

# **Standards for Public Health in Washington State: 2008 Performance Review Report**

## ***Adams County Health Department***

### **The Standards and the 2008 Performance Review**

Thank you for participating in the performance review 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 NACCHO Operational Definition.

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 2007-2008 Adams County Strategic Plan
- Monthly County Emergency meetings with minutes and the use of the All Staff meetings to review the LERP
- The use of PHIMS system for tracking CD reports and activities and the CD audit process and report
- The Client Satisfaction Survey and process, with early results
- The Mass Flu Functional Exercises and the Flu Drive-Thru Plan for limited mobility residents
- The Educational Materials Inventory and Revisions Policy and logs of review of materials
- The AFIX feedback form and improvement process and documentation of improvement activities
- The annual individual staff training plans
- The extent of written policies and procedures that use a standard format
- The use of 5930 funding to provide an assessment staff person and increase assessment capacity

#### ***Areas for Improvement***

- Keep working on the development of measurement at the program level, by establishing quantifiable performance measures for process, impact and population outcomes.
- Link data review and conclusions to actions taken, especially link program evaluation results to program improvements, in other words, close the Plan-Do-Study-Act loop
- Increase the analysis of community health data and of program performance data with more trended data and display of data to facilitate making conclusions and evaluating progress toward goals
- Implement the environmental health database, as planned, and use the data for analyzing progress toward EH goals

## **The Performance Review Approach**

The performance review included 34 local health jurisdictions (LHJs) sites, 20 Department of Health (DOH) program sites and the State Board of Health for a total of 55 sites. Each site was asked to use the Guidelines to prepare for an on-site visit by organizing the documentation supporting the review of each measure.

During the site review, an independent consultant from MCPP Healthcare Consulting 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 from the agency. In addition, potential exemplary practice documentation was requested from each site. The on-site reviews concluded with a closing conference in which general strengths and opportunities for improvement were discussed, and feedback on the Standards and assessment process was obtained. All of this information will be compiled into an Overall System report, with recommendations regarding the next steps for the performance improvement of public health practice across the State.

## **Results of the Site Review**

The attached report is organized into three sections. First there is a summary showing each of the 12 standards and the performance on each measure in each standard. This section is color coded with green to indicate that the measure was demonstrated, yellow to indicate that the measure was partially demonstrated and red to indicate that the measure was not demonstrated. The measure is blank if it was scored as "not applicable". This summary gives the agency immediate information on performance in each of the standards. The second section is a detailed summary for each measure with a list of all the documents used to score the measure and related comments for all measures applicable at the agency level. In this second section, measures that were scored at the program level show the calculated score derived from the program scores and the documentation and comments fields are blank. The third section of this report is the program detail with the list of documents and comments for each of the three programs reviewed for the LHJ. The scores from each of the three programs were aggregated to provide a single score for that measure at the agency level that is reported in section two.

**Comparability to the 2005 Evaluation results:** Due to the major revisions in the Standards and measures, only some of the 2008 results can be compared to the results of the 2005 Evaluation results. Please use the crosswalk of the 2005 Standards to the 2008 Standards to identify the measures that are comparable between the two cycles.

## **Scoring and Related Information in the 2008 Review Site Reports**

- *For each measure* [scored by the reviewer]:
  - 2 = demonstrates the measure,
  - 1 = partially demonstrates the measure,
  - 0 = does not demonstrate the measure,
- Also, some measures were Not Applicable to a specific program and these measures are noted as NA.
- *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 Standard:* at the end of each Standard, there is a roll-up of the scores on all *applicable* measures in the Standard (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 Standard 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 Standards:* the final segment of this part of the report provides you with a roll-up of all Standards, with the same benchmark data from the peer group and statewide roll-ups.

## Peer Groupings

| <b>Small Town/Rural</b> | <b>Mixed Rural</b> | <b>Large Town</b> | <b>Urban</b>    |
|-------------------------|--------------------|-------------------|-----------------|
| 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 2005 Evaluation and this performance cycle, 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 for your work 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 Standards or measures. 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 2008 at [www.doh.wa.gov/php/Standards/BestPractices/StandardsExemplaryPractices.htm](http://www.doh.wa.gov/php/Standards/BestPractices/StandardsExemplaryPractices.htm).
- **Statewide initiatives** such as the Multistate Learning Collaborative and other efforts like the 5930 Initiative provide opportunities for formal efforts to improve performance. 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 review.** The Standards Performance process itself has been conducted using quality improvement principles and methods, including the Plan-Do-Study-Act cycle. The next cycle is planned for 2009-2011, with site visits probably occurring in the spring of 2011.

### Strategies for building on your current performance:

- Save the documentation you have used in this cycle as a good starting point for continuing to identify documentation for demonstrating performance.
- Establish an electronic document library for collecting documentation and to facilitate the use of an electronic format for the next cycle.

- 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.
- 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 2008 performance review, 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.

# Summary Site Report

**Demonstrates = 2**

**Partially Demonstrates = 1**

**Does Not Demonstrate = 0**

## Standard 1: Community Health Assessment

| Measure | Score | Compliance Demonstration |
|---------|-------|--------------------------|
| 1.1 L   | 1     | Partially Demonstrated   |
| 1.2 L   | 1     | Partially Demonstrated   |
| 1.3 L   | 0     | Not Demonstrated         |
| 1.4 L   | 2     | Fully Demonstrated       |
| 1.5 L   | 2     | Fully Demonstrated       |
| 1.6 L   | 0     | Not Demonstrated         |
| 1.7 L   | 2     | Fully Demonstrated       |

## Standard 2: Communications to the Public and Key Stakeholders

| Measure | Score | Compliance Demonstration |
|---------|-------|--------------------------|
| 2.1 L   | 2     | Fully Demonstrated       |
| 2.2 L   | 2     | Fully Demonstrated       |
| 2.3 L   | 2     | Fully Demonstrated       |
| 2.4 L   | 2     | Fully Demonstrated       |
| 2.5 L   | 1     | Partially Demonstrated   |
| 2.6 L   | 2     | Fully Demonstrated       |
| 2.7 L   | 2     | Fully Demonstrated       |
| 2.8 L   | 2     | Fully Demonstrated       |
| 2.9 L   | 2     | Fully Demonstrated       |
| 2.10 L  | 2     | Fully Demonstrated       |
| 2.11 L  | 2     | Fully Demonstrated       |

## Standard 3: Community Involvement

| Measure | Score | Compliance Demonstration |
|---------|-------|--------------------------|
| 3.1 L   | 1     | Partially Demonstrated   |
| 3.2 L   | 1     | Partially Demonstrated   |

**Standard 4: Monitoring and Reporting Threats to Public's Health**

| Measure | Score | Compliance Demonstration |
|---------|-------|--------------------------|
| 4.1 L   | 1     | Partially Demonstrated   |
| 4.2 L   | 2     | Fully Demonstrated       |
| 4.3 L   | 1     | Partially Demonstrated   |
| 4.4 L   | 2     | Fully Demonstrated       |
| 4.5 L   | 2     | Fully Demonstrated       |
| 4.6 L   | 2     | Fully Demonstrated       |
| 4.7 L   | 2     | Fully Demonstrated       |
| 4.8 L   | 2     | Fully Demonstrated       |
| 4.9 L   | 2     | Fully Demonstrated       |
| 4.10 L  | 2     | Fully Demonstrated       |
| 4.11 L  | 2     | Fully Demonstrated       |

**Standard 5: Planning for and Responding to Public Health Emergencies**

| Measure | Score | Compliance Demonstration |
|---------|-------|--------------------------|
| 5.1 L   | 2     | Fully Demonstrated       |
| 5.2 L   | 2     | Fully Demonstrated       |
| 5.3 L   | 1     | Partially Demonstrated   |
| 5.4 L   | 2     | Fully Demonstrated       |
| 5.5 L   | 2     | Fully Demonstrated       |

**Standard 6: Prevention and Education**

| Measure | Score | Compliance Demonstration |
|---------|-------|--------------------------|
| 6.1 L   | 2     | Fully Demonstrated       |
| 6.2 L   | 1     | Partially Demonstrated   |
| 6.3 L   | 2     | Fully Demonstrated       |
| 6.4 L   | 2     | Fully Demonstrated       |

**Standard 7: Helping Communities Address Gaps in Critical Health Services**

| Measure | Score | Compliance Demonstration |
|---------|-------|--------------------------|
| 7.1 L   | 0     | Not Demonstrated         |
| 7.2 L   | 2     | Fully Demonstrated       |
| 7.3 L   | 2     | Fully Demonstrated       |
| 7.4 L   | 2     | Fully Demonstrated       |

**Standard 8: Program Planning and Evaluation**

| Measure | Score | Compliance Demonstration |
|---------|-------|--------------------------|
| 8.1 L   | 2     | Fully Demonstrated       |
| 8.2 L   | 1     | Partially Demonstrated   |
| 8.3 L   | 1     | Partially Demonstrated   |
| 8.4 L   | 1     | Partially Demonstrated   |
| 8.5 L   | 2     | Fully Demonstrated       |
| 8.6 L   | 1     | Partially Demonstrated   |
| 8.7 L   | 1     | Partially Demonstrated   |
| 8.8 L   | 1     | Partially Demonstrated   |
| 8.9 L   | 2     | Fully Demonstrated       |

**Standard 9: Financial and Management Systems**

| Measure | Score | Compliance Demonstration |
|---------|-------|--------------------------|
| 9.1 L   | 2     | Fully Demonstrated       |
| 9.2 L   | 2     | Fully Demonstrated       |

**Standard 10: Human Resource Systems**

| Measure | Score | Compliance Demonstration |
|---------|-------|--------------------------|
| 10.1 L  | 2     | Fully Demonstrated       |
| 10.2 L  | 2     | Fully Demonstrated       |
| 10.3 L  | 2     | Fully Demonstrated       |
| 10.4 L  | 2     | Fully Demonstrated       |
| 10.5 L  | 2     | Fully Demonstrated       |
| 10.6 L  | 2     | Fully Demonstrated       |

### Standard 11: Information Systems

| Measure | Score | Compliance Demonstration |
|---------|-------|--------------------------|
| 11.1 L  | 1     | Partially Demonstrated   |
| 11.2 L  | 2     | Fully Demonstrated       |
| 11.3 L  | 2     | Fully Demonstrated       |
| 11.4 L  | 2     | Fully Demonstrated       |
| 11.5 L  | 2     | Fully Demonstrated       |

### Standard 12: Leadership and Governance

| Measure | Score | Compliance Demonstration |
|---------|-------|--------------------------|
| 12.1 L  | 1     | Partially Demonstrated   |
| 12.2 L  | 1     | Partially Demonstrated   |
| 12.3 L  | 2     | Fully Demonstrated       |
| 12.4 L  | 2     | Fully Demonstrated       |
| 12.5 L  | 2     | Fully Demonstrated       |
| 12.6 L  | 2     | Fully Demonstrated       |
| 12.7 L  | 2     | Fully Demonstrated       |
| 12.8 L  | 2     | Fully Demonstrated       |
| 12.9 L  | 1     | Partially Demonstrated   |
| 12.10 L |       |                          |

### Overall Score Totals

|                          | Specific LHJ Totals | Peer Group Totals | Combined LHJ Totals |
|--------------------------|---------------------|-------------------|---------------------|
| % Demonstrates           | 72%                 | 48%               | 55%                 |
| % Partially Demonstrates | 26%                 | 34%               | 34%                 |
| % Does Not Demonstrate   | 3%                  | 18%               | 12%                 |

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

# Detailed Agency Report

## Standard 1: Community Health Assessment

Data about community health, environmental health risks, health disparities and access to critical health services are collected, tracked, analyzed and utilized along with review of evidence-based practices to support health policy and program decisions.

|       | Measure  | Score | Comments   | Documents   | Exemplary Documents                  |
|-------|--|-------|--|---|--------------------------------------|
| 1.1 L | <p>Annual report or various separate reports with trended data (collected at least every other year) on a set of core indicators that include measures of:</p> <p>population health status AND, communicable disease AND, environmental health risks and related illnesses, AND health disparities AND, access to critical health services.</p> <p>Note: The focus of this measure is the largest set of public health data that includes more than a specific set of core indicators or the set of 32 local Public Health Indicators. See the Performance Management Glossary for definitions of health data.</p> <p>Written definition or description of quantitative data.</p> <p>Qualitative data such as barrier analysis and focus group or interview results (See Glossary)</p> | 1     | <p>Would also like to see trended data used and displayed more consistently as well as displayed in Annual Reports. There is no written definition or description of quantitative data.</p>  | <p>2006 Annual Report, ACHD 2007/2008 Strategic Plan, Adams County Tobacco Prevention Evaluation Plan, Personal Health Yearly Comparison, Personal Health Report 2007</p> | <p>ACHD 2007/2008 Strategic Plan</p> |
| 1.2 L | <p>Description of data tracking and analysis process, or reports of analyzed data indicating regular (systematic) process. Note: Health data, as defined in the Glossary, includes Local Public Health Indicator Report.</p> <p>Review of evidence-based practices.</p> <p>Use of health data to (at least one of the activities below):</p>   | 1     | <p>No documentation to demonstrate use of health data to (at least one of the activities below):</p> <ul style="list-style-type: none"> <li>• signal changes in health disparities and priority health issues, or</li> <li>• identify emerging health issues, or</li> <li>• identify implications for changes in communicable disease or environmental health investigation, intervention, or education efforts</li> </ul> | <p>ORS Report</p>   |                                      |

|       |   |   |  |  |  |
|-------|---|---|--|--|--|
|       | <ul style="list-style-type: none"> <li>• signal changes in health disparities and priority health issues, or</li> <li>• identify emerging health issues, or</li> <li>• identify implications for changes in communicable disease or environmental health investigation, intervention, or education efforts</li> <li>• gap analysis comparing existing services to projected need for services</li> <li>• recommendations for policy decisions, program changes, or other actions [see measure 1.3 L]</li> </ul> |   | <p>gap analysis comparing existing services to projected need for services</p> <ul style="list-style-type: none"> <li>• recommendations for policy decisions, program changes, or other actions</li> </ul> |  |  |
| 1.3 L | Written recommendations for policy decisions, program changes, budget changes or other actions. For health policy decisions not tied to the analysis in 1.2L, the health data that led to the health policy decision that was made. Note: The intent is to assure that health policy decisions are based on data, whether the health policy flows from review of data analysis or from the health decision making process.  | 0 | Improvement in data collection mechanisms does not meet the intension of this standard to assure that health policy decisions are based on data.   |  |  |
| 1.4 L | Report or material showing that local health data are shared with at least one of the three levels of organization listed below: <ul style="list-style-type: none"> <li>• local organization, OR</li> <li>• state organization, OR</li> <li>• regional organization.</li> </ul> Note: The intent is to assure that data or materials are shared are based with all appropriate levels of organizations.   | 2 |  | BOH Report- minutes 12/07, AC Emergency Planning Meeting 1/08            |  |
| 1.5 L | Description of method for community members to obtain technical assistance from LHJ on assessment methods, data collection or other issues.   | 2 |  | <a href="http://www.co.admas.wa.us/health">www.co.admas.wa.us/health</a> |  |
| 1.6 L | List of LHJ staff responsible for assessment activities.<br>Training or assessment meeting  | 0 | Strongly recommend assuring assessment capacity is assessable for ACHD by hiring staff to fulfill  | No documentation provided  |  |

|       |   |   |                       |   |  |
|-------|---|---|-----------------------|---|--|
|       | agendas and materials from last 24 months (at least two examples). Attendance documentation for staff listed above from last 24 months (at least one for each staff person) |   | assessment functions. |   |  |
| 1.7 L | Collaboration with outside researchers on activities that benefit the community. If the program does not use any research-based information, this should be stated.         | 2 |                       | Community Health Leadership Forum Performance Management Pre-Test Data Summary 1/08 |  |

### Score Totals for Standard 1: Community Health Assessment

|                          | Specific LHJ Totals | Peer Group Totals | Combined LHJ Totals |
|--------------------------|---------------------|-------------------|---------------------|
| % Demonstrates           | 50%                 | 76%               | 78%                 |
| % Partially Demonstrates | 33%                 | 11%               | 14%                 |
| % Does Not Demonstrate   | 17%                 | 13%               | 8%                  |

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

### Standard 2: Communications to the Public and Key Stakeholders

Public information is a planned component of all public health programs and activities. Urgent public health messages are communicated quickly and clearly.

|       | Measure   | Score | Comments | Documents   | Exemplary Documents |
|-------|---|-------|----------|---|---------------------|
| 2.1 L | Description(s) of public health's mission and role in communication documents (at least one example)<br>Note: This might include implementing elements of the PHIP Communications Plan.           | 2     |          | www.co.adams.wa.us/health, General Requirements for Temporary Food Establishments pamphlet    |                     |
| 2.2 L | Publicly available 24 hour contact information for the LHJ current within last 14 months. Phone numbers for weekday and after-hours emergency contacts are available to (evidence of availability | 2     |          | www.co.adams.wa.us/health, posted notice, ACHD Resource Manual 2/08, Annual Emergency Contact |                     |

|       |  |   |   |  |   |
|-------|--|---|---|--|---|
|       | to both groups listed below): • law enforcement, AND • appropriate local agencies and organizations, such as tribal governments, schools and hospitals.  |   |   | Information Update sent to AC Community Partners, ACHD one page contact list (during and after hours contact information)        |   |
| 2.3 L | At least one example of urgent communication sent within the last 24 months to each of the groups listed below: • media, AND • key stakeholders (these may be locally defined).  | 2 |   | 5/07 Media Release, HAN Alert/Partner status- ACHD   |   |
| 2.4 L | Contact lists for media and key stakeholders with effective or review date within last 14 months. Description/demonstration of availability to staff   | 2 |   | ACHD Resource Manual   |   |
| 2.5 L | Written description(s) of roles for working with the news media that identify the timeframes for communications. Written expectations for all staff regarding information sharing and response to questions (includes direct services, reception staff, not just lead communicators).                                  | 1 | Timeframes are not specifically identified for communications.  | Pol/Procedure Responding to the News Media, Issuing Public Health Notices, Alerts and Media Releases                             |   |
| 2.6 L | Written instructions on how to create a clear and accurate health alert and a media release. Written description of distribution steps and recipients for both health alerts and media releases.   | 2 |   | Issuing Public Health Notices, Alerts and Media Releases, Health Alert/Media Release- Notification Form                          | Health Alert/Media Release- Notification Form |
| 2.7 L | Public information that includes at least one example of each of the topics listed below: • health data, AND • information on environmental health risks, AND • communicable disease and other threats to the public's health, AND • access to the local health system, healthcare providers and prevention resources. | 2 | All examples were web-based limiting access to those who have access to computers. Also noted that on Health Links page, it looks like last update was in 2004. | www.co.adams.wa.us/health: Assessment- Health Statistics, CO Facts, Skin Infections, Health Links: 4people.org: Medical Services |   |

|        |  |   |  |  |  |
|--------|--|---|--|--|--|
| 2.8 L  | Information about public health activities, including at least one example of each of the topics listed below: • educational offerings, AND • reporting and compliance requirements.   | 2 |  |  |  |
| 2.9 L  | Publicly available information for all the topics listed below (one example of each): • written policies, AND • local ordinances, AND • permit/license application requirements, AND • administrative code, AND • enabling laws. Form of documentation should indicate how it is made available to the public.   | 2 |  |  |  |
| 2.10 L | Two examples of educational material in non-English language OR Two examples of educational material in non-English language OR one example of educational material in non-English language and example of how interpretation assistance is available (such as a language line)  | 2 |  |  |  |
| 2.11 L | Local resource/referral list(s) of each of the types of providers listed below: • private communicable disease treatment providers, AND • public communicable disease treatment providers, AND • providers of critical health services, AND • providers of preventive services. Note: In some cases providers for critical health services are also providers for preventive services. One example of using list to generate a referral. | 2 |  | ACHD Resource Manual 2/08, Children w/ Special Health Care Needs Program Intake Form & Client Visit Record |  |

## Score Totals for Standard 2: Communications to the Public and Key Stakeholders

|                          | Specific LHJ Totals | Peer Group Totals | Combined LHJ Totals |
|--------------------------|---------------------|-------------------|---------------------|
| % Demonstrates           | 91%                 | 73%               | 75%                 |
| % Partially Demonstrates | 9%                  | 24%               | 23%                 |
| % Does Not Demonstrate   | 0%                  | 4%                | 2%                  |

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

## Standard 3: Community Involvement

Active involvement of community members and development of collaborative partnerships address community health risks and issues, prevention priorities, health disparities and gaps in healthcare resources / critical health services.

|       | Measure  | Score | Comments | Documents | Exemplary Documents |
|-------|--|-------|----------|-----------|---------------------|
| 3.1 L | Documentation of community and stakeholder review of local health data, including Local Public Health Indicators. Note: The intent is for LHJ staff to present local health data to community groups, such as advisory groups or agency committees with community member participation, to get input and feedback from community members and recommendations for action. Recommendations from community or stakeholder groups for at least one of the following actions: • further investigation. OR • new program efforts, OR • policy direction, OR • prevention priorities. | 1     |          |           |                     |
| 3.2 L | Gap analysis for local critical health services and for prevention services reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide  | 1     |          |           |                     |

|  |   |  |  |  |  |
|--|---|--|--|--|--|
|  | <p>program colleagues.<br/>Results of program evaluations reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues.<br/>Use of gap analysis and program evaluations in building partnerships with state, regional, and/or local stakeholders and/or state level colleagues.</p> |  |  |  |  |
|--|---|--|--|--|--|

### Score Totals for Standard 3: Community Involvement

|                          | Specific LHJ Totals | Peer Group Totals | Combined LHJ Totals |
|--------------------------|---------------------|-------------------|---------------------|
| % Demonstrates           | 0%                  | 25%               | 13%                 |
| % Partially Demonstrates | 100%                | 50%               | 76%                 |
| % Does Not Demonstrate   | 0%                  | 25%               | 10%                 |

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

### Standard 4: Monitoring and Reporting Threats to Public's Health

A monitoring and reporting process is maintained to identify emerging threats to the public's health. Investigation and control procedures are in place and actions documented. Compliance with regulations is sought through education, information, investigation, permit/license conditions and appropriate enforcement actions.

|       | Measure  | Score | Comments | Documents | Exemplary Documents |
|-------|--|-------|----------|-----------|---------------------|
| 4.1 L | <p>Information on notifiable conditions with required reporting timeframes and specific, current 24-hour LHJ contact information, in the form of a designated telephone line or a designated contact person, are provided to: • health care providers, including new licensees, AND • laboratories, including new licensees.</p> | 1     |          |           |                     |

|       |  |   |  |  |  |
|-------|--|---|--|--|--|
|       | Distribution of notifiable conditions information (at least annually to assure current 24 hour contact information)  |   |  |  |  |
| 4.2 L | Information (not the notifiable conditions poster) about managing reportable conditions, such as treatment options or isolation requirements.<br>Evidence of distribution to health care providers   | 2 |  |  |  |
| 4.3 L | Written description of process for identifying new providers in the community and engaging them in the reporting process, OR<br>Reports showing regular identification of new providers in the community and actions to engage them in the reporting process.  | 1 |  |  |  |
| 4.4 L | Written protocols for receiving and managing information on notifiable conditions and other public health concerns that include all the information listed below: • role-specific steps to take when receiving information AND • guidance on providing information to the public AND • description of the roles and relationship between communicable disease, environmental health and other programmatic activities. | 2 |  |  |  |
| 4.5 L | Tracking system for notifiable conditions that includes documentation of all the information listed below: • the initial report, AND • investigation, AND • findings, AND • subsequent reporting to state and federal agencies. Note: the system may also track the broader category of mandated reporting.  | 2 |  |  |  |

|       |   |   |  |  |  |
|-------|---|---|--|--|--|
| 4.6 L | <p>Protocols for specific conditions contain all of the information listed below for each specific condition: • case investigation steps (including timeframes for initiating the investigation), AND • reporting requirements, AND • contact information, AND • clinical management, including referral to care.</p> <p>Protocols document which evidence based practices (EBP) relating to the most effective population-based methods of disease prevention and control have been incorporated in specific conditions and the source of the EBP.</p> | 2 |  |  |  |
| 4.7 L | <p>Description of the method for tracking public health concerns, if not already captured by the systems described in either 4.5 or 4.8.</p> <p>Two examples of reports of concern received from the public indicating referral to appropriate agency for response.</p>   | 2 |  | <p>EH<br/>Complaint/Investigation Process and Tracking Policy with Complaint Log Template, Green Camp public meeting to discuss concerns with solid waste, sewage issues- 4/07; WM landfill case example</p> |  |
| 4.8 L | <p>Tracking system for environmental health investigations and compliance activities that includes documentation of all the information listed below: • the initial report, AND • investigation, AND • findings, AND • compliance action, AND • subsequent reporting to state and federal agencies.</p>   | 2 |  |  |  |
| 4.9 L | <p>Written procedures for investigation and compliance actions, based on local policies, ordinances and state laws contain all of the information</p>   | 2 |  |  |  |

|        |  |   |  |  |  |
|--------|--|---|--|--|--|
|        | listed below for each action: • case investigation steps (including timeframes for initiating the investigation), AND • type of documentation needed to take enforcement action. |   |  |  |  |
| 4.10 L | Protocols for the use of emergency biologics (for example, the “yellow book”).   | 2 |  |  |  |
| 4.11 L | Protocols for exercising legal authority for disease control (including quarantine and non-voluntary isolation)  | 2 |  | Section I from PanFlu Plan LERP on I&Q with forms, copy of WAC 246 |  |

#### Score Totals for Standard 4: Monitoring and Reporting Threats to Public's Health

|                          | Specific LHJ Totals | Peer Group Totals | Combined LHJ Totals |
|--------------------------|---------------------|-------------------|---------------------|
| % Demonstrates           | 82%                 | 73%               | 82%                 |
| % Partially Demonstrates | 18%                 | 23%               | 14%                 |
| % Does Not Demonstrate   | 0%                  | 5%                | 4%                  |

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

#### Standard 5: Planning for and Responding to Public Health Emergencies

Emergency preparedness and response plans and efforts delineate roles and responsibilities in regard to preparation, response, and restoration activities as well as services available in the event of communicable disease outbreaks, environmental health risks, natural disasters and other events that threaten the health of people.

|       | Measure  | Score | Comments | Documents   | Exemplary Documents |
|-------|--|-------|----------|---|---------------------|
| 5.1 L | Examples of communications in which the primary contact person(s) is clearly identified for health risk reporting purposes (evidence of distribution to both groups listed below): • health providers, AND • | 2     |          | Community Health Partners Annual Letter, Media Release 5/07, HAN Alert 2/08 |                     |

|       |   |   |  |   |  |
|-------|---|---|--|---|--|
|       | public safety officials.  |   |  |   |  |
| 5.2 L | <p>Local public health emergency preparedness and response plans (EPRP) address all types of emergencies listed below: • environmental health risks, AND • communicable disease outbreaks, AND other public health emergencies.</p> <p>The LHJ EPRP describes the specific roles and responsibilities for LHJ programs/staff regarding local response and management of all types of responses listed below: disease outbreaks, AND environmental health risks, AND natural disasters or other threats to the public's health.</p> <p>The LHJ EPRP includes a section that describes processes for exercising the plan, including after-action review and revisions of the plan.</p> <p>Report of drills and/or after-action reviews (at least one example)</p> | 2 |  | AC Emergency Response Plan 6/07, ACHD After Action Report for Functional Exercise 11/06 |  |
| 5.3 L | <p>Reports (at least one example) indicate LHJ leadership in community level public health emergency activities including all the activities listed below: • planning, AND • exercises AND • response/restoration activities.</p> <p>Reports (at least one example) indicate full LHJ participation in other community emergencies with public health implications including all the activities listed below: • planning, AND • exercises AND • response activities.</p>  | 1 | One of two examples was "other community emergency" that summarized response activities and did not address documentation of planning and exercise (it was not an exercise). | ACHD After Action Report for Functional Exercise 11/06, Melgren Fire Report             |  |
| 5.4 L | Written description or list of public health services that are essential for the public to access in different types  | 2 |  | Essential Services List, <a href="http://www.co.adams.swho">www.co.adams.swho</a>       |  |

|       |  |   |  |  |  |
|-------|--|---|--|--|--|
|       | <p>of emergencies. Note: The intent of this measure is that the LHJ has identified the essential services it provides during a public health emergency and has told the public how to access those services. An example is a list of the issues on the emergency response webpage for which the public should contact the agency.</p> <p>At least two examples of information distributed/available to the public on how to access the essential services during an emergency.</p> |   |  | <a href="http://sting.net/departments/health.asp">sting.net/departments/health.asp</a> ,<br><a href="http://www.doh.wa.gov/ph_epr/pheprgeninfo.htm">www.doh.wa.gov/ph_epr/pheprgeninfo.htm</a> |  |
| 5.5 L | <p>Documentation for most recent 24 months of all new employees receiving orientation to the LHJ EPRP.</p> <p>Annual review of LHJ EPRP with all employees (twice within last 24 months). Note: Review may be specific documentation for every program or division or agency wide with documentation of attendance from every division or program.</p>   | 2 |  |  |  |

### Score Totals for Standard 5: Planning for and Responding to Public Health Emergencies

|                          | Specific LHJ Totals | Peer Group Totals | Combined LHJ Totals |
|--------------------------|---------------------|-------------------|---------------------|
| % Demonstrates           | 80%                 | 47%               | 59%                 |
| % Partially Demonstrates | 20%                 | 28%               | 29%                 |
| % Does Not Demonstrate   | 0%                  | 25%               | 12%                 |

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

## Standard 6: Prevention and Education

Prevention and education is a planned component of all public health programs and activities. Examples include wellness/healthy behaviors promotion, healthy child and family development, as well as primary, secondary and tertiary prevention of chronic disease/disability, communicable disease (food/water/air/waste/vector borne) and injuries. Prevention, health promotion, health education, early intervention and outreach services are provided.

|       | Measure   | Score | Comments   | Documents  | Exemplary Documents |
|-------|---|-------|--|--|---------------------|
| 6.1 L | Written descriptions of key program or activity components relevant to prevention and health education activities provided by LHJs or through contracts with community partners.<br>Strategies (evidence-based or promising practices) for prevention and health education activities provided by the LHJ or by contractors for any of the groups listed below: • individuals, OR • families, OR • community in general.  | 2     |  |  |                     |
| 6.2 L | Descriptions of prevention priorities for prevention, health promotion, early intervention and outreach services for general population or targeted, at-risk populations. (See measure 12.7 L).<br>Analyses (at least two examples) of community health data and program evaluation data used to develop prevention priorities described above. These analyses may also include data on local issues, funding availability, experience in service delivery, or information on evidence based practices. | 1     | This measure requires two examples of community health data used to develop prevention priorities and only data related to the Tobacco Initiative was presented. | 2007/2008 ACHD Strategic Plan-- Priority Area: Prevention and Education; AC Tobacco Prevention Evaluation Plan |                     |
| 6.3 L | Documented review (at least every other year) of prevention and health  | 2     |  |  |                     |

|       |   |   |  |  |  |
|-------|---|---|--|--|--|
|       | <p>education information of all types (including technical assistance).<br/>Two examples of updated, expanded or contracted prevention and health education information reflecting revised regulations, changes in community needs, evidence-based practices and health data.<br/>Written description of the process to conduct all the activities listed below:<br/>• organize materials, AND • develop materials, AND • distribute or select materials, AND • evaluate materials, AND • update materials.</p> |   |  |  |  |
| 6.4 L | <p>Descriptions of at least two partnerships with the community and/or stakeholders to implement population based prevention and health education activities. Each of the two examples must demonstrate different implementation methods (e.g., train the trainer, technical assistance, social marketing, workshops, or peer education).</p>   | 2 |  |  |  |

### Score Totals for Standard 6: Prevention and Education

|                          | Specific LHJ Totals | Peer Group Totals | Combined LHJ Totals |
|--------------------------|---------------------|-------------------|---------------------|
| % Demonstrates           | 75%                 | 35%               | 39%                 |
| % Partially Demonstrates | 25%                 | 52%               | 54%                 |
| % Does Not Demonstrate   | 0%                  | 13%               | 7%                  |

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

## Standard 7: Helping Communities Address Gaps in Critical Health Services

Public health organizations convene, facilitate and provide support for state and local partnerships intended to reduce health disparities and specific gaps in access to critical health services. Analysis of state and local health data is a central role for public health in this partnership process.

|       | Measure   | Score | Comments  | Documents  | Exemplary Documents |
|-------|---|-------|---|--|---------------------|
| 7.1 L | LHJ leadership or participation in community process that includes health care providers and is based on information about local resources and trends to address all the issues and activities listed below: • health disparities and/or access to critical health services (including prevention services), AND • set goals, AND • take action.  | 0     | Looking for documentation that demonstrated community-based process focused on reviewing local resources and trends to address all the issues regarding health disparities and/or access to critical health services (including prevention services), setting goals, and taking action. |  |                     |
| 7.2 L | Local resource/referral list of private and public communicable disease treatment providers, providers of critical health services and providers of preventive services. List must contain all four types of providers. [See measure 2.11 L].<br>Assessment information on access to the four types of providers listed above.<br>One example of using the assessment of access to services to determine where detailed documentation and gap analysis of local capacity is needed. | 2     |   | Resource Manual, AC Interagency Coordinating Council 2/07 and 8/07 minutes, AC Local Early Intervention Plan 10/06 |                     |
| 7.3 L | Surveys (at least one example within last 24 months) to assess the availability of critical health services and barriers to access.<br>One gap analysis for access to critical health services based on the results of the surveys for availability and other assessment information.   | 2     |   | Kidney Dialysis Center CON Application   |                     |

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|       |  |   |  |  |  |
| 7.4 L | Program and activity planning processes, contracts or access initiatives reflect both types of activities listed below (at least one example of each): • coordination of health service delivery among health care providers AND • linkage of individuals to medical home. | 2 |  | ACHD Medical Staff presentation w/discussion of Medical Home Team, WA State Medical Home Leadership Network Team Action Plan 2006/07 |  |

### Score Totals for Standard 7: Helping Communities Address Gaps in Critical Health Services

|                          | Specific LHJ Totals | Peer Group Totals | Combined LHJ Totals |
|--------------------------|---------------------|-------------------|---------------------|
| % Demonstrates           | 75%                 | 50%               | 57%                 |
| % Partially Demonstrates | 0%                  | 32%               | 30%                 |
| % Does Not Demonstrate   | 25%                 | 18%               | 13%                 |

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

### Standard 8: Program Planning and Evaluation

Public health programs and activities identify specific goals, objectives and performance measures and establish mechanisms for regular tracking, reporting, and use of results.

|       | Measure  | Score | Comments | Documents | Exemplary Documents |
|-------|--|-------|----------|-----------|---------------------|
| 8.1 L | For each program reviewed, a written description of program or activity goals, objectives and performance measures shows use of a systematic process or model. This does not have to be a single, agency wide document, although individual program plans ideally link to agency wide plans such as strategic and QI plans.<br>For each program reviewed, written description(s) of professional | 2     |          |           |                     |

|       |   |   |  |   |   |
|-------|---|---|--|---|---|
|       | requirements, knowledge, skills, and abilities for staff working in the program.  |   |  |   |   |
| 8.2 L | For each program reviewed, reports of program performance measures with analysis against goals and trended data where possible. For each program reviewed, evidence showing use of the analysis for at least one of the activities listed below: • improve program activities and services, OR • revised educational curricula or materials.  | 1 |  |   |   |
| 8.3 L | Use of additional sources of information to improve services and activities, including an example from each program being reviewed from the information sources listed below: • experiences from service delivery, including public requests, testimony to the BOH, analysis of health data, and information from outreach, screening, referrals, case management, follow-up, investigations complaint/inspections, prevention and health education activities, OR • funding availability, OR • evidence-based practices. | 1 |  |   |   |
| 8.4 L | For programs/activities that have initiated specific community collaborative projects, description of community collaboration project includes all of the factors listed below • analysis of data, AND • establishment of goals, objectives and performance measures, AND • evaluation of the initiatives.  | 1 |  |   |   |
| 8.5 L | Customer service standards with related program performance measures for all employees with job functions that require them to interact with the general public,  | 2 |  | Client Survey Improvement Policy, Client Survey, March 2008 Satisfaction Report | Client Survey Improvement Policy, Client Survey, March 2008 Satisfaction Report |

|       |  |   |  |  |  |
|-------|--|---|--|--|--|
|       | stakeholders and partners.<br>Evaluation results of performance on customer service standards.   |   |  |  |  |
| 8.6 L | One example for each program being reviewed of evaluations of workshops, other in-person trainings (including technical assistance) or other health education activities with analysis of effectiveness conducted within last 24 months.<br>One example for each program being reviewed of educational curricula or material revised to address evaluation results dated within last 24 months.  | 1 |  |  |  |
| 8.7 L | Aggregated annual internal audit* results for last two years of on a sample of communicable disease investigations records including data on timeliness and compliance with disease-specific protocols. OR *Note: An internal audit is a review of a sample of case files or other types of documented work, such as investigation reports, for requirements like timeliness, accuracy, and compliance with protocols or regulations. A sample of 30 files is considered sufficient to identify trends in compliance.<br>Aggregated annual internal audit* results for last two years of on a sample of environmental health investigation/compliance action records including data on timeliness and compliance with investigation/compliance procedures.<br>OR<br>Aggregated annual internal audit* results for last two years of on a sample of program or activity case write-ups, such as for client visit; | 1 |  |  |  |

|       |   |   |  |   |  |
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|       | including data on timeliness and compliance with program protocols or on repetitive activities such as the development or use of prevention and health education materials [see 6.3 L] or health alerts [see 2.6 L]   |   |  |   |  |
| 8.8 L | List of significant outbreaks, environmental events, natural disasters, table top exercises or public health emergencies that have occurred during the last 24 months. After-action/table top evaluation for each event listed above with evidence that each evaluation included all the activities listed below: • participation from stakeholders; such as hospitals, providers and involved community organizations, as appropriate, AND • participation by LHJ staff from communicable disease, environmental health and other public health programs, AND • review of the accessibility of essential public health services (See 5.4 L), AND • assessment of how the event was handled, AND • documentation of what worked well, AND • identification of issues, AND • recommend changes in response procedures and other process improvements | 1 | Region 9 Communication and Resource Assessment Exercise-- 7/07 After Action Report does not include any documentation of assessment of how the event was handled, documentation of what worked well, identification of issues, or recommend changes in response procedures and other process improvements. | 2006-2007 Event list, ACHD AAR for Functional Exercise - 11/06, Region 9 Communication and Resource Assessment Exercise- - 7/07 After Action Report with WASABE 9 evaluator matrix with analysis of capabilities, 11/07 Mass Flu Clinic AAR in 1/08 and 2/08 AC Emergency Planning meetings |  |
| 8.9 L | Two examples that demonstrate the use of after action/table top recommendations to improve two or more of the LHJ processes listed below: • monitoring and tracking processes • disease-specific protocols • investigation/compliance procedures • laws and regulations • staff roles • communication efforts • access to essential public health   | 2 |  | ACHD AAR for Functional Exercise - 11/06, 11/07 Mass Flu Clinic AAR in 1/08 and 2/08 AC Emergency Planning meetings   |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  | services (See 5.4), • emergency preparedness and response plans • other LHJ plans, such as facility/operations plan. Organizational goals and objectives reflect recommended changes from after action /table top evaluations. |  |  |  |  |
|--|--|--|--|--|--|

### Score Totals for Standard 8: Program Planning and Evaluation

|                          | Specific LHJ Totals | Peer Group Totals | Combined LHJ Totals |
|--------------------------|---------------------|-------------------|---------------------|
| % Demonstrates           | 33%                 | 19%               | 24%                 |
| % Partially Demonstrates | 67%                 | 56%               | 58%                 |
| % Does Not Demonstrate   | 0%                  | 25%               | 18%                 |

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

### Standard 9: Financial and Management Systems

Effective financial and management systems are in place in all public health organizations.

|       | Measure  | Score | Comments   | Documents  | Exemplary Documents |
|-------|--|-------|--|--|---------------------|
| 9.1 L | Review of the LHJ annual budget shows: • alignment with the organization's strategic plan AND • linkage to the organization's goals. Regular (at least quarterly) budget monitoring with comparison of actual to budget and conclusions on needed actions. Description of process for assuring that all revenues are considered and collected. | 2     |  | Fiscal Administration-Accounting System P/P, Fiscal Administration-Contract Reporting to DOH P/P, Fiscal Administration-Accounting System (AR) P/P, Personal Health 2007 Budget Expenditures v. Actual Jan-Dec 2007, 1.1 ACHD 2007/2008 Strategic Plan |                     |
| 9.2 L | Contract review for legal requirements is documented for two   | 2     | One subcontract newly in place (2/08), which has been reviewed for | Emails w/ John Strohmaier re: AC   |                     |

|  |   |  |                     |                                 |  |
|--|---|--|---------------------|---------------------------------|--|
|  | contracts executed in last 24 months. Regular (at least quarterly) monitoring of two contracts with comparison of actual performance to deliverables and conclusions on needed actions. |  | legal requirements. | Subcontract Agreement with CBHA |  |
|--|---|--|---------------------|---------------------------------|--|

### Score Totals for Standard 9: Financial and Management Systems

|                          | Specific LHJ Totals | Peer Group Totals | Combined LHJ Totals |
|--------------------------|---------------------|-------------------|---------------------|
| % Demonstrates           | 100%                | 21%               | 35%                 |
| % Partially Demonstrates | 0%                  | 50%               | 54%                 |
| % Does Not Demonstrate   | 0%                  | 29%               | 11%                 |

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

### Standard 10: Human Resource Systems

Human resource systems and services support the public health workforce.

|        | Measure  | Score | Comments | Documents  | Exemplary Documents  |
|--------|--|-------|----------|--|----------------------|
| 10.1 L | Human resources policies on all topics listed below: • promotion of diversity and cultural competence, AND • methods for compensation decisions, AND • personnel rules, AND • recruitment and retention of qualified and diverse staff. Description or evidence of how these policies are made available to staff. | 2     |          | AC Personnel Manual, AC Intranet   | AC Personnel Manual, |
| 10.2 L | Documentation of how job descriptions for program positions or job classifications with a description of how they are made available to staff. Note: Job descriptions or job classifications are not required to be presented as documentation for this measure. Tracking report with listing of staff             | 2     |          | AC Personnel Manual, AC Intranet, Annual Performance Evaluation Spreadsheet, Evaluation Form/Annual Training Plan, New Employee Checklist, |                      |

|        |   |   |  |   |  |
|--------|---|---|--|---|--|
|        | evaluation completion dates for all eligible (employed more than 12 months). Note: This measure includes public health staff, but not staff from human services if the departments are combined. This does include Environmental Health staff even if they are organized under another department. To fully demonstrate performance in this element the tracking report must indicate that more than 80% of employees have completed performance evaluations in 2007. Validation that an annual training plan is included in evaluation for each employee.  |   |  | Personnel File QA Review (self-evaluation)  |  |
| 10.3 L | Description of process to assure that employees have the appropriate licenses, credentials and experience to meet job qualifications and perform job requirements.  | 2 |  | Hiring Practices P/P, Personnel Records P/P |  |
| 10.4 L | Report of staff attending training and/or educational sessions within the last three years for at least three of the following topics, as appropriate: • Assessment and data analysis • Program evaluation to assess program effectiveness • Confidentiality and HIPAA requirements • Communications, including risk, media relations • State laws/regulations/policies, including investigation/compliance procedures • Specific EPRP duties • Community involvement and capacity building methods • Prevention and health promotion methods and tools • Quality Improvement methods and tools • Customer service • Cultural competency • Information technology tools • Leadership • Supervision and coaching • Job | 2 |  |   |  |

|        |   |   |  |   |  |
|--------|---|---|--|---|--|
|        | <p>specific technical skills</p> <p>Note: Fully demonstrates requires that 50% or more staff in each program being reviewed have attended at least three training sessions within the last three years. Programs with &lt; 50% of staff having attended three training sessions in the last three years will be scored partially demonstrates and programs with 0% of staff having attended three training sessions in the last three years will be scored Does Not Demonstrate. Training documentation may be from automatically generated Learning Plan from the Smart PH system or a site specific excel or other type of tracking report for staff attendance at training and educational sessions throughout the year. Documentation of the content of the training sessions listed in the staff training report(s), such as agendas, PowerPoint presentations, websites screen prints, other training materials and/or brochures.</p> |   |  |   |  |
| 10.5 L | <p>Confidentiality and HIPAA policy. List of staff required per policy to sign confidentiality agreement with signature and date of signature, OR 10% sample of signed staff confidentiality statements.</p>  | 2 |  | <p>HIPAA/Confidentiality P/P, Protecting Confidentiality of Protected Health Information (Policy #2-01), Signed Confidentiality Statements</p>      |  |
| 10.6 L | <p>Evaluation reports of facility and relevant work processes for compliance with ADA requirements within last 24 months.</p>   | 2 |  | <p>AC Community Counseling ADA Checklist for Existing Facilities Form, AC Personnel Manual, AC Intranet HIPAA Administrative Safeguards- Access</p> |  |

|  |  |  |  |         |  |
|--|--|--|--|---------|--|
|  |  |  |  | Control |  |
|--|--|--|--|---------|--|

### Score Totals for Standard 10: Human Resource Systems

|                          | Specific LHJ Totals | Peer Group Totals | Combined LHJ Totals |
|--------------------------|---------------------|-------------------|---------------------|
| % Demonstrates           | 100%                | 42%               | 50%                 |
| % Partially Demonstrates | 0%                  | 30%               | 36%                 |
| % Does Not Demonstrate   | 0%                  | 28%               | 14%                 |

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

### Standard 11: Information Systems

Information systems support the public health mission and staff by providing infrastructure for data collection, analysis, and rapid communication.

|        | Measure  | Score | Comments  | Documents   | Exemplary Documents |
|--------|--|-------|---|---|---------------------|
| 11.1 L | Description of IT safety and security processes that contains all of the activities listed below: • assuring protection of data (passwords, firewalls, backup systems) and data systems, AND • addressing security, AND • addressing redundancy, AND • appropriate use. Documentation of monitoring these processes for compliance with the policies and procedures described above at least once in last 14 months. | 1     | No valid documentation was provided to demonstrate the monitoring of IT safety and security processes for compliance with the policies and procedures.                      | Information System Security/Confidentiality Agreement, AC Personnel Manual, Administrative Safeguards- Data & Entity Authentication, Business Continuity Disaster Plan 12/07, Business Continuity Disaster Plan Test and Review, Section 8 Computer Usage |                     |
| 11.2 L | Documentation indicates that LHJ staff have computer technology as described above and access to trained staff for assistance in using the technology.   | 2     | New person hired to fulfill Health Information Coordinator role beginning 4/21/08.  | Excel Spreadsheet ACHD Inventory Items over \$500, Health Information Coordinator Job Description   |                     |
| 11.3 L | Agency or county IS plan includes strategies for the use of future technologies by the LHJ.  | 2     | Undated IT Plan Executive Summary was provided, which identified high level strategies; the detailed plan would be helpful to see in terms of implementation and monitoring | ACHD IT Plan  |                     |

|        |  |   |   |   |  |
|--------|--|---|---|---|--|
|        |  |   | progress over time.   |   |  |
| 11.4 L | Website contains at least the areas of information and content listed below: • 24 hr. contact number for reporting health emergencies, AND • notifiable conditions line and/or contact, AND • health data and core indicator information, AND • how to obtain technical assistance and consultation from the LHJ, AND • links to legislation, regulations, codes, and ordinances, AND • information and materials on communicable disease, environmental health and prevention activities or links to other sites where this information is available.   | 2 |   | www.co.adams.wa.us/health                         |  |
| 11.5 L | Documentation of agency requirements for the use and transmission of personal health and other types of protected data to all three groups listed below: • within the agency, AND • other LHJs and/or agencies, AND • partner organizations.<br>Agency requirements define which program data requires confidential and secure transmission (e.g., any identifiable information) and methods to assure confidential and secure transmission.<br>For programs that collect and share identifiable information, two examples of sharing or transfer of data indicate compliance with the security and protection requirements. | 2 | Policy #2-02 would be strengthened with additional language about the use of transmission of protected data to other LHJ's, agencies and partner organizations. | PHI P/P, Data sharing Agreement (WIC), WIC Report |  |

### Score Totals for Standard 11: Information Systems

|                          | Specific LHJ Totals | Peer Group Totals | Combined LHJ Totals |
|--------------------------|---------------------|-------------------|---------------------|
| % Demonstrates           | 80%                 | 49%               | 50%                 |
| % Partially Demonstrates | 20%                 | 37%               | 36%                 |
| % Does Not Demonstrate   | 0%                  | 14%               | 13%                 |

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

### Standard 12: Leadership and Governance

Leadership and governance bodies set organizational policies and direction and assure accountability.

|        | Measure  | Score | Comments  | Documents   | Exemplary Documents |
|--------|--|-------|---|---|---------------------|
| 12.1 L | Board of Health documents, including two examples of BOH minutes, indicate that the BOH performs all the activities listed below: • orients new members, AND • sets operating rules including guidelines for communications with senior managers, AND • votes on and documents actions it takes.   | 1     | The Commissioner Proceedings from 4/05 do not indicate that Vice Chairman Hartwig was a new Commissioner, or that the content presented was part of his orientation. There were no documents identified as orientation materials. | Commissioner Minutes, AC Personnel Manual, Org chart as proxy for guideline for communication, Commissioners Proceedings 4/05 and 12/07 |                     |
| 12.2 L | BOH review of an annual report or various separate reports with trended data on a set of core indicators that include measures of: • Local Public Health Indicators AND • community health status, AND • communicable disease AND • environmental health risks and related illness, AND • access to critical health services. Documented BOH recommendations for actions on health policy decisions. | 1     | Would like to see trended data used and displayed more consistently as well as displayed in Annual Reports.   | Annual BOH Report, Green Camp Commissioners Proceedings 12/07 & 5/07, 4/07  |                     |

|        |   |   |  |  |                             |
|--------|---|---|--|--|-----------------------------|
| 12.3 L | BOH review of an annual report or various separate reports with specific statements of progress toward agency and program goals.  | 2 |  | Annual BOH Report  |                             |
| 12.4 L | BOH review of written recommendations based on evaluation of each significant outbreak, environmental event, natural disaster, table top exercise or other public health emergency.   | 2 | It would be helpful to include the event list from 8.8 here to track to the review and recommendations that have been reported to the BOH. | Commissioner Proceedings 2/08  |                             |
| 12.5 L | Written guidelines for effective assessment and management of clinical and financial risk. Certificate or evidence of insurance coverage for the LHJ's assessed risk.   | 2 |  | Washington Counties Risk Pool 3/08, Certificate of Liability Insurance |                             |
| 12.6 L | Organization-wide strategic/operations plan includes both topics listed below: • vision and mission statements, AND • goals, objectives and performance measures for priorities or initiatives  | 2 | Would like to see more consistent use of quantifiable performance measures.  | 2007/08 ACHD Strategic Plan  | 2007/08 ACHD Strategic Plan |
| 12.7 L | Organization-wide strategic/operations plan includes all the topics listed below: • assessment activities, and the resources needed, such as staff or outside assistance, to perform the work, AND • use of Local Public Health Indicators and other health data to support health policy and program decisions, AND • addressing communicable disease, environmental health events or other public health emergencies, including response and communication issues identified in the course of after-action evaluations, AND • prevention priorities intended to reach the entire population or at-risk populations in the population. | 2 |  | 2007/08 ACHD Strategic Plan  |                             |
| 12.8 L | BOH minutes indicate review and adoption of the agency strategic plan within the last 24 months   | 2 |  | Commissioners Proceedings 3/08   |                             |

|         |   |  |   |  |  |
|---------|---|--|---|--|--|
| 12.10 L | Written review of the quality improvement objectives from the previous year include: • performance measures are tracked, reported and used to assess the impact of improvement actions, AND • meaningful improvement is demonstrated in at least one objective Note: Meaningful improvement can be shown by comparing re-measurement(s) of an outcome to the baseline measurement with a description of the action or intervention taken to improve performance. Re-measurement must show an improved result in the outcome measure. Revised QI plan with new, revised and deleted objectives is made based upon the review |  | QI Plan has not yet been approved or implemented, therefore this measure is not applicable. |  |  |
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**Score Totals for Standard 12: Leadership and Governance**

|                          | Specific LHJ Totals | Peer Group Totals | Combined LHJ Totals |
|--------------------------|---------------------|-------------------|---------------------|
| % Demonstrates           | 67%                 | 21%               | 34%                 |
| % Partially Demonstrates | 33%                 | 43%               | 38%                 |
| % Does Not Demonstrate   | 0%                  | 37%               | 29%                 |

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

# Program Report

## COMMUNICABLE DISEASE

|        | Measure  | Score | Comments   | Documents  | Exemplary Documents |
|--------|--|-------|--|--|---------------------|
| 2.8 L  | Information about public health activities, including at least one example of each of the topics listed below: • educational offerings, AND • reporting and compliance requirements.   | 2     |  | ACHD website-- Notifiable Conditions pages, Notifiable Conditions letter 7-07 with materials and request to schedule educational site visit, 8/07-Pandemic Influenza agenda and presentation |                     |
| 2.9 L  | Publicly available information for all the topics listed below (one example of each): • written policies, AND • local ordinances, AND • permit/license application requirements, AND • administrative code, AND • enabling laws. Form of documentation should indicate how it is made available to the public. | 2     |  | ACHD website, Poster offering copies of all types of materials in 2.9 that is posted in public area  |                     |
| 2.10 L | Two examples of educational material in non-English language OR Two examples of educational material in non-English language OR one example of educational material in non-English language and example of how interpretation assistance is available (such as a language line)                                | 2     |  | Point to the Language You Speak Poster and Interpretation Service, MRSA flyer in Spanish   |                     |
| 3.1 L  | Documentation of community and stakeholder review of local health data, including Local Public Health Indicators. Note: The intent is for LHJ staff to present local health data to community groups, such as advisory   | 1     | This measure requires documentation of recommendations for further investigation, new program efforts, policy direction, or prevention priorities based on the review of local health data. Unable to connect review | 1/08 County Emergency Planning meeting agenda and minutes, 2/08 County Emergency Planning meeting agenda and   |                     |

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|       | groups or agency committees with community member participation, to get input and feedback from community members and recommendations for action. Recommendations from community or stakeholder groups for at least one of the following actions: • further investigation. OR • new program efforts, OR • policy direction, OR • prevention priorities.  |   | of Local Public Health Indicators to any recommendations in the minutes. The AAR that was presented did not contain any review of local health data as the basis for recommendations. | minutes,   |  |
| 3.2 L | Gap analysis for local critical health services and for prevention services reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues.<br>Results of program evaluations reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues.<br>Use of gap analysis and program evaluations in building partnerships with state, regional, and/or local stakeholders and/or state level colleagues. | 2 |   | 11/07 Mass Flu Clinic AAR in 1/08 and 2/08 AC Emergency Planning meetings, WASABE 9 evaluator matrix with analysis of capabilities,  |  |
| 4.1 L | Information on notifiable conditions with required reporting timeframes and specific, current 24-hour LHH contact information, in the form of a designated telephone line or a designated contact person, are provided to: • health care providers, including new licensees, AND • laboratories, including new licensees. Distribution of notifiable conditions information (at least annually to assure current 24 hour contact information)  | 1 | Unable to identify that new providers and laboratories are included in distribution of NC information.  | 7/07 letter to community partners with 24/7 contact information showing annual update, 7/07 letter distributing NC flyer and other information, list of letter recipients. |  |

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| 4.2 L | Information (not the notifiable conditions poster) about managing reportable conditions, such as treatment options or isolation requirements.<br>Evidence of distribution to health care providers   | 2 |   | DOH Notifiable Conditions link in ACHD website, 8/07 Fax for CDC Health Advisory on Hepatitis A, 2/08 Fax from NACCHO regarding infant deaths and revised directions for Rabies Immune Globulin                       |  |
| 4.3 L | Written description of process for identifying new providers in the community and engaging them in the reporting process, OR<br>Reports showing regular identification of new providers in the community and actions to engage them in the reporting process.  | 1 | This document is not dated.<br>Recommend dating policy documents with effective date to identify current documents. | ACHD Notifiable Conditions Procedure description  |  |
| 4.4 L | Written protocols for receiving and managing information on notifiable conditions and other public health concerns that include all the information listed below: • role-specific steps to take when receiving information AND • guidance on providing information to the public AND • description of the roles and relationship between communicable disease, environmental health and other programmatic activities. | 2 |   | Policy for Reporting of Communicable Diseases, DOH Notifiable Conditions website with NC protocols and guidance on providing information to the public, ACHD Issuing PH Notices, Alerts and Media Releases section 2. |  |
| 4.5 L | Tracking system for notifiable conditions that includes documentation of all the information listed below: • the initial report, AND • investigation, AND • findings, AND • subsequent reporting to state and federal agencies. Note: the system may also track the broader category of mandated reporting.  | 2 |   | PHIMS database, example of Lyme Disease report to DOH, PHIMS Case Line Report, CD Case report form  |  |
| 4.6 L | Protocols for specific conditions contain all of the information listed  | 2 |   | Policy for Reporting of Communicable  |  |

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|--------|--|---|-------------------------------------|--|---|
|        | below for each specific condition: • case investigation steps (including timeframes for initiating the investigation), AND • reporting requirements, AND • contact information, AND • clinical management, including referral to care.<br>Protocols document which evidence based practices (EBP) relating to the most effective population-based methods of disease prevention and control have been incorporated in specific conditions and the source of the EBP. |   |                                     | Diseases listing resources as DOH NC information and Control of Communicable Diseases -Man 17th edition; DOH Notifiable Conditions website with NC protocols, including animal bite and rabies protocols that include evidence based practices (EBP) information |   |
| 4.10 L | Protocols for the use of emergency biologics (for example, the “yellow book”).   | 2 |                                     | ACHD Policy for Securing Emergency Biologics   | ACHD Policy for Securing Emergency Biologics  |
| 5.5 L  | Documentation for most recent 24 months of all new employees receiving orientation to the LHJ EPRP. Annual review of LHJ EPRP with all employees (twice within last 24 months). Note: Review may be specific documentation for every program or division or agency wide with documentation of attendance from every division or program.   | 2 | No new employees in last 24 months. | 2/08-All staff meeting agenda and minutes with LERP review with attendance list, 3/30/07 Annual training session with Emergency Preparedness   | 2/08-All staff meeting agenda and minutes with LERP review  |
| 6.1 L  | Written descriptions of key program or activity components relevant to prevention and health education activities provided by LHJs or through contracts with community partners. Strategies (evidence-based or promising practices) for prevention and health education activities provided by the LHJ or by contractors for any of the groups listed below: • individuals, OR • families, OR • community in general.  | 2 |                                     | 2007/2008 ACHD Strategic Plan-Monitoring and Reporting Threats and Planning and Responding to Emergencies sections, Pandemic Flu Exercise, 2007 AC Flu Clinic- Drive Thru Clinic Emergency Evacuation Plan   | 2007/2008 ACHD Strategic Plan-Monitoring and Reporting Threats and Planning and Responding to Emergencies sections, 2007 AC Flu Clinic- Drive Thru Clinic Emergency Evacuation Plan |
| 6.3 L  | Documented review (at least every other year) of prevention and health education information of all types  | 2 |                                     | ACHD Educational Materials Inventory and Revisions Policy-   | ACHD Educational Materials Inventory and Revisions Policy-  |

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|       | (including technical assistance).<br>Two examples of updated, expanded or contracted prevention and health education information reflecting revised regulations, changes in community needs, evidence-based practices and health data.<br>Written description of the process to conduct all the activities listed below:<br>• organize materials, AND • develop materials, AND • distribute or select materials, AND • evaluate materials, AND • update materials.                |   |  | 3/08, Log sheet for changes in NC Guidelines with 2007 and 2008 entries, 2007 AC Flu Clinic- Drive Thru Clinic Emergency Evacuation Plan, ICS Emergency response Job Action Sheet | 3/08 |
| 6.4 L | Descriptions of at least two partnerships with the community and/or stakeholders to implement population based prevention and health education activities. Each of the two examples must demonstrate different implementation methods (e.g., train the trainer, technical assistance, social marketing, workshops, or peer education).  | 2 | This measure requires examples of two partnerships and documentation provided one example--Community Flu Clinic Orientation  | Outline for Community Flu pre-clinic orientation- 11/07 to CBHA staff nurses, Migrant PE Training for Othello Eye Care (CBH)--9/07  |      |
| 8.1 L | For each program reviewed, a written description of program or activity goals, objectives and performance measures shows use of a systematic process or model. This does not have to be a single, agency wide document, although individual program plans ideally link to agency wide plans such as strategic and QI plans.<br>For each program reviewed, written description(s) of professional requirements, knowledge, skills, and abilities for staff working in the program. | 2 |  | 2007/2008 ACHD Strategic Plan- Monitoring and Reporting Threats and Planning and Responding to Emergencies sections, PH Nurse job description                                     |      |
| 8.2 L | For each program reviewed, reports of program performance measures with analysis against goals and trended data where possible.<br>For each program reviewed, evidence  | 2 | This is a good example of measuring performance over time and showing improvement in timeliness. It would be helpful to display the trend in percent of timely report completion | CD reports for 2005, 2006 and 2007 with statements of timeliness goal and progress toward goal.   |      |

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|       | showing use of the analysis for at least one of the activities listed below: • improve program activities and services, OR • revised educational curricula or materials.  |   | and to identify what actions or interventions contributed to the improvement, such as training or increased awareness.   |  |  |
| 8.3 L | Use of additional sources of information to improve services and activities, including an example from each program being reviewed from the information sources listed below: • experiences from service delivery, including public requests, testimony to the BOH, analysis of health data, and information from outreach, screening, referrals, case management, follow-up, investigations complaint/inspections, prevention and health education activities, OR • funding availability, OR • evidence-based practices. | 2 |  | Handout regarding pooling of eggs; 2006 Adams County Annual Report |  |
| 8.4 L | For programs/activities that have initiated specific community collaborative projects, description of community collaboration project includes all of the factors listed below • analysis of data, AND • establishment of goals, objectives and performance measures, AND • evaluation of the initiatives.  | 2 |  | 2006 and 2007-ACHD Functional Exercise, Mass Flu Clinic--AAR,      |  |
| 8.6 L | One example for each program being reviewed of evaluations of workshops, other in-person trainings (including technical assistance) or other health education activities with analysis of effectiveness conducted within last 24 months.<br>One example for each program being reviewed of educational curricula or material revised to address evaluation results dated within last 24 months.   | 0 | The 2006 and 2007 Mass Flu Clinic AARs are not valid for this measure. Evaluations of other workshops or training session should be presented for this measure such as an evaluation of the Migrant Migrant PE Training. | No valid documentation presented for this measure.                 |  |
| 8.7 L | Aggregated annual internal audit* results for last two years of on a sample of communicable disease   | 1 | The annual CD audit did not include evaluation of compliance with disease-specific protocols.  | CD reports for 2005, 2006 and 2007 on timeliness of                |  |

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|--------|--|---|--|--|--|
|        | <p>investigations records including data on timeliness and compliance with disease-specific protocols. OR *Note: An internal audit is a review of a sample of case files or other types of documented work, such as investigation reports, for requirements like timeliness, accuracy, and compliance with protocols or regulations. A sample of 30 files is considered sufficient to identify trends in compliance. Aggregated annual internal audit* results for last two years of on a sample of environmental health investigation/compliance action records including data on timeliness and compliance with investigation/compliance procedures. OR Aggregated annual internal audit* results for last two years of on a sample of program or activity case write-ups, such as for client visit; including data on timeliness and compliance with program protocols or on repetitive activities such as the development or use of prevention and health education materials [see 6.3 L] or health alerts [see 2.6 L]</p> |   |  | completion of reports  |  |
| 10.4 L | <p>Report of staff attending training and/or educational sessions within the last three years for at least three of the following topics, as appropriate: • Assessment and data analysis • Program evaluation to assess program effectiveness • Confidentiality and HIPAA requirements • Communications, including risk, media relations • State laws/regulations/policies, including investigation/compliance procedures • Specific EPRP duties • Community</p>   | 2 |  | All staff meeting minutes show annual training in LERP and confidentiality, and Blood-borne pathogens and customer service in 2007 |  |

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|  | <p>involvement and capacity building methods • Prevention and health promotion methods and tools • Quality Improvement methods and tools • Customer service • Cultural competency • Information technology tools • Leadership • Supervision and coaching • Job specific technical skills</p> <p>Note: Fully demonstrates requires that 50% or more staff in each program being reviewed have attended at least three training sessions within the last three years. Programs with &lt; 50% of staff having attended three training sessions in the last three years will be scored partially demonstrates and programs with 0% of staff having attended three training sessions in the last three years will be scored Does Not Demonstrate. Training documentation may be from automatically generated Learning Plan from the Smart PH system or a site specific excel or other type of tracking report for staff attendance at training and educational sessions throughout the year.</p> <p>Documentation of the content of the training sessions listed in the staff training report(s), such as agendas, PowerPoint presentations, websites screen prints, other training materials and/or brochures.</p> |  |  |  |  |
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**Score Totals for: Communicable Disease**

|                          |     |
|--------------------------|-----|
| % Demonstrates           | 78% |
| % Partially Demonstrates | 17% |
| % Does Not Demonstrate   | 4%  |

Note: Totals may not equal 100% due to rounding

## FOOD SAFETY

|        | Measure  | Score | Comments | Documents   | Exemplary Documents |
|--------|--|-------|----------|---|---------------------|
| 2.8 L  | Information about public health activities, including at least one example of each of the topics listed below: • educational offerings, AND • reporting and compliance requirements.   | 2     |          | ACHD website-- EH sections with food worker education class schedule and site for WACs, RCWs and local ordinances   |                     |
| 2.9 L  | Publicly available information for all the topics listed below (one example of each): • written policies, AND • local ordinances, AND • permit/license application requirements, AND • administrative code, AND • enabling laws. Form of documentation should indicate how it is made available to the public.   | 2     |          | ACHD website, Poster offering copies of all types of materials in 2.9 that is posted in public area   |                     |
| 2.10 L | Two examples of educational material in non-English language OR Two examples of educational material in non-English language OR one example of educational material in non-English language and example of how interpretation assistance is available (such as a language line)  | 2     |          | Point to the Language You Speak Poster and Interpretation Service, Control de temperatura flyer-Spanish and letter regarding mobile food units in Spanish |                     |
| 3.1 L  | Documentation of community and stakeholder review of local health data, including Local Public Health Indicators. Note: The intent is for LHJ staff to present local health data to community groups, such as advisory groups or agency committees with community member participation, to get input and feedback from community members and recommendations for action. | 2     |          | 2006 Annual Report-- EH Programs, Green camp meeting -4/07 agenda and minutes with recommendations  |                     |

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|       | Recommendations from community or stakeholder groups for at least one of the following actions: • further investigation. OR • new program efforts, OR • policy direction, OR • prevention priorities.   |   |  |   |  |
| 3.2 L | <p>Gap analysis for local critical health services and for prevention services reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues.</p> <p>Results of program evaluations reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues.</p> <p>Use of gap analysis and program evaluations in building partnerships with state, regional, and/or local stakeholders and/or state level colleagues.</p> | 2 | The requirements for critical health services gap analysis is NA for EH programs. The requirements to report results of program evaluation and use of the results to build partnerships are applicable to EH programs. | 2006 Annual Report, Green Camp project to consider code enforcement program, WASABE 9 LHI Evaluation,   |  |
| 4.4 L | Written protocols for receiving and managing information on notifiable conditions and other public health concerns that include all the information listed below: • role-specific steps to take when receiving information AND • guidance on providing information to the public AND • description of the roles and relationship between communicable disease, environmental health and other programmatic activities.  | 2 |  | Policy for Reporting of Communicable Diseases, DOH Notifiable Conditions website with NC protocols and guidance on providing information to the public, ACHD Issuing PH Notices, Alerts and Media Releases section 2. |  |
| 4.8 L | Tracking system for environmental health investigations and compliance activities that includes documentation of all the information listed below: • the initial report, AND • investigation, AND • findings, AND • compliance action, AND • subsequent reporting   | 2 | Individual reports include documentation of information, but strongly encourage implementation of EH database to facilitate monitoring activities and tracking compliance actions.                                     | Food Inspection Report forms--- kept manually, Excel spreadsheet indicating Food Establishments needing two or more   |  |

|       |   |   |                                    |  |   |
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|       | to state and federal agencies.  |   |                                    | annual inspections, EH Complaint/Investigation Process and Tracking Policy with Complaint Log Template                                       |   |
| 4.9 L | Written procedures for investigation and compliance actions, based on local policies, ordinances and state laws contain all of the information listed below for each action: • case investigation steps (including timeframes for initiating the investigation), AND • type of documentation needed to take enforcement action.   | 2 |                                    | Food Inspection Enforcement Procedure  |   |
| 5.5 L | Documentation for most recent 24 months of all new employees receiving orientation to the LHJ EPRP. Annual review of LHJ EPRP with all employees (twice within last 24 months). Note: Review may be specific documentation for every program or division or agency wide with documentation of attendance from every division or program.  | 2 | No new employees in last 24 months | 2/08-All staff meeting agenda and minutes with LERP review with attendance list, 3/30/07 Annual training session with Emergency Preparedness | 2/08-All staff meeting agenda and minutes with LERP review with attendance list |
| 6.1 L | Written descriptions of key program or activity components relevant to prevention and health education activities provided by LHJs or through contracts with community partners. Strategies (evidence-based or promising practices) for prevention and health education activities provided by the LHJ or by contractors for any of the groups listed below: • individuals, OR • families, OR • community in general. | 2 |                                    | Food Worker Card Class objective and purpose statement, Memo regarding Sea-King Handwashing DVD  |   |
| 6.3 L | Documented review (at least every other year) of prevention and health education information of all types (including technical assistance).   | 2 |                                    | ACHD Educational Materials Inventory and Revisions Policy-3/08, EH Educational   | ACHD Educational Materials Inventory and Revisions Policy-3/08, EH Educational  |

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|       | Two examples of updated, expanded or contracted prevention and health education information reflecting revised regulations, changes in community needs, evidence-based practices and health data.<br>Written description of the process to conduct all the activities listed below:<br>• organize materials, AND • develop materials, AND • distribute or select materials, AND • evaluate materials, AND • update materials.   |   |  | Materials Evaluation Sheet for indicating annual review and materials with changes, 3 examples of updated materials | Materials Evaluation Sheet for indicating annual review and materials with changes |
| 6.4 L | Descriptions of at least two partnerships with the community and/or stakeholders to implement population based prevention and health education activities. Each of the two examples must demonstrate different implementation methods (e.g., train the trainer, technical assistance, social marketing, workshops, or peer education).  | 2 |  | Lind High School Food Worker Class-4/07, Othello School District Dining Services presentation-8/07                  |  |
| 8.1 L | For each program reviewed, a written description of program or activity goals, objectives and performance measures shows use of a systematic process or model. This does not have to be a single, agency wide document, although individual program plans ideally link to agency wide plans such as strategic and QI plans.<br>For each program reviewed, written description(s) of professional requirements, knowledge, skills, and abilities for staff working in the program. | 2 |  | 2007/2008 Strategic Plan-- Food Safety section, EH Specialist Job Description                                       |  |
| 8.2 L | For each program reviewed, reports of program performance measures with analysis against goals and trended data where possible.<br>For each program reviewed, evidence showing use of the analysis for at   | 1 |  | Food establishment Audit form for 2008  |  |

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|       | least one of the activities listed below: • improve program activities and services, OR • revised educational curricula or materials.   |   |   |   |  |
| 8.3 L | Use of additional sources of information to improve services and activities, including an example from each program being reviewed from the information sources listed below: • experiences from service delivery, including public requests, testimony to the BOH, analysis of health data, and information from outreach, screening, referrals, case management, follow-up, investigations complaint/inspections, prevention and health education activities, OR • funding availability, OR • evidence-based practices. | 2 |   | 12/20/07 memo regarding food establishment inspection discovery that led to translation of specific brochure to Spanish-- Egg Pooling Handout |  |
| 8.4 L | For programs/activities that have initiated specific community collaborative projects, description of community collaboration project includes all of the factors listed below • analysis of data, AND • establishment of goals, objectives and performance measures, AND • evaluation of the initiatives.  |   | No community collaborative projects   |   |  |
| 8.6 L | One example for each program being reviewed of evaluations of workshops, other in-person trainings (including technical assistance) or other health education activities with analysis of effectiveness conducted within last 24 months.<br>One example for each program being reviewed of educational curricula or material revised to address evaluation results dated within last 24 months.   | 1 | Unable to validate how educational curricula or material revised to address evaluation results. | Summary of direct observation of instructor giving Food Worker Card Class   |  |
| 8.7 L | Aggregated annual internal audit* results for last two years of on a sample of communicable disease investigations records including data   | 2 |   | 1/08 Food Establishment Inspection Review and Audit Policy, 4th   |  |

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|        | <p>on timeliness and compliance with disease-specific protocols. OR *Note: An internal audit is a review of a sample of case files or other types of documented work, such as investigation reports, for requirements like timeliness, accuracy, and compliance with protocols or regulations. A sample of 30 files is considered sufficient to identify trends in compliance. Aggregated annual internal audit* results for last two years of on a sample of environmental health investigation/compliance action records including data on timeliness and compliance with investigation/compliance procedures. OR Aggregated annual internal audit* results for last two years of on a sample of program or activity case write-ups, such as for client visit; including data on timeliness and compliance with program protocols or on repetitive activities such as the development or use of prevention and health education materials [see 6.3 L] or health alerts [see 2.6 L]</p> |   |  | Q 2007 and 1st Q 2008 Audit results  |   |
| 10.4 L | <p>Report of staff attending training and/or educational sessions within the last three years for at least three of the following topics, as appropriate: • Assessment and data analysis • Program evaluation to assess program effectiveness • Confidentiality and HIPAA requirements • Communications, including risk, media relations • State laws/regulations/policies, including investigation/compliance procedures • Specific EPRP duties • Community involvement and capacity building</p>   | 2 |  | <p>All staff meeting minutes show annual training in LERP and confidentiality, and customer service in 2007, Annual Individualized Training Plan document for 2 EH staff</p> | <p>Annual Individualized Training Plan document</p> |

|  |  |  |  |  |  |
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|  | <p>methods • Prevention and health promotion methods and tools • Quality Improvement methods and tools • Customer service • Cultural competency • Information technology tools • Leadership • Supervision and coaching • Job specific technical skills</p> <p>Note: Fully demonstrates requires that 50% or more staff in each program being reviewed have attended at least three training sessions within the last three years. Programs with &lt; 50% of staff having attended three training sessions in the last three years will be scored partially demonstrates and programs with 0% of staff having attended three training sessions in the last three years will be scored Does Not Demonstrate. Training documentation may be from automatically generated Learning Plan from the Smart PH system or a site specific excel or other type of tracking report for staff attendance at training and educational sessions throughout the year.</p> <p>Documentation of the content of the training sessions listed in the staff training report(s), such as agendas, PowerPoint presentations, websites screen prints, other training materials and/or brochures.</p> |  |  |  |  |
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**Score Totals for: Food Safety**

|                          |     |
|--------------------------|-----|
| % Demonstrates           | 89% |
| % Partially Demonstrates | 11% |
| % Does Not Demonstrate   | 0%  |

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

## IMMUNIZATIONS

|        | Measure  | Score | Comments   | Documents  | Exemplary Documents |
|--------|--|-------|--|--|---------------------|
| 2.8 L  | Information about public health activities, including at least one example of each of the topics listed below: • educational offerings, AND • reporting and compliance requirements.   | 2     |  | 7/07 Immunization Update presentation to CBHA staff, ACHD website--CD section, 5/07 memo to Adams county providers with vaccine information, Ritzville Medical Clinic --- vaccine review session- 2/07 |                     |
| 2.9 L  | Publicly available information for all the topics listed below (one example of each): • written policies, AND • local ordinances, AND • permit/license application requirements, AND • administrative code, AND • enabling laws. Form of documentation should indicate how it is made available to the public.                               | 2     |  | ACHD website, Poster offering copies of all types of materials in 2.9 that is posted in public area,   |                     |
| 2.10 L | Two examples of educational material in non-English language OR Two examples of educational material in non-English language OR one example of educational material in non-English language and example of how interpretation assistance is available (such as a language line)  | 2     |  | Point to the Language You Speak Poster and Interpretation Service, Vacuna contra la Hepatitis A flyer in Spanish   |                     |
| 3.1 L  | Documentation of community and stakeholder review of local health data, including Local Public Health Indicators. Note: The intent is for LHJ staff to present local health data to community groups, such as advisory groups or agency committees with community member participation, to get input and feedback from community members and | 1     | The intent of this measure is to review local health data, such as immunization rates with a stakeholder group, not just provider sites, to make recommendations for new program efforts or direction. | Provider site (CBHA) specific immunization review of immunization data-12/07, CBHA AFIX Feedback Session Checklist   |                     |

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|       | <p>recommendations for action. Recommendations from community or stakeholder groups for at least one of the following actions: • further investigation. OR • new program efforts, OR • policy direction, OR • prevention priorities.</p>  |   |  |   |  |
| 3.2 L | <p>Gap analysis for local critical health services and for prevention services reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues.</p> <p>Results of program evaluations reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues.</p> <p>Use of gap analysis and program evaluations in building partnerships with state, regional, and/or local stakeholders and/or state level colleagues.</p> | 1 | <p>The data provided has not been developed into a gap analysis but is for a single provider group. This measure would focus on engaging the community in problem solving around gaps in access to services or issues identified through program evaluation, specific to Immunizations. Documentation provided did not address this.</p> | <p>Provider site (CBHA) specific immunization review of CASA immunization data-12/07, CBHA AFIX Feedback Session Checklist</p>                          |  |
| 5.5 L | <p>Documentation for most recent 24 months of all new employees receiving orientation to the LHJ EPRP. Annual review of LHJ EPRP with all employees (twice within last 24 months). Note: Review may be specific documentation for every program or division or agency wide with documentation of attendance from every division or program.</p>   | 2 |  | <p>2/08-All staff meeting agenda and minutes with LERP review with attendance list, 3/30/07 Annual training session with Emergency Preparedness</p>     | <p>2/08-All staff meeting agenda and minutes with LERP review with attendance list</p> |
| 6.1 L | <p>Written descriptions of key program or activity components relevant to prevention and health education activities provided by LHJs or through contracts with community partners. Strategies (evidence-based or promising practices) for prevention and health education activities</p>   | 2 |  | <p>2007/2008 Strategic Plan-Prevention and Education section on Immunizations, CBHA form for receipt of State-Supplied vaccine, Migrant PE training</p> |  |

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|       | provided by the LHJ or by contractors for any of the groups listed below: • individuals, OR • families, OR • community in general.  |   |  |   |  |
| 6.3 L | Documented review (at least every other year) of prevention and health education information of all types (including technical assistance). Two examples of updated, expanded or contracted prevention and health education information reflecting revised regulations, changes in community needs, evidence-based practices and health data. Written description of the process to conduct all the activities listed below: • organize materials, AND • develop materials, AND • distribute or select materials, AND • evaluate materials, AND • update materials. | 2 |  | ACHD Educational Materials Inventory and Revisions Policy-3/08, Log of Immunization Manual updates, Immunization Guidelines revised 12/07, 5/07 flyer to providers on changes in vaccine guidelines |  |
| 6.4 L | Descriptions of at least two partnerships with the community and/or stakeholders to implement population based prevention and health education activities. Each of the two examples must demonstrate different implementation methods (e.g., train the trainer, technical assistance, social marketing, workshops, or peer education).  | 2 |  | Migrant Physical Examination Training for CBH Othello Eye Care--9/07, Ritzville Medical Clinic Vaccine review--2/07   |  |
| 8.1 L | For each program reviewed, a written description of program or activity goals, objectives and performance measures shows use of a systematic process or model. This does not have to be a single, agency wide document, although individual program plans ideally link to agency wide plans such as strategic and QI plans. For each program reviewed, written description(s) of professional requirements, knowledge, skills, and  | 2 |  | 2007/2008 ACHD Strategic Plan-- Prevention and Education section on Immunizations, PH Nurse job description   |  |

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|       | abilities for staff working in the program.  |   |  |  |  |
| 8.2 L | For each program reviewed, reports of program performance measures with analysis against goals and trended data where possible.<br>For each program reviewed, evidence showing use of the analysis for at least one of the activities listed below: • improve program activities and services, OR • revised educational curricula or materials.  | 0 | No documentation provided for this measure.  | The Strategic plan and the 11/07 Mass Flu Functional Exercise AAR are not valid documentation provided for this measure. |  |
| 8.3 L | Use of additional sources of information to improve services and activities, including an example from each program being reviewed from the information sources listed below:<br>• experiences from service delivery, including public requests, testimony to the BOH, analysis of health data, and information from outreach, screening, referrals, case management, follow-up, investigations complaint/inspections, prevention and health education activities, OR • funding availability, OR • evidence-based practices. | 0 | The intent of this measure is to use additional information to improve current Immunization Program activities, not to improve emergency preparedness activities.  | 11/07 Mass Flu Functional Exercise AAR   |  |
| 8.4 L | For programs/activities that have initiated specific community collaborative projects, description of community collaboration project includes all of the factors listed below<br>• analysis of data, AND • establishment of goals, objectives and performance measures, AND • evaluation of the initiatives.  | 1 | The reviews establish improvement initiatives for the providers, few have quantifiable performance measures. No evaluation of whether initiatives actually were carried out.   | AFIX feedback form for CBHealth Assoc. Child Profile report for CBHA,  |  |
| 8.6 L | One example for each program being reviewed of evaluations of workshops, other in-person trainings (including technical assistance) or other health education activities with analysis of effectiveness conducted within last 24 months.   | 0 | The 2006 and 2007 Mass Flu Clinic AARs are not valid for this measure. Evaluations of other workshops or training session should be presented for this measure such as an evaluation of the Migrant Migrant PE Training. | The 2006 and 2007 Mass Flu Clinic AARs are not valid for this measure.   |  |

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|        | One example for each program being reviewed of educational curricula or material revised to address evaluation results dated within last 24 months.  |   |  |   |  |
| 8.7 L  | <p>Aggregated annual internal audit* results for last two years of on a sample of communicable disease investigations records including data on timeliness and compliance with disease-specific protocols. OR *Note: An internal audit is a review of a sample of case files or other types of documented work, such as investigation reports, for requirements like timeliness, accuracy, and compliance with protocols or regulations. A sample of 30 files is considered sufficient to identify trends in compliance.</p> <p>Aggregated annual internal audit* results for last two years of on a sample of environmental health investigation/compliance action records including data on timeliness and compliance with investigation/compliance procedures. OR</p> <p>Aggregated annual internal audit* results for last two years of on a sample of program or activity case write-ups, such as for client visit; including data on timeliness and compliance with program protocols or on repetitive activities such as the development or use of prevention and health education materials [see 6.3 L] or health alerts [see 2.6 L]</p> | 0 | The intent of this measure is to audit ACHD staff case files, not provider performance, so the Co-CASA reports are not valid documentation for this measure. | No documentation provided for this measure.   |  |
| 10.4 L | Report of staff attending training and/or educational sessions within the last three years for at least three of the following topics, as appropriate: • Assessment and data analysis • Program evaluation to  | 2 |  | All staff meeting minutes show annual training in LERP and confidentiality, and Blood-borne pathogens and |  |

|  |   |  |  |                          |  |
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|  | <p>           assess program effectiveness • Confidentiality and HIPAA requirements • Communications, including risk, media relations • State laws/regulations/policies, including investigation/compliance procedures • Specific EPRP duties • Community involvement and capacity building methods • Prevention and health promotion methods and tools • Quality Improvement methods and tools • Customer service • Cultural competency • Information technology tools • Leadership • Supervision and coaching • Job specific technical skills<br/>           Note: Fully demonstrates requires that 50% or more staff in each program being reviewed have attended at least three training sessions within the last three years. Programs with &lt; 50% of staff having attended three training sessions in the last three years will be scored partially demonstrates and programs with 0% of staff having attended three training sessions in the last three years will be scored Does Not Demonstrate. Training documentation may be from automatically generated Learning Plan from the Smart PH system or a site specific excel or other type of tracking report for staff attendance at training and educational sessions throughout the year. Documentation of the content of the training sessions listed in the staff training report(s), such as agendas, PowerPoint presentations, websites screen prints, other training materials and/or brochures.         </p> |  |  | customer service in 2007 |  |
|--|---|--|--|--------------------------|--|

## Score Totals for: Immunizations

|                          |     |
|--------------------------|-----|
| % Demonstrates           | 56% |
| % Partially Demonstrates | 19% |
| % Does Not Demonstrate   | 25% |

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