

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

## *Asotin County Health District*

### **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 community partnerships and leadership role in the community, as exemplified in the access work (gaining the HPSA designation and recruiting CHAS as an FQHC for your community) and smoking and pregnant women (convening a community workgroup and obtaining a grant to provide smoking cessation services).
- The development of data and planning processes driven by the data, including the Health Indicators Report, the Health Disparities/QI Plan, the Strategic Plan and the development of logic models in program areas.
- The development of infrastructure (processes and templates) to support the work, including the satisfaction survey, monthly tracking template, and staff meeting sign in template.
- The development of policies and procedures, including the Notifiable Conditions P&P and associated tracking form, the Process to Track Health Data P&P and Evidence Based Practice Statement, and the Writing Health Alerts and Media Releases P&P.
- The engagement of the BOH with review of data and the strategic plan.
- The community outreach including the brochure and the development of website capacity, which can be a way to reach your community in a broad way.

## ***Areas for Improvement***

- Link measurement as specifically as possible to logic models and plans, and eventually link the budget to the strategic plan.
- Expand methods for using data, communicating it to the community and partners, seeking grant support, and evaluating programs or initiatives.
- Continue to develop the website, posting data, reports and adding links, in order to become a significant resource for information about the population and their needs.

## ***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 an 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	2	Fully Demonstrated
1.3 L	2	Fully Demonstrated
1.4 L	2	Fully Demonstrated
1.5 L	1	Partially Demonstrated
1.6 L	2	Fully Demonstrated
1.7 L		

## 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	1	Partially Demonstrated
2.5 L	1	Partially Demonstrated
2.6 L	1	Partially Demonstrated
2.7 L	1	Partially 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	2	Fully Demonstrated
4.2 L	2	Fully Demonstrated
4.3 L	2	Fully 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	2	Fully Demonstrated
5.4 L	0	Not Demonstrated
5.5 L	1	Partially Demonstrated

#### Standard 6: Prevention and Education

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

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

Measure	Score	Compliance Demonstration
7.1 L	2	Fully 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	1	Partially 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	1	Partially Demonstrated

## Standard 9: Financial and Management Systems

Measure	Score	Compliance Demonstration
9.1 L	1	Partially Demonstrated
9.2 L	0	Not Demonstrated

## Standard 10: Human Resource Systems

Measure	Score	Compliance Demonstration
10.1 L	1	Partially 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	2	Fully Demonstrated
11.2 L	2	Fully Demonstrated
11.3 L	0	Not Demonstrated
11.4 L	1	Partially Demonstrated
11.5 L	1	Partially Demonstrated

### Standard 12: Leadership and Governance

Measure	Score	Compliance Demonstration
12.1 L	1	Partially Demonstrated
12.2 L	2	Fully Demonstrated
12.3 L	0	Not Demonstrated
12.4 L	2	Fully Demonstrated
12.5 L	2	Fully Demonstrated
12.6 L	1	Partially 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	59%	53%	55%
% Partially Demonstrates	35%	37%	34%
% Does Not Demonstrate	5%	10%	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	Documentation would be strengthened by inclusion of more environmental health indicator data and trended data.	ACHD Health Disparities and 32 Core Indicators, Fall 2007	
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>	2		P&P: Process to Track Health Data 1/16/08; Health Disparities Logic Model - Quality Improvement 2007-2008; statement on use of evidence based practices; Smoking and	

	<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>			Pregnancy Community Workgroup Meeting minutes 9/21/07 and 2/22/08; March of Dimes grant application - letter of intent 9/19/07	
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.	2		Health Disparities Logic Model - Quality Improvement 2007-2008; Smoking and Pregnancy Community Workgroup Meeting minutes 9/21/07 and 2/22/08; March of Dimes grant application - letter of intent 9/19/07	
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: • local organization, OR • state organization, OR • regional organization. Note: The intent is to assure that data or materials are shared are based with all appropriate levels of organizations.	2		P&P: Data Sharing 6/14/07; BOH minutes 1/8/08	
1.5 L	Description of method for community members to obtain technical assistance from LHJ on assessment methods, data collection or other issues.	1	Documentation would be strengthened by adding information on the ACHD website and brochure about how community members can obtain technical assistance from ACHD on assessment.	P&P: How Community Members May Obtain Assessment Data; ACHD website	

1.6 L	List of LHJ staff responsible for assessment activities. Training or assessment meeting 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)	2		List of staff responsible for assessment activities; Assessment Meeting agendas 9/9/06 and 2/28/07; certificates of completion for assessment trainings.	
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.		This measure is not applicable.		

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

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	67%	72%	78%
% Partially Demonstrates	33%	15%	14%
% Does Not Demonstrate	0%	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) Note: This might include implementing elements of the PHIP Communications Plan.	2		ACHD Brochure; ACHD website	
2.2 L	Publicly available 24 hour contact information for the LHJ current within last 14 months. Phone	2		ACHD web site; Emergency After Hours Phone List	

	numbers for weekday and after-hours emergency contacts are available to (evidence of availability to both groups listed below): • law enforcement, AND • appropriate local agencies and organizations, such as tribal governments, schools and hospitals.			with letter showing distribution to law enforcement and other appropriate local agencies (1/7/08); P&P Emergency After Hours Phone List Distribution (1/17/08)	
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		Public Health Bulletin 4/30/07; Flu Shot flyers and fax list 11/07	
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	1	Unable to confirm that contact list was reviewed/updated within last 14 months.	Fax and mailing lists for media and key stakeholders	
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	Documentation for this measure would be strengthened by adding specific timeframes for communications with the media (i.e., within what timeframe must staff respond to media requests). Also might consider creating a separate P&P that addresses how to respond to the media (separate from the P&P on Writing Health Alerts and Media Releases).	P&P Writing Public Health Alerts and Media Releases (6/28/07); EPRP Communication Plan 2007	
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.	1	Documentation for this measure would be strengthened by adding specific steps for distributing public health alerts and media releases, and indicating the appropriate recipients of these communications (e.g., link to the ACHD blast fax list).	P&P Writing Public Health Alerts and Media Releases (6/28/07); EPRP Communication Plan 2007	
2.7 L	Public information that includes at least one example of each of the topics listed below: • health data,	1	Documentation for this measure would be strengthened by adding the following information for the public	ACHD website	

	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.		to the ACHD website: environmental health risks, communicable disease, access to local health care providers, and prevention resources.		
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	2		Resource lists for providers; examples of 2 referrals for WIC clients	

	generate a referral.				
--	----------------------	--	--	--	--

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

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	64%	71%	75%
% Partially Demonstrates	36%	29%	23%
% Does Not Demonstrate	0%	0%	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	1			

	<p>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>				
--	---	--	--	--	--

### Score Totals for Standard 3: Community Involvement

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	0%	8%	13%
% Partially Demonstrates	100%	92%	76%
% Does Not Demonstrate	0%	0%	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	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	2			

	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)				
4.2 L	Information (not the notifiable conditions poster) about managing reportable conditions, such as treatment options or isolation requirements. 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 Reports showing regular identification of new providers in the community and actions to engage them in the reporting process.	2			
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	2			

	of mandated reporting.				
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&P: Notifiable Conditions and other Public Health Concerns 1/17/08, 2 bat exposure reports 06 and 07	
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 listed below for each action: • case investigation steps (including timeframes for initiating the</p>	2			

	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		EPRP Appendix 3/07, RCWs and WACs	

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

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	100%	85%	82%
% Partially Demonstrates	0%	12%	14%
% Does Not Demonstrate	0%	3%	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 • public safety officials.	2		Test alert 7/11/07; Test alert 10/30/07; Fax Phone Book 10/29/07	

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		ACHD EPRP updated March 2007; After Action Report ACHD Table Top Exercise 6/5/07	
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>	2		Pandemic Flu Table Top Exercise and After Action Report (June 2007); WASABE Region 9 Exercise and Evaluation (10/20/07 - 11/2/07)	
5.4 L	Written description or list of public health services that are essential for the public to access in different types of emergencies. Note: The intent of this measure is that the LHJ has	0	The intent of this measure is to identify a set of public health services that are essential for the public to access during emergencies and to make this information	ACHD website	

	<p>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>		<p>available to the public (e.g., by adding this information to the ACHD website).</p>		
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>	1			

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

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	60%	60%	59%
% Partially Demonstrates	20%	27%	29%
% Does Not Demonstrate	20%	13%	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. 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.	1			
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). 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.	2		Health Disparities Report 2007, Health Disparities Logic Model	Health Disparities Report 2007, Health Disparities Logic Model
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	2			

	<p>or contracted prevention and health education information reflecting revised regulations, changes in community needs, evidence-based practices and health data.</p> <p>Written description of the process to conduct all the activities listed below:</p> <ul style="list-style-type: none"> <li>• organize materials, AND</li> <li>• develop materials, AND</li> <li>• distribute or select materials, AND</li> <li>• evaluate materials, AND</li> <li>• update materials.</li> </ul>				
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>	1			

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

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	50%	33%	39%
% Partially Demonstrates	50%	63%	54%
% Does Not Demonstrate	0%	4%	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.	2		Access to Care Meeting agenda 1/10/08; Access to Care Talking Points 3/4/08	
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]. Assessment information on access to the four types of providers listed above. 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 lists for providers; Asotin County Oral Health Profile 2006; use of 2006 HPSA survey results to obtain HPSA designations for Asotin County	
7.3 L	Surveys (at least one example within last 24 months) to assess the availability of critical health services and barriers to access. One gap analysis for access to critical health services based on the results of the surveys for availability and other assessment information.	2		2006 HPSA surveys and subsequent HPSA designations (2007)	

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		DSHS Family Planning Contract	
-------	--	---	--	-------------------------------	--

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

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	100%	67%	57%
% Partially Demonstrates	0%	21%	30%
% Does Not Demonstrate	0%	13%	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. For each program reviewed, written description(s) of professional requirements, knowledge, skills, and abilities for staff working in the	1			

	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, stakeholders and partners. Evaluation results of performance on	2		WIC Guidelines for Customer Service (applied to all programs), Client Satisfaction Survey, 2007 survey results	Client Satisfaction Survey

	customer service standards.				
8.6 L	<p>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.</p> <p>One example for each program being reviewed of educational curricula or material revised to address evaluation results dated within last 24 months.</p>	1			
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</p>	1			

	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	List of tabletops and events was good, but missing Norovirus outbreaks, locally produced AAR for white powder lacking other partners' involvement and specific recommendations	List of outbreaks and tabletops, , WASABE AAR, white powder 5/15/06 report	
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 services (See 5.4), • emergency preparedness and response plans •	1	Example from one tabletop, not clear that goals and objectives have been influenced by learning from tabletops or outbreaks/local events.	WASABE AAR and action follow up documentation , BOH minutes 3/10/08	

	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	11%	22%	24%
% Partially Demonstrates	89%	67%	58%
% Does Not Demonstrate	0%	11%	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.	1	Strong evidence of active budget monitoring and processes for assuring that all revenues are collected. Documentation for this measure would be strengthened by organizing the annual budget by ACHD's strategic plan and goals (not just by revenue source and expenditure type).	BOH Minutes 11/13/07; budget monitoring summaries 10/31/07, 6/30/07, 2/28/07; P&P Revenue Collection 6/14/07	Revenue Collection Policy and Procedure 6/14/07
9.2 L	Contract review for legal requirements is documented for two 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.	0	The intent of this measure is to have legal review and regular performance monitoring of outbound contracts (i.e., contacts where ACHD is the initiator, not the recipient). Documentation for this measure would be improved by obtaining legal review (e.g., from the county	Contract for dietician; contract with Yakima Valley Farmworkers Clinic	

			prosecuting attorney) and implementing a process for regular monitoring (i.e., comparing actual performance to the contract deliverables) for outbound contracts.		
--	--	--	---	--	--

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

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	0%	42%	35%
% Partially Demonstrates	50%	50%	54%
% Does Not Demonstrate	50%	8%	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.	1	Documentation would be strengthened by creation of a Policy and Procedure on recruitment and retention of qualified and diverse staff.	P&P Diversity and Cultural Competence 4/7/08; P&P Hiring, Compensation and Personnel Rules 4/7/08; Email to staff regarding new policies 4/7/08	
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 evaluation completion dates for all	2	Yearly Job Evaluations Tracking Sheet would be strengthened by adding the specific date annual evaluations were completed.	Job description staff availability sign-in sheet; ACHD Yearly Job Evaluations Tracking Sheet; Employee Training Plans for 2008	Template for Employee Training Plans

	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.				
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		P&P on Employee Qualifications 3/17/08; Tracking Calendar	
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 specific technical skills	2			

	<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		Employee Non-Disclosure Agreement - signed copies for 2008	
10.6 L	<p>Evaluation reports of facility and relevant work processes for compliance with ADA requirements within last 24 months.</p>	2		Email from City of Clarkston regarding facility ADA compliance 3/17/08; Office Ergonomic Assessment Reports for employees 4/4/08	

Score Totals for Standard 10: Human Resource Systems

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	83%	50%	50%
% Partially Demonstrates	17%	36%	36%
% Does Not Demonstrate	0%	14%	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.	2		Letter from Valcom Business Center 4/9/08; P&P Appropriate Computer Use and Monitoring 6/14/07; Asotin County Telecommunications, Electronic Information and Network Resources Use Policy; documentation of monitoring of employee web use by ACHD Administrator 4/9/08	
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		Observation of hardware and software availability through documentation review. Confirmation with ACHD Administrator that Valcom Business Center provides	

				information technology support to ACHD staff.	
11.3 L	Agency or county IS plan includes strategies for the use of future technologies by the LHJ.	0		No documentation provided.	
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.	1	Evidence of availability of (1) 24 hour contact information for emergencies and notifiable conditions and (2) health data and core indicator information on ACHD web site. Limited information available on CD, EH, and prevention. No information available on links to WACs, RCW, ordinances, etc. No information available on how the public can obtain technical assistance or consultation from ACHD.	ACHD website	
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. Agency requirements define which program data requires confidential and secure transmission (e.g., any identifiable information) and methods to assure confidential and secure transmission. For programs that collect and share identifiable information, two examples of sharing or transfer of data indicate compliance with the security and protection requirements.	1	Documentation would be strengthened by specifying the program data requiring confidential and secure transmission and methods to assure confidential and secure transmission.	Confidentiality/Non-Disclosure Policy; PHIMS/PHRED Digital Signature Fact Sheet; PHRED User Account Maintenance Form;	

## Score Totals for Standard 11: Information Systems

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	40%	47%	50%
% Partially Demonstrates	40%	43%	36%
% Does Not Demonstrate	20%	10%	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	No evidence in documentation provided that BOH operating rules (charter) include guidelines for communications with senior managers.	BOH Minutes 3/10/08 and 5/14/07; Welcome to Public Health in Washington State - A Guidebook for Local BOH Members; ACHD BOH charter, reviewed and approved by BOH 2/11/08	
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.	2		BOH minutes 1/14/08	
12.3 L	BOH review of an annual report or various separate reports with specific statements of progress toward agency and program goals.	0	Documentation provides shows that health and program data are shared annually with the BOH. This measure requires that the BOH receive reports about ACHD's progress toward	BOH minutes 1/14/08	

			agency-wide and program-specific goals. The Health Disparities/Core Indicators report and program logic models that have been developed provide a good foundation for establishing goals, targets, and specific, quantifiable performance measures in the future.		
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		BOH minutes 3/10/08 and 11/13/07	
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		WA Government Entity Pool insurance coverage; Liability Exposure Questionnaire	
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	1	The strategic plan would be strengthened through development of specific, quantifiable performance measures that ACHD can use to assess progress toward program goals.	ACHD 2007-2008 Program Overviews (Strategic/Quality Improvement 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		ACHD 2007-2008 Strategic / Quality Improvement Plan	

12.8 L	BOH minutes indicate review and adoption of the agency strategic plan within the last 24 months	2		BOH minutes 5/15/07	
12.9 L	Organization-wide quality improvement plan contains specific objectives that include all the topics listed below: • address opportunities for improvement identified through use of health data including from data sources such as: the core indicators, including Local Public Health Indicators, OR program evaluation results, OR outbreak response or after-action evaluation results, OR the strategic planning process, AND • may be program specific and tied to the program evaluation process, or they may reach across programs and activities for operational improvements that impact much of the organization, AND • identify timeframes for completion of objectives and responsible staff, AND • identify performance measures.	1	The quality improvement plan would be strengthened through development of specific, quantifiable performance measures that ACHD can use to assess progress toward quality improvement goals.	Health Disparities Logic Model for Quality Improvement 2007-2008; ACHD 2007-2008 Strategic / Quality Improvement Plan	
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,		N/A because plan has not been in place for 12 months.		

	revised and deleted objectives is made based upon the review				
--	--	--	--	--	--

**Score Totals for Standard 12: Leadership and Governance**

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	56%	25%	34%
% Partially Demonstrates	33%	46%	38%
% Does Not Demonstrate	11%	29%	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		Bloodborne Pathogens, HIV/AIDS Daycare Worker STARS classes flyers, Website: Notifiable Conditions	
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		Website: Notifiable Conditions	
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		Hand washing poster in Spanish, MRSA brochure in Spanish, Interpretation Services Available Sheet	
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	The intent of this measure is to present data to community members and engage them in problem solving recommendations. The strongest evidence would be to present the Health Disparities/Core Indicators Report to groups like the HHS Board and document in the minutes recommendations for future action by the community.	Health and Human Services Board minutes 9/11/07, BOH minutes 1/14/08	

	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		Access to Care Notebook, Talking Points, HPSA designation	
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> <p>Distribution of notifiable conditions information (at least annually to assure current 24 hour contact information)</p>	2		Letter to providers 1/7/08, mailing list with providers and laboratories	
4.2 L	<p>Information (not the notifiable conditions poster) about managing reportable conditions, such as treatment options or isolation requirements.</p> <p>Evidence of distribution to health care</p>	2		Alert 8/17/06, Bulletin 1/12/07, fax log	

	providers				
4.3 L	Written description of process for identifying new providers in the community and engaging them in the reporting process, OR Reports showing regular identification of new providers in the community and actions to engage them in the reporting process.	2		P&P New Providers 1/16/08, log sheet	
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		P&P: CD/Notifiable Conditions/Other PH Concerns 1/17/08	P&P: CD/Notifiable Conditions/Other PH Concerns 1/17/08
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		Communicable Disease Tracking Form 2/8/08, Case Information Form	Communicable Disease Tracking Form 2/8/08
4.6 L	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. Protocols document which evidence based practices (EBP) relating to the most effective population-based	2		DOH Guidelines for Reporting and Surveillance, DOH website w/updated disease specific Guidelines	

	methods of disease prevention and control have been incorporated in specific conditions and the source of the EBP.				
4.10 L	Protocols for the use of emergency biologics (for example, the "yellow book").	2		Yellow Book	
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		Staff meeting sign in 12/11/07, 3/18/08 (included new employee)	Staff meeting sign in template
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	Logic model is great--add measures next.	CD logic model, Bloodborne Pathogens, HIV/AIDS Daycare Worker STARS classes flyers	
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	2		P&P: Literature Review 3/3/08, Tracking Calendar 2/08, MRSA handout	Tracking Calendar 2/08 template

	materials, AND • evaluate materials, AND • update materials.				
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		Childcare Provider STARS Trainings, Epi Connection minutes 4/07	
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 abilities for staff working in the program.	2		CD Logic model, CD Nurse job description	CD Logic model
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.	2		Needle exchange protocol, data for needle exchange, revised outcome assessment 1/08	
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,	2		Data for needle exchange, BOH minutes 1/14/08 authorizing continuation of needle exchange	

	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.				
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.	0	Oral Health is not a part of CD program review	Oral Health Coalition Agenda, data from 2006	
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. One example for each program being reviewed of educational curricula or material revised to address evaluation results dated within last 24 months.	2		STARS classes for childcare providers, 2 evaluations, curriculum changes in 2007	
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	1	Audit format does not track all of the elements, including timeliness of investigations, etc. Check into new exemplary practices materials for examples of templates for future use.	CD Audit Form 07/08	

	<p>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>				
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 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          Note: Fully demonstrates requires that 50% or more staff in each program being reviewed have</p>	2		Training tracking report 07	

	<p>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>				
--	---	--	--	--	--

**Score Totals for: Communicable Disease**

% Demonstrates	91%
% Partially Demonstrates	4%
% Does Not Demonstrate	4%

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

## TOBACCO

	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		Freedom from Smoking Festival, Website Tobacco Page, Website graph on sales of tobacco to minors	
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		Website link to RCW 70.160, ACHD brochure	
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		Quit Line brochure in Spanish, Interpretation Services Available Sheet	
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	2		Smoking and Pregnancy Community Workgroup minutes 9/21/08, 2/22/08, grant application	

	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	This is a terrific example!	Smoking and Pregnancy Community Workgroup minutes 8/3/07, 10/19/07, 11/30/07, e-mails, Clearing the Air article	
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		Staff meeting sign in sheets	
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 provided by the LHJ or by contractors for any of the groups listed below: • individuals, OR • families, OR • community in general.</p>	2		07/08 workplan and Tobacco Logic Model	

6.3 L	<p>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.</p>	2		P&P Literature Review, Calendar Tracking Form, new brochures and materials	
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		TA request, e-mail training request	
8.1 L	<p>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 abilities for staff working in the program.</p>	1	<p>The structure of the Catalyst Work Plan would benefit by separating quantifiable performance measures from process and timeline descriptions. More quantifiable measures would also strengthen the Logic Model.</p>	Catalyst 07/08 Work Plan, Tobacco Logic Model, Health Disparities Logic Model, Job Description	Tobacco Logic Model

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.	2		Family Planning Quarterly Stats, Inservice sign in sheet, new goal established for 5 As	
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		March of Dimes award for smoking cessation classes 1/10/08	
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	The focus here is on program or initiative evaluation, rather than class evaluation. As the initiative sponsored by the Work Group just was funded, program evaluation is a future activity.	Smoking and Pregnancy Work Group Goals 07, Health Disparities Report 07	
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. One example for each program being reviewed of educational curricula or	0	The focus of this measure is on evaluation of training provided by ACHD (not provided to ACHD), with documented evaluations from participants and use of the feedback to revise the educational materials.		

	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>	2	The focus of this measure is on auditing the work of ACHD, in this case, the Family Planning charts regarding the 5As	Family Planning Chart audits	
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	2		Training Tracking Sheet and course documentation	

	<p>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</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>				
--	---	--	--	--	--

## Score Totals for: Tobacco

% Demonstrates	81%
% Partially Demonstrates	13%
% Does Not Demonstrate	6%

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

## WASTE WATER MANAGEMENT

	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		Understanding and Caring for Your Septic System, OSS newsletter with applications for installer license renewals 1/08	
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		Packet for OSS Permits, P&P: OSS Failure Reporting 3/15/08, Processing and Correction, Ordinance 84-54, OSS WAC	P&P: OSS Failure Reporting 3/15/08
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		Cleaning Up after a Sewage Spill in Spanish, Interpretive Services Available Sheet	
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	0	The intent of this measure is to present data to community members and stakeholders and engage them in problem solving recommendations. An example in the future might be to use the planned OSS Advisory Committee to review OSS data including the failures corrected indicator, and identify recommendations for improvements.	BOH Minutes 7/07, draft letter regarding design of OSS and WGEP letter	

	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	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. 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. Use of gap analysis and program evaluations in building partnerships with state, regional, and/or local stakeholders and/or state level colleagues.	0	Documentation provided did not address the measure--minutes documented issues raised/and or information shared, but not results of gap analyses or program evaluations.	Statewide EH Directors minutes 9/19/07, 10/18/06	
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		P&P: CD/Notifiable Conditions/Other PH Concerns 1/17/08	P&P: CD/Notifiable Conditions/Other PH Concerns 1/17/08
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 to state and federal agencies.	2		EH Incident Report Form, CD Tracking Form and Control Case Information Form	EH Incident Report Form, CD Tracking Form and Control Case Information Form

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		P&P: OSS Failure Reporting, Processing and Correction	P&P: OSS Failure Reporting, Processing and Correction
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.	1	One employee was in only one of the meetings.	Staff meeting sign in 12/11/07, 3/18/08 (including new employees)	
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.	1	This measure has two steps: first, identify all of the activities that the OSS program should do to prevent OSS failures and two, implement those activities through educational or other strategies. Great initiative, but not dated, or evidence that it actually occurred.	Septic 101 class handout	
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	2	The Procedures for Obtaining OSS Permits were apparently revised due to changes in code, not due to review as described in the P&P, as the Tracking Form for 2/08 does not indicate a review of OSS or Food materials.	P&P: Literature Review, Tracking Form 2/08, Procedures for Obtaining OSS Permits revised 3/15/08	

	<p>practices and health data.</p> <p>Written description of the process to conduct all the activities listed below:</p> <ul style="list-style-type: none"> <li>• organize materials, AND</li> <li>• develop materials, AND</li> <li>• distribute or select materials, AND</li> <li>• evaluate materials, AND</li> <li>• update materials.</li> </ul>				
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>	1	<p>The future OSS Advisory Committee may be a venue for work on this measure.</p>	<p>Asotin County Planning Committee minutes 12/9/06 (technical assistance)</p>	
8.1 L	<p>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.</p> <p>For each program reviewed, written description(s) of professional requirements, knowledge, skills, and abilities for staff working in the program.</p>	1	<p>The Logic Model would be stronger if references to data were made specific (they are implicit but not explicit).</p>	<p>OSS Logic Model 08, EH Director job description</p>	<p>OSS Logic Model 08</p>
8.2 L	<p>For each program reviewed, reports of program performance measures with analysis against goals and trended data where possible.</p> <p>For each program reviewed, evidence showing use of the analysis for at least one of the activities listed below:</p> <ul style="list-style-type: none"> <li>• improve program activities and services, OR</li> <li>• revised educational curricula or materials.</li> </ul>	1	<p>OSS failures and corrections should be added to 2008 tracking. No documentation provided of use to improve program or materials.</p>	<p>Data sheets, BOH minutes 1/14/08</p>	

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: <ul style="list-style-type: none"> <li>• 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</li> <li>• funding availability, OR</li> <li>• evidence-based practices.</li> </ul>	0	No documentation provided of using information to improve services and activities	EH Service request form	
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 <ul style="list-style-type: none"> <li>• analysis of data, AND</li> <li>• establishment of goals, objectives and performance measures, AND</li> <li>• evaluation of the initiatives.</li> </ul>		No collaborative projects were observed that would trigger application of this measure.		
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. One example for each program being reviewed of educational curricula or material revised to address evaluation results dated within last 24 months.	0	The intent of this measure is to take evaluation information and improve the program and activities. The drawing was specific technical assistance rather than OSS program improvement.	Letter from Design Engineer re: TA, Pipe and Gravel cleanout and monitoring port drawing	
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	2		OSS review of Failed Septic Systems and Corrective Actions	

	<p>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.</p> <p>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>				
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:</p> <ul style="list-style-type: none"> <li>• Assessment and data analysis</li> <li>• Program evaluation to assess program effectiveness</li> <li>• Confidentiality and HIPAA requirements</li> <li>• Communications, including risk, media relations</li> <li>• State laws/regulations/policies, including investigation/compliance procedures</li> <li>• Specific EPRP duties</li> <li>• Community involvement and capacity building methods</li> <li>• Prevention and health promotion methods and tools</li> <li>• Quality Improvement methods and</li> </ul>	2		Training Tracking Report, additional documentation	

	<p>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>				
--	--	--	--	--	--

**Score Totals for: Waster Water Management**

% Demonstrates	50%
% Partially Demonstrates	28%
% Does Not Demonstrate	22%

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