

# **Standards for Public Health in Washington State: 2008 Performance Review Report *Tacoma-Pierce County Health Department***

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

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

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

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

## **This Report**

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

### ***Strengths***

- Strong assessment capacity and use of data to drive programs and policy. Examples include the indicators report, which combines indicators from local data and from the statewide Local Core Indicators Report. The data related to these indicators, reviewed in the context of the QI Council, resulted in selection of three indicators to focus upon as a system. There was subsequent detailed analysis of the factors associated with the three focal indicators (the Low Birth Weight Report as an example).
- The Strategic Plan, with clear Goals and Objectives, examples of Quarterly Reports on Measurement of Objectives reflect use of data to plan for the overall work of the organization and to determine where there have been improvements or where there are opportunities for improvement.
- The Evaluation of the 06/07 QI Plan, resulting in a series of recommendations regarding the QI process, and the subsequent 08 QI Plan. The Evaluation of the 06/07 QI Plan describes in detail the scope of the QI effort that has been underway for the last two years.
- All of these efforts tie together in a comprehensive way, using the available data for the purposes of program oversight and improvement. This is a substantial step forward from the 2005 Site Review, in which one of the cited opportunities for improvement was "closing the loop" on program evaluation and data analysis to use data for policy and program action.
- The Network Nurse Program continues to demonstrate a strong, population based approach, with the use of a tracking database for all known provider practices in the county as well as the status of NN visits--88% visited at least once, and some for multiple visits.
- New planning efforts that clearly articulate organizational expectations, processes, and detailed steps to make performance expectations clear to individuals. Examples include the Epi Response Plan and the Emergency Preparedness Plan and Emergency Preparedness Implementation Plan, the All Hazards Plan and the documentation of the Chicken Little exercise.

- As a specific issue example, across many of the Standards and Measures, the work on MRSA is significant in both the depth and breadth of the work--community involvement, development of educational materials, use of focus groups to vet the materials, evaluation of the impact of the materials, practice guidelines, and a published article on the impact of the focus group process. Well done!
- The alignment of Strategic Plan initiatives, goals and objectives with the financial plan provides a mechanism to coordinate TPCHD programs and make activity linkages more explicit.
- The strength of the Information Technology (IT) systems and support demonstrated in the documentation and in the organization of the documentation.
- The TPCHD website is easy to navigate and contains comprehensive information for users, especially the public

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

- The Human Resource policies, procedures and the implementation of the policies, such as consistent annual performance evaluations for all employees and clearly articulated and documented staff training, should be a focus for improvement actions in the future.
- In some specific programs the review and use of data with community groups to identify new or improved program activities could be strengthened, building on the success of “closing the Plan-Do-Study-Act” loop described above.

### ***The Performance Review Approach***

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

During the site review, an independent consultant from MCPP Healthcare Consulting and an internal DOH reviewer evaluated the documents and scored each measure. When the reviewer had questions regarding the documentation, an informal interview was conducted with the appropriate manager or staff person from the agency. In addition, potential exemplary practice documentation was requested from each site. The on-site reviews concluded with a closing conference in which general strengths and opportunities for improvement were discussed, and feedback on the Standards and assessment process was obtained. All of this information will be compiled into an Overall System report, with recommendations regarding the next steps for the performance improvement of public health practice across the State.

### ***Results of the Site Review***

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

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

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

- *For each measure* [scored by the reviewer]:
  - 2 = demonstrates the measure,

- 1 = partially demonstrates the measure,
- 0 = does not demonstrate the measure,
- Also, some measures were Not Applicable to a specific program and these measures are noted as NA.
- *Comments* provide clarification regarding the intent of the measure or the score assigned.
- *Documents* lists, in abbreviated form, the documents that were the basis for the score. When multiple documents were provided and some did not demonstrate the measure or there were many more examples than needed, they are not all listed.
- *Exemplary documents* lists documents requested for review as potential examples in the exemplary practices compendium.
- *For each Standard:* at the end of each Standard, there is a roll-up of the scores on all *applicable* measures in the Standard (the percent of measures scored as *demonstrates*, the percent scored as *partially demonstrates*, the percent scored as *does not demonstrate*). Next to your roll-up for the Standard is a roll-up for peer counties, and then a statewide roll-up. Your peer counties are identified below, based on the DOH analysis of Dominant Rural Urban Commuting Area Codes (for detail on this methodology, please go to the DOH website <http://www.doh.wa.gov/Data/Guidelines/RuralUrban.htm> ). There is no intent, in an improvement-focused effort, to compare specific organizations to one another. However, this roll-up data does provide each site reviewed with performance benchmarks.
- *For all Standards:* the final segment of this part of the report provides you with a roll-up of all Standards, with the same benchmark data from the peer group and statewide roll-ups.

## Peer Groupings

<b>Small Town/Rural</b>	<b>Mixed Rural</b>	<b>Large Town</b>	<b>Urban</b>
Adams	Clallam	Asotin	Benton/Franklin
Columbia	Grays Harbor	Chelan/Douglas	Clark
Garfield	Island	Grant	Cowlitz
Jefferson	Mason	Kittitas	King
Klickitat	Skagit	Lewis	Kitsap
Lincoln	Skamania	Walla Walla	Pierce
NE Tri-County		Whitman	Snohomish
Okanogan			Spokane
Pacific			Thurston
San Juan			Whatcom
Wahkiakum			Yakima

## Next Steps

**First, celebrate what you have accomplished.** In the two and a half year period between the 2005 Evaluation and this performance cycle, it was clear to the site reviewers that improvements had been developed and implemented. Again, thank you for all of your hard work every day and especially for your work in preparing for the site reviews.

**Next, select the areas where you want to improve your performance.** All of the information provided in this report is intended to support improvement of your organization’s work on behalf of the citizens in your community and Washington State. After you have had a chance to digest this report and share it with staff and your Board of Health, you should review the data again to determine which areas of your work might benefit from a *focused improvement process*. Develop a brief, but specific and doable work plan—don’t try to improve everything at once!

In selecting your areas of improvement you will be able to look at your overall strengths and opportunities for improvement (summarized above), or at the scores of specific Standards or measures. You will be assisted in this effort by several initiatives:

- **Exemplary practices:** The Exemplary Practices Compendium provides you with documentation from many of the LHJs in Washington State. Potential exemplary practice documents were gathered from each of the sites and the very best examples for each measure will be organized into a electronic tool

kit. This material will be available by year-end 2008 at [www.doh.wa.gov/hip/Standards/BestPractices/StandardsExemplaryPractices.htm](http://www.doh.wa.gov/hip/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	2	Fully Demonstrated

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

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

## Standard 3: Community Involvement

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

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

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

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

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

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

Measure	Score	Compliance Demonstration
7.1 L	2	Fully Demonstrated
7.2 L	1	Partially 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	2	Fully Demonstrated
8.3 L	2	Fully Demonstrated
8.4 L	2	Fully Demonstrated
8.5 L	1	Partially Demonstrated
8.6 L	1	Partially Demonstrated
8.7 L	2	Fully 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	1	Partially 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	1	Partially Demonstrated
10.3 L	1	Partially Demonstrated
10.4 L	1	Partially 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	2	Fully Demonstrated
11.4 L	2	Fully Demonstrated
11.5 L	1	Partially Demonstrated

**Standard 12: Leadership and Governance**

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

**Overall Score Totals**

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	79%	64%	55%
% Partially Demonstrates	20%	31%	34%
% Does Not Demonstrate	1%	4%	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		TPCHD Health Indicators, the 2006 BRFS Report, Memo Analysis of Low Birth Weight Data	TPCHD Health Indicators, the 2006 BRFS Report, Memo Analysis of Low Birth Weight Data
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		Evaluation of 2006-07 Quality Improvement Plan, EBP Survey Results, EBP Committee minutes	Evaluation of 2006-07 Quality Improvement Plan, EBP Committee minutes

	<ul style="list-style-type: none"> <li>• signal changes in health disparities and priority health issues, or</li> <li>• identify emerging health issues, or</li> <li>• identify implications for changes in communicable disease or environmental health investigation, intervention, or education efforts</li> <li>• gap analysis comparing existing services to projected need for services</li> <li>• recommendations for policy decisions, program changes, or other actions [see measure 1.3 L]</li> </ul>				
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		QI Council minutes, BOH 3/07 Study Session minutes	BOH 3/07 Study Session minutes
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		Distribution list for 2005 Data	Distribution list for 2005 Data
1.5 L	Description of method for community members to obtain technical assistance from LHJ on assessment methods, data collection or other issues.	2		TPCHD Website, Information Page	TPCHD Website, Information Page
1.6 L	List of LHJ staff responsible for	2		List of assessment	assessment staff

	assessment activities. Training or assessment meeting agendas and materials from last 24 months (at least two examples). Attendance documentation for staff listed above from last 24 months (at least one for each staff person)			staff, 2007 regional assessment agendas, assessment staff training log	training log
1.7 L	Collaboration with outside researchers on activities that benefit the community. If the program does not use any research-based information, this should be stated.	2		Email from UW researcher	

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

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	100%	89%	78%
% Partially Demonstrates	0%	8%	14%
% Does Not Demonstrate	0%	3%	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		TPCHD website, vision, mission, org chart, 2006 Accomplishments presentation	
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	2		TPCHD website, Memo to emergency response partners	

	available to (evidence of availability to both groups listed below): • law enforcement, AND • appropriate local agencies and organizations, such as tribal governments, schools and hospitals.				
2.3 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		News release, health advisory, health alert, e-mail distributions	
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		Notification and Communication EPIP, training list and picture	
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).	2		TPCHD Style Manual, 11/2/07 Memo to staff re: MRSA	11/2/07 Memo to staff re: MRSA
2.6 L	Written instructions on how to create a clear and accurate health alert and a media release. Written description of distribution steps and recipients for both health alerts and media releases.	2		TPCHD Style Manual, EPIP Implementing Procedures pgs 37-48, news release list, health alert list	EPIP Implementing Procedures pgs 37-48
2.7 L	Public information that includes at least one example of each of the topics listed below: • health data, AND • information on environmental health risks, AND • communicable disease and other threats to the public's health, AND • access to the local health system, healthcare providers and prevention resources.	2		TPCHD: web pages, Veterinary Newsletter, Methicillin- resistant Staphylococcus aureus, Antibiotic Commonsense newsletter	
2.8 L	Information about public health	2			

	activities, including at least one example of each of the topics listed below: • educational offerings, AND • reporting and compliance requirements.				
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		Healthcare referral Guide, Low-Cost Dental Care Resources, TPCHD Searchable Referral Database, Case Study: Use of Medical Resource List to Make Referral	

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

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	100%	84%	75%
% Partially Demonstrates	0%	16%	23%
% Does Not Demonstrate	0%	0%	2%

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

### Standard 3: Community Involvement

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

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

	<p>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	0%	9%	13%
% Partially Demonstrates	100%	91%	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. Distribution of notifiable conditions information (at least annually to assure current 24 hour contact</p>	2			

	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 contain all of the information listed below for each specific condition: • case investigation steps (including	2			

	<p>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		Food and Community Safety Public Complaints Policy, case examples	
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 investigation), AND • type of documentation needed to take enforcement action.</p>	2			
4.10 L	<p>Protocols for the use of emergency biologics (for example, the "yellow</p>	2			

	book”).				
4.11 L	Protocols for exercising legal authority for disease control (including quarantine and non-voluntary isolation)	2		Epi Response Plan, Isolation and Quarantine Policy, Draft 4, 11/9/2007	Isolation and Quarantine Policy, Draft 4, 11/9/2007

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

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	100%	88%	82%
% Partially Demonstrates	0%	12%	14%
% Does Not Demonstrate	0%	1%	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	Ex Do
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		Health Alert-November 2007 for Syphilis, Provider distribution list for Syphilis Health Alert, April 16, 2007 Contaminated Water Alert sent out through EMS	
5.2 L	Local public health emergency preparedness and response plans (EPRP) address all types of emergencies listed below: • environmental health risks, AND • communicable disease outbreaks, AND other public health emergencies. The LHJ EPRP describes the specific roles and responsibilities for LHJ	2		Excerpt from Plan and Emergency Plan Implementing Procedure, TPCHD All Hazards Emergency Plan, Chicken Little Exercise-March 27, 2007	

	<p>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>				
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		2007 Select Committee on Emergency Preparedness-rev. Nov 20, 2007, Activity Log-for Boil Water Advisory for Spanaway Water, Chicken Little Exercise, Log of training Provided/Participated for March 2007-August 15, 2007	
5.4 L	<p>Written description or list of public health services that are essential for the public to access in different types of emergencies. Note: The intent of this measure is that the LHJ has identified the essential services it provides during a public health emergency and has told the public how to access those services. An example is a list of the issues on the emergency response webpage for which the public should contact the agency.</p> <p>At least two examples of information distributed/available to the public on</p>	2		TPCHD Website for Emergency Preparedness, EPIP-Continuity of Operations-section on closure requirements,	

	how to access the essential services during an emergency.			
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		

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

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	80%	65%	59%
% Partially Demonstrates	20%	29%	29%
% Does Not Demonstrate	0%	5%	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
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					Doc
6.1 L	<p>Written descriptions of key program or activity components relevant to prevention and health education activities provided by LHJs or through contracts with community partners.</p> <p>Strategies (evidence-based or promising practices) for prevention and health education activities provided by the LHJ or by contractors for any of the groups listed below: • individuals, OR • families, OR • community in general.</p>	2			
6.2 L	<p>Descriptions of prevention priorities for prevention, health promotion, early intervention and outreach services for general population or targeted, at-risk populations. (See measure 12.7 L).</p> <p>Analyses (at least two examples) of community health data and program evaluation data used to develop prevention priorities described above. These analyses may also include data on local issues, funding availability, experience in service delivery, or information on evidence based practices.</p>	1	Unable to validate that evaluation data from any of the linked reports was used to develop prevention priorities. The 2006 FSP contract addendum highlighted the increase in frequency of visits, but this does not meet the use of data to develop prevention priorities requirement of this measure.	2007 Strengthening Families Measurable Objectives, Tasks and Timeline, Jan.-June 2006 Positive Steps Program Outcome Evaluation. July -Dec 2005 Family Support Partnership Outcome Based Program Evaluation, Department 2006 contract family support services from Centro Latino	
6.3 L	<p>Documented review (at least every other year) of prevention and health education information of all types (including technical assistance).</p> <p>Two examples of updated, expanded or contracted prevention and health education information reflecting revised regulations, changes in community needs, evidence-based practices and health data.</p> <p>Written description of the process to conduct all the activities listed below: • organize materials, AND • develop</p>	2			

	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		

Score Totals for Standard 6: Prevention and Education

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	75%	50%	39%
% Partially Demonstrates	25%	48%	54%
% Does Not Demonstrate	0%	2%	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
7.1 L	LHJ leadership or participation in community process that includes	2	It was difficult, especially with the ENACCT minutes to identify the	ENACCT Policy Advisory Committee roster and minutes for 12/07, Region V HIV

	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.		actions taken to address gaps in cancer treatment, and for HIV Planning Group	Prevention Community Planning Group Retreat,	
7.2 L	Local resource/referral list of private and public communicable disease treatment providers, providers of critical health services and providers of preventive services. List must contain all four types of providers. [See measure 2.11 L]. Assessment information on access to the four types of providers listed above. One example of using the assessment of access to services to determine where detailed documentation and gap analysis of local capacity is needed.	1	Neither the BRFSS report or the United Way Human Services Assessment includes information on determination of where detailed documentation and gap analysis of local capacity is needed.	Healthcare Referral Guide from website, 2006 BRFSS Report, 2006-2007 United Way Human Services Assessment	
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	Excellent report of data and conclusions for access to HCP and insurance in 2006 analysis of BRFSS report.	2006 TPCHD BRFSS Report, January 2008 Health Provider Shortage Area Report from Office of Community and Rural Health	
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		Pierce County ABCD Structure-October 2006, TPCHD Contract for Services with CHCs, Resolution No. 2007-3993	

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

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	75%	68%	57%
% Partially Demonstrates	25%	25%	30%
% Does Not Demonstrate	0%	7%	13%

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

## Standard 8: Program Planning and Evaluation

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

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

	educational curricula or materials.				
8.3 L	Use of additional sources of information to improve services and activities, including an example from each program being reviewed from the information sources listed below: • experiences from service delivery, including public requests, testimony to the BOH, analysis of health data, and information from outreach, screening, referrals, case management, follow-up, investigations complaint/inspections, prevention and health education activities, OR • funding availability, OR • evidence-based practices.	2			
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			
8.5 L	Customer service standards with related program performance measures for all employees with job functions that require them to interact with the general public, stakeholders and partners. Evaluation results of performance on customer service standards.	1	The job description has no specific standards related to the public and the performance evaluation form is very brief in its reference to customer service. No evidence of specific customer service standards with related performance measures.	Job description EH, TPCHD performance evaluation form, Food Safety Customer Service Evaluation	
8.6 L	One example for each program being reviewed of evaluations of workshops, other in-person trainings (including technical assistance) or other health education activities with analysis of effectiveness conducted within last 24 months. One example for each program being reviewed of educational curricula or	1			

	material revised to address evaluation results dated within last 24 months.				
8.7 L	<p>Aggregated annual internal audit* results for last two years of on a sample of communicable disease investigations records including data on timeliness and compliance with disease-specific protocols. OR *Note: An internal audit is a review of a sample of case files or other types of documented work, such as investigation reports, for requirements like timeliness, accuracy, and compliance with protocols or regulations. A sample of 30 files is considered sufficient to identify trends in compliance.</p> <p>Aggregated annual internal audit* results for last two years of on a sample of environmental health investigation/compliance action records including data on timeliness and compliance with investigation/compliance procedures. OR</p> <p>Aggregated annual internal audit* results for last two years of on a sample of program or activity case write-ups, such as for client visit; including data on timeliness and compliance with program protocols or on repetitive activities such as the development or use of prevention and health education materials [see 6.3 L] or health alerts [see 2.6 L]</p>	2			
8.8 L	List of significant outbreaks, environmental events, natural disasters, table top exercises or public health emergencies that have occurred during the last 24 months. After-action/table top evaluation for	2		Issue tracker Excel file, Tahoma Resilience After Action, Little Chicken Little After Action, Get Set After Action	Issue tracker Excel file

	<p>each event listed above with evidence that each evaluation included all the activities listed below:</p> <ul style="list-style-type: none"> <li>• participation from stakeholders; such as hospitals, providers and involved community organizations, as appropriate, AND</li> <li>• participation by LHJ staff from communicable disease, environmental health and other public health programs, AND</li> <li>• review of the accessibility of essential public health services (See 5.4 L), AND</li> <li>• assessment of how the event was handled, AND</li> <li>• documentation of what worked well, AND</li> <li>• identification of issues, AND</li> <li>• recommend changes in response procedures and other process improvements</li> </ul>				
8.9 L	<p>Two examples that demonstrate the use of after action/table top recommendations to improve two or more of the LHJ processes listed below:</p> <ul style="list-style-type: none"> <li>• monitoring and tracking processes</li> <li>• disease-specific protocols</li> <li>• investigation/compliance procedures</li> <li>• laws and regulations</li> <li>• staff roles</li> <li>• communication efforts</li> <li>• access to essential public health services (See 5.4),</li> <li>• emergency preparedness and response plans</li> <li>• other LHJ plans, such as facility/operations plan.</li> </ul> <p>Organizational goals and objectives reflect recommended changes from after action /table top evaluations.</p>	2		<p>Tahoma Resilience After Action, Little Chicken Little After Action, Issue Tracking data base, 2008 TPCHD Plan, Outbreak Access Database</p>	<p>Outbreak Access Database</p>

Score Totals for Standard 8: Program Planning and Evaluation

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
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% Demonstrates	78%	31%	24%
% Partially Demonstrates	22%	60%	58%
% Does Not Demonstrate	0%	9%	18%

Note: Totals may not equal 100% due to rounding

### Standard 9: Financial and Management Systems

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

	Measure	Score	Comments	Documents	Exemplary Documents
9.1 L	Review of the LHJ annual budget shows: • alignment with the organization's strategic plan AND • linkage to the organization's goals. Regular (at least quarterly) budget monitoring with comparison of actual to budget and conclusions on needed actions. Description of process for assuring that all revenues are considered and collected.	1	No evidence in Quarterly (Jul-Sept 2007) Budget Monitoring of quarterly budget monitoring or conclusions of needed actions.	TPCHD Final 2007 Budget Excel File, Quarterly (Jul-Sept 2007) Budget Monitoring, Fundware Aging Procedure, Past Due Letter, Fundware Aging Report	TPCHD Final 2007 Budget Excel File
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		Internal Approval Page of 2007 Contract Point Defiance AIDS, 2008 Pierce County AIDS Foundation, PCAF 3rd Quarter 2007 Monitoring, PDAF 3rd quarter 2007 Monitoring Report	PDAF 3rd quarter 2007 Monitoring Report

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

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	50%	55%	35%

% Partially Demonstrates	50%	41%	54%
% Does Not Demonstrate	0%	5%	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	Lacking evidence of promotion of diversity and cultural competence and insufficient description of the methods for compensation decisions such as market survey analysis, etc.	Index of Policies & Procedures, Career Management Policy, Classification and Compensation Philosophy, EEO Policy, 2008-2010 CBA	
10.2 L	Documentation of how job descriptions for program positions or job classifications with a description of how they are made available to staff. Note: Job descriptions or job classifications are not required to be presented as documentation for this measure. Tracking report with listing of staff evaluation completion dates for all eligible (employed more than 12 months). Note: This measure includes public health staff, but not staff from human services if the departments are combined. This 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	1	Performance Reviews Completed in 2007 document indicated that 16% of performance reviews completed in 2007.	Performance Reviews Completed in 2007, Job Descriptions-Class Specifications & 2008 Listings, Performance Evaluation- Tool A and B with Instructions	

	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 evidence of process to assure employees have appropriate experience to meet job qualifications and perform job requirements.	License- Credential Verification Procedure, Job Offer Check List	
10.4 L	Report of staff attending training and/or educational sessions within the last three years for at least three of the following topics, as appropriate: • Assessment and data analysis • Program evaluation to assess program effectiveness • Confidentiality and HIPAA requirements • Communications, including risk, media relations • State laws/regulations/policies, including investigation/compliance procedures • Specific EPRP duties • Community involvement and capacity building methods • Prevention and health promotion methods and tools • Quality Improvement methods and tools • Customer service • Cultural competency • Information technology tools • Leadership • Supervision and coaching • Job specific technical skills Note: Fully demonstrates requires that 50% or more staff in each program being reviewed have 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	1			

	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.				
10.5 L	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.	2		Confidentiality and HIPAA policy and forms, Signed Confidentiality Agreements	
10.6 L	Evaluation reports of facility and relevant work processes for compliance with ADA requirements within last 24 months.	0	No evidence of evaluation reports of facility and relevant work processes for compliance with ADA requirements within last 24 months. This measure requires reports not policies and procedures.	Year End Managers 2007 G & O Report, 2007 Safety Audit	

Score Totals for Standard 10: Human Resource Systems

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	17%	58%	50%
% Partially Demonstrates	67%	41%	36%
% Does Not Demonstrate	17%	2%	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 of monitoring processes for compliance with the firewalls and back-up systems, or redundancy or documentation of monitoring processes for compliance.	Data Security Policy, Acceptable Use Policy and Agreement, Password Policy	
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		IT Inventory by Building, IT Org chart, Network Architecture	
11.3 L	Agency or county IS plan includes strategies for the use of future technologies by the LHJ.	2		TPCHD IT Strategic Plan	TPCHD IT Strategic Plan
11.4 L	Website contains at least the areas of information and content listed below: • 24 hr. contact number for reporting health emergencies, AND • notifiable conditions line and/or contact, AND • health data and core indicator information, AND • how to obtain technical assistance and consultation from the LHJ, AND • links to legislation, regulations, codes, and ordinances, AND • information and materials on communicable disease, environmental health and prevention activities or links to other sites where this information is available.	2		Website: Information Page, Public Health Data, Regulations	

11.5 L	<p>Documentation of agency requirements for the use and transmission of personal health and other types of protected data to all three groups listed below: • within the agency, AND • other LHJs and/or agencies, AND • partner organizations.</p> <p>Agency requirements define which program data requires confidential and secure transmission (e.g., any identifiable information) and methods to assure confidential and secure transmission.</p> <p>For programs that collect and share identifiable information, two examples of sharing or transfer of data indicate compliance with the security and protection requirements.</p>	1	Disclosure policy date is out of date (2003) for this review timeframe. No reports demonstrating compliance with security and protection requirements were presented.	Policy: Disclosure of Protected Information Required by Law (4/03 revision date); Data Security Policy;	
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Score Totals for Standard 11: Information Systems

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	60%	69%	50%
% Partially Demonstrates	40%	27%	36%
% Does Not Demonstrate	0%	4%	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	2		Scheduled orientation of new BOH member, NALBOH memberships, Rules of Procedure, Policy	

	communications with senior managers, AND • votes on and documents actions it takes.			on Communication with Legislative Bodies, BOH Minutes	
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 Health Indicators presentation, 2/08 BOH agenda for Indicators presentation, 2006 Annual Report presentation, 4/07 BOH minutes for Report presentation, BOH study session on nutrition labeling	BOH Health Indicators presentation, 2006 Annual Report presentation
12.3 L	BOH review of an annual report or various separate reports with specific statements of progress toward agency and program goals.	2		2006 Annual Report, 4/07 BOH minutes regarding discussion of Report	4/07 BOH minutes regarding discussion of Report
12.4 L	BOH review of written recommendations based on evaluation of each significant outbreak, environmental event, natural disaster, table top exercise or other public health emergency.	2		Tahoma Resilience After Action Report, BOH 5/06 minutes, 5/07 BOH Study Session, 4/07 BOH minutes	Tahoma Resilience After Action Report, BOH 5/06 minutes
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 evidence of written guidelines for assessment of clinical and financial risk.	Confirmation of Coverage, Binder Confirmation, Physicians Insurance, Certificate of Liability Insurance, License Verification Form, Vehicle Liability Verification Form	
12.6 L	Organization-wide strategic/operations plan includes both topics listed below: • vision and mission statements, AND • goals, objectives and performance measures for priorities or initiatives	2		TPCHD Vision & Mission Statement, 2008 TCPHD Plan, Quarterly reporting form for Objective 18.07.005	Quarterly reporting form for Objective 18.07.005
12.7 L	Organization-wide strategic/operations plan includes all the topics listed below: • assessment	2		2008 TPCHD Plan	

	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.				
12.8 L	BOH minutes indicate review and adoption of the agency strategic plan within the last 24 months	2		BOH Strategic Plan Review- Minutes of 6/29/06 Study Session re: Strategic Plan & Budget; BOH Minutes July 2006 with Adoption of budget ( and Strategic Plan), Strategic Plan BOH Orientation	Strategic Plan BOH Orientation
12.9 L	Organization-wide quality improvement plan contains specific objectives that include all the topics listed below: • address opportunities for improvement identified through use of health data including from data sources such as: the core indicators, including Local Public Health Indicators, OR program evaluation results, OR outbreak response or after-action evaluation results, OR the strategic planning process, AND • may be program specific and tied to the program evaluation process, or they may reach across programs and activities for operational	2		2008 QI Plan, BOH QI Quarterly Report 10/17/07 Presentation	2008 QI Plan, BOH QI Quarterly Report 10/17/07 Presentation

	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	2		Evaluation of 2006-07 QI Plan, 2008 QI Plan	Evaluation of 2006-07 QI Plan

Score Totals for Standard 12: Leadership and Governance

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	90%	46%	34%
% Partially Demonstrates	10%	41%	38%
% Does Not Demonstrate	0%	14%	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		TCHD website, Health subpages, notifiable conditions reporting requirements	
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		TCHD website / For Medical Providers / Notifiable Conditions	
2.10 L	Two examples of educational material in non-English language OR Two examples of educational material in non-English language OR one example of educational material in non-English language and example of how interpretation assistance is available (such as a language line)	2		MRSA Spanish, Hepatitis Korean pamphlets	
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		PC Antibiotic Resistance Task Force document and links, including MRSA/VRE Surveillance Report 2006 presentation	MRSA/VRE Surveillance Report 2006 presentation

	Recommendations from community or stakeholder groups for at least one of the following actions: • further investigation. OR • new program efforts, OR • policy direction, OR • prevention priorities.				
3.2 L	Gap analysis for local critical health services and for prevention services reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues. Results of program evaluations reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues. Use of gap analysis and program evaluations in building partnerships with state, regional, and/or local stakeholders and/or state level colleagues.	2		Communicable Disease Report 12/07, DOH 2007 Surveillance System Evaluation Report, MRSA presentation 12/07	Communicable Disease Report 12/07, MRSA presentation 12/07
4.1 L	Information on notifiable conditions with required reporting timeframes and specific, current 24-hour LHJ contact information, in the form of a designated telephone line or a designated contact person, are provided to: • health care providers, including new licensees, AND • laboratories, including new licensees. Distribution of notifiable conditions information (at least annually to assure current 24 hour contact information)	2		Procedure for identifying and engaging medical providers, notifiable conditions poster, report from network nurse database	report from network nurse database
4.2 L	Information (not the notifiable conditions poster) about managing reportable conditions, such as treatment options or isolation requirements. Evidence of distribution to health care	2		Adenovirus 14 advisory and blast fax log	

	providers				
4.3 L	Written description of process for identifying new providers in the community and engaging them in the reporting process, OR Reports showing regular identification of new providers in the community and actions to engage them in the reporting process.	2		Procedure for identifying and engaging medical providers, sample record and report from network nurse database	
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		Epi Response Plan	Epi Response Plan
4.5 L	Tracking system for notifiable conditions that includes documentation of all the information listed below: • the initial report, AND • investigation, AND • findings, AND • subsequent reporting to state and federal agencies. Note: the system may also track the broader category of mandated reporting.	2		PHIMS database	
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		WSDOH Pertussis Guidelines	

	methods of disease prevention and control have been incorporated in specific conditions and the source of the EBP.				
4.10 L	Protocols for the use of emergency biologics (for example, the “yellow book”).	2		Epi Response Plan. Reference to Yellow Book	
5.5 L	Documentation for most recent 24 months of all new employees receiving orientation to the LHJ EPRP. Annual review of LHJ EPRP with all employees (twice within last 24 months). Note: Review may be specific documentation for every program or division or agency wide with documentation of attendance from every division or program.	2		EPRP training log	
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		Epi Response Plan, TPCHD website, MRSA toolkit for athletic programs, parents and students	MRSA toolkit for athletic programs, parents and students
6.3 L	Documented review (at least every other year) of prevention and health education information of all types (including technical assistance). Two examples of updated, expanded or contracted prevention and health education information reflecting revised regulations, changes in community needs, evidence-based practices and health data. Written description of the process to conduct all the activities listed below: • organize materials, AND • develop materials, AND • distribute or select	2		TPCHD Style Manual, examples of document review, Measles fact sheet, Campylobacter fact sheet, Network Nurses Material Development and Distribution Protocol	TPCHD Style Manual, Network Nurses Material Development and Distribution Protocol

	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		HepB partnership seminar flyer, Grocery cart sanitizing project and poster development project, MRSA prevention partnership with schools	MRSA prevention partnership with schools
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		Quarterly Reporting Form/Salmonella, Medical Epidemiologist job description	
8.2 L	For each program reviewed, reports of program performance measures with analysis against goals and trended data where possible. For each program reviewed, evidence showing use of the analysis for at least one of the activities listed below: • improve program activities and services, OR • revised educational curricula or materials.	2		Quarterly Objectives Report/MRSA, MRSA school toolkit, Journal article using focus groups to develop MRSA materials	Journal article using focus groups to develop MRSA materials, Quarterly Objectives Report/MRSA
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		Tdap brochure, Skin and Soft Tissue Infection Treatment Guidelines	Tdap brochure, Skin and Soft Tissue Infection Treatment Guidelines

	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		Presentation to Antibody Resistance Task Force, MRSA goals in TPCHD quarterly reporting system, Evaluation of MRSA toolkit	Evaluation of MRSA toolkit
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		MRSA 21/21/07 presentation, 2006 Get Smart Final Report	
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	2		Audit Review Form for Notifiable Conditions, 2006/2007 Audit Report	Audit Review Form for Notifiable Conditions

	<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		Epidemiology Section staff training log, risk communication training agenda	

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

% Demonstrates	100%
% Partially Demonstrates	0%
% Does Not Demonstrate	0%

*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		Scrubbing Bubbles Handout, Food bites Quarterly News Letter, Food Safety Bulletin, TPCHD Food Program website	Food Safety Bulletin, TPCHD Food Program 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		Food Fee Schedule, Permit/Plan Review Package, Plan Review Approval letter, Renewal letter	
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		No toque la comida! Flyer-Spanish and Korean, Keep It Healthy- Spanish and Korean	
3.1 L	Documentation of community and stakeholder review of local health data, including Local Public Health Indicators. Note: The intent is for LHJ staff to present local health data to community groups, such as advisory groups or agency committees with community member participation, to get input and feedback from community members and recommendations for action. Recommendations from community or stakeholder groups for at least one of the following actions: • further	1	The 2007 FAB minutes indicate that the Food Safety Customer Service Evaluation report was provided to the committee. It is unclear, however, how these data were used to develop recommendations for improvement. Unable to validate that these recommendations were based on any review of data.	2006 FAB Board minutes, 2007 FAB Board minutes, Food Safety Customer Service Evaluations Report 2005-2006	

	investigation. OR • new program efforts, OR • policy direction, OR • prevention priorities.				
3.2 L	<p>Gap analysis for local critical health services and for prevention services reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues.</p> <p>Results of program evaluations reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues.</p> <p>Use of gap analysis and program evaluations in building partnerships with state, regional, and/or local stakeholders and/or state level colleagues.</p>	0	No documentation presented of a gap analysis based on the Food Safety evaluation program data being used to build partnerships.	No valid Food Safety related documentation.	
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		Receiving and recording Confidential Notifiable Conditions, Hep A and Food Workers Responsibilities and Procedures,,	Receiving and recording Confidential Notifiable Conditions
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		Example 1 ( Envision data base)	

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		Public Complaint Policy, Compliance Schedule Procedures, DOH website re: Food Service Rule Forms	
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	This measure requires that all employees be trained to the general EPRP annually (not to specific EPRP duties that is evaluated in measure 10.4). The FCS EPRP training sheet indicates that some of the FCS staff have not had any EPRP training since early 2006. I was unable to identify any specific FCS staff in the Region V-Training provided/participated 3/07-8/07 documentation.	Indoc Training and EPRP Duties and Training, FCS EPRP training sheet, Region V-Training provided/participated 3/07-8/07	
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		Descriptions of key program or activity components relating to prevention and health education activities, Documents for Hand Washing Campaign	
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.	2		TPCHD Style Manual, two examples of revised educational materials, Approval Form for new educational material with one example	TPCHD Style Manual,

	Written description of the process to conduct all the activities listed below: <ul style="list-style-type: none"> <li>• organize materials, AND</li> <li>• develop materials, AND</li> <li>• distribute or select materials, AND</li> <li>• evaluate materials, AND</li> <li>• update materials.</li> </ul>				
6.4 L	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 Manual and MRSA video, Childcare Food Course information, presentations and evaluation	MRSA Manual and MRSA video
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		Food Program Goals and Objectives with 2007 Work Plan-Quarterly Reporting Forms for each objective, Food Staff Specifications and Roster	Food Program Goals and Objectives with 2007 Work Plan-Quarterly Reporting Forms for each objective,
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"> <li>• improve program activities and services, OR</li> <li>• revised educational curricula or materials.</li> </ul>	2		Food Program Goals and Objectives with 2007 Work Plan-Quarterly Reporting Forms for each objective, Compliance Schedule Procedures, Food Program Compliance Order Tracking Improvement documentation	Food Program Goals and Objectives with 2007 Work Plan-Quarterly Reporting Forms for each objective, Compliance Schedule Procedures, Food Program Compliance Order Tracking Improvement documentation

8.3 L	Use of additional sources of information to improve services and activities, including an example from each program being reviewed from the information sources listed below: <ul style="list-style-type: none"> <li>• experiences from service delivery, including public requests, testimony to the BOH, analysis of health data, and information from outreach, screening, referrals, case management, follow-up, investigations complaint/inspections, prevention and health education activities, OR</li> <li>• funding availability, OR</li> <li>• evidence-based practices.</li> </ul>	2		Food Safety Customer Service Evaluation Survey Report, FE Plan Application Timeliness Audit, 6-2006 BOH minutes	
8.4 L	For programs/activities that have initiated specific community collaborative projects, description of community collaboration project includes all of the factors listed below <ul style="list-style-type: none"> <li>• analysis of data, AND</li> <li>• establishment of goals, objectives and performance measures, AND</li> <li>• evaluation of the initiatives.</li> </ul>		No community collaborative projects. This measure is N/A.		
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		Evaluation forms for two food manager classes with an Overview of the Evaluations, Evidence of later edition Food Manager class books and new course schedule.	
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	2		Internal Audit of TPCHD F&CS Program School Safety Inspections,	

	<p>documented work, such as investigation reports, for requirements like timeliness, accuracy, and compliance with protocols or regulations. A sample of 30 files is considered sufficient to identify trends in compliance.</p> <p>Aggregated annual internal audit* results for last two years of on a sample of environmental health investigation/compliance action records including data on timeliness and compliance with investigation/compliance procedures.</p> <p>OR</p> <p>Aggregated annual internal audit* results for last two years of on a sample of program or activity case write-ups, such as for client visit; including data on timeliness and compliance with program protocols or on repetitive activities such as the development or use of prevention and health education materials [see 6.3 L] or health alerts [see 2.6 L]</p>				
10.4 L	<p>Report of staff attending training and/or educational sessions within the last three years for at least three of the following topics, as appropriate:</p> <ul style="list-style-type: none"> <li>• Assessment and data analysis</li> <li>• Program evaluation to assess program effectiveness</li> <li>• Confidentiality and HIPAA requirements</li> <li>• Communications, including risk, media relations</li> <li>• State laws/regulations/policies, including investigation/compliance procedures</li> <li>• Specific EPRP duties</li> <li>• Community involvement and capacity building methods</li> <li>• Prevention and health promotion methods and tools</li> <li>• Quality Improvement methods and tools</li> <li>• Customer service</li> <li>• Cultural</li> </ul>	2		<p>FDA Online course completion for 2006 and 2007, Curriculum for Retail Food Inspection Officers, Food Program HIPAA sign-up sheet, HIPAA Course Presentation, EPRP Training documentation, Sandman Training Participation, March 07-Aug 07- Training Provided/Participated Report.</p>	

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

% Demonstrates	83%
% Partially Demonstrates	11%
% Does Not Demonstrate	6%

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

## TOBACCO

	Measure	Score	Comments	Documents	Exemplary Documents
2.8 L	Information about public health activities, including at least one example of each of the topics listed below: • educational offerings, AND • reporting and compliance requirements.	2		TPCHD website, Tobacco Cessation Services and Form to Report Smoking Complaints, Affidavit of Non-Tobacco Use for Employment	Form to Report Smoking Complaints
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		TPCHD website, Clean Indoor Air page, with text of state law, variance request forms, smoking shelter application	
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		Second Hand Smoke brochure in Spanish, contract for translation services	
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	The discussion in the minutes focuses on improving the data itself. The intent of this measure is to support the community's use of data to identify areas for improvement in program activities rather than the data itself.	PC Cross Cultural Collaborative Steering Committee minutes 1/08	

	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		Presentation to Cross Cultural Collaborative Steering Committee 0207	Presentation to Cross Cultural Collaborative Steering Committee 0207
5.5 L	Documentation for most recent 24 months of all new employees receiving orientation to the LHJ EPRP. Annual review of LHJ EPRP with all employees (twice within last 24 months). Note: Review may be specific documentation for every program or division or agency wide with documentation of attendance from every division or program.	2		ERO Test, Position and Training List	
6.1 L	Written descriptions of key program or activity components relevant to prevention and health education activities provided by LHJs or through contracts with community partners. Strategies (evidence-based or promising practices) for prevention and health education activities provided by the LHJ or by contractors for any of the groups listed below: • individuals, OR • families, OR •	2		Health Education Materials Review Process, Materials Process at TPCHD, Tobacco Cessation Resource Guide	Health Education Materials Review Process

	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.</p> <p>Written description of the process to conduct all the activities listed below:</p> <ul style="list-style-type: none"> <li>• organize materials, AND</li> <li>• develop materials, AND</li> <li>• distribute or select materials, AND</li> <li>• evaluate materials, AND</li> <li>• update materials.</li> </ul>	2		Tobacco Cessation Workgroup Plan 2007, Multicare 2007 Cessation Services Contract	
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		Cross Cultural Collaborative Cessation Project, Head Start Project Description	
8.1 L	<p>For each program reviewed, a written description of program or activity goals, objectives and performance measures shows use of a systematic process or model. This does not have to be a single, agency wide document, although individual program plans ideally link to agency wide plans such as strategic and QI plans.</p> <p>For each program reviewed, written description(s) of professional requirements, knowledge, skills, and abilities for staff working in the program.</p>	2	The structure of this plan would benefit by separating quantifiable performance measures from benchmark/timeline tasks.	Tobacco Cessation Workgroup Plan, Tobacco Prevention 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: • improve program activities and services, OR • revised educational curricula or materials.	2		Tobacco Program Performance and Trends, focus group reports	Tobacco Program Performance and Trends
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		Compliance Checks and draft letter	
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		Cross Cultural Collaborative Steering Committee presentation 0207	
8.6 L	One example for each program being reviewed of evaluations of workshops, other in-person trainings (including technical assistance) or other health education activities with analysis of effectiveness conducted within last 24 months. One example for each program being reviewed of educational curricula or	1	There is nothing in the conference evaluation or the compliance checks report that appeared to result in/connect to the review and update of the Resource Guide.	2007 CCC Conference Evaluation, 1-901 Compliance, Review of Tobacco Cessation Resource Guide	

	material revised to address evaluation results dated within last 24 months.				
8.7 L	<p>Aggregated annual internal audit* results for last two years of on a sample of communicable disease investigations records including data on timeliness and compliance with disease-specific protocols. OR *Note: An internal audit is a review of a sample of case files or other types of documented work, such as investigation reports, for requirements like timeliness, accuracy, and compliance with protocols or regulations. A sample of 30 files is considered sufficient to identify trends in compliance.</p> <p>Aggregated annual internal audit* results for last two years of on a sample of environmental health investigation/compliance action records including data on timeliness and compliance with investigation/compliance procedures. OR</p> <p>Aggregated annual internal audit* results for last two years of on a sample of program or activity case write-ups, such as for client visit; including data on timeliness and compliance with program protocols or on repetitive activities such as the development or use of prevention and health education materials [see 6.3 L] or health alerts [see 2.6 L]</p>	2		Tobacco Compliance Check Guidelines, Audit Review, samples used for Audit Review	
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	1	Documentation indicates that 7 of 11 staff had 3 or more trainings (at least one from each of the three logs provided), which indicates that 63% of staff met the measure.	EPRP training log,, risk communication training log, admin training log	

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

% Demonstrates	81%
% Partially Demonstrates	19%
% Does Not Demonstrate	0%

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