designers meeting PPT, Designers Manual
EH1.4L	1	No documentation of evaluation of workshops or training sessions for effectiveness	2005 Designers Manual and PPT

Standard 3: Both environmental health risks and environmental health illnesses are tracked, recorded, and reported.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH3.1L	2		2004 Annual Report, BOH 6/8/04 minutes, BOH Community Partnership-OCPH PPT,	BOH Community Partnership-OCPH PPT
EH3.2L	2		OCPH BOH PPT, 2004-2005 On-Site complaint log, Access database for EH complaints with complaint report forms	
EH3.3L	1	No documentation of a plan for addressing 2005 goal	6/04-Letter to DOH with comments on Proposed revisions to State OSS regulations, 2004 Annual report with future goal for OSS	

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	No evidence of type of documentation for enforcement actions	OCPH OSS Disposal Regulations,	
EH4.3L	1	It is unclear how the installation issues were identified, and there is no specific documentation of a review of selected enforcement actions to evaluate compliance and effectiveness	OSS PPT with 14 Installation Issues	

EH4.4L	2	Complaint log and EH Access database for OSS permitting
EH4.5L	2	Forensic course for OSS Failures,

Overall Program Score Totals: EH: Wastewater Management

% Demonstrates:	% Partially Demonstrates:	% Does not Demonstrate:
54%	46%	0%

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

LHJ: Okanogan 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	No description of performance measures or of systematic process for use of data to evaluate program effectiveness	OCPH Food Program Policy- 1/05 draft,	OCPH Food Program Policy- 1/05 draft,
AS3.3L	2	Great analysis of food borne illness	2004 Annual Report, 1/05 BOH Orientation PPT with EH data and analysis,	

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		OCPH website, Flyers and Rule Revision brochures, Yearly Food Program newsletter	
EH1.2L	1	Insufficient evidence to demonstrate community involvement in addressing Food Program issues	Food Program Newsletter, BOH PowerPoint	

EH1.3L	1	not all brochures and materials have been reviewed annually	Rule Revision brochure, Food Program Policy, Event Organizers Memo, BBQ Food Safety and Potluck and Picnic Safety Tips brochure	Event Organizers Memo
EH1.4L	1	No documentation of evaluation of training or workshop effectiveness	Food Program Policy-- 1/05 draft, Food Rule brochures and video	Food Program Policy-- 1/05 draft

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		Website, numerous PowerPoint presentations	
EH3.2L	2		PPT charts and data with Food borne Illness indicators, Food Access database, OCPH Complaint/Inquiry form, EpiTrends online	
EH3.3L	1	No documentation of improvement plan	Rule revisions, Draft Food Policy Revision, revised training sessions	

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		Food Program Regs, Rule and OCPH Policy-draft 1/05	OCPH Food Program Policy-draft 1/05
EH4.3L	1	No documentation of a review of selected enforcement actions for compliance or effectiveness	Food Inspection form-completed, OCPH Enforcement letter example, Food Access database, Complaint/Inquiry database	
EH4.4L	2		Food inspection reports, complaint database	

Overall Program Score Totals: EH: Food Safety

% Demonstrates:	% Partially Demonstrates:	% Does not Demonstrate:
54%	46%	0%

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

LHJ: Okanogan 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		Immunization Manual, AFIX reporting requirements and database, Provider Clinic Tool	
AS3.3L	1	AFIX report is from 2001-2002	AFIX 2001-2002 Report, Provider Clinic Site Visit Tool- completed	

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		7/04 BOH minutes-- adoption of Con Con	
PP4.2L	1	No documentation of how to select appropriate materials for staff to use	Spanish Immunization brochures	
PP4.3L	1	Unclear how data are used to improve program performance.	2004 Annual Report, AFIX report-2001-2002	
PP4.4L	2		2 staff job descriptions	

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	0		No documentation provided	
PP5.4L	0		No documentation provided	

Overall Program Score Totals: PP: Immunizations

% Demonstrates:	% Partially Demonstrates:	% Does not Demonstrate:
38%	38%	25%

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

LHJ: Okanogan 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	Table contains process measures, short term and Intermediate outcomes information,	STEPS to a Healthier US-- Planning table Community Domain: Year 2	
AS3.3L	1	Some data and analysis are presented, but no specific reports of progress toward goals	STEPS Welcome PPT, STEPS report, Asthma and Children PPT, Obesity PPT	

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		7/04 BOH minutes, STEPS Program Manual	
PP4.2L	1	No documentation of how to select appropriate materials for staff to use	Brochures for Obesity, Asthma, Diabetes in English and Spanish	
PP4.3L	1	Unclear if program evaluation has been conducted or how data are used to improve program effectiveness	STEPS reports, Asthma and Diabetes data in PPTs	
PP4.4L	2		2 staff nurse job descriptions, staff training log with 5 STEPS training	

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	0		No documentation provided	
PP5.4L	2		Training logs with STEPS training sessions	

Overall Program Score Totals: PP: Nutrition & Physical Activity

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

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

Okanogan 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	1	Partially demonstrates
AS3.2L	1	Partially demonstrates
AS3.3L	1	Partially demonstrates
AS3.4L	0	Does not demonstrate
AS3.5L	0	Does not demonstrate
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	2	Demonstrates
CD1.3L	2	Demonstrates
CD1.4L	2	Demonstrates
CD1.5L	2	Demonstrates

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

3. Assuring a Safe, Healthy Environment for People

<i>Measure</i>	<i>Score</i>	<i>Compliance Demonstration</i>
EH1.1L	2	Demonstrates
EH1.2L	1	Partially demonstrates
EH1.3L	1	Partially demonstrates
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	2	Demonstrates
EH3.3L	1	Partially demonstrates
EH4.1L	2	Demonstrates
EH4.2L	1	Partially 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	1	Partially demonstrates
PP2.1L	2	Demonstrates
PP2.2L	0	Does not demonstrate
PP3.1L	2	Demonstrates
PP3.2L	2	Demonstrates
PP3.3L	2	Demonstrates
PP3.4L	0	Does not demonstrate
PP4.1L	2	Demonstrates
PP4.2L	1	Partially demonstrates
PP4.3L	1	Partially demonstrates
PP4.4L	2	Demonstrates
PP5.1L	2	Demonstrates
PP5.2L	0	Does not demonstrate
PP5.3L	0	Does not demonstrate
PP5.4L	1	Partially demonstrates

5. Helping People Get the Services They Need

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

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