

STANDARDS FOR PUBLIC HEALTH IN WASHINGTON STATE

A Collaborative Effort by State and Local Health Officials



PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER WASHINGTON

January 2007

On the following pages...

Standard applies to the whole governmental public health system

Local measures lists measures to show that a local health jurisdiction meets the standard

State measures lists measures to show that the State Department of Health meets the standard

While many different measures could be used, these were selected as the best and most practical measures to indicate how well the public health system is meeting each standard.

DOH Washington State Department of Health

LHJ Local health jurisdiction

BOH Local board of health

SBOH State Board of Health

The Numbering System:

1.1 S/L

	The number of the standard
	The number of the measure for that standard
	S = DOH/SBOH L = LHJ

To understand better the words and concepts used in the Standards, please refer to the online publication of the Performance Management Glossary, which can be found at: www.doh.wa.gov/hip/documents/PerfMgmt/material/StdsGlossary.pdf

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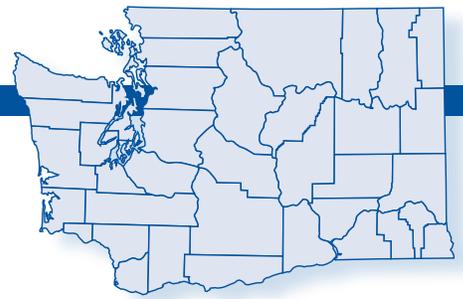
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Background:

Standards for Public Health in Washington State



Every person in Washington is served by one of Washington's 35 local health departments and districts, which are organized at the county level. In addition, the State Department of Health and other state agencies provide some public health services directly and also provide assistance to local health departments.

We all depend on local and state public health departments to respond to public health threats and to prevent costly health problems that cause illness or death. Most often, we think of health department services in terms of programs. Examples include: immunizations, responding to diseases like e. coli or an outbreak of measles, home visits to moms and infants by public health nurses, fighting tobacco use among youth, inspecting restaurants, and monitoring drinking water safety. In addition to these specific programs, health departments carry out a broad range of services. Most important, they must be ready to respond to new, emerging health threats at any time—24 hours a day.

The legislature set forth the requirements for the Public Health Improvement Plan in 1993 and again in 1995, in RCWs 43.70.520 and 43.70.580. One requirement of the law is the development of standards for public health and a regular assessment of how well public health agencies are able to meet those standards.

This booklet contains *revised* standards for public health in Washington State.

The purpose of setting standards is to define the common level of protection that people all across the state can count on. Measuring performance against the standards helps assure that basic protection is available to all people in Washington State, and it helps us identify what we need to do to make public health protection stronger.

Developing the Standards

The first standards, developed by state and local health officials, were published in 1999. They were used in three full-scale measurement efforts over a six-year period to assess the capacity of the public health system to carry out expected functions. The standards were organized according to topical areas of public health work:

- Understanding Health Issues
- Protecting People from Disease
- Assuring a Safe, Healthy Environment for People
- Prevention is Best—Promoting Healthy Living
- Helping People Get the Services They Need

Over the years, health officials decided that the lines between these topics were often blurred—and that an improved set of standards could be developed. As a result, the *revised* standards do not cover specific topics. Instead, they delineate 12 functions that every health department should be able to address. These functions are:

- Community Health Assessment
- Communication
- Community Involvement
- Monitoring Public Health Threats
- Responding to Public Health Emergencies
- Prevention and Health Education
- Addressing Gaps in Critical Health Services
- Program Planning and Evaluation
- Financial Management Systems
- Human Resources Systems
- Information Systems
- Leadership and Governance

Standards and Measures

For each standard specific measures have been developed. The measures are used to judge whether or not a standard is met. There are between 3 and 12 measures for each standard.

Separate sets of measures have been developed for local and state agencies. Local and state agencies each perform different tasks, so they must sometimes be measured according to different criteria.

The standards and measures appear beginning on page 4. Local measures are shown on the right, state measures on the left.

Retaining Earlier Work

Great care was taken to preserve the content of earlier standards and measures. Although they are re-sorted and re-named, the basic ideas are retained. A matrix is available that crosswalks the old standards and measures to the revised set. (<http://www.doh.wa.gov/PHIP/documents/PerfMgmt/material/ReverseLookup.xls>)

Comparisons to Other Requirements and Sets of Standards

The standards describe what **every** public health agency in Washington should be able to do regardless of size or location.

In developing the standards and measures, Washington's public health officials adapted ideas from nationally recognized material but made it fit our specific system. Some of the other materials included the Public Health Core Functions, 10 Essential Services, the NACCHO Operational Definition of Local Public Health, and the National Public Health Performance Standards Program.

The standards are not intended to substitute for the public health law, regulations, and individual county ordinances that have been developed over time. Those laws and regulations are vitally important to public health protection, but each addresses a very specific issue. The standards help us assess how well our governmental public health system is working overall.

The standards are purposely limited to the responsibilities of state and local government. The contributions of non-government health providers and community-based organizations are essential, but they are separate from the specific accountability expected of government agencies.

Measuring Our Progress and Using the Results

Public health agencies were measured against the standards in 2000 (field test), 2002 (baseline), and again in 2005. The measurement process is rigorous. Each agency or state program provides evidence, through documentation, that it is able to perform the expected function. The process requires self-study, collection, and organization of documents. Review and scoring of the documents is done by an independent entity.

Many agencies are able to meet many of the standards—but agencies are not likely to meet all of them at this time. For most agencies, it will take time or additional resources to achieve the level of performance called for in the measures. Yet, even when unmet, the standards provide an important guidepost for our future and a way to measure progress as we work toward meeting them.

Quality Improvement is an important goal of performance management. In Washington, we have used the standards measurement process to collect examples of exemplary practices. These provide examples that meet or exceed the standards. The exemplary practices are shared through a website so that any agency can use the examples to adapt tools that help improve public health practice. Website: www.doh.wa.gov/hip/perfmgmt/product.htm.

Summary:

- A public health system that is well organized, meeting a common set of basic standards, and adapting best practices is better prepared to help bring about improvements in health.
- Washington's public health officials have created a measurement process that will increase accountability and help manage performance effectively in the years to come.

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.

Dept of Health/State Board of Health Measures		Local Health Jurisdiction Measures	
1.1S	Health data, including a set of core indicators that includes data about population health status, communicable disease, environmental health risks and related illness, health disparities, and access to critical health services are updated at least every other year and used as the basis for continuous tracking of the health status of the population. Some data sets may have less frequent updates available but should still be included for review as part of an annual health data report. Health data include quantitative data with standard definitions and standardized measures as well as qualitative data.	1.1L	Local health data, including a set of core indicators that includes data about population health status, communicable disease, environmental health risks and related illness, health disparities, and access to critical health services are updated at least every other year and used as the basis for continuous tracking of the health status of the population. Some data sets may have less frequent updates available but should still be included for review as part of an annual health data report. Health data include quantitative data with standard definitions and standardized measures as well as qualitative data.
1.2S	There is a planned, systematic process in which these health data are tracked over time and analyzed, along with review of evidence-based practices, to: <ul style="list-style-type: none"> • Signal changes in health disparities and priority health issues • Identify emerging health issues • Identify implications for changes in communicable disease or environmental health investigation, intervention, or education efforts • Perform gap analyses comparing existing services to projected need for services (these may be statewide or regional) • Develop recommendations for policy decisions, program changes, or other actions 	1.2L	There is a planned, systematic process in which these health data are tracked over time and analyzed, along with review of evidence-based practices, to: <ul style="list-style-type: none"> • Signal changes in health disparities and priority health issues • Identify emerging health issues • Identify implications for changes in communicable disease or environmental health investigation, intervention, or education efforts • Perform gap analyses comparing existing services to projected need for services • Develop recommendations for policy decisions, program changes, or other actions
1.3S	There is written documentation that the health data analysis in 1.2S results in the development of recommendations regarding health policy and program development. There is written documentation that shows what health data was used to guide health policy decisions. LHJs are involved in development of state-level recommendations that affect local operations.	1.3L	There is written documentation that the health data analysis in 1.2L results in the development of recommendations regarding health policy and program development. There is written documentation that shows what health data was used to guide health policy decisions.

Standard 1: Community Health Assessment

Dept of Health/State Board of Health Measures	
1.4S	Coordination with LHJs and other key stakeholders is provided in the development and use of local public health indicators and data standards, including definitions and descriptions.
1.5S	Written descriptions are maintained and disseminated for how to obtain consultation and technical assistance for LHJs or state programs regarding health data collection and analysis; written documentation demonstrates that consultation and technical assistance have been provided.
1.6S	Statewide or regional assessment meetings and trainings are convened to expand available assessment expertise and provide a forum for peer learning and exchange on the practice of community health assessment. Meeting content and attendance is documented.
1.7S	Local public health indicators are tracked at the county and state levels. DOH provides a report to LHJs and other stakeholders at least every other year that contains trend analysis over time.
1.8S	Reports about new or emerging issues that contribute to health policy choices are routinely developed and disseminated. Reports include information about evidence-based practices in addressing health issues.
1.9S	When appropriate, there is collaboration with outside researchers engaging in research activities that benefit the health of the community including: <ul style="list-style-type: none"> • Identification of appropriate populations, geographic areas, or partners • Active involvement of the LHJ and/or community • Provision of data and expertise to support research • Facilitation of efforts to share research findings with state stakeholders, the community, governing bodies, and policy makers

Local Health Jurisdiction Measures	
1.4L	A process is in place to assure that local health data are shared with appropriate local, state, and regional organizations.
1.5L	There is a written description of how and where community members and stakeholders may obtain technical assistance from the LHJ on assessment issues.
1.6L	LHJ staff responsible for assessment activities participate in statewide or regional assessment meetings and trainings to expand available assessment expertise. Attendance is documented.
	No corresponding measure
	No corresponding measure
1.7L	When appropriate, there is collaboration with outside researchers engaging in research activities that benefit the health of the community.

Standard 2: Communication 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.

Dept of Health/State Board of Health Measures

2.1S	Communication activities include increasing public understanding of the mission and role of public health.
2.2S	Current information is provided to LHJs and/or the public on how to contact DOH to report a public health emergency or environmental health risk 24 hours per day. Phone numbers for weekday and after-hours emergency contacts are available to law enforcement and appropriate state agencies. Phone numbers for after-hours contacts for all local and state public health jurisdictions are updated and disseminated statewide at least annually.
2.3S	A communication system is maintained for rapid dissemination of urgent public health messages to the media, LHJs, other state and federal/national agencies, and key stakeholders. State-issued announcements are shared with LHJs in a timely manner.
2.4S	Consultation and technical assistance is provided to LHJs to assure the accuracy and clarity of public health information associated with an outbreak, environmental health event, or other public health emergency; written documentation demonstrates that consultation and technical assistance have been provided.
	No corresponding measure
2.5S	Roles are identified for working with the news media; written statements identify the timeframes for communications and the expectations for all staff regarding information-sharing and response to questions.

Local Health Jurisdiction Measures

2.1L	Communication activities include increasing public understanding of the mission and role of public health.
2.2L	Current information is provided to the public on how to contact the LHJ to report a public health emergency or environmental health risk 24 hours per day. Phone numbers for weekday and after-hours emergency contacts are available to law enforcement and appropriate local agencies and organizations, such as tribal governments, schools, and hospitals.
2.3L	Urgent information is provided through public health alerts to the media and to key stakeholders.
	No corresponding measure
2.4L	A current contact list of media and key stakeholders is maintained, updated at least annually, and available to staff as part of the emergency response plan and/or at appropriate departmental locations.
2.5L	Roles are identified for working with the news media; written statements identify the timeframes for communications and the expectations for all staff regarding information-sharing and response to questions.

Standard 2: Communication to the Public and Key Stakeholders

Dept of Health/State Board of Health Measures	
2.6S	Written directions outline the steps for creating and distributing clear and accurate public health alerts and media releases.
2.7S	Readily available public information includes health data, information on environmental health risks, communicable disease, and other threats to the public's health.
2.8S	Information is available about public health activities, including educational offerings, and reporting and compliance requirements through brochures, flyers, newsletters, websites, or other mechanisms.
2.9S	Written policies, permit/license application requirements, administrative code, and enabling laws are available to the public.
2.10S	Public materials and/or interpretation assistance address diverse populations, languages, and literacy, as needed.
	No corresponding measure

Local Health Jurisdiction Measures	
2.6L	Written directions outline the steps for creating and distributing clear and accurate public health alerts and media releases.
2.7L	Readily available public information includes health data, information on environmental health risks, communicable disease and other threats to the public's health as well as information regarding access to the local health system, healthcare providers, and prevention resources.
2.8L	Information is available about public health activities, including educational offerings, and reporting and compliance requirements through brochures, flyers, newsletters, websites, or other mechanisms.
2.9L	Written policies, local ordinances, permit/license application requirements, administrative code, and enabling laws are available to the public.
2.10L	Public materials and/or interpretation assistance address diverse local populations, languages, and literacy, as needed.
2.11L	LHJ staff and contractors have a local resource/referral list of private and public communicable disease treatment providers, providers of critical health services, and providers of preventive services for the staff and community to use in making referrals.

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.

Dept of Health/State Board of Health Measures

3.1S	<p>There is documentation of community and stakeholder involvement in the process of reviewing health data and the set of core indicators and recommending action such as:</p> <ul style="list-style-type: none"> • Further investigation • New program efforts • Policy direction • Prevention priorities
3.2S	<p>Current analysis of gaps in critical health services, gaps in prevention services, and results of program evaluations are reported to LHJs; appropriate state, regional, and/or local stakeholders; and/or to state-level colleagues and used in building partnerships.</p>
3.3S	<p>DOH collects information about successful community involvement and capacity building. These examples are shared with other DOH programs, LHJs, and stakeholders.</p>

Local Health Jurisdiction Measures

3.1L	<p>There is documentation of community and stakeholder involvement in the process of reviewing the local health data and the set of core indicators and recommending action such as:</p> <ul style="list-style-type: none"> • Further investigation • New program efforts • Policy direction • Prevention priorities
3.2L	<p>Current analysis of gaps in local critical health services, gaps in prevention services, and results of program evaluations are reported to local stakeholders and/or to colleagues in other communities, regional partners, and statewide program colleagues and used in building partnerships.</p>
	<p>No corresponding measure</p>

Standard 4: Monitoring and Reporting Threats to the 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.

Dept of Health/State Board of Health Measures	
4.1S	Health care providers and labs, including new licensees, are provided with information on notifiable conditions, time frames, and specific, current 24-hour DOH contact information in the form of a designated telephone line or a designated contact person.
	No corresponding measure
	No corresponding measure
	See 4.9S
4.2S	Clinical labs are provided written protocols for the handling, storage, and transportation of specimens.
4.3S	Written procedures describe how expanded lab capacity is made readily available when needed for outbreak response, and there is a current list of labs having the capacity to analyze specimens.
4.4S	Written procedures are maintained and disseminated to LHJs and other stakeholders regarding how to obtain state or federal consultation and technical assistance. Assistance includes monitoring, reporting, and disease intervention management during outbreaks, environmental health events, or other public health emergencies. Written documentation demonstrates that consultation and technical assistance have been provided.

Local Health Jurisdiction Measures	
4.1L	Health care providers and labs, including new licensees, are provided with information on notifiable conditions, time frames, and specific, current 24-hour LHJ contact information in the form of a designated telephone line or a designated contact person.
4.2L	Health care providers receive information, through newsletters and other methods, about managing reportable conditions.
4.3L	There is a process for identifying new providers in the community and engaging them in the reporting process.
4.4L	Written protocols are maintained for receiving and managing information on notifiable conditions and other public health concerns. The protocols include role-specific steps to take when receiving information as well as guidance on providing information to the public. There is a formal description of the roles and relationship between communicable disease, environmental health, and other programmatic activities.
	No corresponding measure
	No corresponding measure
	No corresponding measure

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

Dept of Health/State Board of Health Measures		Local Health Jurisdiction Measures	
4.5S	A statewide database for notifiable conditions is maintained with uniform data standards and case definitions that are updated and published at least annually. Data are submitted to other state or federal agencies as required. Notifiable conditions data are summarized and disseminated to LHJs at least annually.	4.5L	A notifiable conditions tracking system documents the initial report, investigation, findings, and subsequent reporting to state and federal agencies.
4.6S	DOH leads statewide development of a standardized set of written protocols for notifiable conditions and outbreak investigation and control. Condition-specific protocols identify information about the disease, case investigation steps (including time frames for initiating investigations), reporting requirements, and contact and clinical management including referral to care. Evidence-based practices relating to the most effective population-based methods of disease prevention and control are provided to LHJs and other stakeholders for incorporation into protocols.	4.6L	Protocols identify information about specific conditions, case investigation steps (including time frames for initiating the investigation), reporting requirements, and contact and clinical management including referral to care. Evidence-based practices relating to the most effective population-based methods of disease prevention and control are incorporated into protocols.
4.7S	A process is in place for the public to report public health concerns. Information is referred, tracked, and/or shared with appropriate local, state, tribal, regional lead, and federal/national agencies.	4.7L	A process is in place for the public to report public health concerns. Information is referred, tracked, and/or shared with appropriate local, state, tribal, regional lead, and federal/national agencies.
	See 4.12S	4.8L	A tracking system documents environmental health investigation/compliance activities from the initial report, through investigation, findings, and compliance action and subsequent reporting to state and federal agencies as required.
4.8S	Model plans, documentation, and evaluation templates for response to disease outbreaks, environmental health events, or other public health emergencies are developed and disseminated to LHJs. Information about best practices in environmental health investigation/compliance is gathered and disseminated, including protocols, time frames, interagency coordination steps, hearing procedures, citation issuance, and documentation requirements.		No corresponding measure

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

Dept of Health/State Board of Health Measures	
4.9S	Written procedures delineate specific roles and responsibilities for DOH's response to disease outbreaks, environmental health events, or other public health emergencies. There is a formal description of the roles and relationship between communicable disease, environmental health, and other programmatic activities.
4.10S	SBOH and/or DOH lead statewide development of statutes and regulations that address notifiable conditions, environmental health risks, and other threats to the public's health.
4.11S	There are written procedures, which conform to state laws, to follow for DOH's investigation/compliance actions. The procedures specify case investigation steps (including time frames for initiating the investigation) and the type of documentation needed to take an enforcement action.
	No corresponding measure
	No corresponding measure
4.12S	A tracking system documents DOH's investigation/compliance activities from the initial report, through investigation, findings, and compliance action, and subsequent reporting to state and federal agencies as required.

Local Health Jurisdiction Measures	
	See 4.4L
	No corresponding measure
4.9L	There are written procedures to follow for investigation/compliance actions. The procedures specify case investigation steps (including time frames for initiating the investigation) and the type of documentation needed to take an enforcement action, based on local policies, ordinances, and state laws.
4.10L	Protocols for the use of emergency biologics are available if needed.
4.11L	Protocols for exercising legal authority for disease control (including quarantine and non-voluntary isolation) are available if needed.
	See 4.8L

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.

Dept of Health/State Board of Health Measures

5.1S	Written procedures are maintained and disseminated for how to obtain consultation and technical assistance regarding emergency preparedness for environmental health risks, natural disasters, or other threats to the public's health. Written documentation demonstrates that consultation and technical assistance have been provided.
	No corresponding measure
5.2S	Environmental health risks, communicable disease outbreaks, and other public health emergencies are included in the DOH public health emergency preparedness and response plan (EPRP). The EPRP describes the specific roles and responsibilities for DOH programs/staff regarding response and management of disease outbreaks, environmental health risks, natural disasters, or other threats to the public's health. The DOH EPRP includes a section that describes processes for exercising the plan, including after-action review and revisions of the plan. Drills, after-action reviews, and revisions, if necessary, are documented.
5.3S	DOH leads state-level public health emergency planning, exercises, and response/restoration activities and fully participates in planning, exercises, and response activities for other emergencies in the state that have public health implications.
5.4S	Public health services that are essential for the public to access in different types of emergencies are identified. Public education and outreach include information on how to access these essential services.
5.5S	New employees are oriented to the EPRP, and the EPRP is reviewed annually with all employees.

Local Health Jurisdiction Measures

	No corresponding measure
5.1L	A primary contact person(s) for health-risk reporting purposes is clearly identified in emergent communications to health providers and appropriate public safety officials.
5.2L	Environmental health risks, communicable disease outbreaks, and other public health emergencies are included in the local public health emergency preparedness and response plan (EPRP). The EPRP describes the specific roles and responsibilities for LHJ programs/staff regarding local response and management of disease outbreaks, environmental health risks, natural disasters, or other threats to the public's health. The LHJ EPRP includes a section that describes processes for exercising the plan, including after-action review and revisions of the plan. Drills, after-action reviews, and revisions, if necessary, are documented.
5.3L	The LHJ leads community-level public health emergency planning, exercises, and response/restoration activities and fully participates in planning, exercises, and response activities for other emergencies in the community that have public health implications.
5.4L	Public health services that are essential for the public to access in different types of emergencies are identified. Public education and outreach includes information on how to access these essential services.
5.5L	New employees are oriented to the EPRP, and the EPRP is reviewed annually with all employees.

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 and 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, and early intervention outreach services are provided.

Dept of Health/State Board of Health Measures

6.1S	Key components of programs and activities are identified and strategies developed for prevention and health education activities, whether provided to individuals, families, or the community directly by DOH, LHJs, or through contracts with community partners. Strategies are evidence-based or promising practices whenever possible.
6.2S	Prevention priorities are the foundation for establishing and delivering prevention, health promotion, early intervention, and outreach services to the entire population or at-risk populations. Data from program evaluation and the analysis of health data as well as statewide issues, funding availability, experience in service delivery, and information on evidence-based practices are used to develop prevention priorities and reduce health risks.
6.3S	Prevention and health education information of all types (including technical assistance) is reviewed at least every other year and updated, expanded, or contracted as needed based on revised regulations, changes in community needs, evidence-based practices, and health data. There is a process to: <ul style="list-style-type: none"> • Organize materials • Develop materials • Distribute or select materials • Evaluate materials • Update materials
6.4S	There is a range of methods in place to implement population-based prevention and health education in partnership with the community and stakeholders.

Local Health Jurisdiction Measures

6.1L	Key components of programs and activities are identified and strategies developed for prevention and health education activities, whether provided to individuals, families, or the community, directly by the LHJ or through contracts with community partners. Strategies are evidence-based or promising practices whenever possible.
6.2L	Prevention priorities are the foundation for establishing and delivering prevention, health promotion, early intervention, and outreach services to the entire population or at-risk populations. Data from program evaluation and the analysis of health data as well as local issues, funding availability, experience in service delivery, and information on evidence-based practices are used to develop prevention priorities and reduce health risks.
6.3L	Prevention and health education information of all types (including technical assistance) is reviewed at least every other year and updated, expanded, or contracted as needed based on revised regulations, changes in community needs, evidence-based practices, and health data. There is a process to: <ul style="list-style-type: none"> • Organize materials • Develop materials • Distribute or select materials • Evaluate materials • Update materials
6.4L	There is a range of methods in place to implement population-based prevention and health education in partnership with the community and stakeholders.

Standard 6: Prevention and Education

Dept of Health/State Board of Health Measures		Local Health Jurisdiction Measures	
6.5S	Written procedures are maintained and disseminated for how to obtain consultation and technical assistance for LHJs and other stakeholders regarding prevention policies and/or initiatives including the development, delivery, or evaluation of prevention programs and activities. Written documentation demonstrates that consultation and technical assistance have been provided.		No corresponding measure
6.6S	A statewide plan for prevention identifies efforts to link public and private partnerships into a network of prevention services.		No corresponding measure
6.7S	Prevention, health promotion, early intervention, and outreach services and activities are reviewed for compliance with evidence-based practice, professional standards, and state and federal requirements.		No corresponding measure
6.8S	DOH supports best use of available resources for prevention services through leadership, collaboration, and communication with partners. Information about prevention evaluation results is collected and shared statewide, and there is a process to inform LHJs and other stakeholders about prevention funding opportunities.		No corresponding measure

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.

Dept of Health/State Board of Health Measures	
7.1S	A list of critical health services is established, and statewide access performance measures are established and tracked. Data is collected on the access performance measures, analyzed, and reported to the LHJs and other stakeholders.
7.2S	Summary information is provided to LHJs and other organizations about availability/numbers of licensed health care providers, facilities, and support services. Contact information is provided to LHJs regarding newly licensed/moved providers and facilities that are required to report notifiable conditions.
7.3S	Written descriptions are maintained and disseminated on how to obtain consultation and technical assistance for LHJs or communities; these describe how to gather and analyze information about barriers to accessing critical health services. Written documentation demonstrates that consultation and technical assistance have been provided.
	No corresponding measure
	No corresponding measure

Local Health Jurisdiction Measures	
	No corresponding measure
	No corresponding measure
	No corresponding measure
7.1L	Community groups and stakeholders, including health care providers, are convened to address health disparities and/or access to critical health services (including prevention services), set goals, and take action based on information about local resources and trends. This process may be led by the LHJ or it may be part of a separate community process sponsored by multiple partners, including the LHJ.
7.2L	A local resource/referral list of private and public communicable disease treatment providers, providers of critical health services, and providers of preventive services is used along with assessment information to determine where detailed documentation and gap analysis of local capacity is needed.

Standard 7: Helping Communities Address Gaps in Critical Health Services

Dept of Health/State Board of Health Measures	
7.4S	Periodic surveys are conducted regarding the availability of critical health services and barriers to access. Gaps in access to critical health services are identified through analysis of the results of periodic surveys and other assessment information.
7.5S	Periodic studies regarding workforce needs and the effect on critical health services are analyzed and disseminated to LHJs and other stakeholders.
7.6S	Program and activity planning processes, contracts, and access initiatives reflect coordination of health service delivery among health care providers as well as linkage of individuals to medical homes.
7.7S	Information about access barriers affecting groups within the state is shared with other state agencies that pay for or support critical health services.
7.8S	Protocols are developed for implementation by LHJs, state agencies, and other stakeholders to maximize enrollment and participation in available insurance coverage.

Local Health Jurisdiction Measures	
7.3L	Periodic surveys are conducted regarding the availability of critical health services and barriers to access. Gaps in access to critical health services are identified through analysis of the results of periodic surveys and other assessment information.
	No corresponding measure
7.4L	Local planning processes, contracts, and access initiatives reflect coordination of health service delivery among health care providers as well as linkage of individuals to medical homes.
	No corresponding measure
	No corresponding measure

Standard 8: Program Planning and Evaluation



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

Dept of Health/State Board of Health Measures

8.1S	There is a planned, systematic process in which every program and activity, whether provided directly or contracted, has written goals, objectives, and performance measures. Professional requirements, knowledge, competencies, skills, and abilities for staff working in the program are identified. Consultation to LHJs or other stakeholders is addressed in goals, objectives, and/or performance measures.
8.2S	Program performance measures are tracked, and the data are analyzed and used to change and improve program activities and services and/or revise curricula/materials. Regular reports document the progress toward goals.
8.3S	Additional sources of information including experience from service delivery, funding availability, and information on evidence-based practices are used to improve services and activities. Experience from service delivery may include public requests, testimony to the SBOH, analysis of health data, and information from outreach, screening, referrals, case management, follow-up, investigations complaint/inspections, prevention, and health education activities.
8.4S	Where specific community collaborative projects are initiated, including those addressing access to critical health services, there is analysis of data; establishment of goals, objectives, and performance measures; and evaluation of the initiatives.
8.5S	Customer service standards are established for all employees with a job function that requires them to interact with the general public, stakeholders, and partners. Staff and program performance measures are established, and evaluation of customer service standards is conducted.

Local Health Jurisdiction Measures

8.1L	There is a planned, systematic process in which every program and activity, whether provided directly or contracted, has written goals, objectives, and performance measures. Professional requirements, knowledge, skills, and abilities for staff working in the program are identified.
8.2L	Program performance measures are tracked, and the data are analyzed and used to change and improve program activities and services and/or revise curricula/materials. Regular reports document the progress toward goals.
8.3L	Additional sources of information, including experiences from service delivery, funding availability, and information on evidence-based practices are used to improve services and activities. Experience from service delivery may include 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.
8.4L	Where specific community collaborative projects are initiated, including those addressing access to critical health services, there is analysis of data; establishment of goals, objectives, and performance measures; and evaluation of the initiatives.
8.5L	Customer service standards are established for all employees with job functions that require them to interact with the general public, stakeholders, and partners. Staff and program performance measures are established, and evaluation of customer service standards is conducted.

Standard 8: Program Planning and Evaluation

Dept of Health/State Board of Health Measures	
8.6S	Workshops, other in-person trainings (including technical assistance), and other health education activities are evaluated by those organizing the activity to determine effectiveness. Curricula/materials are revised based on results.
8.7S	Statewide templates for documentation and data collection are provided for LHJs and other contractors to support performance measurement.
8.8S	Written descriptions are maintained and disseminated for how to obtain consultation and technical assistance for LHJs or state programs regarding program evaluation; written documentation demonstrates that consultation and technical assistance have been provided.
8.9S	An annual internal audit, using a sample of records (e.g., communicable disease investigations, environmental health, or other investigation/compliance actions) is done to gather data on timeliness and compliance with disease-specific protocols, investigation/compliance procedures, or other program protocols.
8.10S	Coordination is provided for a state and local debriefing to evaluate extraordinary events that required a multi-agency response; a written summary of evaluation findings and recommendations is disseminated statewide.
8.11S	An after-action evaluation is conducted for each significant outbreak, environmental event, natural disaster, tabletop exercise, or other public health emergency. Stakeholders are convened to assess how the event was handled, document what worked well, identify issues, and recommend changes in response procedures and other process improvements. The evaluation includes a review of the accessibility of essential public health services. Communicable disease, environmental health, and other public health staff are included in the evaluation, and feedback is solicited from appropriate stakeholders, such as hospitals, providers, and involved community organizations.

Local Health Jurisdiction Measures	
8.6L	Workshops, other in-person trainings (including technical assistance), and other health education activities are evaluated by those organizing the activity to determine effectiveness. Curricula/materials are revised based on results.
	No corresponding measure
	No corresponding measure
8.7L	An annual internal audit, using a sample of records (e.g., communicable disease investigations, environmental health, or other investigation/compliance actions) is done to gather data on timeliness and compliance with disease-specific protocols, investigation/compliance procedures or, other program protocols.
	No corresponding measure
8.8L	An after-action evaluation is conducted for each significant outbreak, environmental event, natural disaster, tabletop exercise, or other public health emergency. Stakeholders are convened to assess how the event was handled, document what worked well, identify issues, and recommend changes in response procedures and other process improvements. The evaluation includes a review of the accessibility of essential public health services. Communicable disease, environmental health, and other public health staff are included in the evaluation, and feedback is solicited from appropriate stakeholders, such as hospitals, providers, and involved community organizations.

Standard 8: Program Planning and Evaluation

Dept of Health/State Board of Health Measures

- 8.12S** Issues identified in after-action evaluations are used for process improvement in some or all of the following areas:
- Monitoring and tracking processes
 - Disease-specific protocols
 - Investigation/compliance procedures
 - Laws and regulations
 - Staff roles
 - Communication efforts
 - Access to essential public health services
 - Emergency preparedness and response plans
 - Other state and/or local plans, such as facility/operations plan
- Recommended changes are addressed in future organizational goals and objectives.

Local Health Jurisdiction Measures

- 8.9L** Issues identified in after-action evaluations are used for process improvement in some or all of the following areas:
- Monitoring and tracking processes
 - Disease-specific protocols
 - Investigation/compliance procedures
 - Laws and regulations
 - Staff roles
 - Communication efforts
 - Access to essential public health services
 - Emergency preparedness and response plans
 - Other LHJ plans, such as facility/operations plan
- Recommended changes are addressed in future organizational goals and objectives.

Standard 9: Financial and Management Systems



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

Dept of Health/State Board of Health Measures

9.1S	The budget is aligned with the organization's strategic plan, reflects organizational goals, and is monitored on a regular basis. All available revenues are considered and collected.
9.2S	Contracts are reviewed for legal requirements. Contracts are monitored for compliance with performance requirements.

Local Health Jurisdiction Measures

9.1L	The budget is aligned with the organization's strategic plan, reflects organizational goals, and is monitored on a regular basis. All available revenues are considered and collected.
9.2L	Contracts are reviewed for legal requirements. Contracts are monitored for compliance with performance requirements.

Standard 10: Human Resource Systems

Human resource systems and services support the public health workforce.



Dept of Health/State Board of Health Measures

10.1S	Workplace policies promoting diversity and cultural competence, describing methods for compensation decisions, and establishing personnel rules and recruitment and retention of qualified and diverse staff are in place and available to staff.
10.2S	Job descriptions are available to staff, performance evaluations are done, and performance improvement plans exist that promote learning and development for individual employees. Each employee has a training plan that is updated annually and includes the training needed for competent performance of required job duties.
10.3S	The organization has a written description of how it assures that employees have the appropriate licenses, credentials, and experience to meet job qualifications and perform job requirements.
10.4S	<p>Staff training is provided, as appropriate, including but not limited to the following topics:</p> <ul style="list-style-type: none"> • Assessment and data analysis • Program evaluation to assess program effectiveness • Confidentiality and HIPAA requirements • Communications, including risk and 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>Training is evidenced by documentation of learning content and specific staff participation or completion.</p>

Local Health Jurisdiction Measures

10.1L	Workplace policies promoting diversity and cultural competence, describing methods for compensation decisions, and establishing personnel rules and recruitment and retention of qualified and diverse staff are in place and available to staff.
10.2L	Job descriptions are available to staff, performance evaluations are done, and performance improvement plans exist that promote learning and development for individual employees. Each employee has a training plan that is updated annually and includes the training needed for competent performance of required job duties.
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Standard 10: Human Resource Systems

Dept of Health/State Board of Health Measures	
10.5S	There are written policies regarding confidentiality, including HIPAA requirements, and every employee required per policies has signed a confidentiality agreement.
10.6S	Facilities and work processes are compliant with ADA requirements.

Local Health Jurisdiction Measures	
10.5L	There are written policies regarding confidentiality, including HIPAA requirements, and every employee required per policies has signed a confidentiality agreement.
10.6L	Facilities and work processes are compliant with ADA requirements.

Standard 11: Information Systems



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

Dept of Health/State Board of Health Measures

11.1S	Information technology documentation describes processes in place for assuring protection of data (passwords, firewalls, backup systems) and data systems to address security, redundancy, and appropriate use. There is documentation of monitoring these processes for compliance.
11.2S	Computer hardware, software (e.g., word processing, spreadsheets with basic analysis capabilities, databases, email, and Internet access), and trained staff are available to assist public health staff.
11.3S	Strategies for use of future technologies are part of the organization's IS plan.
11.4S	The DOH program website contains, but is not limited to: <ul style="list-style-type: none"> • 24-hr contact number for reporting health emergencies • Notifiable conditions line and/or contact • Health data and core indicator information • How to obtain technical assistance and consultation from DOH • Links to legislation, regulations, codes, and ordinances • Information and materials on communicable disease, environmental health, and prevention activities or links to other sites where this information is available • A mechanism for gathering user feedback on the usefulness of the website
11.5S	Written policies, including data-sharing agreements, govern the use, sharing, and transfer of data within DOH and with LHJs and partner organizations; all program data are submitted to local, state, regional, and federal agencies in a confidential and secure manner.

Local Health Jurisdiction Measures

11.1L	Information technology documentation describes processes in place for assuring protection of data (passwords, firewalls, backup systems) and data systems to address security, redundancy, and appropriate use. There is documentation of monitoring these processes for compliance.
11.2L	Computer hardware, software (e.g., word processing, spreadsheets with basic analysis capabilities, databases, email, and Internet access), and trained staff are available to assist public health staff.
11.3L	Strategies for use of future technologies are part of the organization or county IS plan.
11.4L	The local jurisdiction (may be part of county) website contains, but is not limited to: <ul style="list-style-type: none"> • 24-hr contact number for reporting health emergencies • Notifiable conditions line and/or contact • Health data and core indicator information • How to obtain technical assistance and consultation from the LHJ • Links to legislation, regulations, codes, and ordinances • Information and materials on communicable disease, environmental health, and prevention activities or links to other sites where this information is available
11.5L	Written policies, including data-sharing agreements, govern the use, sharing, and transfer of data within the LHJ and among LHJs and partner organizations, and all program data are submitted to local, state, regional, and federal agencies in a confidential and secure manner.

Standard 12: Leadership and Governance



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

Dept of Health/State Board of Health Measures	
12.1S	The State Board of Health: <ul style="list-style-type: none"> • Orients new members to SBOH and sponsors orientation for local BOHs • Sets operating rules including guidelines for communications with senior managers in local and state organizations • Votes on and documents actions it takes
	No corresponding measure
	No corresponding measure
	No corresponding measure
12.2S	There are written guidelines for effective assessment and management of clinical and financial risk; the organization has obtained insurance coverage specific to assessed risk.
12.3S	An organization-wide strategic/operations plan is developed that includes: <ul style="list-style-type: none"> • Vision and mission statements • Goals, objectives, and performance measures

Local Health Jurisdiction Measures	
12.1L	The governing body/local board of health: <ul style="list-style-type: none"> • Orients new members • Sets operating rules including guidelines for communications with senior managers • Votes on and documents actions it takes
12.2L	The BOH receives a report annually on health data that includes the local public health indicators report prepared by DOH as well as other data about community health status, communicable disease, environmental health risks and related illness, and access to critical health services, with recommended actions for health policy decisions. Actions taken by the BOH are documented.
12.3L	Progress toward program goals is reported annually to the BOH via a single compiled report or multiple program reports throughout the year.
12.4L	Recommendations based on evaluation of each significant outbreak, environmental event, natural disaster, tabletop exercise, or other public health emergency are reported to the BOH.
12.5L	There are written guidelines for effective assessment and management of clinical and financial risk, and the organization has obtained insurance coverage specific to assessed risk.
12.6L	An organization-wide strategic/operations plan is developed that includes: <ul style="list-style-type: none"> • Vision and mission statements • Goals, objectives, and performance measures for priorities or initiatives

Standard 12: Leadership and Governance

Dept of Health/State Board of Health Measures	
12.4S	<p>The strategic plan includes objectives regarding:</p> <ul style="list-style-type: none"> • Assessment activities and the resources needed, such as staff or outside assistance, to perform the work • Use of health data to support health policy and program decisions • Addressing communicable disease, environmental health events, or other public health emergencies, including response and communication issues identified in the course of after-action evaluations • Prevention priorities intended to reach the entire population or at-risk populations in the population
	No corresponding measure
12.5S	<p>There is a written quality improvement plan in which:</p> <ul style="list-style-type: none"> • Specific objectives address opportunities for improvement identified through health data including the core indicators, program evaluations, outbreak response or after-action evaluations or the strategic planning process • Objectives may be program-specific and tied to the program evaluation process, or they may reach across programs and activities for operational improvements that impact much of the organization • Objectives identify time frames for completion and responsible staff • Objectives have performance measures established
12.6S	<p>Annual review of the quality improvement plan includes:</p> <ul style="list-style-type: none"> • Performance measures are tracked, reported, and used to assess the impact of improvement actions • Meaningful improvement is demonstrated in at least one objective • Revision of the plan with new, revised, and deleted objectives is made based upon the review

Local Health Jurisdiction Measures	
12.7L	<p>The strategic plan includes objectives regarding:</p> <ul style="list-style-type: none"> • Assessment activities and the resources needed, such as staff or outside assistance, to perform the work • Use of health data to support health policy and program decisions • Addressing communicable disease, environmental health events, or other public health emergencies, including response and communication issues identified in the course of after-action evaluations • Prevention priorities intended to reach the entire population or at-risk populations in the population
12.8L	The strategic plan is adopted by the BOH.
12.9L	<p>There is a written quality improvement plan in which:</p> <ul style="list-style-type: none"> • Specific objectives address opportunities for improvement identified through health data including the core indicators, program evaluations, outbreak response or after-action evaluations or the strategic planning process • Objectives may be program-specific and tied to the program evaluation process, or they may reach across programs and activities for operational improvements that impact much of the organization • Objectives identify time frames for completion and responsible staff • Objectives have performance measures established
12.10L	<p>Annual review of the quality improvement plan includes:</p> <ul style="list-style-type: none"> • Performance measures are tracked, reported, and used to assess the impact of improvement actions • Meaningful improvement is demonstrated in at least one objective • Revision of the plan with new, revised, and deleted objectives is made based upon the review

Helpful web resources

Public Health Standards

www.doh.wa.gov/hip/perfmgmt/07stds/main.htm

Local Health and State Applicability Matrices

www.doh.wa.gov/hip/documents/perfmgmt/material/stdsappmatrix.xls

Local Health and State Reverse Look-up – Relating the New Standards to the Old

www.doh.wa.gov/hip/documents/perfmgmt/material/reverselookup.xls

Local Health and State Crosswalk of Core Functions, Ten Essential Services and NACCHO Definitions to Standards

www.doh.wa.gov/hip/documents/perfmgmt/material/nacchocrosswalk.xls

Performance Management Glossary

www.doh.wa.gov/hip/documents/perfmgmt/material/stdsglossary.pdf

Critical Health Services

www.doh.wa.gov/sboh/pubs/documents/accessreport_2001.pdf

