

# **Standards for Public Health in Washington State: 2008 Performance Review Report *Columbia County Health Department/ Whitman County Health Department***

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

Thank you for participating in the performance review of the Standards for Public Health in Washington State. The intent of the Standards is to provide an overarching measurement framework for the many services, programs, legislation, and state and local administrative codes that affect public health. The Washington State Standards for Public Health Performance address all 10 Public Health Essential Services and crosswalk directly to the NACCHO Operational Definition.

The Washington standards and measures exemplify the national goals for public health performance measurement and development of standards—quality improvement, accountability, and science. Points to remember when looking at the reports include:

- The Standards articulate a higher level of performance, often described as stretch standards, not a description of the system as it is performing currently.
- The Standards reflect an improvement cycle; results of the performance assessment should be used to target areas for improvement.

## **This Report**

The site reviews again demonstrated the incredible commitment, creativity and hard work of the people in the public health system. This report is specific to your local health jurisdiction and is intended to give you feedback about the materials you provided as a demonstration of how you met each measure. However, before describing the details that are in the report, we want to summarize overall observations regarding your organization's strengths and opportunities for improvement as observed during the site review.

### ***Strengths***

- The 2007 Annual Health Status Report for Whitman County
- The involvement with the Board of Health and extensive minutes
- The Oral Health Program and extensive community and school involvement in the ABCD program activities, including the Tooth Tutor program
- The WCHD budget monitoring processes
- The IT Safety and Security Policies
- The EH portion of the Whitman County website, the contents and publicly available information regarding Food Safety
- The Client Satisfaction Survey and process
- The Media Policy and Protocols
- The extent of involvement with community organizations and partners, especially with the schools and for the Food Safety Program

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

- Develop a Strategic Plan with Quality Improvement Plan for the agency
- Work on the development of measurement at the program level, by establishing quantifiable performance measures for process, impact and population outcomes
- Increase the analysis of community health data and of program performance data with more trended data and display of data to facilitate making conclusions and evaluating program progress toward goals
- Link data review and conclusions to actions taken, especially link program evaluation results to program improvements, in other words, close the Plan-Do-Study-Act loop

- Implement a process for at least every other year review of policies and procedures and educational materials
- Look for and participate in educational opportunities for assessment training, and for staff training of all types
- Expand content of the data and information on the WCHD website to share health data and program data

### ***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	0	Not Demonstrated
1.3 L	0	Not Demonstrated
1.4 L	1	Partially Demonstrated
1.5 L	0	Not Demonstrated
1.6 L	0	Not 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	1	Partially 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	1	Partially Demonstrated
2.11 L	1	Partially 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	1	Partially Demonstrated
5.2 L	2	Fully Demonstrated
5.3 L	2	Fully Demonstrated
5.4 L	1	Partially Demonstrated
5.5 L	0	Not Demonstrated

#### Standard 6: Prevention and Education

Measure	Score	Compliance Demonstration
6.1 L	2	Fully Demonstrated
6.2 L	1	Partially Demonstrated
6.3 L	0	Not 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	1	Partially Demonstrated
7.3 L	0	Not Demonstrated
7.4 L	1	Partially 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	1	Partially Demonstrated
8.6 L	1	Partially Demonstrated
8.7 L	0	Not Demonstrated
8.8 L	2	Fully Demonstrated
8.9 L	0	Not Demonstrated

### Standard 9: Financial and Management Systems

Measure	Score	Compliance Demonstration
9.1 L	1	Partially Demonstrated
9.2 L	1	Partially Demonstrated

### Standard 10: Human Resource Systems

Measure	Score	Compliance Demonstration
10.1 L	1	Partially Demonstrated
10.2 L	1	Partially Demonstrated
10.3 L	2	Fully Demonstrated
10.4 L	1	Partially Demonstrated
10.5 L	2	
10.6 L	2	

### Standard 11: Information Systems

Measure	Score	Compliance Demonstration
11.1 L	1	Partially Demonstrated
11.2 L	2	Fully Demonstrated
11.3 L	1	Partially 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	1	Partially Demonstrated
12.3 L	0	Not Demonstrated
12.4 L	2	Fully Demonstrated
12.5 L	1	Partially Demonstrated
12.6 L	0	Not Demonstrated
12.7 L	0	Not Demonstrated
12.8 L	0	Not Demonstrated
12.9 L	0	Not Demonstrated
12.10 L		

### Overall Score Totals

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	34%	53%	55%
% Partially Demonstrates	47%	37%	34%
% Does Not Demonstrate	19%	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	<p>This measure requires annual reports with trended data on a wide range of public health issues. There is no evidence in documentation provided of data on environmental risks and related illness, health disparities, and access to critical health services. Documentation would also be strengthened by inclusion of written definitions for data in the reports and analysis of the results. Use of the Local Public Health Indicators, along with data profiles produced for Whitman and Columbia counties by DOH for various health topics (e.g., tobacco, diabetes, MCH, etc.), would strengthen performance on assessment.</p>	<p>STD Profile for Whitman County 2006; Whitman County Health Status Report: Leading Causes of Death, 1997 to 2007; WCHD Health Status Report 2007 (numbers of CD reports for 2007); Whitman and Columbia County Profiles for Children and Youth with Special Health Care Needs (6/05).</p>	
1.2 L	<p>Description of data tracking and analysis process, or reports of analyzed data indicating regular (systematic) process. Note: Health data, as defined in the Glossary, includes Local Public Health Indicator Report.</p> <p>Review of evidence-based practices.</p> <p>Use of health data to (at least one of</p>	0	<p>The intent of this measure is to analyze the data from measure 1.1, review evidence-based practices, and use this information to make recommendations for improvement to programs or policies -- or to signal the need for other action. The documentation provided shows the Coalition is actively working to</p>	<p>Whitman County Oral Health Coalition and Steering Committee: agendas, minutes and materials (2007 and 2008)</p>	

	<p>the activities below):</p> <ul style="list-style-type: none"> <li>• signal changes in health disparities and priority health issues, or</li> <li>• identify emerging health issues, or</li> <li>• identify implications for changes in communicable disease or environmental health investigation, intervention, or education efforts</li> <li>• gap analysis comparing existing services to projected need for services</li> <li>• recommendations for policy decisions, program changes, or other actions [see measure 1.3 L]</li> </ul>		<p>improve access to dental services for children, but the reviewers were unable to verify any use of health data in these planning activities.</p>		
1.3 L	<p>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.</p>	0	<p>The intent of this measure is to use health data (from measure 1.1 or other data) to develop written recommendations for policy decisions, program change, budget changes or other actions. The documentation provided shows the Coalition is actively working to improve access to dental services for children, but the reviewers were unable to verify any use of health data in these planning activities.</p>	<p>Whitman County Oral Health Coalition and Steering Committee: agendas, minutes and materials (2007 and 2008)</p>	
1.4 L	<p>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.</p>	1	<p>There is limited evidence in the documentation provided of sharing local health data with other organizations. The strongest example provided are the adult and youth smoking rates shown on the tobacco cessation program page of the WCPH website. The documentation clearly shows that WCPH is sharing important health information (e.g., nutrition guidelines) through the School Health Link newsletter and the WCPH website, but the intent of this measure is to share data about the health status of Whitman and Columbia county residents.</p>	<p>WCHD website -- tobacco cessation program page</p>	

1.5 L	Description of method for community members to obtain technical assistance from LHJ on assessment methods, data collection or other issues.	0	The intent of this measure is to show a written description of how community members can obtain assistance from the LHJ on assessment. The documentation provided addresses how WCHD handles requests for information from the public, but this does not address the intent of the measure.	No valid documents for this measure.	
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)	0	The intent of this measure is to have staff responsible for assessment activities participate in meetings and trainings on community health assessment. The training on how to prepare for the performance assessment on the Standards does not meet the requirements of this measure. Documentation would be strengthened through future participation in community health assessment meetings and trainings, such as the 2008 Statewide Assessment Meeting, Introduction to Community Health Assessment training, and Introduction to VistaPHw training planned for May 2008.	Agenda for Standards for Public Health in Washington State - Site Visit Preparation Training (1/7/08)	
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 N/A.		

## Score Totals for Standard 1: Community Health Assessment

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	0%	72%	78%
% Partially Demonstrates	33%	15%	14%
% Does Not Demonstrate	67%	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		WCHD website	
2.2 L	Publicly available 24 hour contact information for the LHJ current within last 14 months. Phone numbers for weekday and after-hours emergency contacts are available to (evidence of availability to both groups listed below): • law enforcement, AND • appropriate local agencies and organizations, such as tribal governments, schools and hospitals.	2	Strong documentation of policies and protocols regarding 24/7 contacts for WCHD. However, the intent of this measure is to let the public know that the WCHD can be reached 24/7 to report public health emergencies by calling the agency's phone number. This could be addressed by adding a statement to the WCHD website.	WCHD website; WCHD Emergency Notification Policy; WCHD voicemail greeting (2008); Emergency Contacts List; WCHD 24/7 Contact Protocol	
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).	1	This measure also requires distribution of an urgent communication to the media.	Pertussis Health Alert sent to Whitman County health care providers (12/26/07)	

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 verify that media contact list was reviewed and updated within last 14 months. Also, this measure requires a contact list for key stakeholders.	Media contact list available to staff on shared drive	
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	This measure requires that protocols for working with the media identify specific timeframes for communications.	WCHD Guidelines for News Media Relations and Reporter Contacts; WCHD communication checklist; WCHD risk communication guidelines; WCHD Emergency Communications Plan: Pre-Media Script Template	WCHD Emergency Communications Plan: Pre-Media Script Template
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	This measure also requires a written description of distribution steps and recipients for both health alerts and media releases.	WCPH Emergency Communications Plan: templates for News Release and News Advisory	WCPH Emergency Communications Plan: templates for News Release and News Advisory
2.7 L	Public information that includes at least one example of each of the topics listed below: • health data, AND • information on environmental health risks, AND • communicable disease and other threats to the public's health, AND • access to the local health system, healthcare providers and prevention resources.	1	Strong evidence of information on EH risks and CD on the WCHD. Very limited amount of health data (could only find adult and youth smoking rates). No evidence of information on access to the local health system and providers.	WCHD web site	
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 •	2			

	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.				
2.10 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)	1			
2.11 L	Local resource/referral list(s) of each of the types of providers listed below: • private communicable disease treatment providers, AND • public communicable disease treatment providers, AND • providers of critical health services, AND • providers of preventive services. Note: In some cases providers for critical health services are also providers for preventive services. One example of using list to generate a referral.	1	This measure also requires one example of using the list to generate a referral.	Provider Referral List	

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

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	36%	71%	75%
% Partially Demonstrates	64%	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 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.	1			

### 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 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)	2			
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 of mandated reporting.	2			
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			

	methods of disease prevention and control have been incorporated in specific conditions and the source of the EBP.				
4.7 L	Description of the method for tracking public health concerns, if not already captured by the systems described in either 4.5 or 4.8. Two examples of reports of concern received from the public indicating referral to appropriate agency for response.	2		EH complaint record form--template, example of report to DOE--11/07 and referral to recycling center -12/07	
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			
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			
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		Pan Flu Appendix B-- Model Quarantine Order--11/06, State Laws and Regulations-TB Services Manual-10/07	

## 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.	1	The pertussis health alert from 12/26/07 is an excellent example of identifying a primary contact person in emergency communications. However, this measure also requires an example of an emergency communication distributed to public safety officials (the pertussis health alert appears to have only been sent to health care providers).	Pertussis Health Alert sent to Whitman County health care providers (12/26/07)	
5.2 L	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. 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:	2		WCHD Communicable Disease, Bioterrorism Surveillance and Epidemiologic Response Plan (updated 5/1/07); Whitman County Emergency Management Plan, Emergency Support Function #8 (Health, Medical, and	

	<p>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>			<p>Mortuary Services); WCHD 2007 Pandemic Flu Tabletop Exercise After Action Report</p>	
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		<p>WCHD 2007 Pandemic Flu Tabletop Exercise After Action Report; WASABE Region 9 2007 Washington State Annual Bioterrorism Exercise After Action Report (12/31/07)</p>	
5.4 L	<p>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 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>	1	<p>This measure also requires at least two examples of information distributed or available to the public on how to access the essential services during an emergency.</p>	<p>Whitman County Emergency Management Plan, Emergency Support Function #8 (Health, Medical, and Mortuary Services)</p>	

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.	0			
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**Score Totals for Standard 5: Planning for and Responding to Public Health Emergencies**

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	40%	60%	59%
% Partially Demonstrates	40%	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	2			

	contractors for any of the groups listed below: • individuals, OR • families, OR • community in general.				
6.2 L	<p>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).</p> <p>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.</p>	1	The intent of this measure is to describe the prevention priorities for a program and the overall ABCD and/or Oral Health documents did not describe overall priorities for the program	Tooth Tutor School Screening schedules and number for 2005, 2006, and 2007; October 2005 Smile Surveys for pre-school and elementary schools	
6.3 L	<p>Documented review (at least every other year) of prevention and health education information of all types (including technical assistance).</p> <p>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.</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>	0			

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).	1			
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### Score Totals for Standard 6: Prevention and Education

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	25%	33%	39%
% Partially Demonstrates	50%	63%	54%
% Does Not Demonstrate	25%	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		Whitman County Oral Health Coalition and Steering Committee: agendas, minutes and materials (2007 and 2008)	

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.	1	This measure also requires assessment information on access to providers and one example of using this assessment information to identify needs for further study.	Provider Referral List	
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.	0		No documentation provided.	
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.	1	This measure also requires documentation of program activities that link individuals to medical homes.	Whitman County Oral Health Coalition and Steering Committee: agendas, minutes and materials (2007 and 2008); Procedure for Dental Referral of Children	

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

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	25%	67%	57%
% Partially Demonstrates	50%	21%	30%
% Does Not Demonstrate	25%	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 program.	1			
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	1			

	educational curricula or materials.				
8.3 L	Use of additional sources of information to improve services and activities, including an example from each program being reviewed from the information sources listed below: <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>	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 <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>	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 customer service standards.	1	No documentation was presented of evaluation results of performance on customer service standards.	2007 Whitman Annual Report- Customer Service Standards, Client Survey Improvement Policy-2007, PH Client Satisfaction Survey	Client Survey Improvement Policy-2007,
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	1			

	material revised to address evaluation results dated within last 24 months.				
8.7 L	<p>Aggregated annual internal audit* results for last two years of on a sample of communicable disease investigations records including data on timeliness and compliance with disease-specific protocols. OR *Note: An internal audit is a review of a sample of case files or other types of documented work, such as investigation reports, for requirements like timeliness, accuracy, and compliance with protocols or regulations. A sample of 30 files is considered sufficient to identify trends in compliance.</p> <p>Aggregated annual internal audit* results for last two years of on a sample of environmental health investigation/compliance action records including data on timeliness and compliance with investigation/compliance procedures. OR</p> <p>Aggregated annual internal audit* results for last two years of on a sample of program or activity case write-ups, such as for client visit; including data on timeliness and compliance with program protocols or on repetitive activities such as the development or use of prevention and health education materials [see 6.3 L] or health alerts [see 2.6 L]</p>	0			
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	2		2007 Functional Exercise for RSRV Outbreak --AAR, 2007 Pandemic Flu Tabletop Exercise AAR, WASABE	2007 Functional Exercise for RSRV Outbreak --AAR,

	<p>each event listed above with evidence that each evaluation included all the activities listed below:</p> <ul style="list-style-type: none"> <li>• participation from stakeholders; such as hospitals, providers and involved community organizations, as appropriate, AND</li> <li>• participation by LHJ staff from communicable disease, environmental health and other public health programs, AND</li> <li>• review of the accessibility of essential public health services (See 5.4 L), AND</li> <li>• assessment of how the event was handled, AND</li> <li>• documentation of what worked well, AND</li> <li>• identification of issues, AND</li> <li>• recommend changes in response procedures and other process improvements</li> </ul>			Region 9 2007 Annual Bioterrorism Exercise-AAR-12/07	
8.9 L	<p>Two examples that demonstrate the use of after action/table top recommendations to improve two or more of the LHJ processes listed below:</p> <ul style="list-style-type: none"> <li>• monitoring and tracking processes</li> <li>• disease-specific protocols</li> <li>• investigation/compliance procedures</li> <li>• laws and regulations</li> <li>• staff roles</li> <li>• communication efforts</li> <li>• access to essential public health services (See 5.4),</li> <li>• emergency preparedness and response plans</li> <li>• other LHJ plans, such as facility/operations plan.</li> </ul> <p>Organizational goals and objectives reflect recommended changes from after action /table top evaluations.</p>	0	<p>There was no documentation of the use of after action/table top recommendations to improve two or more of the LHJ processes or of organizational goals and objectives that reflect recommended changes from after action /table top evaluations.</p>	<p>2007 Functional Exercise for RSRV Outbreak --AAR, 2007 Pandemic Flu Tabletop Exercise AAR, WASABE Region 9 2007 Annual Bioterrorism Exercise-AAR-12/07</p>	

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

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	11%	22%	24%
% Partially Demonstrates	67%	67%	58%
% Does Not Demonstrate	22%	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	No evidence in the documentation provided that the budget is linked to the agency's goals and strategic plan, as required by this measure. Also no evidence of a description of a process (e.g., a policy and protocol) for assuring that all revenues are considered and collected.	2008 Budget Overview; Profit & Loss Budget vs. Actual Budget Overview; A/R Aging Detail (line listing of invoices)	
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.	1	This measure requires legal review of contracts (e.g., review by county prosecuting attorney). No evidence of legal review in documentation provided.	Contract with Sherri Huwe for professional services (10/31/06); Contract with Amy Degon for professional services (7/1/07); General Claim for Payment with report of hours for Amy Degon	

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

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	0%	42%	35%
% Partially Demonstrates	100%	50%	54%
% Does Not Demonstrate	0%	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	There is no evidence in the documentation provided of HR policies on promotion of diversity and cultural competence and recruitment and retention of qualified and diverse staff.	Human Resources policies and procedures; Equal Employment Opportunity statement; new employee orientation checklist	
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 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	1	This measure requires evidence that at least 80% of employees received a performance evaluation in 2007 that included an annual training plan. Unable to verify through documentation provided.	Sample of one employee performance evaluation with training plan	

	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		Screen shots of Health Professions Quality Assurance web site showing status of licensed health care professionals.	
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 Note: Fully demonstrates requires that 50% or more staff in each program being reviewed have	1			

	<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.</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>				
10.5 L	<p>Confidentiality and HIPAA policy. List of staff required per policy to sign confidentiality agreement with signature and date of signature, OR 10% sample of signed staff confidentiality statements.</p>	2		<p>Whitman County Confidentiality Policy; Whitman County Confidentiality Statement; HIPAA Privacy Rule; Whitman County Notice of Privacy Practices; sample of signed WCHD Confidentiality Statements</p>	
10.6 L	<p>Evaluation reports of facility and relevant work processes for compliance with ADA requirements within last 24 months.</p>	2		<p>County Facility ADA evaluation</p>	

## Score Totals for Standard 10: Human Resource Systems

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	50%	50%	50%
% Partially Demonstrates	50%	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.	1	No evidence in documentation provided of processes for data redundancy (back-up systems) and no documentation of monitoring any IT safety and security processes for compliance.	Whitman County Policy 01500 "Using Electronic Information" and Procedure "Authorizing Computer Access" (4/1/05); Whitman County Policy 0408 "Overseeing County Email and Internet Systems" (2/8/04)	
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		Whitman County Information Services website	
11.3 L	Agency or county IS plan includes strategies for the use of future technologies by the LHJ.	1	No documentation of a strategic plan for information technology.	New World Systems website; New World Systems Pre/Post Trip Summary	
11.4 L	Website contains at least the areas of information and content listed below: • 24 hr. contact number for reporting health emergencies, AND •	1	Unable to verify availability of a 24 hour contact number for reporting health emergencies and availability of information about how to obtain	WCHD website	

	<p>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.</p>		<p>technical assistance and consultation from the LHJ. Very limited health data available (adult and youth smoking rates).</p>		
11.5 L	<p>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.</p> <p>Agency requirements define which program data requires confidential and secure transmission (e.g., any identifiable information) and methods to assure confidential and secure transmission.</p> <p>For programs that collect and share identifiable information, two examples of sharing or transfer of data indicate compliance with the security and protection requirements.</p>	1	<p>No evidence in documentation provided of agency requirements for use and transmission of data, including a definition of which program data require confidential and secure transmission.</p>	<p>Screen shot of Transact Washington showing staff use it for PHIMS and PHRED</p>	

## Score Totals for Standard 11: Information Systems

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	20%	47%	50%
% Partially Demonstrates	80%	43%	36%
% Does Not Demonstrate	0%	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	Documentation shows that the BOH votes on and documents actions it takes. However, the measure also requires documentation that the BOH orients new members and has a set of operating rules that include guidelines for communications with senior managers.	BOH minutes 3/17/08, 1/17/06, 11/27/07	
12.2 L	BOH review of an annual report or various separate reports with trended data on a set of core indicators that include measures of: • Local Public Health Indicators AND • community health status, AND • communicable disease AND • environmental health risks and related illness, AND • access to critical health services. Documented BOH recommendations for actions on health policy decisions.	1	Confirmed with WCHD Administrator that the WCHD 2007 Health Status Report went to BOH, but minutes are not yet available from the meeting. Very limited evidence of health data in documentation provided (CD data for 2007).	WCHD Health Status Report 2007	
12.3 L	BOH review of an annual report or various separate reports with specific statements of progress toward agency and program goals.	0	Unable to verify any evidence of statements in the documentation regarding progress toward agency or program goals. Development of program logic models and/or a	WCHD Health Status Report 2007	

			strategic plan for the agency that include specific, quantifiable performance measures will allow WCHD to address this measure 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 11/27/07	
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.	1	This measure also requires documentation of a clinical and financial risk assessment. No evidence of this in the documentation provided.	Washington Rural Counties Insurance Pool Certificate of Insurance	
12.6 L	Organization-wide strategic/operations plan includes both topics listed below: • vision and mission statements, AND • goals, objectives and performance measures for priorities or initiatives	0	This measure requires documentation of an agency strategic plan.	Documentation provided does not address the intent of the measure.	
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.	0	This measure requires documentation of an agency strategic plan.	No documentation provided.	
12.8 L	BOH minutes indicate review and adoption of the agency strategic plan within the last 24 months	0	This measure requires documentation of an agency strategic plan.	No documentation provided.	

12.9 L	<p>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.</p>	0	<p>The intent of this measure is to have an organization-wide quality improvement plan that identifies opportunities for improvement, timeframes, staff responsible, and performance measures. The QI policy provided for documentation does not contain any of these elements. Implementation of the QI policy in the future will strengthen performance on this measure.</p>	<p>Documents provided do not address the intent of this measure.</p>	
12.10 L	<p>Written review of the quality improvement objectives from the previous year include: • performance measures are tracked, reported and used to assess the impact of improvement actions, AND • meaningful improvement is demonstrated in at least one objective Note: Meaningful improvement can be shown by comparing re-measurement(s) of an outcome to the baseline measurement with a description of the action or intervention taken to improve performance. Re-measurement must show an improved result in the outcome measure. Revised QI plan with new, revised and deleted objectives is made based upon the review</p>		<p>N/A because no Quality Improvement plan in place.</p>		

## Score Totals for Standard 12: Leadership and Governance

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	11%	25%	34%
% Partially Demonstrates	33%	46%	38%
% Does Not Demonstrate	56%	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		WCHD Website-Notifiable Conditions section with link to DOH website, Notifiable Conditions brochure and flyers	
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		WCHD Website-Notifiable Conditions section with link to DOH website	
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)	1	No example of non-English educational materials for CD was presented.	Language Line Quick Reference Guide and Language Identification Card,	
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.	1	No documentation presented for recommendations for actions by the BOH or another community group resulting from the review of CD data.	Whitman County Public Health Health Status Report-2007,	

	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	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.	1	No documentation presented of a gap analysis based on the CD program data being used to build partnerships.	Whitman County Public Health Health Status Report-2007,	
4.1 L	Information on notifiable conditions with required reporting timeframes and specific, current 24-hour LHH contact information, in the form of a designated telephone line or a designated contact person, are provided to: • health care providers, including new licensees, AND • laboratories, including new licensees. Distribution of notifiable conditions information (at least annually to assure current 24 hour contact information)	2		Notifiable Conditions Reporting Brochure, Who benefits from reporting of NC? Flyer, WA State NC Chart with WCHD contact information	Notifiable Conditions Reporting Brochure, Who benefits from reporting of NC? Flyer,
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	2		Health Care Provider PH Notice-- 3/08 regarding pertussis with treatment and reporting requirements and link	

	providers			to DOH website- Notify11/07 Health Alert re MRSA, 9/07 E. coli Alert	
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		WCHD Policy for Finding and Notifying New Providers, Whitman County Public Health Health Status Report-2007,	
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		WCHD CD Investigation Procedure Book, DOH-Notify website and information, apps.leg.wa.gov website for WAC on NC and laboratories	
4.5 L	Tracking system for notifiable conditions that includes documentation of all the information listed below: • the initial report, AND • investigation, AND • findings, AND • subsequent reporting to state and federal agencies. Note: the system may also track the broader category of mandated reporting.	2		PHIMS	
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.	2		WCHD CD Investigation Procedure Book, DOH-Notify website and information	

	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.				
4.10 L	Protocols for the use of emergency biologics (for example, the “yellow book”).	2		Emergency Biologics-2007	
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.	0	No documentation presented that verifies that new employees were oriented to the local EPRP or annual review with all employees.	New Employee Orientation Checklist-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		Whitman County Public Health Health Status Report-2007--narrative section page 3, 2007 Functional Exercise for RSRV Outbreak	
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	0	No documentation of the review of CD-related prevention and health education information of all types (including technical assistance) or of updated materials or of a written description of the process to organize, develop, distribute, select, evaluate or update materials.	No CD-related documentation	

	conduct all the activities listed below: • organize materials, AND • develop materials, AND • distribute or select 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).	0	No documentation provided related to CD	No documentation provided related to CD	
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.	1	No documentation of Communicable Disease Program goals, objectives and performance measures.	Community Health Nurse I job description,	
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.	0	No documentation provided related to CD	No documentation provided related to CD	
8.3 L	Use of additional sources of information to improve services and activities, including an example from	0	No documentation provided related to CD	No documentation provided related to CD	

	<p>each program being reviewed from the information sources listed below:</p> <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>				
8.4 L	<p>For programs/activities that have initiated specific community collaborative projects, description of community collaboration project includes all of the factors listed below</p> <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>	0	No documentation provided related to CD	No documentation provided related to CD	
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>	0	No documentation provided related to CD	No documentation provided related to CD	
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,</p>	0	No documentation provided related to CD	No documentation provided related to CD	

	<p>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 tools</li> <li>• Customer service</li> <li>• Cultural competency</li> <li>• Information technology tools</li> <li>• Leadership</li> <li>• Supervision and coaching</li> <li>• Job specific technical skills</li> </ul>	0	No documentation provided for CD staff	No documentation provided for CD staff	

	<p>Note: Fully demonstrates requires that 50% or more staff in each program being reviewed have attended at least three training sessions within the last three years. Programs with &lt; 50% of staff having attended three training sessions in the last three years will be scored partially demonstrates and programs with 0% of staff having attended three training sessions in the last three years will be scored Does Not Demonstrate. Training documentation may be from automatically generated Learning Plan from the Smart PH system or a site specific excel or other type of tracking report for staff attendance at training and educational sessions throughout the year.</p> <p>Documentation of the content of the training sessions listed in the staff training report(s), such as agendas, PowerPoint presentations, websites screen prints, other training materials and/or brochures.</p>				
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**Score Totals for: Communicable Disease**

% Demonstrates	43%
% Partially Demonstrates	17%
% Does Not Demonstrate	39%

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

## FOOD SAFETY

	Measure	Score	Comments	Documents	Exemplary Documents
2.8 L	Information about public health activities, including at least one example of each of the topics listed below: • educational offerings, AND • reporting and compliance requirements.	2		Whitman County Website--EH section- Food Workers Class schedule and Rules and Regulations	
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		Whitman County Website--EH section- Rules and Regulations	
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		Language Line Quick Reference Guide and Language Identification Card, Food and Beverage Workers' Manual in five non- English languages	
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	0	No documentation presented for recommendations for actions by the BOH or another community group resulting from the review of Food Safety data.	Whole House Inspection Policy	

	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>	0	No documentation presented of a gap analysis based on the Food Safety evaluation program data being used to build partnerships.	No documentation provided	
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		WCHD CD Investigation Procedure Book, DOH-Notify website and information, WCHD Food Program Enforcement Procedure	
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		Food Service Establishments excel database-2008, EH Complaint Records	

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		WCHD Food Program Enforcement Procedure	
5.5 L	Documentation for most recent 24 months of all new employees receiving orientation to the LHJ EPRP. Annual review of LHJ EPRP with all employees (twice within last 24 months). Note: Review may be specific documentation for every program or division or agency wide with documentation of attendance from every division or program.	0	No documentation presented that verifies that new employees were oriented to the local EPRP or annual review with all employees.	New Employee Orientation Checklist-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		WCHD website -- EH purpose description and list of departmental responsibilities, Office Health presentation by Decagon Devices, New Food Service Establishment Policies	
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	0	No documentation of the review of EH-related prevention and health education information of all types (including technical assistance) or of updated materials or of a written description of the process to organize, develop, distribute, select, evaluate or update materials.	No EH related documentation	

	conduct all the activities listed below: • organize materials, AND • develop materials, AND • distribute or select 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).	1	This measure requires two examples of partnerships with the community to implement educational activities and only one example was provided.	Food Protection Policy Committee with Food Protection Program Training Manual	
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.	1	No documentation of Food Safety Program goals, objectives and performance measures.	EH Specialist II job description	
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.	0	No documentation provided related to Food Safety	No documentation provided related to Food Safety	
8.3 L	Use of additional sources of information to improve services and activities, including an example from	0	No documentation provided related to Food Safety	No documentation provided related to Food Safety	

	<p>each program being reviewed from the information sources listed below:</p> <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>				
8.4 L	<p>For programs/activities that have initiated specific community collaborative projects, description of community collaboration project includes all of the factors listed below</p> <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 community collaborative projects. This measure is N/A.	No documentation provided related to Food Safety	
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	No documentation of an example of Food Workers' educational curricula or material revised to address evaluation results within the last 24 months.	Food and Beverage Workers' Class Evaluations for 4/10/08	
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,</p>	0	No documentation provided related to Food Safety	No documentation provided related to Food Safety	

	<p>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 tools</li> <li>• Customer service</li> <li>• Cultural competency</li> <li>• Information technology tools</li> <li>• Leadership</li> <li>• Supervision and coaching</li> <li>• Job specific technical skills</li> </ul>	1	<p>This measure requires documentation that all staff in the Food Safety Program have at least three training sessions, in the required topics, in the last three years.</p>	<p>Training transcript and course certificates presented for one EH staff person.</p>	

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

% Demonstrates	39%
% Partially Demonstrates	22%
% Does Not Demonstrate	39%

*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		WCHD Website-- Tobacco Cessation	
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		WCHD Website-- Tobacco Cessation	
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		Language Line Quick Reference Guide and Language Identification Card, Su Familia y el humo de segundo mano flyer	
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	1	The documentation provided (for all tobacco related measures) did not include any minutes of any community and stakeholder review of local health data related to Tobacco or of recommendations for actions by any community group resulting from the review of Tobacco data. The untitled document described a tobacco advisory board meeting that reviewed data and made recommendations, but the reviewer was unable to validate the dates of the meeting.	1 page list of Tobacco Advisory Board Mailing List, 7/17/07 1 page list of Whitman County Tobacco Use Statistics, untitled/undated document with "Strategic Plan Vision and Goal" as heading on first page	

	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>	1	Unable to verify the review of results of gap analysis program evaluation by a community group.	7/17/07 1 page list of Whitman County Tobacco Use Statistics, untitled/undated document with "Strategic Plan Vision and Goal" as heading on first page	
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.	0	No documentation presented that verifies that new employees were oriented to the local EPRP or annual review with all employees.	New Employee Orientation Checklist-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		Whitman County -- Health Status Report - 2007-Tobacco portion, WCHD website- Tobacco Cessation, Whitman County Tobacco Prevention Evaluation Plan 2007 Update, Catalyst Planned vs Actual Report--7/07	

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:</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>	0	<p>No documentation of the review of Tobacco-related prevention and health education information of all types (including technical assistance) or of updated materials or of a written description of the process to organize, develop, distribute, select, evaluate or update materials.</p>	No documentation provided	
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		<p>Whitman Oral Health Coalition and Tobacco Advisory Board, Columbia Oral Health Coalition (includes Tobacco activities) minutes - Jan 2008--"Lose the Chew", May 2006-cessation classes</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. For each program reviewed, written description(s) of professional requirements, knowledge, skills, and abilities for staff working in the program.</p>	1	<p>Coordinator Tasks document did not contain any written description(s) of professional requirements, knowledge, skills, and abilities.</p>	<p>Whitman County Tobacco Prevention Evaluation Plan 2007 Update, Catalyst Planned vs Actual Report--7/07, untitled/undated document with "Strategic Plan Vision and Goal" as heading on first page, Tobacco Prevention and Control Coordinator-- Basic Duties Tasks</p>	

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	No documentation was provided	Whitman County Tobacco Prevention Evaluation Plan 2007 Update, untitled/undated document with "Strategic Plan Vision and Goal" as heading on first page	
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		WC Policy and Procedures for Complaints of Non-Compliance with the Smoking in Public Places Act	
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	Unable to verify the community collaboration of the evaluation of the initiatives.	Whitman Oral Health Coalition and Tobacco Advisory Board minutes, Columbia Oral Health Coalition (includes Tobacco activities) minutes, untitled/undated document with "Strategic Plan Vision and Goal" as heading on first page	
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	0	No documentation was provided	No documentation was provided	

	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.				
8.7 L	Aggregated annual internal audit* results for last two years of on a sample of communicable disease investigations records including data on timeliness and compliance with disease-specific protocols. OR *Note: An internal audit is a review of a sample of case files or other types of documented work, such as investigation reports, for requirements like timeliness, accuracy, and compliance with protocols or regulations. A sample of 30 files is considered sufficient to identify trends in compliance. 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]	0	No documentation was provided	No documentation was provided	
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	0	No documentation provided of three training sessions in the required topics for the Tobacco Program staff.	Foundations for Effective Tobacco Cessation Programs training	

	<p>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</p> <p>Note: Fully demonstrates requires that 50% or more staff in each program being reviewed have attended at least three training sessions within the last three years. Programs with &lt; 50% of staff having attended three training sessions in the last three years will be scored partially demonstrates and programs with 0% of staff having attended three training sessions in the last three years will be scored Does Not Demonstrate. Training documentation may be from automatically generated Learning Plan from the Smart PH system or a site specific excel or other type of tracking report for staff attendance at training and educational sessions throughout the year.</p> <p>Documentation of the content of the training sessions listed in the staff training report(s), such as agendas, PowerPoint presentations, websites screen prints, other training materials and/or brochures.</p>				
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## Score Totals for: Tobacco

% Demonstrates	44%
% Partially Demonstrates	25%
% Does Not Demonstrate	31%

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