

Standards for Public Health in Washington State: 2005 Performance Assessment Report Local Health Jurisdictions Report for: Yakima 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 extensive involvement of the Board of Health in discussing community health issues, especially in the annual Budget Retreat and the protocol for using assessment information in the BOH and management decision making process will provide a good basis for data-driven decisions.
- The regular and detailed information provided to the public in the Yakima Health Department Bulletins is an effective method for getting information out to the community.
- The processes for educating providers on reportable conditions with the visits to provider offices and the Notifiable Conditions Manual should enhance the consistency of reporting and facilitate building relationships with the provider community.

- The quantifiable performance measures found in the Breast and Cervical Health Program provide specific measurement for program effectiveness and enhance the ability to improve program activities.
- The comprehensiveness and extensive staff involvement in Emergency Preparedness and Table Top activities provide for training and promote cross-agency coordination.

Areas for Improvement

- Continue efforts to build website data links to provide community members with better access to community health information.
- Establish performance measures directly linked to goals and objectives, conduct data analysis and monitoring of performance measures for outcomes or health status in addition to the currently reported productivity measures. 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.
- Adopt or adapt a comprehensive Communicable Disease Manual with disease specific protocols from the several excellent manuals currently available in other LHJs.
- 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.
- Implement and/or document staff training in program evaluation methods and in quality improvement tools and methods.
- Improve documentation of activities and decisions by including conclusions, planned interventions and actions in all meeting minutes and in reports of work to improve access to critical health services.

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

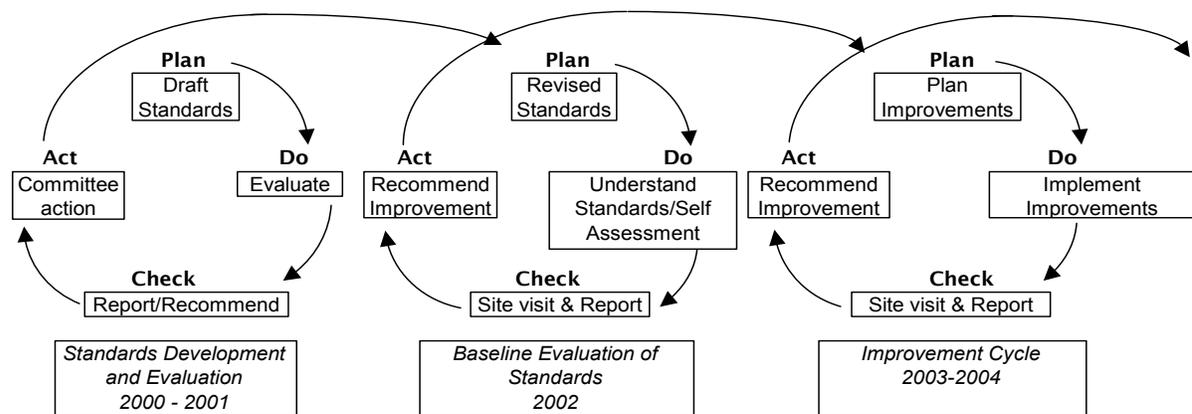
First, celebrate what you have accomplished. In the two and a half year period between the 2002 Baseline Evaluation and this performance assessment, it was clear to the site reviewers that improvements had been developed and implemented. Again, thank you for all of your hard work every day, and especially 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: Yakima 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	1	Limited information is available to the community	Health District web site	
AS1.2L	0	No documentation available		
AS1.3L	0	No documentation available		
AS1.4L	1	Data on notifiable conditions was available. However, there was no documentation community health status. No documentation was presented regarding data being tracked.	Yakima Health District bulletins	
AS1.5L	0	No documentation available		

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	1	A TB presentation was provided that shows assessment data. However, no documentation was provided that demonstrates who received the information and if any further review or use of the data was done.	TB PPT presentation	

AS2.2L	2		Minutes 2004-03, 2003 YTTD Report
AS2.3L	1	No documentation was provided that demonstrates the process used to gather data or to develop recommendations for policies or actions on emerging health issues	Local capacity development application 2005, Work plan for 2005
AS2.4L	0	No documentation was provided that demonstrated assessment of changing or emerging health issues was part of the annual goals and objectives	
AS2.5L	0	No documentation was presented that identifies a core set or indicators or that core indicators are tracked.	

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		2005 Report, March 2004 BOH minutes, YHD Annual Report 2003	
AS3.2L	1			
AS3.3L	1			
AS3.4L	0	This standard requires staff to demonstrate training in evaluating performance and program effectiveness. No evidence of staff training was provided.		
AS3.5L	2		Quarterly Report April - June 04.doc (breast and cervical cancer)	

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	This measure envisions community involvement in addition to the BOH. No evidence of other community involvement in review of health data and recommendations for action.	Animal bites - prevention and control ppt	
AS4.2L	2		YHD Annual Report 2003, BOH minutes 3/31/04	
AS4.3L	2		Assessment Protocol	
AS4.4L	2		BCHP Performance Indicator Tracking and Evaluation, Quarterly Report April-June Breast and Cervical Cancer	

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	1	The confidentiality policy referenced individual program policies that were to contain detailed information on how to handle confidential information. No documentation of the program policies was presented	Confidentiality Policy	
AS5.2L	2		Protocol for Transfer Clients and Export/Import, FAX cover sheet	

Score Totals for Topic 1. Understanding Health Issues

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
% Demonstrates:	33%	69%	56%
% Partially Demonstrates:	38%	22%	24%
% Does not Demonstrate:	29%	10%	20%

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

Topic: 2. Protecting People from Disease

Standard 1: A surveillance and reporting system is maintained to identify emerging health issues.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
CD1.1L	2		Phone book, Answering service document (EH 2.3)	
CD1.2L	1	There is a very nice provider resource book which has been given to all medical providers. However, this standard also requires a process to identify new providers to the community. No evidence was presented about this process.	Provider Resource Book, List of Providers	
CD1.3L	2		Notifiable Conditions Report, BOH minutes 3/31/04	

CD1.4L	1	This measure requires that guidance be available on receiving notifiable conditions information and providing information to the public. Documentation did not provide evidence for this requirement.	PHIMS Information, CD data flow
CD1.5L	1	No list of core health indicators was provided.	CD Report,
CD1.6L	2		PHIMS information
CD1.7L	1	This measure requires staff training in the reporting of communicable disease. PHIMS training is not sufficient to meet this standard.	PHIMS Training

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		Yellow pages, DOH red book	
CD2.2L	2		Provider handbook, notifiable conditions poster, poster mailing list	
CD2.3L	0	This standard envisions a policy or procedure for addressing "routine" disease outbreaks. The information provided on emergency response doesn't provide sufficient detail to address this standard.		

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		4people.org, BCHP Provider list, sources for referrals	

CD3.2L	2		YHD bulletins, mailing lists
CD3.3L	1	No documentation provided that demonstrated evaluation of staff activities for compliance with protocols and state statutes.	Provider Resource Book, Pertussis Trophy 2001, Isolation and Quarantine Manual, CD case reports, PHIMS
CD3.4L	0	No documentation provided.	
CD3.5L	0	No documentation provided	
CD3.6L	2		Documentation of CD training, staff resumes

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		Flu vaccine update, press release for flu shots	
CD4.2L	1	This standard envisions this information being consolidated into a CD manual. The documentation provided does demonstrates that lists are available but not that they are in a central location with other CD information.	Media lists, Medical Providers list	
CD4.3L	0	No documentation provided.		
CD4.4L	1	No list of staff with lead roles was provided	List of staff with risk management training - 4/2/02	

Standard 5: Communicable disease and other health risk responses are routinely evaluated for opportunities for improving public health system response.

CD5.1L	1	No list of outbreaks was provided. Evaluations of the outbreak responses were not provided.	Botulism updates, WNV Debriefs
CD5.2L	0	No evidence was provided to demonstrate that information on black tar outbreak was discussed with BOH	
CD5.3L	0	No documentation provided	
CD5.4L	0	This standard requires that issues identified in outbreak evaluations are addressed in goals and objectives for the CD program. No documentation was presented about specific goals and objectives for the CD program.	
CD5.5L	2		Certificates of completion for CD training
CD5.6L	0	No documentation provided	

Score Totals for Topic 2. Protecting People from Disease

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
% Demonstrates:	38%	75%	62%
% Partially Demonstrates:	31%	17%	22%
% Does not Demonstrate:	31%	8%	16%

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

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

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH1.1L	2			
EH1.2L	0			
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		Yellow pages with 24 hour answering service number	
EH2.2L	1	No documentation of after-action debrief presented	YHD Comprehensive Emergency Management Program (CEMP)- 6/03, 12/03 YHD Emergency Response Plan (ERP), Region 8 Functional Exercise After- Action debrief	
EH2.3L	1	Phone list indicates EH service linked to individual staff, information for public related to 24/7 phone contact, with no evidence of public information on accessing critical EH services during an emergency.	Attachment A Phone list, answering service flowchart, 2/05 draft 24/7 Notification and Activation Plan, Region 8 Functional Exercise After- Action debrief	answering service flowchart, 2/05 draft 24/7 Notification and Activation
EH2.4L	2	Policy describes YHD Duty officer responsibilities and ERP describes general areas of responsibility for response.	Draft 24/7 Policy, YHD ERP-12/03, 11/04 BT tabletop, 2/05 YHD exercise,	

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	0			
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		YHD Website links to WACs, RCWs and Codes	
EH4.2L	2			
EH4.3L	0			
EH4.4L	0			
EH4.5L	0			

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:	38%	63%	53%
% Partially Demonstrates:	31%	29%	30%
% Does not Demonstrate:	31%	8%	16%

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

Topic: 4. Prevention is Best: Promoting Healthy Living

Standard 1: Policies are adopted that support prevention priorities and that reflect consideration of scientifically-based public health literature.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
PP1.1L	2		04 Population Review excel, 3/04 BOH minutes- re: 2003 Annual Report, Health Coalition weekly meetings- 4/8/05 agenda	
PP1.2L	2		2005 Local Support funding Summary, 10/04 BOH minutes adopting the 2005 budget, Budget Workshop PPT	
PP1.3L	0		No documentation provided	

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		04 Population Review excel, Yakima County Health Coalition membership roster, 4/8/05 Health Coalition agenda	
PP2.2L	1	While AARs indicate coordination and working with other community agencies, these exercises are focused on emergency procedures, and not on mobilizing community for prevention and promotion activities	12/04 AAR debrief Report, 2/05 BTFX After-Action Report, 11/04 Bioterrorist attack on Food AAR	

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>
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PP3.1L	2		YHD website -- Child Care and other sites
PP3.2L	0	No documentation of evaluation of prevention services or of completed gap analysis was presented.	2/05 BOH approval for gap analysis to be conducted by United Way in 2005
PP3.3L	0		No documentation provided
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		YHD website home page, Child Care contract, Immunization services in the Con Con	
PP5.2L	0		No documentation provided	

PP5.3L	1
PP5.4L	0

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

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
% Demonstrates:	41%	58%	48%
% Partially Demonstrates:	24%	28%	31%
% Does not Demonstrate:	35%	14%	21%

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

Topic: 5. Helping People Get the Services They Need

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AC1.1L	1	No documentation was provided that describes the set of critical health services being tracked or the results of an analysis.	Access to Health Care Forum agenda	

AC1.2L	2		YAKI matrix, BCHP forms, web site information
AC1.3L	1	It is apparent from the supporting document below that some work is being done in this area. However, no documentation was provided on the use of assessment data to identify gaps in capacity.	DOH letter designating a low-income/migrant farm worker dental care health professional shortage

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 was provided that showed a data tracking and reporting system for key measures of access.	Health Care Coalition Survey	
AC2.2L	1	No documentation was provided that showed an analysis of gaps in access to critical health services	Breast and Cervical Cancer matrix	
AC2.3L	1	No documentation was provided that shows that the Breast and Cervical Cancer program information was presented to the BOH.	BCHP year end summary	

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	No documentation was provided to show the information that was presented at the Forum. No information was provided on the conclusions and outcomes of the Forum	Access to Health Care Forum Agenda	
AC3.2L	1	No documentation was provided demonstrating coordination of access to critical health services	BCHP Goals and Objectives	

AC3.3L 2

Breast and Cervical Cancer matrix, BCHP
Action Plan component

Standard 4: Quality measures that address the capacity, process for delivery and outcomes of critical health services are established, monitored, and reported.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AC4.1L	2		BCHP AAPQR Component, Provider performance evaluation	
AC4.2L	0	No documentation was provided that demonstrated quality improvement training for staff		

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:	27%	69%	52%
% Partially Demonstrates:	64%	15%	16%
% Does not Demonstrate:	9%	16%	32%

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

Overall Score Totals: Yakima Health District

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
% Demonstrates:	36%	67%	55%
% Partially Demonstrates:	35%	22%	25%
% Does not Demonstrate:	29%	10%	20%

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

LHJ: Yakima Health District

Program: EH: Drinking Water

Topic: 1. Understanding Health Issues

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AS3.2L	1	Some description of work could be considered objectives, but no evidence of performance measures or of a description of how data is used to evaluate program effectiveness.	DW JOP Statement of Work	
AS3.3L	1	Documentation shows monitoring of activities, but no evidence of analysis or reporting progress toward goals	Group B Program 4th Quarter 2004 Year Report, 2003 EH Statistical 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		Exemption letter for group B, Fact Sheet for compliance requirements, Level II customer assistance calendar, District website- DW Program Overview	
EH1.2L	0		No documentation provided	
EH1.3L	0		No documentation provided	

EH1.4L	0		No documentation provided
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Standard 3: Both environmental health risks and environmental health illnesses are tracked, recorded, and reported.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH3.1L	2		Group B Program 4th Q 2004 Report, District website - DW Program review, Health District Bulletin-- Notifiable Conditions data, 3/04 BOH minutes with 2003 YCHD Annual Report	
EH3.2L	0		No documentation provided	
EH3.3L	1	Documentation of activity data, but no evidence of use for identifying internal or external improvements or of a plan to institute needed changes	Group B DW Program 4th Q 2004 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		Attachment 3- Group B Water System Enforcement Procedure-- 7/02	Attachment 3- Group B Water System Enforcement Procedure
EH4.3L	0		No documentation provided	
EH4.4L	0		No documentation provided	
EH4.5L	0		No documentation provided	

Overall Program Score Totals: EH: Drinking Water

% Demonstrates:	% Partially Demonstrates:	% Does not Demonstrate:
23%	23%	54%

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

LHJ: Yakima Health District

Program: EH: Water Recreational Safety

Topic: 1. Understanding Health Issues

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AS3.2L	0		No documentation provided	
AS3.3L	1	Documentation shows monitoring of activities, but no analysis or reporting of progress toward goals	2003 EH Annual Report -- Pools and Spas	

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		Level II assistance calendar, District Homepage - Pools and Camps website	
EH1.2L	0	This measure requires documentation of community involvement in EH issues, not demonstrated by this letter for relicensure.	Water Recreation letter-Reminder for License Renewal- 3/05	
EH1.3L	1	No documentation of all information being reviewed or updated annually	Letter for Pool Relicensure- 3/05, Spa Signage flyer(image not dated)	

EH1.4L	1	Good list of critical components for pools, but no documentation of workshops, such as agendas or presentation materials, and no documentation of evaluation of workshop or training sessions	Swim and Spa Pool Basic Inspection List
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Standard 3: Both environmental health risks and environmental health illnesses are tracked, recorded, and reported.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH3.1L	2		Health District Bulletin-- Notifiable Conditions data, Website Pools and Camps information, 3/04 BOH minutes with 2003 YCHD Annual Report	
EH3.2L	0		No documentation provided	
EH3.3L	0		No documentation provided	

Standard 4: Compliance with public health regulations is sought through enforcement actions.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH4.2L	2		WAC 246-260 Chapter	
EH4.3L	0		No documentation provided	
EH4.4L	0		No documentation provided	
EH4.5L	0		No documentation provided	

Overall Program Score Totals: EH: Water Recreational Safety

% Demonstrates:	% Partially Demonstrates:	% Does not Demonstrate:
23%	23%	54%

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

LHJ: Yakima 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	1	Reports contain goals and objectives, but no performance measures are identified.	Immunization SOW with reporting requirements, 2004 Immunization Report Form (ConCon) for Accountability, VFC, Adult Immu., and locally identified activity	
AS3.3L	1	Activities, interventions and accomplishments are described in these 4 reports with some description of progress toward goals, but no monitoring of performance measures or data analysis was presented	2004 Immunization reports for accountability, VFC, Adults, and locally identified activity	

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	PPT includes a list of programs conducted through community partners, voluntary programs, and programs funded by other sources, BOH adopted prevention priorities through budget approval.	2005 YHD Budget workshop PowerPoint, 10/04 BOH minutes with adoption of 2005 budget	
PP4.2L	1	No documentation of information on how to select appropriate materials was presented.	YHD Home page-- classes, brochures and flyers available in various other languages	

PP4.3L	0	No data presented, and no indication program evaluation or of how data will be used to improve programs.	Blank AFIX reporting format, 3 letters to clinics to schedule AFIX visits
PP4.4L	2		Immunization program coordinator job description,-1999, 2000 HepA pharmaceutical award

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	Goals and Objectives are presented, but no performance measures identified	Immunization report-- locally identified	
PP5.4L	0		No documentation provided	

Overall Program Score Totals: PP: Immunizations

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

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

LHJ: Yakima Health District

Program: PP: Child Care

Topic: 1. Understanding Health Issues

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AS3.2L	1	Documentation includes contractor and YHD responsibilities, and HCCW contains some goals and objectives, but no performance measures are present, or a description of how data are used to evaluate program performance.	Contract for Child Care vendor, 12/04 Completed Activities list, Community Plan for HCCW- 2004-2005	
AS3.3L	0	No data or analysis, or progress toward goals are presented.	HC"My Activities Start Page"- page 1	

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	PPT includes a list of programs conducted through community partners, voluntary programs, and programs funded by other sources. BOH adopted prevention priorities through budget approval.	Summary write-up of consultants activities for HCCW program, 2005 YHD Budget workshop PowerPoint, 10/04 BOH minutes with adoption of 2005 budget	
PP4.2L	1	No documentation of information on how to select appropriate materials was presented.	YHD list of STARS classes- Spanish, Culture Matters-- Y CC Coordinating Council flyer, YHD Home page-- classes, brochures and flyers available in various other languages	

PP4.3L	1	All data and information is reported at the state level and there is no documentation of how the results will be used to improve the program.	HCCW Evaluation Report 2003-2004, 1 example STARS training evaluation forms
PP4.4L	2		Infant/Toddler Training certificate, Oral Health certificate

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	Documentation does not include performance measures or local data related to child care or how data are used to improve the program or curricula	HCCW Community Plan- 2004-2005, HCCW Evaluation	
PP5.4L	0		No documentation provided	

Overall Program Score Totals: PP: Child Care

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

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

Yakima Health District

1. Understanding Health Issues

<i>Measure</i>	<i>Score</i>	<i>Compliance Demonstration</i>
AS1.1L	1	Partially demonstrates
AS1.2L	0	Does not demonstrate
AS1.3L	0	Does not demonstrate
AS1.4L	1	Partially demonstrates
AS1.5L	0	Does not demonstrate
AS2.1L	1	Partially demonstrates
AS2.2L	2	Demonstrates
AS2.3L	1	Partially demonstrates
AS2.4L	0	Does not demonstrate
AS2.5L	0	Does not demonstrate
AS3.1L	2	Demonstrates
AS3.2L	1	Partially demonstrates
AS3.3L	1	Partially demonstrates
AS3.4L	0	Does not demonstrate
AS3.5L	2	Demonstrates
AS4.1L	1	Partially demonstrates
AS4.2L	2	Demonstrates
AS4.3L	2	Demonstrates
AS4.4L	2	Demonstrates
AS5.1L	1	Partially 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	2	Demonstrates
CD1.7L	1	Partially demonstrates
CD2.1L	2	Demonstrates
CD2.2L	2	Demonstrates
CD2.3L	0	Does not demonstrate
CD3.1L	2	Demonstrates
CD3.2L	2	Demonstrates
CD3.3L	1	Partially demonstrates
CD3.4L	0	Does not demonstrate
CD3.5L	0	Does not demonstrate
CD3.6L	2	Demonstrates
CD4.1L	2	Demonstrates
CD4.2L	1	Partially demonstrates
CD4.3L	0	Does not demonstrate
CD4.4L	1	Partially demonstrates
CD5.1L	1	Partially demonstrates
CD5.2L	0	Does not demonstrate
CD5.3L	0	Does not demonstrate
CD5.4L	0	Does not demonstrate
CD5.5L	2	Demonstrates
CD5.6L	0	Does not demonstrate

3. Assuring a Safe, Healthy Environment for People

<i>Measure</i>	<i>Score</i>	<i>Compliance Demonstration</i>
EH1.1L	2	Demonstrates
EH1.2L	0	Does not demonstrate
EH1.3L	1	Partially demonstrates
EH1.4L	1	Partially demonstrates
EH2.1L	2	Demonstrates
EH2.2L	1	Partially demonstrates
EH2.3L	1	Partially demonstrates
EH2.4L	2	Demonstrates

EH3.1L	2	Demonstrates
EH3.2L	0	Does not demonstrate
EH3.3L	1	Partially demonstrates
EH4.1L	2	Demonstrates
EH4.2L	2	Demonstrates
EH4.3L	0	Does not demonstrate
EH4.4L	0	Does not demonstrate
EH4.5L	0	Does not demonstrate

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	0	Does not demonstrate
PP2.1L	2	Demonstrates
PP2.2L	1	Partially demonstrates
PP3.1L	2	Demonstrates
PP3.2L	0	Does not demonstrate
PP3.3L	0	Does not demonstrate
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	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	1	Partially demonstrates
AC2.3L	1	Partially demonstrates
AC3.1L	1	Partially demonstrates
AC3.2L	1	Partially demonstrates
AC3.3L	2	Demonstrates
AC4.1L	2	Demonstrates
AC4.2L	0	Does not demonstrate