

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

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 BOH involvement in the review of health data and information and use to make health policy decisions, good documentation of BOH actions in the minutes
- The Quarterly Newsletter and 4th Q Report that is also the annual report for the agency
- The strong assessment capacity and use of data to drive programs, including the Key Health Indicator Report, the BOHAC review of data and the priority setting process with the Better/Worse Report, this provides a good baseline of a set of indicators for taking action
- The Logic Models for many of the agency's programs that describe the activities, outputs and outcomes for each program
- The SMARTO framework and process for linking individual staff work to program Logic Models and to the Performance Standards
- The Customer Satisfaction Survey process, including the online Client Satisfaction Survey
- The tracking of staff evaluations
- The Tdap QI Team process, improvement and report
- The After-Action Reports and the use of the recommendations to improve services
- The Shape-Up Plan to address obesity with evaluation plan and 4th Q 2007 report
- The extensive community involvement and partnerships for planning and implementing public health activities to address health priorities

Areas for Improvement

- Work to establish targets for performance measures, and ensure that all programs have quantifiable performance measures for process, impact and population outcomes
- Link data review and conclusions to actions taken, especially link program evaluation results to program improvements, in other words, close the Plan-Do-Study-Act loop

- Use meeting minutes to include attachments of data reviewed, etc. capture actions, conclusions from the data
- Conduct internal audits of CD and EH investigations to inform the QI plan
- Use Key Health Data Indicators and Better/Worse reports to develop a Quality Improvement Plan for the agency and consider using the SMARTO plans in conjunction with these documents to develop a Strategic plan for Kittitas

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

Small Town/Rural	Mixed Rural	Large Town	Urban
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/phil/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	2	Fully Demonstrated
1.2 L	2	Fully Demonstrated
1.3 L	2	Fully Demonstrated
1.4 L	2	Fully Demonstrated
1.5 L	2	Fully Demonstrated
1.6 L	2	Fully Demonstrated
1.7 L		

Standard 2: Communications to the Public and Key Stakeholders

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

Standard 3: Community Involvement

Measure	Score	Compliance Demonstration
3.1 L	1	Partially Demonstrated
3.2 L	2	Fully Demonstrated

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

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

Standard 5: Planning for and Responding to Public Health Emergencies

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

Standard 6: Prevention and Education

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

Standard 7: Helping Communities Address Gaps in Critical Health Services

Measure	Score	Compliance Demonstration
7.1 L	2	Fully Demonstrated
7.2 L	2	Fully Demonstrated
7.3 L	2	Fully Demonstrated
7.4 L	2	Fully Demonstrated

Standard 8: Program Planning and Evaluation

Measure	Score	Compliance Demonstration
8.1 L	2	Fully Demonstrated
8.2 L	1	Partially Demonstrated
8.3 L	2	Fully 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	2	Fully Demonstrated

Standard 9: Financial and Management Systems

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

Standard 10: Human Resource Systems

Measure	Score	Compliance Demonstration
10.1 L	1	Partially Demonstrated
10.2 L	2	Fully Demonstrated
10.3 L	1	Partially Demonstrated
10.4 L	2	Fully Demonstrated
10.5 L	2	Fully Demonstrated
10.6 L	0	Not Demonstrated

Standard 11: Information Systems

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

Standard 12: Leadership and Governance

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

Overall Score Totals

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	67%	53%	55%
% Partially Demonstrates	28%	37%	34%
% Does Not Demonstrate	5%	10%	12%

Note: Totals may not equal 100% due to rounding

Detailed Agency Report

Standard 1: Community Health Assessment

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

	Measure	Score	Comments	Documents	Exemplary Documents
1.1 L	<p>Annual report or various separate reports with trended data (collected at least every other year) on a set of core indicators that include measures of:</p> <p>population health status AND, communicable disease AND, environmental health risks and related illnesses, AND health disparities AND, access to critical health services.</p> <p>Note: The focus of this measure is the largest set of public health data that includes more than a specific set of core indicators or the set of 32 local Public Health Indicators. See the Performance Management Glossary for definitions of health data.</p> <p>Written definition or description of quantitative data.</p> <p>Qualitative data such as barrier analysis and focus group or interview results (See Glossary)</p>	2		KHI Final Report, 2006 Fact Sheets on web site (trended data), Campus Community Coalition Executive Report	
1.2 L	<p>Description of data tracking and analysis process, or reports of analyzed data indicating regular (systematic) process. Note: Health data, as defined in the Glossary, includes Local Public Health Indicator Report.</p> <p>Review of evidence-based practices.</p> <p>Use of health data to (at least one of the activities below):</p>	2		Assessment Coordinator Work Plan (systematic process), KHI 2007 Report	

	<ul style="list-style-type: none"> • signal changes in health disparities and priority health issues, or • identify emerging health issues, or • identify implications for changes in communicable disease or environmental health investigation, intervention, or education efforts • gap analysis comparing existing services to projected need for services • recommendations for policy decisions, program changes, or other actions [see measure 1.3 L] 				
1.3 L	Written recommendations for policy decisions, program changes, budget changes or other actions. For health policy decisions not tied to the analysis in 1.2L, the health data that led to the health policy decision that was made. Note: The intent is to assure that health policy decisions are based on data, whether the health policy flows from review of data analysis or from the health decision making process.	2		KHI Follow up work document.	
1.4 L	Report or material showing that local health data are shared with at least one of the three levels of organization listed below: • local organization, OR • state organization, OR • regional organization. Note: The intent is to assure that data or materials are shared are based with all appropriate levels of organizations.	2		KCPHD Quarterly Newsletters, BOH and BOHAC Agenda Schedules	KCPHD Quarterly Newsletters
1.5 L	Description of method for community members to obtain technical assistance from LHJ on assessment methods, data collection or other issues.	2		Community Health Assessment web site.	
1.6 L	List of LHJ staff responsible for assessment activities. Training or assessment meeting	2		February 2007 Assessment Mtg. agenda, September	

	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)			2006 Assessment Meeting Agenda, Meeting materials.	
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.		No collaboration with outside researchers. This measure is N/A.		

Score Totals for Standard 1: Community Health Assessment

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	100%	72%	78%
% Partially Demonstrates	0%	15%	14%
% Does Not Demonstrate	0%	13%	8%

Note: Totals may not equal 100% due to rounding

Standard 2: Communications to the Public and Key Stakeholders

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

	Measure	Score	Comments	Documents	Exemplary Documents
2.1 L	Description(s) of public health's mission and role in communication documents (at least one example) Note: This might include implementing elements of the PHIP Communications Plan.	2		2007 KHI Report, Web site - About Us page.	
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	2		Emergency contact list, web site, e-mail regarding contact list.	

	enforcement, AND • appropriate local agencies and organizations, such as tribal governments, schools and hospitals.				
2.3 L	At least one example of urgent communication sent within the last 24 months to each of the groups listed below: • media, AND • key stakeholders (these may be locally defined).	2		Alerts regarding bacterial meningitis.	
2.4 L	Contact lists for media and key stakeholders with effective or review date within last 14 months. Description/demonstration of availability to staff	2		KCPHD Emergency Communication Plan	
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 addresses providing public information and responding to the media as part of every day work not just emergency situations. The documentation provided does a good job of outlining roles, responsibilities and expectations during an emergency situation but doesn't provide guidance for the every day work.	KCPHD Emergency Communication Plan	
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 addresses providing public information and responding to the media as part of every day work not just emergency situations. The documentation provided did contain guidance on developing alerts and news releases. However, the distribution guidance was limited and exclusive to emergency situations. Developing guidance for distributing public health alerts and news releases for every day work would fully meet this measure.	KCPHD Emergency Communications Plan (Tabs 9 and 12)	
2.7 L	Public information that includes at least one example of each of the topics listed below: • health data, AND • information on environmental	2		KCPHD KHI Report, Web site (EH, Assessment, Resources).	

	health risks, AND • communicable disease and other threats to the public's health, AND • access to the local health system, healthcare providers and prevention resources.				
2.8 L	Information about public health activities, including at least one example of each of the topics listed below: • educational offerings, AND • reporting and compliance requirements.	2			
2.9 L	Publicly available information for all the topics listed below (one example of each): • written policies, AND • local ordinances, AND • permit/license application requirements, AND • administrative code, AND • enabling laws. Form of documentation should indicate how it is made available to the public.	2			
2.10 L	Two examples of educational material in non-English language OR Two examples of educational material in non-English language OR one example of educational material in non-English language and example of how interpretation assistance is available (such as a language line)	2			
2.11 L	Local resource/referral list(s) of each of the types of providers listed below: • private communicable disease treatment providers, AND • public communicable disease treatment providers, AND • providers of critical health services, AND • providers of preventive services. Note: In some cases providers for critical health services are also providers for preventive services. One example of using list to generate a referral.	2		Providers List, Referral for oral health services.	

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

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	82%	71%	75%
% Partially Demonstrates	18%	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.	2			

	<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>				
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Score Totals for Standard 3: Community Involvement

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	50%	8%	13%
% Partially Demonstrates	50%	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	<p>Information on notifiable conditions with required reporting timeframes and specific, current 24-hour LHJ contact information, in the form of a designated telephone line or a designated contact person, are provided to: • health care providers, including new licensees, AND • laboratories, including new licensees.</p> <p>Distribution of notifiable conditions</p>	1			

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

	<p>contain all of the information listed below for each specific condition: • case investigation steps (including timeframes for initiating the investigation), AND • reporting requirements, AND • contact information, AND • clinical management, including referral to care.</p> <p>Protocols document which evidence based practices (EBP) relating to the most effective population-based methods of disease prevention and control have been incorporated in specific conditions and the source of the EBP.</p>				
4.7 L	<p>Description of the method for tracking public health concerns, if not already captured by the systems described in either 4.5 or 4.8.</p> <p>Two examples of reports of concern received from the public indicating referral to appropriate agency for response.</p>	2		Excel spreadsheets for Complaints, 2007 Animal Bite Log, Complaint re vector issues in home with referral, BOH minutes- 9/07, complaint of asbestos with referral	
4.8 L	<p>Tracking system for environmental health investigations and compliance activities that includes documentation of all the information listed below: • the initial report, AND • investigation, AND • findings, AND • compliance action, AND • subsequent reporting to state and federal agencies.</p>	2			
4.9 L	<p>Written procedures for investigation and compliance actions, based on local policies, ordinances and state laws contain all of the information listed below for each action: • case investigation steps (including timeframes for initiating the</p>	2			

	investigation), AND • type of documentation needed to take enforcement action.				
4.10 L	Protocols for the use of emergency biologics (for example, the “yellow book”).	2			
4.11 L	Protocols for exercising legal authority for disease control (including quarantine and non-voluntary isolation)	2		8/07 KCPH ERP-- Appendix VII -- Isolation and Quarantine Response Plan, Fact Sheet on Isolation and Quarantine	8/07 KCPH ERP-- Appendix VII -- Isolation and Quarantine Response Plan, Fact Sheet on Isolation and Quarantine

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

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	91%	85%	82%
% Partially Demonstrates	9%	12%	14%
% Does Not Demonstrate	0%	3%	4%

Note: Totals may not equal 100% due to rounding

Standard 5: Planning for and Responding to Public Health Emergencies

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

	Measure	Score	Comments	Documents	Exemplary Documents
5.1 L	Examples of communications in which the primary contact person(s) is clearly identified for health risk reporting purposes (evidence of distribution to both groups listed below): • health providers, AND • public safety officials.	2	There did not appear a need to send any alerts to public safety officials during the last several years.	Public Health Alert for Bacterial Meningitis case (providers, infection control)	
5.2 L	Local public health emergency	2	The emergency response plan could	KCPHD Emergency	

	<p>preparedness and response plans (EPRP) address all types of emergencies listed below: • environmental health risks, AND • communicable disease outbreaks, AND other public health emergencies.</p> <p>The LHJ EPRP describes the specific roles and responsibilities for LHJ programs/staff regarding local response and management of all types of responses listed below: disease outbreaks, AND environmental health risks, AND natural disasters or other threats to the public's health.</p> <p>The LHJ EPRP includes a section that describes processes for exercising the plan, including after-action review and revisions of the plan. Report of drills and/or after-action reviews (at least one example)</p>		<p>be strengthened by more detailed information regarding specific public health responsibilities and how the agency would respond; and specific staff responsibilities.</p>	<p>Response Plan, Crash Contagion Tabletop 2007 document.</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>Drive-thru Flu Clinic Summary, 2006 Power Outage event (response).</p>	<p>Drive-thru Flu Clinic Summary, E-mails regarding planning and exercise with county scheduled for 5/1/08.</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</p>	1	<p>There are a number of things on the web site that deal with personal responsibilities during an emergency. This area could be strengthened by including more specific information on what to do during an emergency,</p>	<p>Critical Services table, web site.</p>	

	<p>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>		ie - what do I do if my well floods, food safety if the power is out, how to boil water to make it safe.		
5.5 L	<p>Documentation for most recent 24 months of all new employees receiving orientation to the LHJ EPRP.</p> <p>Annual review of LHJ EPRP with all employees (twice within last 24 months). Note: Review may be specific documentation for every program or division or agency wide with documentation of attendance from every division or program.</p>	1			

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

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	60%	60%	59%
% Partially Demonstrates	40%	27%	29%
% Does Not Demonstrate	0%	13%	12%

Note: Totals may not equal 100% due to rounding

Standard 6: Prevention and Education

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

	Measure	Score	Comments	Documents	Exemplary Documents
6.1 L	Written descriptions of key program or activity components relevant to prevention and health education activities provided by LHJs or through contracts with community partners. Strategies (evidence-based or promising practices) for prevention and health education activities provided by the LHJ or by contractors for any of the groups listed below: • individuals, OR • families, OR • community in general.	2			
6.2 L	Descriptions of prevention priorities for prevention, health promotion, early intervention and outreach services for general population or targeted, at-risk populations. (See measure 12.7 L). Analyses (at least two examples) of community health data and program evaluation data used to develop prevention priorities described above. These analyses may also include data on local issues, funding availability, experience in service delivery, or information on evidence based practices.	2		Kittitas County - 2007-Analysis of Key Health Indicator with 2008-2009 KCPHD Priorities and Action Plan , "Preparing for the Gift of Life" Project--tobacco use analysis	Kittitas County - 2007-Analysis of Key Health Indicator with 2008-2009 KCPHD Priorities and Action Plan ,
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	1			

	<p>or contracted prevention and health education information reflecting revised regulations, changes in community needs, evidence-based practices and health data.</p> <p>Written description of the process to conduct all the activities listed below:</p> <ul style="list-style-type: none"> • organize materials, AND • develop materials, AND • distribute or select materials, AND • evaluate materials, AND • update materials. 				
6.4 L	<p>Descriptions of at least two partnerships with the community and/or stakeholders to implement population based prevention and health education activities. Each of the two examples must demonstrate different implementation methods (e.g., train the trainer, technical assistance, social marketing, workshops, or peer education).</p>	2			

Score Totals for Standard 6: Prevention and Education

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	75%	33%	39%
% Partially Demonstrates	25%	63%	54%
% Does Not Demonstrate	0%	4%	7%

Note: Totals may not equal 100% due to rounding

Standard 7: Helping Communities Address Gaps in Critical Health Services

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

	Measure	Score	Comments	Documents	Exemplary Documents
7.1 L	LHJ leadership or participation in community process that includes health care providers and is based on information about local resources and trends to address all the issues and activities listed below: • health disparities and/or access to critical health services (including prevention services), AND • set goals, AND • take action.	2		KHI follow up work, BOHAC 1/08 meeting minutes.	
7.2 L	Local resource/referral list of private and public communicable disease treatment providers, providers of critical health services and providers of preventive services. List must contain all four types of providers. [See measure 2.11 L]. Assessment information on access to the four types of providers listed above. One example of using the assessment of access to services to determine where detailed documentation and gap analysis of local capacity is needed.	2		Providers List, KHI 2007 Report, BOHAC 1/08 Minutes.	
7.3 L	Surveys (at least one example within last 24 months) to assess the availability of critical health services and barriers to access. One gap analysis for access to critical health services based on the results of the surveys for availability and other assessment information.	2		KHI 2007 Report, BRFSS data.	

7.4 L	Program and activity planning processes, contracts or access initiatives reflect both types of activities listed below (at least one example of each): • coordination of health service delivery among health care providers AND • linkage of individuals to medical home.	2		Cover All Kids contract information, BOH minutes July 2007.	
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Score Totals for Standard 7: Helping Communities Address Gaps in Critical Health Services

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	100%	67%	57%
% Partially Demonstrates	0%	21%	30%
% Does Not Demonstrate	0%	13%	13%

Note: Totals may not equal 100% due to rounding

Standard 8: Program Planning and Evaluation

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

	Measure	Score	Comments	Documents	Exemplary Documents
8.1 L	For each program reviewed, a written description of program or activity goals, objectives and performance measures shows use of a systematic process or model. This does not have to be a single, agency wide document, although individual program plans ideally link to agency wide plans such as strategic and QI plans. For each program reviewed, written description(s) of professional requirements, knowledge, skills, and abilities for staff working in the	2			

	program.				
8.2 L	For each program reviewed, reports of program performance measures with analysis against goals and trended data where possible. For each program reviewed, evidence showing use of the analysis for at least one of the activities listed below: • improve program activities and services, OR • revised educational curricula or materials.	1			
8.3 L	Use of additional sources of information to improve services and activities, including an example from each program being reviewed from the information sources listed below: • experiences from service delivery, including public requests, testimony to the BOH, analysis of health data, and information from outreach, screening, referrals, case management, follow-up, investigations complaint/inspections, prevention and health education activities, OR • funding availability, OR • evidence-based practices.	2			
8.4 L	For programs/activities that have initiated specific community collaborative projects, description of community collaboration project includes all of the factors listed below • analysis of data, AND • establishment of goals, objectives and performance measures, AND • evaluation of the initiatives.	1			
8.5 L	Customer service standards with related program performance measures for all employees with job functions that require them to interact with the general public, stakeholders and partners. Evaluation results of performance on	1	No documentation of evaluation of results. Next step should be the analysis to aggregate results by program and by question to identify any areas needing improvement and variation from program to program.	Online Client Satisfaction Survey with 18 query items, Individual client survey responses	Online Client Satisfaction Survey with 18 query items,

	customer service standards.				
8.6 L	<p>One example for each program being reviewed of evaluations of workshops, other in-person trainings (including technical assistance) or other health education activities with analysis of effectiveness conducted within last 24 months.</p> <p>One example for each program being reviewed of educational curricula or material revised to address evaluation results dated within last 24 months.</p>	1			
8.7 L	<p>Aggregated annual internal audit* results for last two years of on a sample of communicable disease investigations records including data on timeliness and compliance with disease-specific protocols. OR *Note: An internal audit is a review of a sample of case files or other types of documented work, such as investigation reports, for requirements like timeliness, accuracy, and compliance with protocols or regulations. A sample of 30 files is considered sufficient to identify trends in compliance.</p> <p>Aggregated annual internal audit* results for last two years of on a sample of environmental health investigation/compliance action records including data on timeliness and compliance with investigation/compliance procedures. OR</p> <p>Aggregated annual internal audit* results for last two years of on a sample of program or activity case write-ups, such as for client visit; including data on timeliness and compliance with program protocols</p>	0			

	or on repetitive activities such as the development or use of prevention and health education materials [see 6.3 L] or health alerts [see 2.6 L]				
8.8 L	List of significant outbreaks, environmental events, natural disasters, table top exercises or public health emergencies that have occurred during the last 24 months. After-action/table top evaluation for each event listed above with evidence that each evaluation included all the activities listed below: • participation from stakeholders; such as hospitals, providers and involved community organizations, as appropriate, AND • participation by LHJ staff from communicable disease, environmental health and other public health programs, AND • review of the accessibility of essential public health services (See 5.4 L), AND • assessment of how the event was handled, AND • documentation of what worked well, AND • identification of issues, AND • recommend changes in response procedures and other process improvements	2		List of significant events--2006-2008, AARs for all events with requirements	
8.9 L	Two examples that demonstrate the use of after action/table top recommendations to improve two or more of the LHJ processes listed below: • monitoring and tracking processes • disease-specific protocols • investigation/compliance procedures • laws and regulations • staff roles • communication efforts • access to essential public health services (See 5.4), • emergency preparedness and response plans •	2		2/08 Meningitis Summary and AAR, AAR Drive-Thru Flu Clinic-- 10/07 with completed actions from 2006 Flu Clinic AAR	

	other LHJ plans, such as facility/operations plan. Organizational goals and objectives reflect recommended changes from after action /table top evaluations.				
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Score Totals for Standard 8: Program Planning and Evaluation

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	44%	22%	24%
% Partially Demonstrates	44%	67%	58%
% Does Not Demonstrate	11%	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.	2		BOH Minutes - Jan. 08, SMARTO's.	
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.	2		Letter of Understanding, RDH and Contract for Archiving and Imaging Services. Verbal description of monitoring.	

Score Totals for Standard 9: Financial and Management Systems

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	100%	42%	35%
% Partially Demonstrates	0%	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	This measure requires a policy on promoting diversity and cultural competence. This is intended to be more than a policy to comply with recruitment and hiring legal requirements. It should address current staff and address issues of diverse staff working with diverse communities and the agency commitment to cultural competence for all staff.	Camas - HR Website.	
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	2		Description of availability of job descriptions, computer folder with job descriptions, evaluation tracking report, copy of evaluation and training plan.	

	departments are combined. This does include Environmental Health staff even if they are organized under another department. To fully demonstrate performance in this element the tracking report must indicate that more than 80% of employees have completed performance evaluations in 2007. Validation that an annual training plan is included in evaluation for each employee.				
10.3 L	Description of process to assure that employees have the appropriate licenses, credentials and experience to meet job qualifications and perform job requirements.	1	No documentation was provided to demonstrate that a process is in place to verify and track job qualifications. This includes things such as college degrees and driver's licenses in addition to professional licenses.	Copy of evaluation and training plan with RN license requirement.	
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	2			

	<p>program being reviewed have attended at least three training sessions within the last three years. Programs with < 50% of staff having attended three training sessions in the last three years will be scored partially demonstrates and programs with 0% of staff having attended three training sessions in the last three years will be scored Does Not Demonstrate. Training documentation may be from automatically generated Learning Plan from the Smart PH system or a site specific excel or other type of tracking report for staff attendance at training and educational sessions throughout the year. Documentation of the content of the training sessions listed in the staff training report(s), such as agendas, PowerPoint presentations, websites screen prints, other training materials and/or brochures.</p>				
10.5 L	<p>Confidentiality and HIPAA policy. List of staff required per policy to sign confidentiality agreement with signature and date of signature, OR 10% sample of signed staff confidentiality statements.</p>	2		HIPAA and Confidentiality policies, list of staff with current confidentiality statements.	
10.6 L	<p>Evaluation reports of facility and relevant work processes for compliance with ADA requirements within last 24 months.</p>	0	<p>No documentation was provided regarding ADA facility compliance. No reasonable accommodations for staff are in effect.</p>		

Score Totals for Standard 10: Human Resource Systems

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	50%	50%	50%
% Partially Demonstrates	33%	36%	36%
% Does Not Demonstrate	17%	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 documentation was provided regarding data backup processes or processes for keeping data secure from the systems perspective.	IT Policy for passwords, use of internet, remote access, documentation of monitoring available.	
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		Computer Inventory, IT web site.	
11.3 L	Agency or county IS plan includes strategies for the use of future technologies by the LHJ.	0	No agency or county IS plan was available.		
11.4 L	Website contains at least the areas of information and content listed below: • 24 hr. contact number for reporting health emergencies, AND • notifiable conditions line and/or	2		KCPHD Web site.	

	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.				
11.5 L	Documentation of agency requirements for the use and transmission of personal health and other types of protected data to all three groups listed below: • within the agency, AND • other LHJs and/or agencies, AND • partner organizations. Agency requirements define which program data requires confidential and secure transmission (e.g., any identifiable information) and methods to assure confidential and secure transmission. For programs that collect and share identifiable information, two examples of sharing or transfer of data indicate compliance with the security and protection requirements.	2		Access screens to VistaPHW and Michigan Public Health Institute Child Death Review system. HIPAA and Confidentiality policies.	

Score Totals for Standard 11: Information Systems

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	60%	47%	50%
% Partially Demonstrates	20%	43%	36%
% Does Not Demonstrate	20%	10%	13%

Note: Totals may not equal 100% due to rounding

Standard 12: Leadership and Governance

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

	Measure	Score	Comments	Documents	Exemplary Documents
12.1 L	Board of Health documents, including two examples of BOH minutes, indicate that the BOH performs all the activities listed below: • orients new members, AND • sets operating rules including guidelines for communications with senior managers, AND • votes on and documents actions it takes.	1	Operating rules or guidelines for communicating/working with the BOH were not provided. This measure envisions documented processes for submitting agenda items, how meetings are scheduled, who attends, etc.	BOH Minutes 10/18/07 and 2/21/08 (voting), BOH member Packet 10-08.	
12.2 L	BOH review of an annual report or various separate reports with trended data on a set of core indicators that include measures of: • Local Public Health Indicators AND • community health status, AND • communicable disease AND • environmental health risks and related illness, AND • access to critical health services. Documented BOH recommendations for actions on health policy decisions.	2		BOH Minutes 3/20/08 (policy decisions), BOH Agenda Schedule, BOH Minutes 9/07.	
12.3 L	BOH review of an annual report or various separate reports with specific statements of progress toward agency and program goals.	1	There is good evidence of an annual report regarding local health data. There is evidence of comparison against 2010 goals in the annual report. The quarterly reports also show good data but no specific targets. The identification of program and agency goals could be strengthened and results shown more clearly.	KHI 2007 Report, BOH minutes 9/07.	
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 10/07 and 11/07.	

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	No written guidelines were provided regarding risk assessment and management for the clinical and financial areas of the agency.	Liability Policy 2007-2008.	
12.6 L	Organization-wide strategic/operations plan includes both topics listed below: • vision and mission statements, AND • goals, objectives and performance measures for priorities or initiatives	1	The current strategic plan does have a vision, mission, goals and a few specific objectives. No information on performance measures was evident.	2007-2008 Strategic Plan	
12.7 L	Organization-wide strategic/operations plan includes all the topics listed below: • assessment activities, and the resources needed, such as staff or outside assistance, to perform the work, AND • use of Local Public Health Indicators and other health data to support health policy and program decisions, AND • addressing communicable disease, environmental health events or other public health emergencies, including response and communication issues identified in the course of after-action evaluations, AND • prevention priorities intended to reach the entire population or at-risk populations in the population.	1	The current strategic plan does not encompass all of the areas identified in this measure. KCPHD establishes program objectives through their Smart0 documents instead of one organization wide strategic plan.	2007-2008 Strategic Plan	
12.8 L	BOH minutes indicate review and adoption of the agency strategic plan within the last 24 months	0	The 12/07 BOH minutes contain a reference to the strategic plan. The BOCC has approved the plan but the BOH has not yet reviewed and approved it.		
12.9 L	Organization-wide quality improvement plan contains specific objectives that include all the topics listed below: • address opportunities for improvement identified through use of health data including from data sources such as: the core indicators, including Local Public Health Indicators, OR program	1	There is a good structured process in place for QI activities. There was very limited documentation provided that detailed objectives and timeframes. There was no documentation about performance measures for specific QI projects.	QILT Calendar, QILT 2/13/08 Minutes	

	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.				
12.10 L	Written review of the quality improvement objectives from the previous year include: • performance measures are tracked, reported and used to assess the impact of improvement actions, AND • meaningful improvement is demonstrated in at least one objective Note: Meaningful improvement can be shown by comparing re-measurement(s) of an outcome to the baseline measurement with a description of the action or intervention taken to improve performance. Re-measurement must show an improved result in the outcome measure. Revised QI plan with new, revised and deleted objectives is made based upon the review	1	The documents provided do have indication that a review of the prior years' activities was done. However, there is no documentation regarding results of the QI activities. It is unclear how the current calendar builds off the review from prior activities.	Paper documents, QILT Calendar.	

Score Totals for Standard 12: Leadership and Governance

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	20%	25%	34%
% Partially Demonstrates	70%	46%	38%
% Does Not Demonstrate	10%	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		Pertussis Training session invitation- 10/07, Tdap meetings in provider clinics letter- 8/07, KCPHD website	
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	CD materials have various dates, KCPHD should implement a process to review policies and procedures at least every other year and revise as needed.	KCPHD website--CD section with link to DOH notify and the state site for WACs	
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		Three staff members are bilingual (Spanish), Language Line use, TB brochure in Spanish and other languages, MRSA booklet in Spanish	
3.1 L	Documentation of community and stakeholder review of local health data, including Local Public Health Indicators. Note: The intent is for LHJ staff to present local health data to community groups, such as advisory groups or agency committees with community member participation, to get input and feedback from community members and recommendations for action.	2		BOHAC minutes -- 10/07 with review of Key Health Indicator Report with recommendations,	BOHAC minutes -- 10/07 with review of Key Health Indicator Report with recommendations,

	Recommendations from community or stakeholder groups for at least one of the following actions: • further investigation. OR • new program efforts, OR • policy direction, OR • prevention priorities.				
3.2 L	<p>Gap analysis for local critical health services and for prevention services reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues.</p> <p>Results of program evaluations reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues.</p> <p>Use of gap analysis and program evaluations in building partnerships with state, regional, and/or local stakeholders and/or state level colleagues.</p>	2		2007 KCPHD Key Health Indicator Report review by BOHAC--10/07, Needle Exchange Program Planning Process--April 2008 for grant application	
4.1 L	<p>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)</p>	1	Documentation does not demonstrate annual distribution of the NC information or of distribution to new licensees.	NC poster distribution list for 1/08, NC poster dated 2007	
4.2 L	<p>Information (not the notifiable conditions poster) about managing reportable conditions, such as treatment options or isolation requirements.</p> <p>Evidence of distribution to health care</p>	2		Excel spreadsheet with distribution of CD Provider Manual and Newsletters distribution lists	

	providers				
4.3 L	Written description of process for identifying new providers in the community and engaging them in the reporting process, OR Reports showing regular identification of new providers in the community and actions to engage them in the reporting process.	2		KCPHD Identification of New Providers to Kittitas County P&P--3/08,	KCPHD Identification of New Providers to Kittitas County P&P--3/08
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		2005 Response to NC Report Policy, Animal Bite P&P--4/08, KCPHD Local Epidemiology Response Plan--7/06	
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 system	
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		KCPHD CD Manual--revised 2008, DOH Notify website	

	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		2007 Emergency Biologics Booklet	
5.5 L	Documentation for most recent 24 months of all new employees receiving orientation to the LHJ EPRP. Annual review of LHJ EPRP with all employees (twice within last 24 months). Note: Review may be specific documentation for every program or division or agency wide with documentation of attendance from every division or program.	1	No documentation of annual review of ERP with all staff.	Completed New Employee Checklists,	
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	This is a wonderful tool for aligning the staff work with the program Logic Model and with the Standards. Good work!	CD SMARTO--Goals and Projections 2008 for PH Nurse II,	CD SMARTO--Goals and Projections 2008 for PH Nurse II,
6.3 L	Documented review (at least every other year) of prevention and health education information of all types (including technical assistance). Two examples of updated, expanded or contracted prevention and health education information reflecting revised regulations, changes in community needs, evidence-based practices and health data. Written description of the process to conduct all the activities listed below: • organize materials, AND • develop materials, AND • distribute or select	1	No documentation of documented review (at least every other year) of prevention and health education information of all types (including technical assistance) for CD materials.	CD Goals and Projections (SMARTO)-2008, 12/07 NC poster, VIS form--2007, full packet of MRSA related flyers, fact sheets and educational materials sent to schools-11/07	CD Goals and Projections (SMARTO)-2008

	materials, AND • evaluate materials, AND • update materials.				
6.4 L	Descriptions of at least two partnerships with the community and/or stakeholders to implement population based prevention and health education activities. Each of the two examples must demonstrate different implementation methods (e.g., train the trainer, technical assistance, social marketing, workshops, or peer education).	2		MRSA Education for schools--11/07, 2006 and 2007 Flu Clinic Exercise with many community partners	
8.1 L	For each program reviewed, a written description of program or activity goals, objectives and performance measures shows use of a systematic process or model. This does not have to be a single, agency wide document, although individual program plans ideally link to agency wide plans such as strategic and QI plans. For each program reviewed, written description(s) of professional requirements, knowledge, skills, and abilities for staff working in the program.	2	This area could be strengthened by establishing more quantifiable performance measures with targets for the CD program, such as the percent of planned visits to provider offices that are completed and the percent of NC cases that are timely and complete.	CD Program Logic Model, CD Program SMARTO for PH nurse, 4th Q 07 KCPHD newsletter/annual report, PH Nurse II job description, Blue Ribbon Funds work plan--3/08	
8.2 L	For each program reviewed, reports of program performance measures with analysis against goals and trended data where possible. For each program reviewed, evidence showing use of the analysis for at least one of the activities listed below: • improve program activities and services, OR • revised educational curricula or materials.	1	No documentation of analysis against goals or of trended CD data.	Percent of health workers immunized study, 4th Q KCPHD Newsletter/annual report,	
8.3 L	Use of additional sources of information to improve services and activities, including an example from each program being reviewed from the information sources listed below: • experiences from service delivery,	2		Blue Ribbon Funds Work Plan- 3/08	

	including public requests, testimony to the BOH, analysis of health data, and information from outreach, screening, referrals, case management, follow-up, investigations complaint/inspections, prevention and health education activities, OR • funding availability, OR • evidence-based practices.				
8.4 L	For programs/activities that have initiated specific community collaborative projects, description of community collaboration project includes all of the factors listed below • analysis of data, AND • establishment of goals, objectives and performance measures, AND • evaluation of the initiatives.	2		Tdap project summary, Tdap project minutes--9/07 meeting with community providers,	
8.6 L	One example for each program being reviewed of evaluations of workshops, other in-person trainings (including technical assistance) or other health education activities with analysis of effectiveness conducted within last 24 months. One example for each program being reviewed of educational curricula or material revised to address evaluation results dated within last 24 months.	2		Survey of community health workers without Tdap vaccine and revision to project plan/future education	
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	0	No documentation provided of 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.	No documentation provided	

	<p>identify trends in compliance. Aggregated annual internal audit* results for last two years of on a sample of environmental health investigation/compliance action records including data on timeliness and compliance with investigation/compliance procedures. OR Aggregated annual internal audit* results for last two years of on a sample of program or activity case write-ups, such as for client visit; including data on timeliness and compliance with program protocols or on repetitive activities such as the development or use of prevention and health education materials [see 6.3 L] or health alerts [see 2.6 L]</p>				
10.4 L	<p>Report of staff attending training and/or educational sessions within the last three years for at least three of the following topics, as appropriate: • Assessment and data analysis • Program evaluation to assess program effectiveness • Confidentiality and HIPAA requirements • Communications, including risk, media relations • State laws/regulations/policies, including investigation/compliance procedures • Specific EPRP duties • Community involvement and capacity building methods • Prevention and health promotion methods and tools • Quality Improvement methods and tools • Customer service • Cultural competency • Information technology tools • Leadership • Supervision and coaching • Job specific technical skills Note: Fully demonstrates requires that 50% or more staff in each program being reviewed have</p>	2		2007 Epi Road Show- 4 staff, 11/07 TB Care and Control conference--2 staff, SmartPH transcripts for all CD staff	

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

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

Note: Totals may not equal 100% due to rounding

FOOD SAFETY

	Measure	Score	Comments	Documents	Exemplary Documents
2.8 L	Information about public health activities, including at least one example of each of the topics listed below: • educational offerings, AND • reporting and compliance requirements.	2		KCPHD website with Food Handler Classes, Food Safety Program description, information , and forms	
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		KCPHD website with Food Handler Classes, Food Safety Program description, information , and forms and links to CDC, DOH and USFDA	
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		Three staff members are bilingual (Spanish), Language Line use, Permiso para trabajadores de alimentos in Spanish, Handwashing sign in Spanish	
3.1 L	Documentation of community and stakeholder review of local health data, including Local Public Health Indicators. Note: The intent is for LHJ staff to present local health data to community groups, such as advisory groups or agency committees with community member participation, to get input and feedback from community members and recommendations for action. Recommendations from community or stakeholder groups for at least one	1	Unable to verify that recommendations related to the Food Safety Program were made by a community group as a result of the review of data.	BOHAC meeting minutes-7/07, 10/07 and 1/08 with review of data, 1/08 recommendation for on-site	

	of the following actions: • further investigation. OR • new program efforts, OR • policy direction, OR • prevention priorities.				
3.2 L	<p>Gap analysis for local critical health services and for prevention services reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues.</p> <p>Results of program evaluations reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues.</p> <p>Use of gap analysis and program evaluations in building partnerships with state, regional, and/or local stakeholders and/or state level colleagues.</p>	2	A gap analysis for critical health service is NA for EH programs. Documentation showed results of program evaluation and use in building partnerships.	4th Q KVPHD Newsletter/annual report-- Food Safety Program data and Shape Up article describes Food Access Coalition work	
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		KCPHD Foodborne Illness Investigation and Reporting Policy, Epi Response Plan-- Kittitas-2006, Animal Bite Policy	
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		Access database for Food Inspection reports and numerous excel spreadsheets for other Food Safety related complaints, reports and cases	

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		KCPHD FS01-06 Inspection Interval and Documentation Policy and Procedures, Oak Rail Food Inspection form, FS02-06 Timely Correction and Permit Suspension Policy	
5.5 L	Documentation for most recent 24 months of all new employees receiving orientation to the LHJ EPRP. Annual review of LHJ EPRP with all employees (twice within last 24 months). Note: Review may be specific documentation for every program or division or agency wide with documentation of attendance from every division or program.	1	Attached staff meeting agenda was for one year only and did not include review of the ERP that the reviewer could verify. No documentation of annual review of ERP with all staff.	Completed New Employee Checklists	
6.1 L	Written descriptions of key program or activity components relevant to prevention and health education activities provided by LHJs or through contracts with community partners. Strategies (evidence-based or promising practices) for prevention and health education activities provided by the LHJ or by contractors for any of the groups listed below: • individuals, OR • families, OR • community in general.	2		Food Logic Model, KCPHD website-- description of Food Safety Program and activities,	Food Safety Program Logic Model
6.3 L	Documented review (at least every other year) of prevention and health education information of all types (including technical assistance). Two examples of updated, expanded or contracted prevention and health education information reflecting revised regulations, changes in community needs, evidence-based practices and health data.	1	No documentation of documented review (at least every other year) of prevention and health education information of all types (including technical assistance) for Food Program materials.	Food Cooling Information Flyer, Handwashing signs, Food SMARTO Goals and Projections,	Food SMARTO Goals and Projections,

	Written description of the process to conduct all the activities listed below: <ul style="list-style-type: none"> • 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).	2		1/08 Food Establishment Owners/Manager meetings, Food Access Coalition meeting minutes--	
8.1 L	For each program reviewed, a written description of program or activity goals, objectives and performance measures shows use of a systematic process or model. This does not have to be a single, agency wide document, although individual program plans ideally link to agency wide plans such as strategic and QI plans. For each program reviewed, written description(s) of professional requirements, knowledge, skills, and abilities for staff working in the program.	2		2008 Food Safety Program SMARTO, Food Logic Model, EH Specialist job description	
8.2 L	For each program reviewed, reports of program performance measures with analysis against goals and trended data where possible. For each program reviewed, evidence showing use of the analysis for at least one of the activities listed below: <ul style="list-style-type: none"> • improve program activities and services, OR • revised educational curricula or materials. 	1	No documentation of analysis against goals or of trended Food Safety Program data.	4th Q KCPHD Newsletter/Annual Report, Request for additional FTE--2007	
8.3 L	Use of additional sources of information to improve services and	2		5/07 letter to Foodservice	

	activities, including an example from each program being reviewed from the information sources listed below: <ul style="list-style-type: none"> • 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. 			Owners/Managers with revised permit application	
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"> • analysis of data, AND • establishment of goals, objectives and performance measures, AND • evaluation of the initiatives. 	1	No documentation of establishment of goals, objectives and performance measures or of evaluation of the initiatives.	Foodservice Owners/Managers invitation --1/08, Food Access Coalition for Shape-UP	
8.6 L	One example for each program being reviewed of evaluations of workshops, other in-person trainings (including technical assistance) or other health education activities with analysis of effectiveness conducted within last 24 months. One example for each program being reviewed of educational curricula or material revised to address evaluation results dated within last 24 months.	0	Documentation could include evaluation of Food Handler Classes or of the meeting with the Foodservice Owners/Managers	No documentation provided	
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	0	No documentation provided of 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.	No documentation provided	

	<p>requirements like timeliness, accuracy, and compliance with protocols or regulations. A sample of 30 files is considered sufficient to identify trends in compliance.</p> <p>Aggregated annual internal audit* results for last two years of on a sample of environmental health investigation/compliance action records including data on timeliness and compliance with investigation/compliance procedures.</p> <p>OR</p> <p>Aggregated annual internal audit* results for last two years of on a sample of program or activity case write-ups, such as for client visit; including data on timeliness and compliance with program protocols or on repetitive activities such as the development or use of prevention and health education materials [see 6.3 L] or health alerts [see 2.6 L]</p>				
10.4 L	<p>Report of staff attending training and/or educational sessions within the last three years for at least three of the following topics, as appropriate:</p> <ul style="list-style-type: none"> • 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 	2		SmartPH transcripts for 2 Food Safety staff and training materials	

	<p>coaching • Job specific technical skills 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 < 50% of staff having attended three training sessions in the last three years will be scored partially demonstrates and programs with 0% of staff having attended three training sessions in the last three years will be scored Does Not Demonstrate. Training documentation may be from automatically generated Learning Plan from the Smart PH system or a site specific excel or other type of tracking report for staff attendance at training and educational sessions throughout the year. Documentation of the content of the training sessions listed in the staff training report(s), such as agendas, PowerPoint presentations, websites screen prints, other training materials and/or brochures.</p>				
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Score Totals for: Food Safety

% Demonstrates	63%
% Partially Demonstrates	26%
% Does Not Demonstrate	11%

Note: Totals may not equal 100% due to rounding

NUTRITION AND PHYSICAL ACTIVITY

	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		Shape Up Newsletter-Fall 2007, Kittitas Healthy Communities Project Program Evaluation Plan (2007-2008), Shape Up 4th Q 2007 Report	Shape Up Newsletter-Fall 2007, Kittitas Healthy Communities Project Program Evaluation Plan (2007-2008), Shape Up 4th Q 2007 Report
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.		This measure is N/A.		
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		Three staff members are bilingual (Spanish), Language Line use, Shape Up flyer--El Jardin de sus Hijos in Spanish	
3.1 L	Documentation of community and stakeholder review of local health data, including Local Public Health Indicators. Note: The intent is for LHJ staff to present local health data to community groups, such as advisory groups or agency committees with community member participation, to get input and feedback from community members and recommendations for action. Recommendations from community	2		BOHAC minutes-2/07, 10/07 and 1/08, BOHAC Shape Up presentation, KHI Follow-up--Priorities (Better/Worse) document	

	or stakeholder groups for at least one of the following actions: • further investigation. OR • new program efforts, OR • policy direction, OR • prevention priorities.				
3.2 L	<p>Gap analysis for local critical health services and for prevention services reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues.</p> <p>Results of program evaluations reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues.</p> <p>Use of gap analysis and program evaluations in building partnerships with state, regional, and/or local stakeholders and/or state level colleagues.</p>	2		BOHAC minutes-2/07, 10/07 and 1/08, 8/07 Shape-Up Coalition Advisory Board mtg.- -	
5.5 L	Documentation for most recent 24 months of all new employees receiving orientation to the LHJ EPRP. Annual review of LHJ EPRP with all employees (twice within last 24 months). Note: Review may be specific documentation for every program or division or agency wide with documentation of attendance from every division or program.	1	Attached staff meeting agenda was for one year only and did not include review of the ERP that the reviewer could verify. No documentation of annual review of ERP with all staff.	Completed New Employee Checklists	
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: •	2		Basic Food Nutrition Education Program 2007 application, Kittitas Healthy Communities Project Program Evaluation Plan (2007-2008), SMARTO- Shape-Up	

	individuals, OR • families, OR • community in general.				
6.3 L	<p>Documented review (at least every other year) of prevention and health education information of all types (including technical assistance). Two examples of updated, expanded or contracted prevention and health education information reflecting revised regulations, changes in community needs, evidence-based practices and health data. Written description of the process to conduct all the activities listed below: • organize materials, AND • develop materials, AND • distribute or select materials, AND • evaluate materials, AND • update materials.</p>	1	No documentation of documented review of prevention and health education information of all types (including technical assistance) for Shape Up materials.	SMARTO- Shape-Up, Shape Up brochure 2007, Grab 'n' Go Dinners brochure,	
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		Shape Up Upper County Ad Hoc Committee--7/07, Shape Up Project Template	
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>	2		SMARTO- Shape-Up, Shape Up Logic Model, Health Educator job description--2007	

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		Shape Up 4th Q 2007 Report, 10/06 Coalition minutes	Shape Up 4th Q 2007 Report
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		BFNEP Families survey--1stQ 07 draft, 2/08 Observation at Super 1 Foods	
8.4 L	For programs/activities that have initiated specific community collaborative projects, description of community collaboration project includes all of the factors listed below • analysis of data, AND • establishment of goals, objectives and performance measures, AND • evaluation of the initiatives.	2		2006 Healthy Youth Survey Results, Kittitas Healthy Communities Project Program Evaluation Plan (2007-2008), 12/07 Shape Up Summary Report	
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	1	No documentation of evaluations of workshops, other in-person trainings (including technical assistance) or other health education activities with analysis of effectiveness and how the evaluation results were used to improve the workshops or educational activities.	2/08 Observation at Super 1 Foods, 10/06 Coalition minutes evaluating activities and restructuring proposal	

	reviewed of educational curricula or material revised to address evaluation results dated within last 24 months.				
8.7 L	<p>Aggregated annual internal audit* results for last two years of on a sample of communicable disease investigations records including data on timeliness and compliance with disease-specific protocols. OR *Note: An internal audit is a review of a sample of case files or other types of documented work, such as investigation reports, for requirements like timeliness, accuracy, and compliance with protocols or regulations. A sample of 30 files is considered sufficient to identify trends in compliance.</p> <p>Aggregated annual internal audit* results for last two years of on a sample of environmental health investigation/compliance action records including data on timeliness and compliance with investigation/compliance procedures.</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>	0	No documentation provided of annual internal audit results for last two years of on a sample of repetitive activities such as the development or use of prevention and health education materials.	No documentation 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 appropriate: • Assessment and data analysis • Program evaluation to assess program effectiveness •	2		Staff transcripts for Smart PH for three Shape Up Program staff	

	<p>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 < 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: Nutrition and Physical Activity

% Demonstrates	73%
% Partially Demonstrates	20%
% Does Not Demonstrate	7%

Note: Totals may not equal 100% due to rounding