



Final Site Visit Report
Public Health Accreditation Board (PHAB)
for the
Riley County Health Department
January 2020

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Measure Score Dashboard

The RCHD demonstrated conformity with 100% of the measures to some degree.

No measures were marked as “Not Demonstrated”

- 55% Fully Demonstrated
- 42% Largely Demonstrated
- 3% Slightly Demonstrated

Show Score: ▼

■ Pending
 ■ Not Demonstrated
 ■ Slightly Demonstrated
 ■ Largely Demonstrated
 ■ Fully Demonstrated

1.1.1L	1.1.2L	1.1.3A	1.2.1A	1.2.2A	1.2.3A	1.2.4L	1.3.1A	1.3.2L	1.4.1A	1.4.2L	2.1.1A	2.1.2L	2.1.3A	2.1.4A	2.1.5A	2.2.1A	2.2.2A
2.2.3A	2.3.1A	2.3.2A	2.3.3A	2.3.4A	2.4.1A	2.4.2A	2.4.3A	3.1.1A	3.1.2A	3.1.3A	3.2.1A	3.2.2A	3.2.3A	3.2.4A	3.2.5A	3.2.6A	4.1.1A
4.1.2L	4.2.1A	4.2.2A	5.1.1A	5.1.2A	5.1.3A	5.2.1L	5.2.2L	5.2.3A	5.2.4A	5.3.1A	5.3.2A	5.3.3A	5.4.1A	5.4.2A	6.1.1A	6.1.2A	6.2.1A
6.2.2A	6.2.3A	6.3.1A	6.3.2A	6.3.3A	6.3.4A	6.3.5A	7.1.1A	7.1.2A	7.1.3A	7.2.1A	7.2.2A	7.2.3A	8.1.1L	8.2.1A	8.2.2A	8.2.3A	8.2.4A
9.1.1A	9.1.2A	9.1.3A	9.1.4A	9.1.5A	9.2.1A	9.2.2A	10.1.1A	10.2.1A	10.2.2A	10.2.3A	11.1.1A	11.1.2A	11.1.3A	11.1.4A	11.1.5A	11.1.6A	11.1.7A
11.2.1A	11.2.2A	11.2.3A	11.2.4A	12.1.1A	12.1.2A	12.2.1A	12.3.1A	12.3.2A	12.3.3A								

Site Visit Report

Overall Comments

Three greatest strengths:

The Health Department's communication with the community is varied and frequent, utilizing radio, social media and maintaining a presence at community events. They also have a good working relationship with the Board of County Commissioners who also serve as the Board of Health.

Riley County Health Department is forward thinking in how it works with its community partners to secure resources and grants for implementing CHIP strategies.

The Health Department and its partners are utilizing their learned experiences from the current strategic plan, CHA and CHIP. The HD has a commitment to using data and evidence-based practices.

Three most serious challenges or opportunities for improvement:

An inherent challenge for RCHD is high turnover due to close proximity to Ft. Riley and the University of Kansas; Riley County Health Department may consider integrating more staff at all levels into the countywide CHA and CHIP processes and department wide processes such as QI projects to ensure continuity of Health Department involvement across inevitable staff transitions.

Preserve institutional knowledge and facilitate the transition for new staff by having more written policies and procedures that provide a roadmap for others to follow, while also continuously training staff on the agency's policies and procedures.

Riley County Health Department has good collaborative partnerships, but there is an opportunity to expand their circle of community partners with a focus on population health including at risk and vulnerable populations.

Overall impression of the department as a functioning health department:

Riley County Health Department is a vital part of the public health system in Riley County. As a well-respected member of their community, they have an opportunity to expand their role in population health and become the chief public health strategist for Riley County.

Domain Reports

DOMAIN 1: CONDUCT AND DISSEMINATE ASSESSMENTS FOCUSED ON POPULATION HEALTH STATUS AND PUBLIC HEALTH ISSUES FACING THE COMMUNITY.

Comments

RCHD demonstrated their participation in the development of a community health assessment for Riley County, in partnership with community organizations and stakeholders. They have processes in place for collecting, analyzing and managing data for 24/7 public health surveillance. They exhibited the ability to analyze quantitative and qualitative data within both single data sets and across multiple data sets; and, reach conclusions drawn from the analysis to make or recommend internal and external changes to policies and/or programs.

STANDARD 1.1 - PARTICIPATE IN OR LEAD A COLLABORATIVE PROCESS RESULTING IN A COMPREHENSIVE COMMUNITY HEALTH ASSESSMENT.

Comments

RCHD demonstrated their participation in the development of a community health assessment for Riley County, along with other government entities, schools, places of worship, community groups, etc. and organizations representing populations that have higher health risks, such as the homeless and the LGBT community. They described the processes employed for data collection and analysis; and the partnerships' meetings to consider data, assets, resources, and challenges. While the partnership did not seek and consider the community's input as to preliminary assessment findings before the draft document was finalized, they did utilize a variety of methods to inform partners, stakeholders, other organizations and the public about the availability of the community health assessment.

1.1.1 L: Tribal/local partnership that develops a comprehensive community health assessment of the population served by the health department

Score: FULLY DEMONSTRATED

Comments

Conformity:

RD1: RCHD staff uploaded the Community Needs Assessment for Riley County which was published in January 2015. The document notes that the Assessment was conducted by the Wichita State University, the Riley County Senior Services Center and a variety of partners operating across Riley County. The Acknowledgment page lists the partner organizations (list includes RCHD, other government entities, schools, places of worship, community groups, etc.) and, as noted by RCHD staff, it includes several organizations representing populations that have higher health risks, such as the homeless and the LGBT community (i.e., the LGBT Resource Center, the Crisis Center, Salvation Army, Shepherd's Crossing, Manhattan Emergency Shelter, and the Flint Hills Community Clinic).

RD2: Example 1 – Documentation included minutes of the 7/12/18 meeting of the Flint Hills Wellness Coalition held at the RCHD. RCHD staff noted in the cover sheet for this measure they are the lead agency and that the coalition meets on a monthly basis to share data, resources, and work towards common goals. These minutes show a discussion of newly collected data (results from an evaluation), consideration of changing assets and resources (grant discussions), and additional data analysis (creating health equity opportunity maps). RCHD also noted in the cover sheet the Coalition Guidelines indicate that the leadership team and workgroups must meet quarterly at minimum. Example 2 – RCHD provided the agenda from the 7/12/18 Flint Hills Wellness Coalition meeting. This example demonstrated the partnership’s consideration of new data sources.

RD3: Documentation provided by RCHD was the Community Needs Assessment for Riley County (January 2015). The Wichita State University led the assessment process in partnership with local entities. The Design and Secondary Data sections of the Report were highlighted, indicating that a triangulation of methods, sources, and analysts were utilized to increase the likelihood that the data gathered, and findings provided were accurate and truly representative of perceptions of the entire community. Triangulation of methods was achieved using secondary data sources, survey data, and qualitative data from interviews and focus groups. Triangulation of sources involved gathering input from the general public through a survey, key community leaders and service providers through interviews, and members of groups that were underrepresented in other methods through focus groups. Finally, three primary researchers from Wichita State University led this project, reviewed each other’s work, and provided reliability checks on the qualitative analysis. Relevant pieces of secondary data were also compiled to complement and compare to the survey, interview, and focus group data. The Assessment includes summaries of identified health issues as well as local assets and resources that can be used to address health issues.

1.1.2 L: A Tribal/local community health assessment

Score: **LARGELY DEMONSTRATED**

Comments

Conformity:

RD1: (1 community health assessment) RCHD participated in a countywide effort to complete a Community Needs Assessment for Riley County. Wichita State University’s Center for Community Support and Research (CCSR) was contracted to conduct the assessment, which included the compilation of selected secondary data from local, state and federal sources for the most recent years available, administration of a community survey (on-line, paper, telephone, and mail), key informant interviews, and focus groups with persons who were underrepresented in the survey. The document was finalized and published in January 2015.

a) Qualitative data used in the assessment included information gleaned from community surveys, key informant interviews and focus groups. Quantitative data included census data, morbidity and mortality data rates, and data relative to specific diseases and/or behaviors. Primary data sources included responses to local surveys and focus groups. Secondary data sources included federal and state

information as well as data from local sources such as health care providers, schools, local government and community nonprofits.

b) Demographics were presented in a half-page narrative describing general characteristics such as geography, population size, race and economic factors. Specific census data for age and gender of the population, race, ethnicity, income and education were included in the survey methodology section. Other demographic information was disbursed throughout the CHA.

c) To describe the health issues and specific descriptions of population groups with particular health issues and inequities, RCHD cited relevant secondary data and survey responses in seven areas: physical health data (which includes physical activity, nutrition, and tobacco use), social issues, children and youth, aging, housing, infrastructure (which also cites some environmental issues), and economics and personal finance data. Each section begins with a summary of findings which encapsulates the primary and secondary data for the topic. RCHD does not, however, specifically address differences between or disparities within populations; but makes generalizations alluding to the possibility of challenges that some populations may face. The Assessment cites health disparities related to accessing resources and respectful, equitable treatment for groups such as students, older adults, Hispanics/Latinos and other ethnic minorities, those with disabilities, persons with low income, the LGBT community, and others who tend to be marginalized amongst a predominant white middle-class majority.

d) The Riley County Community Needs Assessment includes a section entitled Social Issues and cites that substance abuse, poverty, mental health, child care and discrimination are areas of concern. It references contributing causes of health challenges (lack of access to affordable resources, need for diversity in providers, need for a centralized access point for resources); a discussion of multiple determinants of health, including social determinants (lack of affordable housing, access to transportation, access to healthy food and physical activity; child care assistance); discussions as to health disparities and high health-risk populations (seniors, non-English speakers, those with disabilities or mental illness and/or low income); and, community factors that contribute to higher health risks and poorer health outcomes of specific populations (invisible population with significant needs, community growth, limited employment opportunities, significant university and military populations).

e) The Riley County Community Needs Assessment includes a listing of the community resources which will be used to address health issues and identified needs. This listing includes the name and website address for each organization and lists the groups according to the following subdivisions: aging, general community, children and youth, economic development, education, housing, healthcare, nutrition, and physical activity.

RD2: Example 1 - RCHD submitted 3 screenshots from their website. The first showed the title of the CHA and directed residents to click on the button to view the complete assessment. The second screen showed the title page of the assessment and a PLAY button. The third screen showed a form titled "Questions about the Assessment?" and asked for name, email and comment, stating that "your question will be answered as quickly as possible." The screenshots were dated April 2015 after the CHA was finalized in January 2015, therefore the results were not preliminary when input was being sought. Example 2 - RCHD submitted a screenshot with a list of community meeting dates/times titled "Riley County Community Health Improvement Plan." There was a list of locations and a copy of a PowerPoint that was presented sharing assessment data. The meetings were held after January 2015

after the CHA had been finalized, therefore the results were not preliminary when input was being sought.

RD3: To demonstrate the adding of data to the Riley County CHA, RCHD provided documentation of a community PRIDE meeting that was held in conjunction with the Flint Hills Wellness Coalition in June 2017 to gather additional information on transportation challenges and needs in Leonardville, a rural town in Riley County. Transportation was reported to be a contributing factor to higher health risks identified by various groups completing the CHA surveys and/or participating in the CHA focus groups. While the report did not identify specific neighborhoods as high risk, it did recognize “invisible” populations with significant needs for housing, transportation, and access to health and mental health services that are surpassing the decreasing funding. RCHD cites that Leonardville has many challenges to achieving optimal health; one barrier being transportation. Data was collected on public transportation needs and usage, walkability, use of cell phones and social media, and how residents get their news. An email is included indicating that RCHD staff participated in the planning and attended the event. The documentation included a series of emails between RCHD staff and the Wellness Coalition and a summary of the discussions at the meeting. Example 2 – RCHD provided several documents to demonstrate action taken when the 2015 Community Health Assessment identified lack of accessible and affordable child care as an issue. RCHD reported that their staff gathered, collected and analyzed data as part of the ongoing monitoring of the assessment. Documents provided included a GIS map (not dated) which identified where health inequities existed in relation to childcare; a summary (5/24/17) of waitlists for child care facilities in Riley County; the survey tool used with child care providers (Fall 2017); and the results from the child care provider survey. The survey was administered to identify barriers to becoming a child care provider in order to address the issue of accessibility.

Opportunities for Improvement:

In future assessments, collection of information, data, community dialogues, and/or community assets specific to populations and/or geographic areas could provide more insight into challenges faced by communities with health inequities and poorer health indicators.

1.1.3 A: Accessibility of community health assessment to agencies, organizations, and the general public

Score: FULLY DEMONSTRATED

Comments

Conformity:

RD1: Example 1 - RCHD uploaded a copy of its 2014 annual report and highlighted the paragraph which includes information about and the link to the Community Needs Assessment. This is included in the Director's Letter where she discussed the Department's focus in 2014 on communications with and gathering input from the public and community partners. The cover page for this document indicates the annual report is sent to community partners, the Board of Health, posted online, and print copies are also available at the Health Department. The annual report was made available to the public on the RCHD website on 2/18/15. Example 2 – A screenshot (8/1/17) of the RCHD Facebook Page was uploaded to demonstrate that RCHD promoted the Community Needs Assessment link and information about results to its over 750 Facebook followers including several partner organizations.

RD2: Example 1 – Documentation of communications of the CHA findings to the public included a screenshot (7/7/17) from the RCHD Facebook page advising followers that CHA poster boards were available at the Manhattan Public Library which summarized eleven topic areas. Example 2 – RCHD provided a screenshot (3/12/18) of the RCHD website About Us page which gives a brief explanation of the CHA and a link to the full document.

STANDARD 1.2 - COLLECT AND MAINTAIN RELIABLE, COMPARABLE, AND VALID DATA THAT PROVIDE INFORMATION ON CONDITIONS OF PUBLIC HEALTH IMPORTANCE AND ON THE HEALTH STATUS OF THE POPULATION.

Comments

RCHD provided several documents (i.e., Public Health Surveillance & Data Collection Guide, HIPAA Handbook and Policy Manual) to demonstrate their processes for collecting, analyzing and managing data for 24/7 public health surveillance. A listing of surveillance partners was provided, examples of trainings/meetings with the partners, as well as receipt of and distribution of surveillance data. Documents to demonstrate collection of primary quantitative health data were provided; as were examples of the provision of data to the state health department. Documented evidence was provided to show that there are no Tribal health departments in Riley County.

1.2.1 A: 24/7 surveillance system or set of program surveillance systems

Score: LARGELY DEMONSTRATED

Comments

Conformity:

RD1: RCHD provided its Public Health Surveillance & Data Collection Guide (last updated 8/22/17) as documentation of the processes by which public health data is collected, the sources of data, and how to use/distribute the data. RCHD notes that data comes in different types from different sources, including mandatory reporting, syndromic surveillance through the ESSENCE system (a web-based CDC system called Electronic Surveillance System for the Early Notification of Community-based Epidemic), passive surveillance via school nurses, and from community/regional partners via email and/or conference call. All information is received by the RCHD CD Nurse, Disease Investigation Line, or via a dedicated surveillance and disease reporting email address. The Guide also describes process for 24/7 collection of data. Also uploaded was their Syndromic Surveillance Memorandum of Understanding form, their Weekly Communicable Disease Surveillance Protocol and summary form, the Wildcat Regional Surveillance Calls and Data Collection protocol and report form, the RCHD 24 Hour Protocol for Communicable Disease Communications, and a Communicable Disease Contact List. The Wildcat Regional Surveillance Calls and Data Collection protocol includes a written description of data analysis.

RD2: (1 department-wide process or protocols, or a set of processes or protocols) RCHD first provided its Public Health Surveillance & Data Collection Guide (last updated 8/22/17) as documentation for this measure. They highlighted the Data Use section which states all data is confidential and protected following established RCHD privacy practices, in compliance with HIPAA. RCHD secondly provided a copy of its HIPAA Handbook and Policy Manual and highlighted areas within the Safeguarding Protected Health Information (PHI) section (2/1/16) which addresses administrative, physical, and technical safeguards to prevent inadvertent or unauthorized disclosures of PHI. This section described processes for safeguarding data collection and communications by paper, computer, fax, telephone, and oral communications.

RD3: RCHD provided screenshots (3/30/18) from their website illustrating the publication of their 24/7 communicable disease reporting hotline number and link to the reportable disease list. This information is listed on the website home page and the Contact Us page. They also uploaded the Public Health Surveillance & Data Collection Guide (last updated 8/22/17) and highlighted the communicable disease reporting sections within the Guide. The Health Department Disease Investigation Nurse is responsible for monitoring the 24/7 number after work hours.

RD4: Example 1 – RCHD provided the results of an Everbridge drill which was conducted (4/18/18) by sending alerts to all Health Department staff after business hours. The document provided recorded how long it took for recipients to confirm that they received the message and tested the preferred methods (email, text, or phone) of communication chosen by the recipients. This example does not fit the requirements of the guidance as it is a test of RCHD staff and not a test of surveillance partners/system. Example 2 - RCHD provided the results of an Everbridge drill which was conducted (1/23/18) by sending alerts to all Health Department staff after business hours. The document provided recorded how long it took for recipients to confirm that they received the message and tested the preferred methods (email, text, phone) of communication chosen by the recipients. This example does not fit the requirements of the guidance as it is a test of RCHD staff and not a test of surveillance partners/system.

1.2.2 A: Communication with surveillance sites

Score: **LARGELY DEMONSTRATED**

Comments

Conformity:

RD1: (1 list) RCHD uploaded its Public Health Surveillance & Data Collection Guide (last updated 4/27/18) and highlighted the list of surveillance partners who report to RCHD. A sample disease/syndromic surveillance MOU was also part of the plan.

RD2: Example 1 – Documentation included sign in sheet and minutes from a 4/4/18 training held by RCHD and the State Health Department for school nurses who are surveillance site members. Minutes reflect a discussion of current influenza reporting, a summary of 2017-2018 communicable disease surveillance, and training on a new school surveillance protocol which included reporting requirements and timeframes. RCHD also noted that new surveillance forms were distributed to those in attendance. Example 2 – A sign in sheet, meeting minutes and a copy of the slides utilized during a meeting with school nurses on 8/13/18 were uploaded as Example 2. Minutes indicate RCHD staff presented information on immunizations, school surveillance and new disease regulations. Training was twofold in that edits had been made to the school surveillance forms that will go into effect during the upcoming 2018-2019 school year.; and, updated disease regulations went into effect in May 2018. It was noted that the changes to the disease regulations included control of cases/contacts for influenza, mumps, pertussis and varicella. Also presented were required timeframes and which diseases were included on the mandatory reporting.

RD3: Example 1 - RCHD noted in the cover sheet that they receive sexually transmitted infection (STI) data from the Kansas Department of Health and Environment (KDHE). Medical providers within Riley County report data to the KDHE. Much of the surveillance data the RCHD receives is filtered through a state reporting system, even the data that comes from its surveillance partners. By the time the RCHD receives the data, it has been aggregated and identifying reporting sites is not possible. Documentation provided was a STI report for Riley County dated March 2018. This report provided Chlamydia data through June 2018, but it did not itemize by reporting site. Example 2 - Charts and spreadsheets were uploaded to summarize reporting received from local school districts as part of RCHD's disease surveillance efforts. The documents reflect disease and absenteeism data collected at schools during the 2017-2018 school year starting in January 2018. The data is itemized by reporting site or school.

RD4: Example 1 – Documentation included the January 2018 RCHD Epidemiology Newsletter and an email (1/4/18) that listed the names of those who received it and a reminder that the Epi Newsletter will be released quarterly. The January newsletter features a summary of disease data collected through 2017 and information about the current flu season. Example 2 – RCHD provided an email that the Communicable Disease Nurse sent 3/21/18 to providers and other partners at the local and regional level regarding diseases being investigated by RCHD. In addition to the listing of diseases being investigated in Riley County, the email also included links to information on a Measles outbreak in a neighboring county and advised the email recipients of RCHD's surveillance of Measles in Riley County (i.e., no suspected or confirmed cases had been reported at that time).

1.2.3 A: Primary data

Score: **LARGELY DEMONSTRATED**

Comments

Conformity:

RD1: Example 1 – To document compliance with this measure, RCHD uploaded a series of documents re: their collection of quantitative data from local child care providers. (This was done in response to the availability and accessibility of child care identified as a primary concern in the 2015 CHA.)

Documentation included a fact sheet (5/24/17) summary of waitlist information gleaned through phone calls to local child care centers; meeting minutes (5/24/17) of the Public Health Advisory Committee where this information was reviewed with the Committee and the public; and the survey tool, website screenshot to show date of the survey distribution (9/9/17), and a summation of survey results of RCHD's effort to identify the barriers to becoming a child care provider. Example 2 - RCHD staff provided documentation related to their collection of quantitative survey data from participants (157 total) at the Riley County Fair on July 27-30, 2017. The survey asked questions about resident's experiences related to transportation, mental health and access to and coordination of services (community health priorities identified in the CHA). Documentation provided includes the survey tool, a summary of results which was presented at a Community Partner meeting on 10/10/18.

RD2: RCHD uploaded notes and sign in sheet from a focus group the RCHD Health Educator conducted (7/17/18) with the Flint Hills Wellness Coalition to collect qualitative data on food and food access to learn about the strengths, weaknesses and opportunities in the local food system. The target audience of the focus group was Kansas State students. Documentation showed participants perceptions of accessing food in the vicinity of the campus and spoke to social issues regarding food access (i.e., transportation challenges, and access to fresh food). Example 2 – Documentation included a summary of responses from a transportation meeting (6/19/17) with residents in a rural area of Riley County which does not have access to public transportation. This limits the residents' ability to access grocery stores, day cares, health care and public health/social services. It was also noted this community is designated as a health professional shortage area and has limited access to emergency services. The meeting was a partnership between RCHD and the Flint Hills Wellness Coalition. Qualitative information about transportation needs was collected.

RD3: Example 1 – RCHD uploaded the Becoming a Mom Initial survey tool (last revised 7/18), developed by the Kansas Department of Health and Environment (KDHE), to survey all women who began the RCHD Becoming a Mom program. KDHE also uses this tool with other Becoming a Mom sites across the state. (The Becoming a Mom Program is an evidenced based program that involves multiple community partners to deliver group prenatal education to expectant women as well as their spouses and other people who play a supportive role; the classes are open to the community.) Quantitative health data is collected on the survey with questions regarding physical activity, smoking, prenatal care, etc. Example 2 – The tool (July 2018) used by RCHD and the Flint Hills Wellness Coalition utilized in focus groups with Kansas State college students was uploaded. The tool indicates its goal is to learn about the strength, weaknesses, and opportunities in the local food system was uploaded. It was used to collect qualitative health data on food and food access and the target audience, college students, was selected as they are often at high risk for food insecurity or have more challenges to accessing healthy foods.

1.2.4 L: Data provided to the state health department and Tribal health departments in the jurisdiction the local health department is authorized to serve

Score: FULLY DEMONSTRATED

Comments

Conformity:

RD1: Example 1 – RCHD uploaded a copy of a Kansas Immunization Registry Vaccine Inventory Reconciliation Worksheet (dated 5/7/18) that was submitted by RCHD to the Kansas Department of Health and Environment (KDHE) Immunization Program. The Report shows RCHD’s inventory beginning and ending during the month of April 2018 as well as numbers of immunizations administered in the various vaccine categories. Example 2 – A spreadsheet entitled “2018 Disease Investigation Reporting Timeline” was uploaded as documentation. While there are no formal identifiers on the spreadsheet, there is a notation at the bottom of the page that indicates the data was pulled from the Kansas Department of Health and Environment (KDHE) EpiTrax on-line system on 8/6/18 by the RCHD PHEP Coordinator. The document includes type of disease, onset date, diagnosis date, report date, investigation and completion date, and final review date by KDHE. The cover sheet explains that when patients are determined to have been infected by a disease of concern to public health, their information is entered into the EpiTrax system. KDHE then routes patients by county of residence to the appropriate health department for follow-up investigation. The local Health Department, in this case RCHD, then provides data on the investigation and its completion date.

RCHD also uploaded (2/27/19) a map from the website www.nationalatlas.gov that showed the locations of Tribes in the State of Kansas. RCHD staff also circled the area on the map representative of Riley County. As depicted on this map, there are no Tribes in Riley County.

STANDARD 1.3 - ANALYZE PUBLIC HEALTH DATA TO IDENTIFY TRENDS IN HEALTH PROBLEMS, ENVIRONMENTAL PUBLIC HEALTH HAZARDS, AND SOCIAL AND ECONOMIC FACTORS THAT AFFECT THE PUBLIC'S HEALTH.

Comments

RCHD demonstrated the ability to analyze quantitative and qualitative data within both single data sets and across multiple data sets and reach conclusions based on the analysis. Examples were also provided to illustrate distribution of findings to specific populations (i.e., County Commissioners, Public Health Advisory Board, the public).

1.3.1 A: Data analyzed and public health conclusions drawn

Score: FULLY DEMONSTRATED

Comments

Conformity:

RD1: Example 1 (quantitative) – RCHD uploaded the agenda and meeting minutes from a RCHD Epi Team meeting held 6/21/18. Also uploaded were five annual reports summarizing Sexually Transmitted

Infections (STI) for the period 2013 through 2017; and selected graphs comparing Riley County STI rates to that of the State of Kansas.

a) Meeting minutes showed a defined timeline of data from 2013 through 2017. The data reports include data broken down by year.

b) The minutes indicate a discussion of the 5-year quantitative STI data and state that the data was compiled and analyzed by the RCHD Public Health Emergency Preparedness Coordinator. Annual data for the years 2013-2017 were compared for chlamydia, gonorrhea, and syphilis (primary and secondary) between Riley County and the State of Kansas. All data was standardized by population using 100,000 as the population base.

c) The minutes state that it was concluded that (1) STI rates in Riley County are higher than the state but not as high as some similar counties; and (2) the County population has been declining but STI rates have steadily increased. The minutes indicate the data was compared from year to year in Riley County and also compared to state data, and data from Lawrence-Douglas County. (The cover sheet indicates this County is similar in size to Riley County and is also a university town).

Example 2 (qualitative) - RCHD uploaded a summary report for their 2018 BugAPalooza event. This was a community event covering topics of personal preparedness, public health, outdoor safety, and vectorborne diseases. The report included comparisons to the 2017 event.

a) Data used in the summary report was a comparison of the survey responses for the one-day event held in 2017 and again in 2018.

b) RCHD administered a survey at both BugAPalooza events (2017 and 2018); the intention of the survey was to gain insight on the effectiveness of the materials and participants at the event, as well as general information about attendees and clients of the health department. Multiple choice questions were included on a four-point scale with response rates varying depending on the question posed to the respondent. 81.67% (49 of 60) of surveys were fully completed. Descriptive statistics were run using Excel. A thematic analysis was completed for qualitative data obtained from the surveys.

c) As some of the questions on the 2018 survey were the same as in the 2017 survey, conclusions could be reached on comparable data in some instances. This included comparison of knowledge, behavioral intentions, reasons for not getting vaccinations, and participant preferred language, family size, and race/ethnicity.

RD2: Example 1 - To demonstrate compliance, RCHD uploaded the agenda and minutes from the 8/2/18 Board of Health meeting where the RCHD Director presented STI data for Riley County for the 5-year period 2013 through 2017. The conclusions drawn from the data by RCHD staff were summarized at the end of the report. References were made to state and national data. Example 2 – Documents provided included minutes from the 3/27/19 meeting of the Public Health Advisory Committee and the PowerPoint presented used by the RCHD Director to present the conclusions reached from the analysis of the survey data from the 2017 and 2018 BugAPalooza events.

RD3: RCHD staff uploaded the agenda and meeting minutes from the 3/9/18 RCHD Leadership meeting where a project to analyze the potential impact and outreach success of RCHD's annual flu programs was discussed. Presentation included findings from an analysis of both primary and secondary data from

the single day 2016 and 2017 OktFluber festivals (i.e., influenza immunization events). The PowerPoint presentation and final report was also provided as documentation. Both illustrated the primary data collected (i.e., residence and age of attendees, and cost to attendees and RCHD, etc.); and, the secondary data from outside databases (i.e., median household incoming, poverty level, vehicle access, and laboratory confirmed influenza hospitalizations) that were utilized. Documentation also illustrated a discussion as to how multiple factors (i.e., socioeconomic status and availability of transportation) affected individual's decision to access of influenza immunizations. Conclusions drawn based on data from primary and secondary data and multiple data sets were listed at the end of the PowerPoint and the report.

RD4: Example 1 – Documentation provided included the RCHD Comprehensive Community-based Health Promotion and Disease Prevention Plan (2017-2019) which was developed as part of the RCHD Strategic Plan. Sections were highlighted within the document citing primary data that were collected and analyzed by the RCHD (i.e., Sexually Transmitted Infection data, Riley County Food System Assessment, Disease Investigation data, and Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE) data.) Also highlighted were secondary data taken from the County Health Rankings, Kansas Health Matters, and the CDC. The document illustrates how conclusions from the data were used to develop goals and strategies for reducing disease and chronic illness in Riley County. Sources of data were also provided. Example 2 – RCHD staff uploaded the agenda and meeting minutes from the 3/9/18 RCHD Leadership meeting where a project to analyze the potential impact and outreach success of RCHD's annual flu programs was discussed. Presentation included findings from an analysis of both primary and secondary data from the single day 2016 and 2017 OktFluber festivals (i.e., influenza immunization events). The PowerPoint presentation and final report was also provided as documentation. Both illustrated the primary data collected (i.e., residence and age of attendees, and cost to attendees and RCHD, etc.); and, the secondary data from outside databases (i.e., median household incoming, poverty level, vehicle access, and laboratory confirmed influenza hospitalizations) that were utilized. Conclusions drawn based on data from primary and secondary data. Sources of data were provided at the end of the PowerPoint and the report.

1.3.2 L: Public health data provided to various audiences on a variety of public health issues

Score: **FULLY DEMONSTRATED**

Comments

Conformity:

RD1: Example 1 - Documentation provided included the minutes from the 11/21/16 Riley County Commissioners meeting where the RCHD Health Educator presented a systems level analysis (dated 11/18/16) summarizing the economic impact of the RCHD's outreach flu clinic, OktFLUberfest. The presentation to the Commissioners and other meeting participants addressed both the potential savings in medical costs by ensuring more people are immunized, as well as societal cost savings. Based on the notion that, on average, every \$1.00 spent on immunizations saves \$3.00 in direct medical costs and \$10.00 in indirect (societal) costs, the 2016 Okt-FLU-ber Fest helped to avert a total of \$174,863.00 in total costs within Riley County. Example 2 - RCHD staff uploaded the agenda and minutes from the Riley

County Commissioners' meeting held 2/14/19. It was cited in the minutes that the RCHD Director spoke about public health data and analysis available from the Kansas Department of Health and Environment (i.e., vital statistics, teen pregnancy, natality, other Kansas health statistics, and chronic obstructive pulmonary disease data). While the reports are for the entire State for a specific timeframe (2017), there are instances where county level data was provided within the reports. The meeting minutes included links to the various reports discussed, so that the Commissioners and the public could look at the data in depth later. The Kansas Annual Summary of Vital Statistics 2017 (dated November 2018) was also uploaded as documentation. This document compares Kansas vital statistics to national targets (i.e., Healthy People 2020 and CDC's Winnable Battles) and includes public health issues such as tobacco use, teen pregnancy, etc.

STANDARD 1.4 - PROVIDE AND USE THE RESULTS OF HEALTH DATA ANALYSIS TO DEVELOP RECOMMENDATIONS REGARDING PUBLIC HEALTH POLICIES, PROCESSES, PROGRAMS, OR INTERVENTIONS.

Comments

RCHD demonstrated their use of public health data to inform the County Commissioners and recommend changes to existing tobacco policies in Riley County. Examples were also provided of health data summaries that condensed public health data; and, the distribution of these summaries to public health system partners and key stakeholders.

1.4.1 A: Data used to recommend and inform public health policy, processes, programs, and/or interventions

Score: **LARGELY DEMONSTRATED**

Comments

Conformity:

RD1: Example 1 – Documentation provided included a series of emails (9/29-9/30/16) between RCHD staff discussing staffing ratio data from a national association and data from peer counties in Kansas to determine if RCHD's staffing structure in the RCHD Child Care Licensing program was sufficient. Also provided was the RCHD Budget Proposal (5/1/17) which included a request to hire additional staff and reclassify an existing position. This example does not meet the requirement of the measure as public health data was not utilized to inform change. Example 2 – RCHD uploaded a letter (1/30/19) to the Mayor of Manhattan from the Flint Wellness Committee recommending changes to the City of Manhattan No Smoking Ordinance to include E-Cigarettes. RCHD noted that the RCHD Chronic Disease Risk Reduction Program Coordinator is part of the Flint Wellness Committee and provided data from multiple sources (i.e., Community Needs Assessment, Behavior Risk Factor Surveillance Survey, US Department of Agriculture, Kansas Health Matters, etc.) to inform this recommendation. RCHD also uploaded their Chronic Disease Risk Reduction program grant application (3/20/18) which summarized the data utilized.

1.4.2 L: Tribal/community summaries or fact sheets of data to support public health improvement planning processes at the Tribal or local level

Score: FULLY DEMONSTRATED

Comments

Conformity:

RD1: Example 1 – Documentation provided by RCHD for this example related to the dashboard published on their website to keep the public apprised of emergency department visits for influenza-like-illness. The website indicates that the graphs provided were developed from data collected and analyzed by RCHD in collaboration with the State Surveillance System and the Kansas State Health Department. The graphs, which are listed under the website tab “Flu Activity Near You”, compare emergency department visits by week for the years 2016-2019 and are stratified by age to show the burden on the population. Documentation included the Excel spreadsheets developed to create the graphs and screenshots of the website. All documents are within required timeframes. Example 2 – Documentation included minutes from a 2/24/16 meeting of the Public Health Advisory Committee where staff highlighted the sharing and discussion of fact sheets summarizing data on tobacco, electronic cigarettes, and hookah. Fact sheets indicated that data was taken from multiple data sets including the CDC, Kansas Health Matters, and the Kansas Department of Revenue.

RD2: Example 1 – RCHD provided a screenshot (10/18/18) of a Facebook posting re: emergency room visits for influenza like illnesses for the 2017-2018 flu season. The posting provides a link to the RCHD where the viewer can also view historical data for the previous two flu seasons. Distribution through this Facebook posting includes public health system partners, members of community groups, and key stakeholders. Example 2 - Documentation included minutes from a 2/24/16 meeting of the Public Health Advisory Committee where staff highlighted the sharing and discussion of fact sheets summarizing data on tobacco, electronic cigarettes, and hookah. Fact sheets indicated that data was taken from multiple data sets including the CDC, Kansas Health Matters, and the Kansas Department of Revenue.

DOMAIN 2: INVESTIGATE HEALTH PROBLEMS AND ENVIRONMENTAL PUBLIC HEALTH HAZARDS TO PROTECT THE COMMUNITY

Comments

RCHD has a strong partnership to conduct environmental health related investigations. However, having access to the system to view reports on the investigations would serve to strengthen response efforts including identifying trends. In regard to AARs, there was not a procedure in place previous for completing AARs and that is why AARs were not always completed in the AAR log. To strengthen response efforts, ensure that AARs are being completed following procedures that are in place.

STANDARD 2.1 - CONDUCT TIMELY INVESTIGATIONS OF HEALTH PROBLEMS AND ENVIRONMENTAL PUBLIC HEALTH HAZARDS

Comments

RCHD has procedures in place for conducting timely investigations. They partner with an environmental health specialist from a different county department that conducts investigations along with following Kansas State Department of Health and Environments guideline's for communicable diseases.

2.1.1 A: Protocols for investigation process

Score: **FULLY DEMONSTRATED**

Comments

Conformity:

RD1: a) RCHD provided a document called disease investigation guidelines that lists the disease, a link to a factsheet, a link to the guideline for investigation, a link (when applicable) for initial assessment requirements, and any report forms needed. RCHD provided one example of the investigation guideline for Mumps follow-up that are provided by Kansas Department of Health and Environment. This included a section on investigator responsibilities that was step by step of what needed to be completed. In addition, there is action on the requirements to notify public health, along with what public health is required to do. For outbreaks there are also a specific step by step instructions provided. For the environmental and occupational public health hazards RCHD provided an email from another Riley County department that shows they will collaborate with RCHD on annual school inspections and following up on public health nuisance complaints and inspections. The RCHD School Inspections protocol is provided with step by step instructions. The responsibility is provided to the RCHD health officer through state statute. RCHD also provided their policy on public health nuisance investigations that provides step by steps instructions for following up and the investigation responsibility of health officer/director, public health emergency preparedness coordinator, clinical director, or other assigned staff. Finally, RCHD provided documentation from Kansas Department of Health and Environment indicating the local contractor from the health department is given authority for child care inspections. Step by step information is provided on completing the inspections. RCHD provided their policy which showed that RCHD follows Kansas Department of Health and Environment's disease investigation guides.

b) RCHD provided their nuisance protocol that has step by step instructions, along with a timeline of follow-up on complaints needing to be completed within 3 working days. For school inspections RCHD provided the Kansas Department of Health and Environments policy and procedure that provides step by step instructions, which include that inspections need to occur upon the opening of the fall school term. For communicable disease as part of the guideline for investigation there is a section on timeline for the mumps example. In this example, RCHD will report information requested as soon as possible, and complete the electronic form within 3 days of receiving a notification of a mumps report. For the child care licensing policy and procedure step by step instructions are provided and completion of the survey needs to be completed within 60 days from the issue of the temporary permit.

2.1.2 L: Capacity to conduct an investigation of an infectious disease

Score: LARGELY DEMONSTRATED

Comments

Conformity:

Example 1 – RCHD provided minutes from an Epi Team meeting that reviewed a communicable disease investigation. The report highlighted each step of the investigation and the corresponding steps to the policy and procedure for follow-up. The policy and procedure identify steps that need to be taken in the event of an outbreak in addition to locations that supplies for outbreaks can be obtained.

Example 2 – RCHD provided an AAR for a GI outbreak at a school, however this did not show a review against a policy and procedures. Information about an outbreak event that began on 18 August 2016 and was declared over on 9/15 was provided. There are strengths and weakness included, but this does not evaluate against policy and procedure.

2.1.3 A: Capacity to conduct investigations of non-infectious health problems, environmental, and/or occupational public health hazards

Score: FULLY DEMONSTRATED

Comments

Conformity:

RD1: Example 1 – RCHD provided a lead investigation. They also provided the time study for the investigation. The report was redacted, but included sections for demographics, clinical, and follow-up investigation. Example 2 – RCHD provided reports from their school's inspections. These reports are completed and show areas for compliance and non-compliance, along with information that needs to be fixed. Multiple school inspection reports did include investigation of a non-infectious health problem.

2.1.4 A: Collaborative work through established governmental and community partnerships on investigations of reportable diseases, disease outbreaks, and environmental public health issues

Score: **LARGELY DEMONSTRATED**

Comments

Conformity:

RD1: Example 1 - RCHD provided email communication with the planning and development office that showed they have in the past worked on environmental health issues and agreed to do so in the future. The environmental health specialist and to a certain extent the zoning enforcement officer will collaborate with the health department for annual school inspections and to follow-up on public health nuisance complaints and inspections. In turn, RCHD will assist the planning and development office with environmental health complaints that impact health and property maintenance code complaints that impact health. Example 2 - RCHD provided their isolation and quarantine policy and procedure. In this there is information on roles for local partners. For instance, they have listed Riley County Police Department, which will serve in functions such as security and assistance with serving of orders. In addition, they submitted an email with the policy department on their ability to adhere to the policy and procedure.

RD2: Example 1 - RCHD provided a press release regarding a mumps outbreak at Kansas State University. In the press release it is stated, "The Riley County Health Department and the Kansas Department of Health and Environment (KDHE) along with healthcare professionals in Manhattan and at Kansas State University (KSU) are investigating a mumps outbreak associated with the University's Manhattan campus." Example 2 – RCHD provided a report by Kansas Department of Health and Environment that document a gastrointestinal illness outbreak. In the report there is discussion of outbreak investigation by RCHD. At the closing of the report there is section that states investigation by. In this section Kansas Department of Health and Environment and RCHD are both identified. No non-health department partners are included.

RD3: RCHD provided over 3 page list of tests that included the facility used (Kansas Department of Health and Environment Lab, RCHD, or LabCorp), Service type (such as chemical, virology/serology, etc.), test type, disease/agent, disease agent category, if it was notifiable, and if authorization was needed.

2.1.5 A: Monitored timely reporting of notifiable/reportable diseases, lab test results, and investigation results

Score: **FULLY DEMONSTRATED**

Comments

Conformity:

RD1: (1 tracking log or audit of investigations conducted) RCHD provided a tracking log for communicable diseases. In 2018 was the first time that they started tracking test results. In the log the patient ID number, disease, onset date, diagnosis date, reported to clinician, reported to public health, event onset, MMWR week, lab results, investigation start date, investigation completed date, state

review date, investigation results, and state case status are all included. Reported to clinician and investigation results, which was changed in 2018 to final disposition are often not completed. However, the requirement for investigation results in this measure is met by the state case status. In this column is where it is identified if the case was confirmed, probable, etc.

RD2: (1 set of laws) RCHD provided Kansas State Laws regarding communicable disease reporting. These laws are K.S.A. 65-118, 65-128, 65-6001 - 65-6007, K.A.R. 28-1-2, 28-1-4, and 28-1-18. 65-118: Reporting to local health authority as to infectious or contagious diseases; persons reporting; immunity from liability; confidentiality of information; and disclosure. 65-128. Rules and regulations of secretary to prevent spread and dissemination of diseases; testing and quarantine; protection of providers and recipients of services. 65-6001- 65-6007 are definitions are requirements regarding HIV and AIDS. All the information provided for K.A.R in regard to administrative records. RCHD also provided their communicable disease reporting document which shows which disease are required to be reported.

STANDARD 2.2 - CONTAIN/MITIGATE HEALTH PROBLEMS AND ENVIRONMENTAL PUBLIC HEALTH HAZARDS

Comments

RCHD follows KDHE's procedures for communicable diseases. However, they did not provide procedures on containment and mitigation through their agreement with the Planning Department for the environmental health specialist or policies for follow-up needed from RCHD for environmental public health hazards when enforcement or further enforcement was needed.

2.2.1 A: Protocols for containment/mitigation of public health problems and environmental public health hazards

Score: **LARGELY DEMONSTRATED**

Comments

Conformity:

RD1: RCHD provided a set of protocols for contact management, case management, use of prophylaxis, contract with the lab, mitigation, and legal author for mumps. Before the specific protocols they provided documentation from Kansas State that has links for follow-up information based on the specific case. In addition, this also included investigation steps, containment and mitigation and enforcement for school inspections. Finally, information on public health nuisance investigations was also including authority, steps, timelines, containment and mitigation, and enforcement.

A comprehensive set of protocols that together address all public health problems and environmental health hazards was not provided.

2.2.2 A: A process for determining when the All Hazards Emergency Operations Plan (EOP) will be implemented

Score: LARGELY DEMONSTRATED

Comments

Conformity:

RD1: (1 comprehensive protocol or a set of protocols) RCHD provided their communicable disease investigation guidebook. This guidebook provides direction to the department for communicable disease and identifies how surge capacity will be met. In addition, RCHD provided their EOP. The EOP includes an activation section. Activation would occur through support of emergency response, outbreak trigger response, or the health officer or designee requesting activation.

RD2: (1 comprehensive protocol or a set of protocols) RCHD states in their communicable disease investigation guidebook that EH would be called on to assist with communicable diseases that are related to environmental health. There is mention of protocols, but nothing is provided. The EOP includes an activation section. The EOP includes an activation section. Activation would occur through support of emergency response, outbreak trigger response, or the health officer or designee requesting activation. However, protocols for EH were not specifically shared.

RD3: (1 comprehensive protocol or a set of protocols) RCHD provided protocols for cluster evaluations. This included three main steps and subpoints under the steps. The three main steps were initial contact and response, assessment, and epidemiological investigation. The EOP includes an activation section. The EOP includes an activation section. Activation would occur through support of emergency response, outbreak trigger response, or the health officer or designee requesting activation.

2.2.3 A: Complete After Action Reports (AAR)

Score: LARGELY DEMONSTRATED

Comments

Conformity:

RD1: (1 protocol) RCHD provided a copy of their EOP that was last updated March 28, 2019. In the EOP is a section that describes when an AAR needs to be written. This section states that “Any event that constitutes the activation of this EOP, whether it be a severe weather response, technical or mechanical failure, outbreak investigation, workplace violence or other event, an AAR/IP must be completed. The AAR form used will vary based on the size and scope of the event. For a large-scale response or exercise, the KDEM-approved “long-form” AAR/IP will be used; for outreach events and outbreak investigations (that do not require the standing up of the Riley County EOC), the KDHE approved short-form AAR/IP will be used.”

RD2: (1 list) RCHD provided a major event log with date ranges 2015-2021. This log includes the main agency, start and end dates, type of event, event category, event description, disaster declaration, partners involved, EOC activation, and AAR completed. This log included weather events, communicable

diseases, environmental, such as boil water, and community events. While more recent entries on the log appeared to be complete, there was not a procedure in place previously for completing AARs and AARs were not always completed in the AAR log.

RD3: Example 1 - RCHD provided an AAR/IP for a GI outbreak that occurred at a school in this AAR they provided information on strengths and areas for improvement, along with how improvements would be made. Some of the strengths includes transparency with the school and media and internal communications. Some areas for improvement included making contact with school earlier in the process and ensuring that RCHD staff understand the media protocol. One of the corrective actions was to create a guidebook for external partners, this was tied to PHEP capabilities 6 and 13 and was assigned to RCHD. Example 2 - RCHD provided the AAR/IP for a mumps outbreak at Kansas State University. Some of the strengths listed were the notification from the University and the partnership/working relationship throughout the response. Areas for improvement included streamlining communication with external partner after initial notification, decision on third dose of MMR, and better protocol for identifying contacts. A corrective action was ensuring that communication channels are identified, known by all, and used by all.

STANDARD 2.3 - ENSURE ACCESS TO LABORATORY AND EPIDEMIOLOGICAL/ENVIRONMENTAL PUBLIC HEALTH EXPERTISE AND CAPACITY TO INVESTIGATE AND CONTAIN/MITIGATE PUBLIC HEALTH PROBLEMS AND ENVIRONMENTAL PUBLIC HEALTH HAZARDS.

Comments

RCHD uses the Kansas State Lab and has some options for surge capacity for staff. In some instances, they could be assisted by Kansas State and they have worked with the university to train some students. These students receive training throughout the year and may also receive just in time training.

2.3.1 A:Provisions for the health department's 24/7 emergency access to epidemiological and environmental public health resources capable of providing rapid detection, investigation, and containment/mitigation of public health problems and environmental public health hazards

Score: FULLY DEMONSTRATED

Comments

Conformity:

RD1: (1 comprehensive list policies and procedures document or a set of policies and procedures) RCHD provided protocols for on call staff which included having access to the partner call information, disease investigation protocols, and EpiTrax. RCHD also submitted the KDHE 24 hour number, along with other partner contract information, including their entire emergency contract listing.

RD2: (1 call down list) RCHD provided their emergency contact list. This list contains various information such as name or hotline number, number, email, position, and agency. In this document there are numerous contacts provided for both epidemiological and environmental at local, state, and regional levels.

RD3: (1 list) RCHD provided 3 descriptions of MOUS/Contracts/mutual aid. One was the ability to have access to Kansas Health and Environment's laboratories. The second was a partnership with Kansas State University to use MPH students for surge capacity during an outbreak. The third is the Kansas Health and Environments 24/7 epidemiology hotline.

2.3.2 A: 24/7 access to laboratory resources capable of providing rapid detection, investigation and containment of health problems and environmental public health hazards

Score: FULLY DEMONSTRATED

Comments

Conformity:

RD1: RCHD provided information on all labs that are used for testing. RCHD provided CLIA certificates for both RCHD and Kansas Department of Health and Environment, certificate of registration for the Kansas Health and Environmental Laboratories, CAP accreditation status, CLIA certification for LABONE, K-State Rabies CLIA certification, a letter from Kansas State Veterinary Diagnostic Lab indicating accreditation status and certifications to show the accreditation, and CLIA Certification for LABCORPS.

RD2: RCHD provided their Chain of Custody and Laboratory Information Standard Operating Guide. Within the SOP is information stating the Kansas Department of Health and Environment's Health and Environmental Laboratories are available 24/7 by contacting the epidemiology hotline. The hotline number is listed in the SOP.

RD3: RCHD provided their Chain of Custody and Laboratory Information Standard Operating Guide. Within the SOP is a requisition form from Kansas Department of Health and Environment for health specimen forms and health specimen kits. There are checklists for category A and B substances. There is also Rabies specimen information on how it needs to be received by Kansas State Veterinary Diagnostic Lab. Information is provided on submitting select agents and zika virus, along with other samples such as blood or neonatal. For blood and neonatal pictures are also shown. RCHD identified how each item would be packaged for shipment.

2.3.3 A: Access to laboratory and other support personnel and infrastructure capable of providing surge capacity

Score: LARGELY DEMONSTRATED

Comments

Conformity:

RD1: RCHD provided their surge capacity protocol. The communicable disease nurse and public health emergency preparedness coordinator will determine if additional capacity is needed. If additional capacity is needed, the RCHD epidemiological team will be activated to staff the phone bank, conduct interviews, and construct line lists. If the event is bigger than what can be handled locally the Kansas State University Student Outbreak Response Team will be used for assistance. For lab surge capacity

within the RCHD clinic, qualified staff will be pulled from other programs. RCHD also showed a listing that they would call on Kansas State Lab when needed.

RD2: RCHD provided their surge protocol. In this is the internal surge capacity, which identifies current position with RCHD and assignment. Everyone will be assigned to outbreak response or outbreak response/lab. RCHD provided the shared drive access link to the plan, which demonstrated staff on the list have access.

RD3: RCHD provided their PHEP inventory list. This list included category for use, product, manufacture, model, retailer, serial/item number, price, quantity per case, quantity per box, total purchased, total price, quantity available, notes, expiration date, funding source, deployable, CRMCS identified, Riley County Asset Tag, and storage site. Relevant to this requirement the category for use provides information on items such as if they are for preparedness, office supplies, communication/electronics, PPE, etc.

RD4: RCHD provided a training and exercise schedule that included date, activity, type, organizations involved, and capabilities tested. Exercises included, but were not limited to disease outbreaks, POD; disease exercise, and FIT testing.

RD5: RCHD provided a list but did not identify which were for providing additional staff and services, including lab services for surge capacity.

2.3.4 A: Collaboration among Tribal, state, and local health departments to build capacity and share resources to address Tribal, state, and local efforts to provide for rapid detection, investigation, and containment/mitigation of public health problems and environmental public health hazards

Score: FULLY DEMONSTRATED

Comments

Conformity:

RD1: Example 1 – RCHD provided the Bylaws for the Northeast Kansas Healthcare Coalition. Within these bylaws are membership responsibilities. RCHD highlighted two of these responsibilities. One of the responsibilities is to work collaboratively with other members during regional emergencies and disasters. The other is to maintain upkeep and/or maintenance of coalition and/or organizational resources that have been assigned, shared, or borrowed. Assigned, shared, or borrowed resources will be made available for contract verification purposes per federal and state grant guidelines. RCHD resubmitted minutes for a different Northeast Kansas Healthcare Coalition Meeting that showed KDHE on the agenda and providing an update. Example 2 – RCHD provided information on a meeting that they held for the Wildcat Region for Regional Public Health Preparedness, which included both Pottawatomie and Geary Health Departments. At this meeting they discussed an MOU for resource sharing. This draft MOU was distributed to members in attendance, which included county counselors from two counties.

RD2: Example 1 – RCHD provided an AAR/IP from a TTX Exercise on Ebola that occurred April 2016. RCHD highlighted three health departments that were in attendance. One item that was tested was viewing and using local caches of PPE. They still had questions around this but had discussion during

their exercise. RCHD resubmitted a different exercise in which KDHE and Kansas Division of Emergency Management sponsored. In this exercise players also included multiple counties and other agencies such as police, emergency management, EMS, KSU, and Pawnee Mental Health. Example 2 – RCHD provided their AAR and Improvement Plan for an exercise held in April 2018. This exercise was on Pertussis. There were two additional counties that participated along with Kansas State University. Stated in the purpose of the exercise was integrating local and regional assets. During the exercise were prompts related to what resources would be needed and would there need to be requests. In the AAR exercise partner list Pottawatomie and Geary County are both listed.

STANDARD 2.4 - MAINTAIN A PLAN WITH POLICIES AND PROCEDURES FOR URGENT AND NON-URGENT COMMUNICATIONS.

Comments

RCHD maintains a plan with policies and procedures for urgent and non-urgent communications, however improvements could be made for reaching all at risk categories by addressing them in a the plan and implementing that plan.

2.4.1 A: Written protocols for urgent 24/7 communications

Score: **FULLY DEMONSTRATED**

Comments

Conformity:

RD1: RCHD provided their Public Information and Crisis Risk Communication Standard Operating Guide which was last updated February of 2018. RCHD will use EMResource to notify hospitals, EMS, Health Departments, and Healthcare coalitions. Kansas State Health Alert Network will be used to notify Kansas Department of Health and Environment, hospitals, health departments, EMS, Emergency Management, and Medical Providers. WebEOC will be used to communicate with emergency management, health departments, hospitals, EMS, and other emergency response organizations. Kansas System for Early Registration of Volunteers for communication with health, medical, and behavioral health responders, health and medical providers, and emergency management. In addition, Everbridge, RACES, and 800 MHz radios are used. Finally, RCHD has emergency contacts which include home phone, cell phone, and emails for various response partners. In this document media contacts are also included.

RD2: RCHD provided a screen shot of the Riley County Website which provides the 24/7 contact number to be used for emergencies and disease reporting.

RD3: RCHD provided volume 4 issue 1 of their quarterly Epi News Newsletter that was released in September of 2017. One section of the newsletter addressed the new Riley County Disease Investigation Line that will be manned 24/7. The newsletter also provides the number to contact, in addition to stating the line will be manned by the communicable disease nurse, public health emergency preparedness coordinator, or another licensed clinical worker.

2.4.2 A: A system to receive and provide urgent and non-urgent health alerts and to coordinate an appropriate public health response

Score: LARGELY DEMONSTRATED

Comments

Conformity:

RD1: RCHD provided the Kansas Health Alert Network about page. This system is used to rapidly share information, however no evidence was submitted the department has the ability to send alerts. In addition, an email was provided from the Kansas Health Alert Network that was an invitation for the RCHD Director and Health Officer to join the network. There were also three sample HAN Messages included one for salmonella and the other two on West Nile Virus.

RD2: Example 1 – RCHD provided their drill conducted using Everbridge that occurred at 9:00 am on January 23, 2018. People were contacted through text, email, and calls which tested all listed means of communication. Example 2 – RCHD provided real event use of their 24/7 abilities using the Everbridge System. This was used to notify staff that the health department would be closed due to weather conditions. The notification was sent at 7:00 am. People were contacted through text, email, and calls. However, this was a real world event not a test of the system.

2.4.3 A: Timely communication provided to the general public during public health emergencies

Score: LARGELY DEMONSTRATED

Comments

Conformity:

RD1: RCHD provided their Public Information Crisis Risk Communication SOG that included a section on public communication. Within this section it was stated that all forms of public communication must follow their branding strategy to include cultural, linguistic and literacy competencies. RCHD can issues alerts 24/7 and those authorized by emergency management can send them to the public. In the procedure it went on to identify sets and strategies for issuing new releases, using social media, and their website. Methods to communicate specifically with the disabled, linguistically challenged, and other members of the public that require particular considerations during an emergency were not included; if that information is included in the branding strategy it was not provided in this measure.

RD2: Example 1 – RCHD provided an email to news media from the health officer on information of the measles outbreak on the Kansas State University’s Manhattan Campus. The email included an attached press release. The email was sent to the media on April 6, 2017, which is the same day that the attached press release was dated. However, this does not show how disabled, the non-English speaking public, and other members of the public that require communication considerations were addressed. RCHD Stated that the Manhattan Mercury and 1350 KMAN shared the emailed releases. Example 2 – RCHD provided a news story online and a screenshot of a video clip that was used by the media to provide information on a gastrointestinal outbreak that was occurring at one of the schools. In the article there

is information on the current status of the outbreak and what RCHD is doing to address it. RCHD stated and submitted a screenshot showing that the video could have closed captioning turned on.

DOMAIN 3: INFORM AND EDUCATE ABOUT PUBLIC HEALTH ISSUES AND FUNCTIONS

Comments

RCHD works collaboratively with community partners on health promotion and education activities and utilizes social media and the radio to deliver messages. An opportunity for RCHD is to develop an outreach plan or guidelines to assure the inclusion of the target audience in the development of health promotion and education strategies. The Health Equity Grant is effectively administered by RCHD and is a valuable asset to Riley County. During the site visit, a department brand strategy was readily apparent with large signs outside of the building and multiple public health messages inside the building.

STANDARD 3.1 - PROVIDE HEALTH EDUCATION AND HEALTH PROMOTION POLICIES, PROGRAMS, PROCESSES, AND INTERVENTIONS TO SUPPORT PREVENTION AND WELLNESS.

Comments

RCHD provides information and conducts health promotion and health education in the community. Soliciting input from the target population, documenting processes and documenting results is an area for improvement.

3.1.1 A: Information provided to the public on protecting their health

Score: LARGELY DEMONSTRATED

Comments

Conformity:

RD1: Example 1 - A Riley County Public Health Nurse gave an educational presentation titled "Type 2 Diabetes: An Overview" which was open to the community at the Senior Center. Documentation included the flyer promoting the session; the PowerPoint presentation; and an internal planning document showing the purpose, which was to use evidence-based information to educate about the causes, symptoms, treatment and prevention of Type 2 Diabetes. The documentation did not specify that cultural competence was considered. Example 2 - RCHD received an opioid abuse prevention grant to provide public education and training opportunities. RCHD implemented the Centers for Disease Prevention and Control (CDC) social media campaign. The campaign is evidence-driven and tells stories of real people affected by opioid use and abuse. A screenshot of two Facebook posts using the campaign were submitted as well as documentation of the content of a radio interview by the Health Director on the subject. The documentation did not specify that cultural competence was considered.

RD2: Example 1 - RCHD submitted an email chain between the public health nurse in RD1, Example 1 above, and the Director of the Senior Center. The nurse emailed the presentation outline asking for feedback about the content. The Director replied that she shared it with members at the senior center, sent the feedback, and the nurse incorporated the feedback into her presentation. Example 2 - RCHD submitted an email chain between the Health Educator and Manhattan Parks and Recreation for soliciting input on new trail signs that contain health messages. The Health Educator sought feedback on the proposed messages from the "Becoming a Mom" class, which typically serves lower income

residents. Also submitted was a copy of the proposed messages, the survey questions asked, and a spreadsheet of the results. The email chain verified that the feedback was incorporated into the final messages. However, there was no documentation that low income residents or new moms were the target population.

RD3: Example 1 - RCHD collaborated with the Pottawatomie County Health Department on billboard messaging for opioid addiction. Documentation was an email chain between the health departments and the outdoor sign company making decisions about the content and locations for the billboard. A copy of the billboard proof was also submitted. Example 2 - Documentation is an email chain between the RCHD Emergency Preparedness Coordinator and the Lafene Health Center at Kansas State University collaborating on the content of a Mumps Fact Sheet to be distributed during a community outbreak. The outbreak began with a student at Kansas State University. A copy of the fact sheet was also submitted.

3.1.2 A: Health promotion strategies to mitigate preventable health conditions

Score: SLIGHTLY DEMONSTRATED

Comments

Conformity:

RD1: 1 Example - RCHD submitted their “Health Equity and Health Promotion Policy”. The purpose is to assure all communication, programs and interventions address health equity and are culturally and linguistically appropriate. The policy includes interventions promoting health equity; program development; a checklist for cultural competency and health literacy; a template for post presentation surveys; definitions; and resources.

RD2: Example 1 - RCHD submitted a copy of their “Comprehensive Community-Based Health Promotion and Disease Prevention Plan”, highlighting a strategy for reducing tobacco and electronic cigarette usage in public places. The strategy describes policy and law that prohibit smoking in public places as an evidence-based (element 1) and environmental strategy (element 3) with CDC references. An email from the Director to “Everybody Counts Manhattan” asking for feedback on the plan and specifically referencing reducing tobacco in public places was submitted, however this was a listserv of professional organizations and community partners, not the target population (element 2). An email chain between RCHD and the Flint Hills Wellness Coalition shows the RCHD request for input on a proposed clean air ordinance and minutes from a meeting of the Coalition where the ordinance was discussed (element 5). The documentation did not include element 4, the use of various marketing or change methods. Example 2 - RCHD submitted a copy of their “Comprehensive Community-Based Health Promotion and Disease Prevention Plan”, highlighting a physical activity strategy for safe routes to school (SRTS). The policy describes SRTS as a national evidence-based (element 1) and environmental (element 3) strategy that promotes walking and biking to school, as well as infrastructure improvements. An email between the Director and the Greater Northview Action Team (GNATS) demonstrated that RCHD received input from the target population, since all GNATS participants live in the neighborhood and have children that attend the 3 schools where the SRTS program would be implemented (element 2). Meeting minutes from the Public Health Advisory Council, a group of

community partners appointed by the County Commissioners/Board of Health was submitted showing they asked for input on the “Comprehensive Community-Based Health Promotion and Disease Prevention Plan”, however there was no documentation specifically about the SRTS strategy. An email from RCHD to “Everybody Counts Manhattan”, a community partners listserv, was also submitted, soliciting input on the plan. However, it did not specifically identify the SRTS strategy (element 5). The documentation did not include element 4, the use of various marketing or change methods.

RD3: Example 1 - RCHD submitted an email from the Health Educator to the Everybody Counts Manhattan listserv soliciting feedback on the Comprehensive Community-Based Health Promotion and Disease Prevention Plan, highlighting the strategy for reducing tobacco in public places. The listserv is a group of agencies serving high risk families, not a target population. Documentation did not describe the process and results. Example 2 - RCHD submitted a sign-in sheet and minutes of a Public Health Advisory Council (PHAC) meeting showing they solicited input from them on their Community-Based Health Promotion and Disease Prevention Plan. The PHAC is a group of community members and agencies, not a target population. Documentation did not describe the process and results.

RD4: Example 1 - A letter from the Flints Hills Wellness Coalition (FHWC) Chairperson to the City of Manhattan Mayor was submitted offering recommendations for inclusions into a proposed new No Smoking and E-Cigarette ordinance, as described in one of the Community-based Health Promotion and Disease Prevention Plan as provided in documentation 2 above. The letter described the purpose of the FHWC and its history of successful projects. The strategy was thoroughly described in the letter. The stakeholders and partners and their relationship to and role in the strategy was not specifically described. Example 2 - A letter from the RCHD Director to the Kansas Department of Transportation was submitted. The letter stated that RCHD was dedicated to participating in and supporting the implementation of the Safe Routes to Schools project. The stakeholders and partners and their relationship to and role in the strategy was not described. Implementation of the strategy with stakeholders was not documented.

3.1.3 A: Efforts to specifically address factors that contribute to specific populations' higher health risks and poorer health outcomes.

Score: FULLY DEMONSTRATED

Comments

Conformity:

RD1: Example 1 - The Kansas Health Foundation awarded a grant to RCHD to identify health inequities in Riley County and engage with select populations to implement planned strategies to address the identified inequities. A copy of the grant agreement award signed by both parties was submitted along with the full grant proposal. A comprehensive quarterly activity report to the Kansas Health Foundation, signed by the Health Director, was submitted as evidence of grant implementation.

Element a) the grant proposal included an analysis of factors that contribute to higher health risks and poorer health outcomes among Riley County residents compared to Kansas and the U.S. such as housing, food insecurity, housing and wages, underutilization of programs, and transportation. The

proposal described health disparities and inequities among groups within Riley County.

Element b) the grant proposal included a plan for developing a coalition, recruiting those most affected by health disparities, developing individual and organizational capacity, sharing existing health equity data and having each community identify at least one health inequity. The plan included goals, time-framed objectives and measurements, all based on building the necessary social capital to organize and advocate for structural changes to existing systems. It also provided for recruiting key local and state policymakers and other individuals with access to or influence with those policymakers.

Element c) RCHD submitted their “Health Equity and Health Promotion Policy” which provided guidance to ensure that RCHD’s services, materials and processes address social, cultural, and linguistic characteristics of the population when developing programs, interventions, flyers, brochures and other forms of communication.

RD1: Example 2 - RCHD submitted a “Riley County Community Food System Assessment” in collaboration with the Flint Hills Wellness Coalition.

Element a) the assessment included a significant analysis of land and water resources, farming and food production, food system infrastructure, retail food environment, consumer behaviors and nutrition-related health conditions for Riley County and eight surrounding counties. Data was displayed with detailed narrative, graphs, maps, tables and charts. The assessment identified six census tracts in Riley County that met the definition of a food desert (low income and low access to food).

Element b) RCHD received an assessment and capacity building grant for the “Food and Farm Task Force of Riley County and the City of Manhattan”. The grant includes a timeline and description of activities to make local and healthy food options more available, accessible and affordable, support education of growing, choosing and preparing nutritious foods, and improve health outcomes. The grant includes a stakeholder event to engage stakeholders and policy makers.

Element c: RCHD submitted their “Health Equity and Health Promotion Policy” which provided guidance to ensure that RCHD’s services, materials and processes address social, cultural, and linguistic characteristics of the population when developing programs, interventions, flyers, brochures and other forms of communication.

Areas of Excellence:

The Health Equity Grant is effectively and passionately administered by RCHD is a valuable asset to Riley County.

STANDARD 3.2 - PROVIDE INFORMATION ON PUBLIC HEALTH ISSUES AND PUBLIC HEALTH FUNCTIONS THROUGH MULTIPLE METHODS TO A VARIETY OF AUDIENCES.

Comments

RCHD has written procedures to provide information to the public through various means, especially through the risk communication operating guide. RCHD utilizes its local radio and social media to

provide information on public health issues. This was identified as one of their strengths at the community partner meeting during the site visit.

3.2.1 A: Information on public health mission, roles, processes, programs, and interventions to improve the public's health provided to the public

Score: **LARGELY DEMONSTRATED**

Comments

Conformity:

RD1: Example 1 - RCHD submitted an email chain between RCHD staff and Kansas State University staff, inviting RCHD to an opening ceremony and public health session for 25 Mandela Washington Fellows, selected to attend the Young African Leaders Civic Leadership Institute hosted by Kansas State University. A copy of the presentation given by the RCHD Director at the public health session was also submitted, demonstrating how the information was distributed, and the date it was distributed. The presentation covered the work of RCHD; highlighted public health issues in Riley County; and discussed the community public health network. Example 2 - The RCHD Emergency Preparedness Coordinator gave a presentation to Kansas State University MPH students in an environmental health class. The PowerPoint presentation was submitted demonstrating how the information was distributed (class lecture), and the date it was distributed. The PowerPoint showed that the definition of public health was covered, as well as an overview of RCHD programs, followed by a review of careers in public health, internships and volunteer opportunities.

RD2: Example 1 - RCHD submitted a recording of a 10-minute interview on a radio program called "In Focus", where the Health Educator and Clinic Supervisor talked about the importance of getting an annual flu vaccination; shared specifics about who should get the vaccine and why; shared statistics about flu in Riley County; and information about where to get the vaccine. Example 2 - A log titled "Media Event Invites for Public Health Happy Hour" was submitted. The log contained names and titles of various media contacts with phone and email. The documentation did not include when contact or communication with the media on the list occurred.

3.2.2 A: Organizational branding strategy

Score: **LARGELY DEMONSTRATED**

Comments

Conformity:

RD1: 1 policy, plan or set of policies or strategies: RCHD submitted their "Riley County Health Department Branding and Formatting Strategy.

Element a) was in a section titled "Staff Commitment", which explained how staff could access the strategy, why branding was important, and that the strategy would be reviewed with all new employees.

Element b) "Role of Branding Strategy Committee", outlined how RCHD would communicate to the community the health department's brand and the essential products and services it delivers. However,

the document did not describe how it would be done in a targeted manner (customized to different stakeholders).

Element c) "Formatting Guidance", explained the use of the brand on all letterhead, fact sheets, apparel, etc., and included PowerPoint, brochure, press release and other templates.

Element d) "Logo Usage", had instructions for logo use including photos and directories.

Element e) "Appropriate Branding Signage", had instructions for indoor and outdoor signage.

Element f) was in a section that identified the specific Strategic Priority, Goal and Objective from the RCHD Strategic plan to develop a coordinated organizational branding strategy for the development and distribution of health department informational materials. It included a link to the full strategic plan.

RD2: Example 1 - RCHD submitted a copy of their letterhead and a screen shot from Microsoft Word documenting that it was revised in September 2017, using the June 2017 Branding and Formatting Strategy submitted in RD1. Example 2 - RCHD submitted a copy of their Press Release Template and a screen shot from Microsoft Word documenting that it was revised in January 2018, using the June 2017 Branding and Formatting Strategy submitted in RD1.

During the site visit, branding and logo usage was observed as outlined in their "Branding and Formatting Strategy". Signs on the outside of buildings were large and readable; reception areas were well marked with the program area and directions for clients. Areas for employees only were clearly marked. Health Education and promotion materials were abundant in all areas of the department.

3.2.3 A: Communication procedures to provide information outside the health department

Score: LARGELY DEMONSTRATED

Comments

Conformity:

RD1: 1 procedure or set of procedures: RCHD submitted their Communication Policy and Procedure.

Element a) The documentation included the process for disseminating information accurately, timely and appropriately. The plan defined the process for vulnerable populations, visually or hearing impaired, and low literacy audiences who may request or receive information from the health department.

Element b) The procedure included a process for interagency notification and communication and coordinating with community partners.

Element c) A media contact list with position, name, phone and email was submitted. The list is maintained by the Communication Office and will be reviewed and updated every October. The procedure set forth when the list is to be used.

Element d) The RCHD Communication Director (the Health Department Director) assigns a staff person to the duties of the Public Information Officer (PIO) based on the issue. The PIO responsibilities were described as overseeing communication activities, including news and media relations, website, health

marketing and promotion, crisis and emergency risk communication. It included creating appropriate, effective public health messages.

Element e) A table describing the roles and responsibilities for the RCHD Administrator, Public Health Emergency Preparedness Coordinator and Subject Matter Experts was part of the policy. The role and responsibility of the PIO was in a job action sheet which was included.

RD2: Example 1 - The communication plan indicates interagency coordination for health alerts and public health messages. An email was submitted from the Riley County Police to RCHD notifying RCHD that they were issuing a public safety notice after 3 reports of apparent drug overdoses involving heroin and fentanyl. RCHD responded that they will share on their Facebook page and increase radio ads on the week leading up to the Drug Take Back Day and July fourth weekend, as well as print posters for community agencies. A screenshot of the Facebook post was also submitted. This example demonstrates implementation of the interagency communications procedure in RD1, requiring the RCHD Communications Office staff (in this case, the Health Director) coordinating with the Public Information Officer of the other agency (in this case, the Public Information Officer of the Riley County Police Department). Example 2 - RCHD requested an interview slot on the In Focus radio show to share information about services in the Maternal and Child Health Program. An email chain between RCHD and the radio station making the arrangements, as well as a screenshot from the radio station's website verifying that the interview occurred was also submitted. There was no documentation that showed how this example described implementation of the communications procedure in RD1.

3.2.4 A: Risk communication plan

Score: **LARGELY DEMONSTRATED**

Comments

Conformity:

RD1: RCHD submitted their Public Information & Crisis Risk Communications Standard Operating Guide. The Plan included an organizational chart describing chain of command, with descriptions of the ICS command and general staff. The plan highlighted how RCHD works with vulnerable populations; roles and responsibilities of the Administrator, Emergency Preparedness Coordinator, Public Information Officer, and subject matter experts. It also included communication methods, such as phone, email, fax etc. as well as redundant communication systems due to technology disruption and detailed instructions for communicating with the public 24/7 using the Everbridge system. The operating guide included steps to issuing public health alerts to the public; media relations; media releases, inquiries and interviews; preparing the message to the public; and dealing with rumors (which also covered preventing public alarm). The plan stated that "messages may be coordinated in person, via phone, or email in order to expedite transmission and dissemination", however it was not clear how message clearance would be expedited.

3.2.5 A: Information available to the public through a variety of methods

Score: **FULLY DEMONSTRATED**

Comments

Conformity:

RD1: 1 website. a) RCHD submitted a screenshot of their website home page highlighting the 24/7 contact number for reportable diseases and public health emergencies. b) A second screenshot of the website showed a list of the reportable diseases in Kansas for health care providers, hospitals and laboratories. c) A third screenshot showed a description of Riley County's Health Matters Kansas Health Matters and County Health Rankings with links to other websites to view data about Riley County's health. Morbidity and mortality data were shown for cancer, heart disease, infant mortality and premature death. d) A screenshot of the County website showed the links to public-health related laws under the health department heading. e, f, and g) Three more screenshots showed a section listing RCHD services with links to more information about each of them; other state and local resource links including CDC and the state health department; and a staff directory including the Director and leadership team, with contact information.

RD2: Example 1 - RCHD submitted screenshots from a Facebook post about an upcoming flu vaccine clinic and the importance of getting the flu vaccine. Also submitted was a Facebook line listing showing RCHD posts about severe weather, national nutrition month, WIC and other topics. Example 2 - RCHD submitted a screenshot from the KMAN radio website showing links to interviews conducted with the health department on topics of opioids, flu and healthcare discussions with state legislative representatives.

3.2.6 A: Accessible, accurate, actionable, and current information provided in culturally sensitive and linguistically appropriate formats for target populations served by the health department

Score: **FULLY DEMONSTRATED**

Comments

Conformity:

RD1: 1 data report or multiple data sets. RCHD submitted a Data USA report for Riley County, Kansas describing the ethnic composition of the 75,026 population which is 77% white, 7% Hispanic, 6% black and 5% Asian. The most common foreign languages are Spanish, Chinese, Korean and Thai.

RD2: 1 list. RCHD submitted their Health Equity and Health Promotion Policy with a list of language, communication and accessibility services. The list includes names, organizations, contact information and type of service including Spanish interpretation, hearing impaired and sign language.

RD3: Example 1 - RCHD submitted their Health Equity and Health Promotion Policy, highlighting specific guidelines for developing materials for visually impaired individuals (such as colors, font size and use of contrast and texture); and for the hearing impaired, (such as finding a quiet place to meet with individuals and speaking clearly). As observed at the site visit, assistance for hearing and visually

impaired individuals was readily available. Staff were able to describe how they would use a language line service if the interpreter on staff was not in the building.

RD4: Example 1 - RCHD submitted a March of Dimes Mid-Term Progress Report for a “One Key Question” grant they received. One activity was to provide educational materials about interpregnancy spacing and effective contraceptive methods to distribute during the MCH Becoming a Mom prenatal education classes and lobby area. Pictures of the materials developed for low-literacy teens showing images with minimal text were submitted. Example 2 - Emails among RCHD staff discussing the response to flood recovery efforts and health education materials was submitted. Household fact sheets on 8 tips to clean up mold and what to wear before entering a home or building with mold damage, both in English and Spanish, with images and minimal text for low-literacy individuals was submitted. A Facebook post screenshot showing the distribution of the fact sheets was also submitted.

Areas of Excellence:

RCHD has reading glasses on hand to offer clients who may need assistance to read while at the Health Department. Signs notifying the public about the glasses were posted in the Health Department.

Opportunities for Improvement:

The site visit team has identified an opportunity for improvement that goes beyond the Standard and Measure. Increase the use of the department brand/logo on public health material, documents and spreadsheets developed or distributed by the Health Department.

DOMAIN 4: ENGAGE WITH THE COMMUNITY TO IDENTIFY AND ADDRESS HEALTH PROBLEMS

Comments

RCHD has strong partnerships within the community from working within the Flint Hills Wellness Coalition. They also were able to show that they include county commissioners. However, they lack a formal process for informing those that are impacted by a policy change.

STANDARD 4.1 - ENGAGE WITH THE PUBLIC HEALTH SYSTEM AND THE COMMUNITY IN IDENTIFYING AND ADDRESSING HEALTH PROBLEMS THROUGH COLLABORATIVE PROCESSES.

Comments

RCHD engages with the public health system and the community in identifying and addressing health problems through collaborative processes by working with the Flint Hills Wellness Coalition and other community partners.

4.1.1 A: Establishment and/or engagement and active participation in a comprehensive community health partnership and/or coalition; or active participation in several partnerships or coalitions to address specific public health issues or populations

Score: LARGELY DEMONSTRATED

Comments

Conformity:

RD1: RCHD provided the bylaws that were updated February 2018 for the Flint Hills Wellness Coalition. RCHD, along with K-State Extension Office serves as the two coordinating agencies for this coalition. The coalition has work groups that meet quarterly. This group works on nutrition, active transportation, access and coordination of services, mental health, and health equity. Documentation submitted in RD2 identifies community members and which work group they are a part of. Community members serve on nutrition and active transportation work groups, as identified from the member list for the coalition. RCHD stated that the membership is made up of organizations that serve those are impacted by health or social determinants of health. They also stated that some members of the community are included in the membership, however they did not provide evidence of community member representation for the impacted community.

RD2: RCHD provided a membership from the Flint Hills Wellness Coalition that was updated October 31, 2018. The membership lists members including, but not limited to college students, government representatives, community members, counseling, home care, United Way, and University Staff. The membership list includes the person's name, affiliation, contact email, position at their organization, and what work group they are on.

RD3 Example 1 - New guidelines for food allowed to be sold at the Riley County Fair were created to be used in the Fair Board's request for proposals (RFP). This RFP was for the food stands manager at the fair, who would manage the food stand during the Riley County Fair. The new guidelines were created by a wellness subcommittee of their Flint Hills Wellness Coalition. RCHD provided the menu that was

created. In the menu there was indication of which items met the Nutrition Standards for Kansas Communities. Example 2 - The example that was provided included a policy change to the tobacco rules on the RCHD grounds. The change is now to include electronic cigarettes. This was discussed at a department head meeting, along with being approved at a Board of Riley County Commissioner's Meeting. At the Riley County Commissioner's Meeting a health educator and extension agent presented on the proposed resolution. The new resolution was approved. Funding for new signage to address the change in tobacco policy was secured by the Flint Hills Wellness Coalition. RCHD provided leadership team meeting minutes that showed the tobacco taskforce being identified. While the coalition was involved and the department's complex is co-located with other entities, this example relates more to a health department policy than a community change.

4.1.2 L: Stakeholders and partners linked to technical assistance regarding methods of engaging with the community

Score: FULLY DEMONSTRATED

Comments

Conformity:

RD1: Example 1 – RCHD held a training called “Authentic Community Engagement” and held a discussion around community engagement along with how to incorporate this for improving health. A Facebook Post was shown as evidence for the event that included an invitation for people to join regardless of their coalition member status. The agenda, along with a sign-in sheet for the event was also provided. The agenda included many aspects, such as elements for engagement, and a public dialogue section. A sign in sheet was also provided that showed multiple organizations that were in attendance at this event. Example 2 – RCHD provided an example of a conference hosted by the Kansas Health Foundation. This conference included sessions on Building Deep and Sustainable Relationships in Communities, Impactful Community Engagement: From Suburbia to Frontier Rural Communities, Leveraging Crowdfunding for Community Engagement, and many more. RCHD provided a coordination email that showed stakeholders (RCHD, a counselor with a LMSW, fumc Manhattan, and representative from Kansas State University) who were also attending the conference. This was sent from the community liaison of the Flint Hills Wellness Coalition.

STANDARD 4.2 - PROMOTE THE COMMUNITY'S UNDERSTANDING OF AND SUPPORT FOR POLICIES AND STRATEGIES THAT WILL IMPROVE THE PUBLIC'S HEALTH.

Comments

RCHD promotes the community's understanding of and support for policies and strategies that will improve the public's health through community work done by the community liaison, however they lack a formal process for informing those that are impacted by a policy change.

4.2.1 A: Engagement with the community about policies and/or strategies that will promote the public's health

Score: LARGELY DEMONSTRATED

Comments

Conformity:

RD1: Example 1 – The example that was provided was an email to child care providers on a new regulation that would require a fee for a fingerprint-based background check. This new regulation was being proposed by the Kansas Department of Health and Environment as a key element in improving the safety of children in child care settings. The email also provided information on how public comments on this proposed regulation could be made. RCHD submitted an additional Facebook Post that they used to notify providers of the change to fingerprinting. Example 2 – RCHD implemented a survey at the county fair to get input on the direction of action to be taken from their community health assessment. The survey had questions regarding transportation, mental health, access and coordination of services, and demographics. The results were calculated and grouped by identified specific populations such as geographic (Manhattan Area, Rural Riley County, All of Riley County, and Riley County and Surrounding areas), gender, and age. While the documentation did demonstrate engagement and data were collected, engagement related to a specific policy or strategy was not included.

4.2.2 A: Engagement with governing entities, advisory boards, and elected officials about policies and/or strategies that will promote the public's health

Score: FULLY DEMONSTRATED

Comments

Conformity:

RD1: Example 1 – RCHD provided meeting minutes from the public health advisory council meeting. The minutes provided data on opioids in Riley County, Kansas, and the United States. The minutes also provided next steps that included strategies of promoting Drug Take Back Day, having an officer come speak to the advisory council, inviting providers and the public to this meeting to increase their education on opioids. Example 2 – RCHD provided a letter that invited various county commissioners from different counties, along with stakeholders at Fort Riley to a meeting to discuss preparedness, funding, and regional efforts. An agenda was provided for the meeting. The last item on the agenda was in regard to signing an MOU for the Wildcat Region to be used as a signed resource agreement. A sign in sheet and minutes from the meeting indicated that elected officials were in attendance.

DOMAIN 5: DEVELOP PUBLIC HEALTH POLICIES AND PLANS

Comments

RCHD shares information with their governing entity regarding public health policies. They also work very well with the Flint Hills Wellness Coalition to implement their CHIP. RCHD maintains an all hazards EOP that is updated based on exercises and reviewed on an annual basis.

STANDARD 5.1 - SERVE AS A PRIMARY AND EXPERT RESOURCE FOR ESTABLISHING AND MAINTAINING PUBLIC HEALTH POLICIES, PRACTICES, AND CAPACITY.

Comments

RCHD serves as a Primary and Expert Resource for Establishing and Maintaining Public Health Policies, Practices, and Capacity. They share information and serve on committees and work groups.

5.1.1 A: The monitoring and tracking of public health issues that are being discussed by individuals and entities that set policies and practices that impact on public health

Score: FULLY DEMONSTRATED

Comments

Conformity:

RD1: Example 1 – RCHD provided a spreadsheet that had columns listed for meeting date, type of report, issue, any discussion and the action taken. The top of the spreadsheet indicated BOCC and BOH. Example 2 - RCHD provided an email that was sent from the Kansas Association of Counties. Included in the email was an invitation to attend a free public health summit, which was going to provide information on public health issues in Kansas. There are RCHD names highlighted on the email.

5.1.2 A: Engagement in activities that contribute to the development and/or modification of policy that impacts public health

Score: FULLY DEMONSTRATED

Comments

Conformity:

RD1: Example 1 - RCHD provided a letter signed by the Mayor of the City of Manhattan. The letter showed that a health department educator was appointed, by the City Commission, to the Bicycle and Pedestrian Advisory Committee for the City of Manhattan. This letter indicated the appointment was a 3 year term. In addition, the webpage for the Bicycle and Pedestrian Advisory Committee was provided. On the webpage one of the purposes of the group is to make recommendations to the City Commission consistent with the policies and objectives set forth in the Bicycle and Pedestrian Master Plan. Example 2 - A health department staff member provided official department public testimony. A member of the health department staff spoke at a City of Manhattan Commission Meeting on the agenda item of bringing a kitchen into the improvements at the Manhattan Middle School Recreation Center. The

minutes indicated that the staff member was representing the Flint Hills Wellness Coalition (a group coordinated by RCHD and K-Extension) along with the Greater Northview Action Team. The staff member talked about healthy food and the life expectancy in the area during the public comment section of the agenda. The staff member spoke about life expectancy and the importance of healthy food. After public comment a vote occurred on whether a kitchen would be allowed at the Middle School Recreation Centers. The motion to allow this was carried.

5.1.3 A:Informed governing entities, elected officials, and/or the public of potential intended or unintended public health impacts from current and/or proposed policies

Score: **FULLY DEMONSTRATED**

Comments

Conformity:

RD1: Example 1 – Minutes were provided from a May 2018 Board of Riley County Commissioners. In the minutes an assessment of proposed polices were addressed. RCHD Director presented information on updates to the child care licensing to require fingerprint-back ground checks. This is to improve the safety of children in childcare settings. An Economic Impact Statement was provided on the changes to licensing of the childcare settings. Regulations to be amended (criminal history and child abuse registry to be submitted for child care facilities, school-aged programs, and for drop-in programs), along with the specific changes in the statute were given. This was shown using the existing statute, striking through current language, and adding the proposed language. Example 2 - The RCHD provided minutes, attendance roster, and a factsheet for the example that addresses current or proposed policies. The minutes were from a Riley Board of County Commissioners Meeting in November of 2018. At this meeting there were also district representatives. There was a section of the agenda was called Legislative Conference, which is the portion of the agenda in which the RCHD Director spoke on numerous topics. One of these topics was Medicaid Expansion. Director presented on a fact sheet on Medicaid Expansions from the Kansas Health Institute. The factsheet addressed enrollment if Kansas were to expand KanCare, its Medicaid program, under the terms of the Affordable Care Act (ACA).

STANDARD 5.2 - CONDUCT A COMPREHENSIVE PLANNING PROCESS RESULTING IN A TRIBAL/STATE/COMMUNITY HEALTH IMPROVEMENT PLAN.

Comments

RCHD conducted a comprehensive planning process resulting in a community health improvement plan. They did this in coordination with a consultant that assisted through the process. RCHD has a community health improvement plan that is implemented through the Flint Hills Wellness Coalition and their subgroups. Work is accomplished through the Flint Hills Wellness Coalition, with staff support, financial support, and administrative support from RCHD. The Flint Hills Wellness Coalition has a chair that is not an employee.

5.2.1 L: A process to develop a community health improvement plan

Score: **LARGELY DEMONSTRATED**

Comments

Conformity:

a) The community health improvement plan planning committee included the RCHD, Mercy Regional Health Center, Riley County Senior's Service Center, Konza United Way, First Methodist Church and community partners. RCHD submitted a list of invitees and participants, which included multiple community partners.

b) RCHD listed in their overview of the Riley County Community Health Improvement Planning Process Document, that community meetings were held in which results were presented and attendees were asked to prioritize top health needs. The results from these meetings were presented at a community-wide meeting.

c) A table was part of the Riley County Health Improvement Planning Process Document that summarizes the top issues identified during the community meetings, including a community leader meeting. The table identified the top issue identified, the number of meetings the issue was identified at, the number of meetings the top 3 priorities were identified at, and the total number of votes. Another meeting was also held where community leaders and community members that participated in previous meetings were asked to identify the top health priorities that should be addressed over the next three year through focused attention, time and resources. The previously identified issues were grouped by strongly agree and agree for each issue. The final selected priorities were 1) communication and coordination of systems and services, 2) transportation, and 3) mental health. RCHD stated in response that through their discussions there was not a community defined definition of health or a healthy community.

d) The Riley County Health Improvement Planning Process Document includes a section on potential resources and organizations. These include, but are not limited to Kansas 211, Greater Manhattan Community Foundation, Manhattan Public Library, United Way, Kansas Department of Aging and Disability Services, Faith-based/Church organizations via community meals, and Ministerial alliance. In addition, for each of the following issues potential resources are listed, Transportation, mental health, housing, healthy lifestyle, poverty and economic challenges, access to critical services outside of Manhattan, Child and Before/After School Care, substance abuse, special needs, employment, binge drinking, and environmental and infrastructure.

e) Community meetings were identified as being used. In the CHIP Process documentation that was submitted multiple community listening sessions were held, then community meetings, which were followed by validation and commitment levels of results.

5.2.2 L: Community health improvement plan adopted as a result of the community health improvement planning process

Score: **LARGELY DEMONSTRATED**

Comments

Conformity:

RD1: a) RCHD provided information on their priority areas, the overall goal, priority actions and related action steps for each, along with who was responsible, timeline for completion, and information on measurement. The three priority areas were transportation, mental and behavioral health, and access to services. While considerations for addressing social determinants of health was addressed in Measure 5.2.1, documentation submitted in this measure to meet the requirement was limited. The Implementation Plan was included as an Addendum to the CHIP and includes measurable objectives.

b) RCHD identified the fixed route system, completing a coordinated public transit plan, and safe routes to school as policy level changes. These were identified in their work plan. Policy changes adopted to alleviate the identified causes of health inequity were not identified.

c) In the documentation supplied, there is a responsible column for each activity. For each activity a partner is identified, such as Kansas State, City of Manhattan, and Mental Health Task Force. There are multiple other partners identified the above mentioned is not all inclusive.

d) In the submitted documentation RCHD supplied a table that indicates the priority area and related strategies, while also aligning them to Healthy Kansans 2020 and Health People 2020.

5.2.3 A: Elements and strategies of the health improvement plan implemented in partnership with others

Score: **FULLY DEMONSTRATED**

Comments

Conformity:

RD1: RCHD provided a spread sheet that listed the action steps, current status, responsible party, timeline, and how the action item would be measured. In addition, there was also space for quarterly notes to be made. The tracking sheet is maintained by the Flint Hills Wellness Coalition, but RCHD monitor the implementation of the CHIP and a health educator is responsible for maintaining the tracking sheet. RCHD also resubmitted multiple screenshots to show tracking information on each priority area.

RD2: Example 1 – The example that was provided was for the action step of continue exploring options for developing a Regional Mental Health Crisis Stabilization Center. One area was making information available as statements are agreed upon. Under this there were areas of contract actions, licensing requirements and governance authority clarification, community support and sustainability, service site location selection, staff selection, operations development, and design process of alternate site, “Hayes Drive”. Under each of these areas are dates with actions that were taken. For instance, when taking on

the task of Service Site collection there is a timeline with dates that show meeting with “Humboldt” building owner, Assistant City Manager about zoning, meeting for finalized decisions, meeting for feasibility, making offer to purchase building, offer rejection, selection of alternate site, discussions for second site, internal announcement of site selection. Example 2 – RCHD provided actions step under the priority area of Active Transportation that is in their CHIP Implementation Plan. The specific action step was to implement the planned fixed-route system. Under this action item the new fixed route system was implemented by work through the Flint Hills Area Transportation Agency, Flint Hills Metropolitan Planning Organization, and the City of Manhattan. Prior to implementation public outreach occurred on needed destinations, GIS to increase efficiencies, and maintaining existing funding levels. The results were increase in ridership.

5.2.4 A: Monitor and revise as needed, the strategies in the community health improvement plan in collaboration with broad participation from stakeholders and partners

Score: **LARGELY DEMONSTRATED**

Comments

Conformity:

RD1: RCHD provided their Riley County Community Health Improvement Plan: 2018 Annual Implementation Update. In this report they highlighted at least one action step under each priority area. For each action item highlighted there was information on the major steps and the date that the activity occurred, the timeline for the action item that included if the action item was completed or still in progress, and the status such as continuous or completed which required a quarterly update. The coalition in charge of the CHIP plan decided that while some activities had not been started or were lagging that they would continue work on the same plan, since it had only been a year. However, resource or community assets and effectiveness of strategies were not addressed. RCHD provided an agenda that states the monitoring database was reviewed and it was determined to leave everything the same until the next CHIP was finished. In response back to questions RCHD noted that those on the coalition are volunteers and have other responsibilities, so that impacts accomplishments.

RD2: A paragraph in the Implementation Plan Annual report states the coalition that oversees the CHIP plan reviewed the implementation plan at the November 2018 meeting. At that meeting they determined that there were many strategies that were behind or had not been started that the plan would remain the same. RCHD provided minutes and a sign-in sheet for reviewing the database. On the minutes it states the group reviewed the database and determined they would not change anything at this point.

STANDARD 5.3 - DEVELOP AND IMPLEMENT A HEALTH DEPARTMENT ORGANIZATIONAL STRATEGIC PLAN.

Comments

RCHD develop and implement a health department organizational strategic plan with the assistance from the Kansas Health Institute. However, through implementation RCHD did not show how they are addressing financial sustainability.

5.3.1 A: Department strategic planning process

Score: LARGELY DEMONSTRATED

Comments

Conformity:

RD1: RCHD provided their strategic planning report. In this document the process for the strategic plan was provided. The strategic planning process was facilitated by the Kansas Health Institute. The process was first to assess the readiness for strategic planning. This occurred through a series of phone calls. Second, was to evaluate and revise mission, vision, and values. These were reviewed by the strategic planning team and then presented to RCHD Staff for feedback. Third, was to conduct an environmental scan and program assessment. Fourth, was selecting strategic priorities. This occurred through an in-person session with RCHD Staff and the Kansas Health Institute. Fifth, was to write goals, objectives, and action steps. The RCHD Strategic Planning Team held monthly meetings to determine these. Finally, was the successful implementation and monitoring. This will include quarterly progress reports.

RD1: a) RCHD provided documentation of those that were involved on the strategic planning team. This team included a variety of people such as the Administrative Director and local health officer, administrative assistants, various supervisors, a health educator, and a WIC dietician. RCHD stated they submitted meeting minutes from a Board of County Commission and identified strategic planning members, however no resubmission of evidence occurred.

b) RCHD provided documentation that showed they began the planning process in January of 2016 and finalized the strategic planning documents at the end of December 2016. RCHD also provided information on the steps that were taken for the strategic planning process, along with a timeline that showed numerous action steps that were taken. While there is a timeline for events. In the timeline there are action items of developing question for feedback from Public Health Advisory Committee and the Board of Health, held a half-day session with community partners, along with meetings with RCHD Staff to get feedback on priorities.

5.3.2 A: Adopted department strategic plan

Score: LARGELY DEMONSTRATED

Comments

Conformity:

RD1: RCHD provided their strategic plan from 2017-2019.

a) RCHD provided their strategic plan which included their vision of healthy people in a healthy place, their mission of promoting and protecting the health and safety of the community through evidence-based practices, prevention, and education, along with their values.

b) RCHD identified strategic priorities of promoting and protecting health, community outreach and engagement, quality and sustainability, and skilled and engaged staff.

c) The strategic plan listed measurable and time-framed objectives. RCHD's goals are time-framed by the plan year and by the objectives under each goal. An example of this is under the strategic priority area of promote and protect health. This area has an objective of Maternal, Family and Child Services and Communicable Disease Control. This was done in the same fashion for each of the priority areas.

d) RCHD participated in an environmental scan as part of the strategic planning process. One piece of data that was considered was the RCHD financial analysis. RCHD submitted additional documentation that showed a work plan for implementation of an electronic medical record, workforce development strategies, branding and communication, along with quality improvement. While RCHD stated that quality improvement encompassed financial sustainability by looking at organizational practices, the site visit team did not find the minimum was met related to including financial sustainability being included in the Strategic Plan.

e) As part of the strategic planning process the Kansas Health Institute implemented an environmental scan with the RCHD Staff. The key issues that were found are as follows; community needs and health, client characteristics, financial picture of RCHD and community, health department strengths and weaknesses, current capacity of the health department, learning and growth needs, and state, national, and legislative issues. These areas were identified based on RCHD annual reports, 2015 CHNA results, 2014 LPHSA results, RCHD financial analysis, an agency review against PHAB standards, policy and legislative scan, and RCHD program assessment and information.

f) RCHD performed a SWOT Analysis that identified strengths, weaknesses, opportunities, and threats (challenges). The strengths identified include internal collaboration, passion, work well together, knowledgeable staff, diverse skills, adaptable, friendly atmosphere, strong leadership, good benefits, provide education well, meet needs by lining elsewhere, fill a unique role in the community, coordinate/execute outreach, good rapport, and affordable for clients. There were a number of challenges identified too. These challenges included separate building, cuts to funding, negative perception, sex education (political sensitives) prioritization of government funds, high demand because of location, located next to competition, large population, continuity of care, and many others.

g) The strategic plan links to the health improvement plan. One example is an objective that is to make available an electronic database of community health and social services on the RCHD Website. This is directly identified as being linked to the CHIP in the strategic plan. This particular objective is under the strategic plan priority area of promote and protect health. In addition, there is a connection to the health department's QI plan under the priority area of quality and sustainability. Specifically, there is an objective to complete a QI plan, train staff on the QI process, and complete program specific QI projects.

5.3.3 A: Implemented department strategic plan

Score: **FULLY DEMONSTRATED**

Comments

Conformity:

RD1: Example 1 – RCHD provided their 2017-2019 Strategic Plan. In this plan there is information that states Appendix D of this report will be updated to include annual reports and progress toward meeting the goals and objectives. In Appendix D, RCHD provided an update dated March 2, 2018. This section included each of the priority areas with the goals listed. Under each goal RCHD provided a summary of events and progress that had been made. For instance, under community outreach and engagement RCHD had a goal of expanding and strengthening relationships with community partners. For this they provided an update of a database being created of 300 people/organizations that RCHD partnered with, identifying community partners not engaged, distributing the database, and hosting a community partner meeting. When reviewing their annual plan this update addressed both objectives under this goal. RCHD provided progress updated through submission of two strategic planning minutes. Example 2 - RCHD provided their 2017-2019 Strategic Plan with a date update of 2018. In this plan there is information that states Appendix D of this report will be updated to include annual reports and progress toward meeting the goals and objectives. This section included each of the priority areas with the goals listed. Under each goal RCHD provided a summary of events and progress that had been made. For instance, under community outreach and engagement RCHD had a goal of expanding and strengthening relationships with community partners. During this update there was discuss of their annual partner meeting, which was one of their objectives under this goal. RCHD provided progress updated through submission of two strategic planning minutes. Both the 2017 and 2018 Reports included how the targets are monitored.

STANDARD 5.4 - MAINTAIN AN ALL HAZARDS EMERGENCY OPERATIONS PLAN.

Comments

RCHD maintains an all hazards emergency operations plan. RCHD preforms yearly reviews and updates after exercises. RCHD also share plans with partners and includes them in exercises that test plans.

5.4.1 A: Process for the development and maintenance of an All Hazards Emergency Operations Plan (EOP)

Score: **LARGELY DEMONSTRATED**

Comments

Conformity:

RD1: Example 1 –Meeting minutes from a July 2017 LEPC meeting were provided. The meeting had four agenda items; introductions, exercise reviews, CERT overview, and Planner Update. The minutes included a roster of those in attendance, along with the agency they represented. There were other government agencies there such as the fire department and emergency management. Example 2 - RCHD

submitted February 2019 minutes from the Northeast Healthcare Preparedness Coalition Meeting. These show that an RCHD employee serves as vice chair. The health department representative that serves as vice chair also reported out during the meeting on integrating the medical reserve corps into healthcare coalition 2 to partner with medical examiners/coroners to assist with documentation. This was under the agenda item of the National Healthcare Coalition Conference. In the minutes there is a report from Shawnee County Health Department and an Emergency Water Supply Planner at KDHE.

RD2: Example 1 - a) RCHD provided an exercise plan and after-action report and improvement plan for a table top exercise entitled active violence recovery. RCHD was one player in the exercise that also included others such as emergency management, EMS, hospitals, behavioral health, law enforcement, volunteer agencies, public information officers, FBI, the City of Manhattan, and the fire department.

b) RCHD provided an exercise plan and after-action report for a table top exercise titled "Active Violence Recovery". The three major strengths identified were participants working well together, openness and honesty of all participants, and looking at the needs of all agencies. There were also three areas of improvement identified location of EOC and equipment, the schools COOP, and identifying pre-staging locations for outside resources. In addition, the capabilities or operational coordination, situational assessment, health and social services, intelligence and information sharing and dissemination, and critical resource logistics and distribution were analyzed, along with creation of an improvement plan.

RD2: Example 2 - a) RCHD provided a 2018 Fatality Management Exercise entitled Fair Game. There were numerous other counties from Northeast Kansas, police, emergency management, Kansas Department of Health and Environment, Kansas Division of Emergency Management (state), and US Army Fort Worth. The AAR/IP showed areas of strength and for improvement. In this drill one of the objectives was to collaborate with jurisdictional partners to document short-term and long-term health service delivery priorities and goals.

b) RCHD provided an AAR and exercise plan for an exercise that revolved around an explosion at a fair. Strengths and areas for improvement were address for the capabilities of community resilience/community recovery, operational coordination/emergency operations coordination, Public Information and Warning/Emergency public information and warning, Fatality Management Services/Fatality Management, Public Health, and Healthcare and Emergency Medical Services/Medical Surge. An improvement plan in the HSEEP format was also provided.

RD3: a) RCHD provided meeting invites that were sent via email. Each meeting addressed a different ESF. However, this does not show that the review was a collaborative effort, ie that there was feedback provided from different people involved in the response. There were no minutes provided to go with the meeting invitations. RCHD resubmitted documentation non who was responsible for the EOP and all the partners that were involved in the creation of the EOP. RCHD also provided documentation of final record changes that were made and their status to the EOP. While the department indicated their methodology used, they did not include evidence of feedback from a collaborative review.

b) In the RCHD plan provided there is a section for calling tree that has a table which includes priority, position, name, home phone, cell phone, and work extension. There is also a section on surge capacity, this table includes outbreak response/lab for type of surge, position, name, home phone, cell phone, and work extension. There are also sections for RCHD ICS Command and General Staff and Riley County

Health Department Service Providers, which would include utilities. Finally there is information phone numbers and emails for various Riley County, regional, and state Response Partners and Organizations.

c) RCHD included ICS Command and General staff in their EOP. In the organization the Command and General staff position is listed, the position title within RCHD, the current person's name, and the phone number and extension for each person. There is also a section on service providers, Riley County response partners, law enforcement, emergency management, EMS, Fire, regional partners, and state partners.

d) RCHD provided documentation of updates and maintenance that occurred to their EOP. This was listed out by event title, date, type, status, and description. The recording of changes started in 2012 and goes through 2018. An example of the most recent change is Adding the Family Disaster Plan to the Riley County Master Plan that shows it has been completed and the event date for this was November 26, 2018.

5.4.2 A: Public health emergency operations plan (EOP)

Score: **LARGELY DEMONSTRATED**

Comments

Conformity:

RD1: RCHD provided their emergency operations plan. They also uploaded the Kansas Division of Emergency Management (Kansas Planning Standards), which is the guidance used for their plan. RCHD stated they also uploaded their Biological Incident Annex and Public Information Crisis Risk Communication SOG to address contacting the entire population. However, this was unable to be viewed. RCHD submitted these two documents at the site visit. The Biological Incident Annex only said that vulnerable populations were considered in the creation. The Crisis Risk Communication SOG identified additional measures that may need to be taken for vulnerable populations, but not on how to communicate with them.

a) In the incident command section of the emergency operations plan there is an org chart that shows filling of positions. In a public health incident, the RCHD Administrator will serve as the Incident Commander, while the PHEP Coordinator will serve as back-up for this position.

b) In the incident command section of the emergency operations plan there is a table that identifies General and Command Staff, along with which positions in the health department would fill each role and the duties of those roles. Another chart is also included for emergency support functions for each ESF to include designation, coordinating agency, and the primary agent. RCHD is identified as the primary and coordinating agency for ESF 8 but serving in support for other ESFs.

c) RCHD has redundant communication mechanisms (face to face, Everbridge Alerting System, telephone, email, 800 MHz radios, fax, virtual EOC, and Health Alert Network), along with having information sharing being authorized through incident command. Information that is sensitive will be labeled so and HIPPA rules will be followed. The plan states that all available communication equipment, channels and information systems may be utilized, depending on the size and scope of the situation and

functionality of devices. Finally, the plan indicates that their communication mechanisms are regularly tested.

d) RCHD will use a COOP Team to determine impacts to the department. The administrator, PHEP Coordinator, and county partners will assess damage to health and medical services. RCHD has a COOP plan that indicates orders of succession, delegation of authority, preservation of records and alternate work sites, and mission essential services. They also give priority in the following order: staff accountability, media relations, epidemiological surveillance and disease investigation, and vaccine administration.

RD2: Example 1 - a) RCHD provided information on their policy and procedure from their EOP, for trainings and exercises, along with how corrective action plans are implemented. This included addressing specific elements, people responsible, and a timeline for completion. This also identified the frequency of annually for occurrence timeframe. Evaluation is also identified to include registration, sign in sheets, training aids, agenda, lesson plan, call-down exercise forms, testing forms, written protocols, and/or certificated of completion.

b) RCHD provided an example of an exercise that occurred in 2017, that showed participation in a table top for a winter weather event. There was an improvement plan that identified RCHD needing to take action through the responsibility of their PHEP Coordinator. This action was to address communication with providers in order to be able to increase their ability to perform medical surge. RCHD provided this information using a HSEEP template. Finally, within the ARR there was a section on plans that were referenced and one of those listed with the RCHD EOP.

RD2: Example 2 - a) RCHD provided information on their policy and procedure, from their EOP, for trainings and exercises, along with how corrective action plans are implemented. This included addressing specific elements, people responsible, and including a timeline for completion. This also identified the frequency of annually for occurrence timeframe. Evaluation is also identified to include registration, sign in sheets, training aids, agenda, lesson plan, call-down exercise forms, testing forms, written protocols, and/or certificated of completion.

b) RCHD submitted their AAR and IP for an infectious disease tabletop exercise. This exercise tested the capabilities of information sharing, medical countermeasures dispensing, and public health surveillance and epidemiology. One of the objectives for this exercise was having to identify the appropriate plan, procedures and policies for addressing this outbreak. All areas of improvement were the responsibility of RCHD and included work around public information officer and points of dispensing. This AAR followed the policy and procedure.

RD3: a) Minutes from a RCHD Leadership Working Team Meeting were provided. In the minutes there was an agenda item that stated review of EOP, under that there was review of changes to the EOP.

b) RCHD provided their EOP that included track changes to view the adding of links to their local drive, along with updating contact information. No information was provided on revisions through an AAR. RCHD did not resubmit the AAR but noted that a leadership meeting to make changes occurred based on an exercise. RCHD submitted the AAR at the site visit that identified work needing to occur around PIOs, which was also stated in the original documents of what changes RCHD made. This additional documentation did meet the minimum requirement.

DOMAIN 6: ENFORCE PUBLIC HEALTH LAWS

Comments

RCHD has a strong partnership with environmental health specialist to do school inspections but lacks logs for records and a formal agreement between the two departments.

STANDARD 6.1 - REVIEW EXISTING LAWS AND WORK WITH GOVERNING ENTITIES AND ELECTED/APPOINTED OFFICIALS TO UPDATE AS NEEDED.

Comments

RCHD reviews laws and works with governing entities.

6.1.1 A: Laws reviewed in order to determine the need for revisions

Score: FULLY DEMONSTRATED

Comments

Conformity:

RD1: Example1 - RCHD provided a sign in sheet, minutes, and information from the meeting. The sign-in sheet included three names.

a) In the notes from the child care licensing law review meeting, there is mention that evidence base shows that child are safer and there is a reduction in crime when finger printing is done, RCHD provided evidence of a proposed law change. There was also note of a large transient population and without the finger printing being done, crimes from other states are being missed. In the notes it stated there was a statement of providers not being able to pay the fee being correlated with serving low SES families, which means those families would no longer have care and need to receive illegal care or parents wouldn't be able to work.

b) In the submitted documents RCHD provided Policy Drafting Checklists from the Public Health Law Center. RCHD submitted comments in their evidence to show which items from the checklist were reviewed and discussed.

c) The agenda from the review meeting indicate input from key partners and stakeholders, with a note that an email was sent out to providers.

d) There was a sign in sheet, but it was only name and signature. There were three people in attendance, one of which was the health officer. RCHD submitted email communication with Kansas Department of Health and Environment. In the email were questions posed regarding the proposed changes.

Example 2 – RCHD provided minutes and documents from their Leadership Team Working Meeting. The review was on updating an ordinance around smoking.

a) The documents provided evidence base on smoke free policies and included sources such as an article on measuring indoor air quality of hookah lounges, American Lung Association Hookah Smoking A

Growing Threat to Public Health, and US Health Policy Related to Hookah Tobacco Smoking the information provided was mainly from NIH.

b) RCHD used a Policy Checklist from the Public Health Law Center during their meeting to address factors such as if certain populations would be disproportionately impacted. For instance, with hookah and some people using that as part of their culture.

c) RCHD provided an email to invite people with interest in this issue to a Flint Hills Wellness Coalition meeting to discuss the Clean Air Ordinance. In addition, the minutes for the Flint Hills Wellness Coalition Work Group on the Clean Air Ordinance were provided. The agenda focused on ordinance history and discussion of the ordinance. Under discussion of the ordinance they had discussion on cleaning up the ordinance for changes to be made.

RD2: RCHD provided a screen shot of the County Counselor's webpage. This webpage indicated who the county counselor was and the job description. RCHD also provided an email from the county counselor stating that he provided legal advice and assistance to all other (besides the Board of Riley County Commissioners) elected and appointed county officials including the Director of the County Health Department.

6.1.2 A: Information provided to the governing entity and/or elected/appointed officials concerning needed updates/amendments to current laws and/or proposed new laws

Score: **SLIGHTLY DEMONSTRATED**

Comments

Conformity:

RD1: Example 1 – RHCD provided meeting minutes from a May 10, 2018 Board of Riley County Commissioner's Meeting. The Health Department Director was on the agenda to provide a report. She reported on an update to disease regulations. These were new and had just been filed with the Secretary of State. The health department director also spoke to the steps that had been taken such as mandatory reports already being notified by the state health department. The board was also presented with an economic impact statement along with a brief statement of each regulation. While this demonstrates an update to the Commissioners, it does not demonstrate the department submitting written recommendations concerning needed updates or changes to the law. Example 2 - RHCD provided meeting minutes from a May 10, 2018 Board of Riley County Commissioner's Meeting. The Health Department Director was on the agenda to provide a report. She updated on changes to the child care licensing regulation, which now will call for finger printing background checks. An economic impact state was provided along with how the statute would change. While this demonstrates an update to the Commissioners about changes that will occur, it does not demonstrate the department submitting written recommendations concerning needed updates or changes to the law.

STANDARD 6.2 - EDUCATE INDIVIDUALS AND ORGANIZATIONS ON THE MEANING, PURPOSE, AND BENEFIT OF PUBLIC HEALTH LAWS AND HOW TO COMPLY.

Comments

RCHD educated individuals and organizations on the meaning, purpose, and benefit of public health laws and how to comply.

6.2.1 A: Department knowledge maintained and public health laws applied in a consistent manner

Score: FULLY DEMONSTRATED

Comments

Conformity:

RD1: Example 1 – RCHD provided an email showing that an employee completed a webinar on the amended regulations for preschools and child care centers regarding child care licensing. This completion certificate indicated the Kansas Department of Health and Environment as being the issuer. The completion certificate was for the person that is programmatically responsible for the enforcement of child care licensing laws and regulations. Example 2 – RCHD provided the agenda for the Kansas Infectious Disease Symposium, which was held May 9 and 10 of 2017. One of the presentation topics was on Isolation and Quarantine law. Also provided were the completion certificates from the symposium for the preparedness planner and public health nurse, that would follow-up on communicable diseases.

RD2: Example 1 – RCHD provided meeting minutes from a March 15, 2019 Environmental Health Meeting. In the minutes there was an agenda item of possible areas of improvement. Highlighted under this section is information that addresses that only one inspector does the school inspections, but that it is important they are done consistent. This was also identified as needing to be done in nuisance investigations. This example demonstrates coordination with the EH department. Example 2 – RCHD provided meeting minutes from their March 14, 2019 Epi Team Meeting. Provided in these minutes is an item from the Kanas Department of Agriculture. The minutes indicate the question was addressed on how to keep consistency between inspectors and a discussion on applying public health laws needed to remain consistent. There was discussion on the training required for inspectors, in addition to the checks that are done by supervisors from the program. These checks are completed after an inspector is done. There was mention that complaints are monitored, but there is an expectation that there will be some complaints because of the enforcement being done.

6.2.2 A: Laws and permit/license application requirements are accessible to the public

Score: FULLY DEMONSTRATED

Comments

Conformity:

RD1: RCHD provided many screen shots of different webpages of the Riley County Website. One screenshot showed a link to public health statutes. Another screenshot was for information on child care

licensing. One link of this webpage included Kansas State Health and Environment Child Care Licensing, along with contact information including number and email for Riley County to ask questions, get more information, or make report. Another screen shot was also on Child Care Licensing and including information from Kansas Law on who needed to be licensed along with steps that needed to be taken prior to applying. The final screenshot was a Q & A page. One question was “How do I know if I need to get a food service license?” and a link to the Kansas Department of Health and Environment.

6.2.3 A: Information or education provided to regulated entities regarding their responsibilities and methods to achieve full compliance with public health related laws

Score: FULLY DEMONSTRATED

Comments

Conformity:

RD1: RCHD provided an email sent from one of their communicable disease nurses to providers. This email includes the attachments of the Kansas State Reportable Disease Form and a listing of reportable diseases, along with spelling out changes to the reporting according to updated statutes. All information was in regard to information and timeframes of reporting that needed to come to the health department.

STANDARD 6.3 - CONDUCT AND MONITOR PUBLIC HEALTH ENFORCEMENT ACTIVITIES AND COORDINATE NOTIFICATION OF VIOLATIONS AMONG APPROPRIATE AGENCIES.

Comments

RCHD either conducts or has agreements to conduct and monitor public health enforcement activities and coordinate notification of violations among appropriate agencies. However, there is a lack of logs kept by the health department for environmental related violations.

6.3.1 A: Written procedures and protocols for conducting enforcement actions

Score: FULLY DEMONSTRATED

Comments

Conformity:

RD1: Example 1 – RCHD provide meeting minutes from a Board of Riley County Commissioners meeting that shows a resolution being passed to appoint the local health officer. In addition, Kansas State Statute 65-119 was also provided that gives the board of health or health officer authority to immediately exercise and maintain supervision of infectious or contagious diseases, along with taking non-pharmaceutical intervention and communicating cases with the secretary of health and environment. Example 2 – RCHD provided a contract between RCHD and the Kansas Department of Health & Environment for the Child Care Licensing Program. In this MOU, RCHD is required to inspect facilities for compliance with the Child Care Licensing Program rules and regulations. To comply RCHD

must follow the State Agency Child Care Facilities Policy and Procedure Manual. The contract spells out activities RCHD must do in various categories including inspection and complaint.

RD2: Example 1 – RCHD provided their Isolation and Quarantine Response Plan that was last updated in October of 2017. In this plan the steps for issuing orders are written, the steps include determining if interpretation services are needed, entering the case into EpiTrax, verbally providing information to the person(s), and presenting the orders. There are also sections on failing to comply with orders, involuntary detention, special circumstances and vulnerable populations, how monitoring will occur, access to services, release from isolation and quarantine, roles and responsibilities for RCHD and partners involved, along with authorities being listed. Under authorities information is listed regarding Kansas State Statute 65-129 that gives the local county health officer authority. Example 2 – RCHD provided a copy of the Kansas Department of Health and Environment Bureau of Family Health Early Care and Youth Section for Child Care Facility Surveyor Policy and Procedure Manual. This document was revised in December 2018. As indicated in the contract provided in RD1, RCHD follows the state’s policy and procedure manual for this program. In this document the following enforcement options are provided; notification of noncompliance, increased monitoring, intermediate administrative sanctions, civil penalties and suspensions, denial of application, revocation of license, and emergency order of suspension procedures. All of these sections have criteria listed under each for when a particular action should be taken.

6.3.2 A: Inspection activities of regulated entities conducted and monitored according to mandated frequency and/or a risk analysis method that guides the frequency and scheduling of inspections of regulated entities

Score: **LARGELY DEMONSTRATED**

Comments

Conformity:

RD1: Example 1 – RCHD provided Kansas Statute 65-202. This statute gives the health officer the authority to perform school inspections to protect the public health of the students in that school. In addition, RCHD provided a letter sent to superintendents, in July 2016, informing of unannounced sanitary inspections that would occur beginning August 2016. In the letter the statute was also reference and indicated that an inspection needed to take place during or before the start of the fall term. Example 2 – RCHD provided the policy and procedure manual that indicates that Kansas Department of Health and Environment contracts with local health departments for the duties of a local contractor. In addition, this also shows that each month reports must be generated using the CLARIS system. In the policy there is also information on performing a compliance check and enforcement. RCHD also submitted a screen shot of the CLARIS system which showed information on scheduling. This included the program type, such as if the organization was a group daycare, the case number, facility name, address, due date, and the reason for the survey.

RD2: Example 1 – RCHD provided the inspection reports that were completed at the schools. These inspection reports viewed factors such as exteriors, insect and rodent control, electrical systems/lighting, plumbing/water/sewage, bathrooms, toxic items, and public indoor areas. Next to

each item assessed is a place to indicate compliance and non-compliance. Some schools were marked as non-compliant in some areas and there was no followup indicated. RCHD provided evidence of follow-up and status from the Environmental Health Specialist for Riley County, Planning & Development. They stated that they currently do not have a log for inspection reports. Evidence was submitted for reports, follow-up, current status (via email to health officer director), but not on return inspections and final disposition. Example 2 – RCHD provided a screen shot of the online database system, which is open to the public. On this database you can search by license number, owner name, or facility name, along with other search factors. RCHD provided an example of what information would be provided in the database. In the results the date of survey, reason for survey, and findings are available. For the example used, it shows a date for initial survey, date for verifying compliance, and a date for annual survey.

6.3.3 A: Procedures and protocols followed for both routine and emergency situations requiring enforcement activities and complaint follow- up

Score: **LARGELY DEMONSTRATED**

Comments

Conformity:

RD1: Example 1 - RCHD provided information regarding a nuisance complaint. Included in the evidence was a completed complaint sheet, the checklist that is used for nuisance reports. This checklist breaks inspections down by facility/property, animals, water, wastewater, solid waste, burning, and chemicals/oil. Under each sections are further investigative questions that are reviewed as yes or no. There is also a nuisance section that identifies the authority of the department to investigate and declare a public health nuisance. A letter was also provided that has been sent which indicates the tasks that needed to be completed to bring the property back in compliance. Finally, emails were showed that indicated communication from RCHD employees on status of the compliance and scheduling re-inspections. Example 2 – RCHD provided their general procedure for taking complaints at RCHD. In this document it states that any RCHD employee can take a complaint and the information that will be taken. In addition, there is information to where each type of report is directed. However, even if it is a complaint that is handled through RCHD, there is only information provided on where the follow-up procedure can be found on their internal drive, but the actual procedure for follow-up was not provided. RCHD provided a complaint log. The log provides information on the type of complaint and the action taken, such sending to another agency or conducting a public health nuisance investigation. While the process of how staff will access the standards for follow-up was included, the documented example did not provide evidence that it occurred.

RD2: Example 1 – RCHD provided a letter sent to the owner of a trailer park. The letter identified the authority given to the health officer to examine nuisances under Riley County Chapter 10. The letter shows the actions that need to be taken to bring the identified issues back into compliance. In addition, email communication between the owner and the health officer was provided which showed the process of working towards compliance and how they worked through issues, such as one of the tenants not allowing entry into their unit, which was needed to meet one of the tasks for compliance. Example 2 – RCHD provided a letter that was sent to a child care facility for a regional administrator from the

Kansas Department of Health and Environment. In this letter there were several violations listed. For each violation there were actions steps that needed to be taken to be in compliance. At the bottom of the letter it shows that RCHD was cc'd. In RCHD policy and procedure it indicates that Kansas Department of Health and Environment can request from a local health department to do compliance checks.

6.3.4 A: Patterns or trends identified in compliance from enforcement activities and complaints

Score: **LARGELY DEMONSTRATED**

Comments

Conformity:

RD1: Example 1 – RCHD provided the health department’s 2018 annual report. Under the Environmental Health section information was provided on the Kansas Department of Health and Environment compliance inspections, facility complaint inspections, and illegal care inspections. Information was provided for 2017 and 2018. In regard to this data a statement was made that the number of overall inspections between 2017 and 2018 were similar, however compliance inspections were halved in 2018 which may have been attributed staff vacancies. Patterns, trends, and compliance were minimally addressed. Example 2 - RCHD provided the health department’s 2018 annual report. Information was provided on school inspections that are a duty under statute that is given to the health officer. Information provided indicated that 10 out of 17 schools required corrective actions, however by the end of 2018 93% of schools passed or completed all recommended corrections. This did not show evidence of patterns, trends, or compliance.

RD2: Example 1 - RCHD provided minutes from an environmental health meeting held March 15, 2019. At this meeting there was a debriefing of school inspections for 2018. During the debrief there was information on no enforcement needed, that the preferred method would be to email schools vs sending a letter. There were also no issues with the communication to perform inspections with the schools, but one school questioned the authority, which was followed up with the health officer. Areas of improvements noted were to find a better way to work with third party contractors, since remediation takes a long time when they are used. There was also note of additional aspects to consider during the inspections, such as further inspection of the laboratories. Example 2 – RCHD provided minutes from an environmental health meeting held March 15, 2019. At this meeting there was a debriefing of Nuisance Investigations for 2018. The debriefing identified that there was good collaboration between the environmental health and health department and that the number of complaints were manageable. The areas for improvement was that there needed to be an official code/resolution to better run the program.

6.3.5 A: Coordinated notification of violations to the public, when required, and coordinated sharing of information among appropriate agencies about enforcement activities, follow-up activities, and trends or patterns

Score: **SLIGHTLY DEMONSTRATED**

Comments

Conformity:

RD1: (1 comprehensive protocol or a set of protocols) RCHD provided their Communication Policy and Procedure that was approved March of 2019, with a signature from their health officer on March 1. Within the policy and procedure provided there is information on interagency coordination related to PIOs and creating messaging. Interagency communications specific to enforcement actions were not specified.

RD2: (1 department-wide protocol or 2 examples)

RCHD provided their department wide Communication Policy and Procedure. This document includes a section on notification of enforcement actions. Within this section there is information on public notifications. It is identified that no laws in Kansas require RCHD to notify the public or public health enforcement actions and they typically would not do so. However, it is noted that if notification would allow the public or partners to decrease their risk of exposure RCHD would provide a notification. In the policy and procedure, it does state that a final review report of compliance and complaints are provided to the public via RCHD website and Facebook. In addition, there is mention that if there is a restaurant license being revoked, they would share that information with the public. However, a process is not identified for the cases in which RCHD would notify the public.

RD3: Example 1 - RCHD provided an Epi Team Meeting that occurred on March 14, 2019. This included information provided by Kansas Department of Agriculture. In the minutes, information was provided on the number of complaints in Riley County and follow-up action taken. There was also a portion on information sharing in which multiple communication gaps were discussed, including RCHD asking for enforcement data so they can analyze trends. Example 2 - RCHD provided a screen shot of their website. There is a section on public notifications. In this section that same information that is stated in their policy and procedure is identified. The only difference is there is a link to their annual report. There is a listing of different services/programs under regulatory services. Each has a brief description and a link to find more information. However, this does not provide how notification to the public occurs. RCHD stated that their notice of enforcement action policy was not yet created, and they have not done any enforcement notification since the creation.

DOMAIN 7: PROMOTE STRATEGIES TO IMPROVE ACCESS TO HEALTH CARE

Comments

RCHD worked collaboratively with community partners and stakeholders to assess the availability of health care services in Riley County, identify populations who experienced challenges and/or barriers to health care access, and developed and implemented strategies to eliminate barriers and increase access to health care.

STANDARD 7.1 - ASSESS HEALTH CARE SERVICE CAPACITY AND ACCESS TO HEALTH CARE SERVICES.

Comments

RCHD worked collaboratively with several community partners and stakeholders to assess the availability of health care services in Riley County and identify populations who are under-served or un-served. Documentation provided demonstrated their participation in meetings and the processes used to identify gaps in health care access and barriers to care. In addition, documentation demonstrated the sharing of data for planning purposes, consideration of issues that impact access to health care, and recommendations for eliminating barriers and increasing access to health care.

7.1.1 A: Process to assess the availability of health care services

Score: FULLY DEMONSTRATED

Comments

Conformity:

RD1: Documentation provided by RCHD to demonstrate their participation in a collaborative process to assess the availability of health care services in Riley County included the agenda, minutes, sign in sheets and the partnership membership roster from an October 10, 2018 Community Partners meeting convened by RCHD. The local health care system was a member of this Community Partners group. It was noted that this group was developed as a result of the community needs assessment.

RD2: Example 1 – RCHD uploaded the results of a survey they conducted at the Riley County Fair (7/27 – 7/30/17) to gather information about the community’s ability to access health care services. Also uploaded was the PowerPoint presentation that was used at the 10/10/18 partnership meeting to inform the partners about the responses; and, the meeting sign in sheet. Example 2 – Documentation provided references the 2015 Community Health Assessment compiled by RCHD and its partners and its use by one of the local hospitals in compiling its 2018 Community Health Assessment (as required under their non-profit status). In several areas of the 2018 CHA comparisons are made to data collected during the 2015 CHA. The 2018 CHA also states that RCHD assisted the hospital with the distribution of surveys to collect current data from residents. The hospital and RCHD are both members of the partnership documented in RD1. Additional documentation included the agenda and minutes for a 7/12/18 partnership meeting where the 2018 CHA was discussed.

RD3: Example 1 - RCHD uploaded a series of meeting minutes (9/26/18, 10/11/18, 10/29/18, and 11/28/18) from subgroups of the partnership documented in RD1 (Flint Hills Wellness Coalition and the

Access and Coordination Services Workgroup) to document compliance with this measure. Staff highlighted sections within the minutes that indicated discussions of issues that may impact access to care (i.e., closing of an emergency shelter, repurposing the high school east campus building to use it as a site to coordinate and increase access to services, shortage of primary care providers, process for connecting emergency department patients to primary care providers upon discharge). Example 2 – Documentation provided included the minutes from the Flint Hills Wellness Coalition Access to Services Workshop (12/16/17) where the partnership discussed the processes for starting a Community Care Team (CCT). Minutes reflect discussions to coordinate care and help the most vulnerable access services in a timely and efficient manner. Minutes also indicate participants were members of the Flint Hills Wellness Coalition Access and Coordination and Services Workgroup.

7.1.2 A: Identification of populations who experience barriers to health care services identified

Score: FULLY DEMONSTRATED

Comments

Conformity:

RD1: (1 process) RCHD provided a copy of the RCHD Access to Health Care Report 2018 and highlighted sections within the report that described the processes used in the 10/10/18 community partner meeting to assess the availability of healthcare services in Riley County. The process included small group work to identify populations that lacked access. Prior to small group work, participants were provided healthcare data about who might lack access including uninsured data, EMS locations, and medical providers location using GIS maps, and needs assessment data. In addition to the report, the PowerPoint presentation and agenda from the meeting were uploaded.

RD2: (1 report) RCHD provided a copy of the RCHD Access to Health Care Report 2018 and highlighted the section within the report that listed populations who experience the greatest barriers accessing health care as identified by the partnership.

7.1.3 A: Identification of gaps in access to health care services and barriers to the receipt of health care services identified

Score: FULLY DEMONSTRATED

Comments

Conformity:

RD1: RCHD provided a copy of the RCHD Access to Health Care Report 2018 and highlighted sections within the report that described the processes used in the 10/10/18 community partner meeting to identify gaps in health care services and barriers to care. The process included small group work to identify populations that lacked access. Prior to small group work, participants were provided healthcare data about who might lack access including uninsured data, EMS locations, and medical providers location using GIS maps, and needs assessment data. In addition to the report, the PowerPoint

presentation and agenda from the meeting were uploaded. The report includes participants from 22 agencies that were involved in the process and a list of healthcare data reviewed.

RD2: Example 1 - RCHD provided a copy of the RCHD Access to Health Care Report 2018 and highlighted sections within the report that described the processes used in the 10/10/18 Community Partners meeting to identify gaps in health care services and barriers to care. Forty-one people participated in the meeting representing 22 different agencies. The report included a summary of data that was analyzed (in Appendix A) and a Results and Recommendations section.

a) The PowerPoint presentation also uploaded with the 2018 report demonstrated the partnership reviewed data and used GPS mapping to look at the distribution of health care providers (primary and mental health care) in Riley County. Conclusions from this review were also in the report (i.e., lack of primary care and mental health providers, etc.).

b) The PowerPoint presentation also uploaded with the 2018 report demonstrated the partnership reviewed data and used GPS mapping to look at the availability of health care services (emergency departments, dental, and primary and mental health care). Conclusions from this review were also in the report (i.e., long appointment wait times, difficulty accessing basic affordable dental care, lack of prenatal care access for un and under-insured, etc.).

c) The Access to Health Care Report 2018 includes a listing of causes and barriers that Riley County residents face when accessing health care (i.e., transportation, lack of insurance, providers' hours of operation, language, etc.).

d) The PowerPoint presentation also uploaded with the 2018 report included a listing of the data sources utilized to identify health care access gaps and barriers (i.e., RCHD CHA and CHIP, 2018 RWJ Health Rankings, Kansas Health Matters, transportation data, HRSA data, etc.)

Example 2 – RCHD uploaded a document entitled RCHD Access to Healthcare Report - Special Immunizations Report 2019 (finalized March 23, 2019). This report documents a community partner meeting conducted by RCHD to assess the availability of healthcare services in Riley County; and follow up interviews and meetings that were held to discuss immunizations (school and travel) and health care services availability and accessibility.

a) The report clearly documents (via maps, charts, and narratives) the distribution and capacity of primary, dental, and vision providers, as well as pharmacies, and availability of immunizations and required school health services.

b) The report included a Community Health Resource Guide (3/6/19) which summarized local health care services. The Guide included information as to whether the provider accepted uninsured patients, and whether they provided school and/or sports physicals, immunizations, lead and hemoglobin testing.

c) The report included an extensive listing of causes of gaps in services and barriers to care (i.e., transportation, long waiting periods, and limited provider availability). The causes were broken down by child and adolescent immunizations, other school-based services, and travel vaccines.

d) The report stated that RCHD staff reviewed county level immunization data, internal immunization data from WebIZ, peer reviewed journal articles, and data from partners (i.e., Kansas Department of

Health and Environment - Kindergarten Vaccination Coverage Survey School Year 2017-2018; USD 383 Head start data (2017-2018 school year).

STANDARD 7.2 - IDENTIFY AND IMPLEMENT STRATEGIES TO IMPROVE ACCESS TO HEALTH CARE SERVICES.

Comments

RCHD, working with its CHA Implementation partners, collaboratively developed strategies to improve access to health care services in Riley County. Documentation provided illustrated some of these strategies and the workgroup members that were involved in their execution.

7.2.1 A: Process to develop strategies to improve access to health care services

Score: FULLY DEMONSTRATED

Comments

Conformity:

RD1: RCHD uploaded documents that describe the Flint Hills Wellness Coalition Access to Services Workgroup and its membership. Documentation included a membership roster and website screenshots (all dated 8/2/18). The roster clearly shows that RCHD Staff and representatives of health care providers are members. The website screenshots indicate that the group meets regularly each month and that they are working on issues identified to improve access to health care services (i.e., creating an on-line health care provider directory to increase residents' awareness of service availability, developing strategies to improve coordination among service providers, etc.)

RD2: Example 1 – RCHD uploaded the report, Overview of the RC Community Health Assessment Implementation Plan (Fall 2017) and highlighted the section that described the strategies for increasing access to health care. (The Flint Hills Wellness Coalition referenced in RD1 is the entity that maintains, monitors, and directs the implementation of the Riley County CHA Implementation Plan.) The process of strategy development was described in the process section. Strategies that would reduce barriers and increase access included developing a community resource directory, making data available, and identifying workable models for coordination of care including piloting the Community Care Team model and IRIS referral system. Example 2 – The same document was uploaded for this example and the section developed by the Flint Hills Wellness Coalition Active Transportation workgroup was highlighted; specific strategies included improving coverage for public transportation routes and additional stops to increase access to grocery stores, social services, and medical services.

7.2.2 A: Implemented strategies to increase access to health care services

Score: FULLY DEMONSTRATED

Comments

Conformity:

RD1: Example 1 – RCHD uploaded a series of documents regarding the Integrated Referral and Intake System (IRIS) which they and partner agencies implemented to improve access to health care services. (While RCHD took the lead on this project as this community referral system was available through a HD grant, the referral system is available to and used by multiple community partners in addition to RCHD.) Documentation included meeting minutes from a 1/9/18 planning session; an email (7/31/18) which provides a quarterly update, an invitation to join the system, and a list of participating agencies; and meeting minutes (9/21/18) which included data from the first 4 months of activity. Example 2 – RCHD uploaded minutes from a 5/18/17 Leadership Team meeting which described a collaboration with the local Head Start program to hold a “Health Round Up” for Head Start students to help students get ready for school and, therefore improve access to health care. (The promotional flyer for the event was also uploaded.) The event was held at RCHD. As there is a local federally qualified health center co-located on the RCHD campus, referrals for additional physical and oral health care access were easily made. The focus is the Head Start program and getting the Head Start kids in a "medical home." This is a systems level partnership effort.

7.2.3 A: Implemented culturally competent initiatives to increase access to health care services for those who may experience barriers to care due to cultural, language, or literacy differences

Score: **LARGELY DEMONSTRATED**

Comments

Conformity:

RD1: Example 1 – RCHD uploaded a series of documents related to their role in administering the Riley County Perinatal Coalition’s Prenatal Grant program. Documents indicate that RCHD provides staff time via their Spanish Interpreter who receives and processes patient applications and connects them to the only OB-GYN practice in Riley County. This example does not meet the requirements of the guidance as individual patient care, whether provided in a clinic, home, or other facility, or which have case management, are not included in PHAB’s scope of authority. Example 2 – Several documents were provided by RCHD for this example. First was the job description (updated May 2015) for their Spanish interpreter position which was highlighted to show that this individual is available to provide translation of documents and interpreter services for population-based services (i.e., teaching the Becoming A Mom prenatal education class, providing referrals and/or making appointments to external providers and resources) to improve access to care for non-English speaking individuals. Staff also provided a screen shot (3/23/19) of their website showing that Spanish interpretation is available, however this related to their home visiting program which is outside PHAB’s scope of authority. A series of emails was also uploaded (5/24/18 and 5/31/18) demonstrating the interpreter also helped to plan health equity and cultural competency training for staff. Minutes from the 6/12/18 training were also provided.

DOMAIN 8: MAINTAIN A COMPETENT PUBLIC HEALTH WORKFORCE

Comments

RCHD demonstrated a commitment to developing public health professionals, especially through their work with Kansas State University (KSU). Their Workforce Development Plan includes a comprehensive assessment of the workforce, including core competencies and employee feedback, which is reflected in their training and continuing education activities. The Workforce Development Plan would be improved by expanding on advancing technology and future needs of the workforce, especially by individual work units (such as nurses, health educators, etc.) Assessing achievement of workforce strategies can be improved by stating them more clearly and adding time-framed goals and objectives.

STANDARD 8.1 - ENCOURAGE THE DEVELOPMENT OF A SUFFICIENT NUMBER OF QUALIFIED PUBLIC HEALTH WORKERS.

Comments

The Health Department demonstrated an ongoing partnership with Kansas State University to promote public health as a career.

8.1.1 L: Relationships and/or collaborations that promote the development of future public health workers

Score: FULLY DEMONSTRATED

Comments

Conformity:

RD1: Example 1 - Minutes of a September 2017 meeting of the Kansas State University Master of Public Health (MPH) Community Advisory Committee were submitted, documenting the Director as a committee member and her attendance at the meeting. Members include Kansas State, the State Health Department and other county health departments. Discussion of a mentoring program for MPH students was highlighted in the minutes. The mentoring program helps students with additional skills that are important for a career in public health. RCHD also submitted a PowerPoint presentation about careers in public health that was given to students at Kansas State.

STANDARD 8.2 - ENSURE A COMPETENT WORKFORCE THROUGH THE ASSESSMENT OF STAFF COMPETENCIES, THE PROVISION OF INDIVIDUAL TRAINING AND PROFESSIONAL DEVELOPMENT, AND THE PROVISION OF A SUPPORTIVE WORK ENVIRONMENT.

Comments

The Workforce Development Plan includes a clear and detailed plan for employee training and continuing education, based on a thorough workforce competency assessment. The Plan would benefit by a greater consideration of future workforce needs, advancing technology, and strategies that are more clearly defined.

8.2.1 A: Workforce development strategies

Score: **LARGELY DEMONSTRATED**

Comments

Conformity:

RD1: 1 plan. RCHD submitted their Workforce Development Plan. In 2014 the Kansas Public Health Workforce Development Coordinating Council conducted a statewide workforce assessment which provided data about the current capacity and capability of the public health workforce (PH WINS - Public Health Workforce Interests and Needs Survey). Results for Riley County were included. The assessment was based on the Council on Linkages Core Competencies for Public Health Professionals. A copy of the full assessment was submitted. The assessment described capacity and capability as a department, but did not have data about specific units of the workforce. The plan included summary charts of data, and the full assessment had charts depicting Tier 1 and Tier 2 proficiency percentages displayed for the state, northeast Kansas and Riley County for comparison.

Comprehensive employee training was developed based on gaps identified in the PH WINS results. Strategies identified in the plan were focused on training and continuing education of the workforce.

The plan did not consider the changing environment and areas where technology advances quickly, but only stated that RCHD works with the County's Information Technology and GIS to "frequently update technology used at the department."

The plan included a Cultural and Linguistic Competency section, providing steps for employees to ensure competency in all programs and policies. Health Literacy and Cultural Competency Coaching is a mandated training for employees in the plan. The plan did not specifically call out the changing environment and areas where the field of public health is advancing.

The plan included a list of training requirements for new employee orientation, annual training for all RCHD staff and training for supervisors and program coordinators, as well as a calendar of mandatory trainings and all-staff meeting topics for 2018. Training resources such as Kansas TRAIN and FEMA were referenced. Continuing Education requirements for nurses, health educators, social workers, dietitians and Certified Public Health Professionals (CPH) were included.

The plan did not specifically discuss the barriers to closing gaps and addressing future needs to close those gaps.

RD2: Example 1 - RCHD submitted a sign in sheet and meeting minutes of an all-staff meeting in August 2018. RCHD shared the results of the PH WINS survey (Public Health Workforce Interests and Needs Survey) for the health department. In the assessment, staff identified public health funding and finances as high in importance but low in skill. Based on this result, one of the Workforce Development Plan identified needs was to include financial planning for training and topics at all staff meetings. A PowerPoint presentation given by the Fiscal Analyst for the all-staff meeting was submitted, titled Public Health Funding. The information was provided in response to the survey results and the workforce development plan. Example 2 - RCHD submitted copies of individual employee tracking sheets that are used to monitor compliance with the Workforce training plan. The sheets include required licensures, due dates and completion dates of required all-staff annual training, orientation training

documentation, and position specific trainings and education requirements, including CEUs. The tracking sheet documents that employees are following the required training outlined in the Workforce Development Plan.

Areas of Excellence:

The Workforce Development Tracking Sheets provide an organized and efficient method to track training requirements. Employees have a comprehensive list of their requirements and can track their progress. Supervisors have a method to track compliance and the information can be compiled for a department level assessment of training. The form is visually appealing and provides pertinent information at a glance.

Opportunities for Improvement:

The site visit team has identified opportunities for improvement that go beyond the Standard and Measure.

In the workforce development plan, consider summarizing or listing your strategies in one place in the plan so they are easy to identify and track. Consider writing them as measurable goals and objectives.

Also consider adding appendixes to assure that information such as the workforce assessment is readily available in case the user cannot access the link.

8.2.2 A: A competent health department workforce

Score: **LARGELY DEMONSTRATED**

Comments

Conformity:

RD1: Example 1 - A Health Educator/Accreditation Coordinator job description was submitted, highlighting required education, experience, essential functions, skills and responsibilities. There was no evidence that the job was actually posted. Example 2 - A Community Health Liaison job description was submitted, highlighting the required education, experience, essential functions, skills and responsibilities. There was no evidence that the job was actually posted.

RD2: Example 1 - RCHD submitted census data documenting the population of Riley County including the number of minority populations. Also submitted were emails between the Director and RCHD staff showing discussion about posting a health educator position in organizations in diverse metropolitan areas of Kansas and local or regional organizations representing minority groups. An email by the Director stating that she had posted the position at Emory Public Health Connections and Kansas University was also included. Example 2 - RCHD submitted census data documenting data from the Kansas State University registrar showing the number of students enrolled. Also submitted were emails between the Director and Kansas State showing an invitation for the Health Department to participate in the "Social Services Career Meet up" designed to bring employers and students together for internships or volunteer opportunities. The example demonstrates the recruitment of individuals who reflect the demographics of the population served by the health department.

RD3: Example 1 - RCHD submitted a copy of their 2018 Employee Recognition Plan highlighting the linkage to their Strategic Plan to “recruit, hire, retain and train a diverse and competent workforce”, including their goal to recognize an employee or team at in-service meetings. Also submitted were all-staff meeting minutes showing that recognitions were implemented. Example 2 - RCHD submitted a PowerPoint presentation titled Employee Satisfaction Survey Results which described employee opinions about working at RCHD, areas for improvement and next steps.

RD4: Example 1 - RCHD submitted several screen shots of the W:Drive which is accessible to all County Employees. Under Human Resources job descriptions, there is a list of county departments to click on, including the Health Department. Clicking on Health Department brings up folders for RCHD sections. The final screen shot shows the list of different RCHD position descriptions under the section titled Health Department Admin. Example 2 - RCHD submitted a job description for Child Care Licensing Surveyor I. The description included public health specialty needs (such as the consistent application and enforcement of child care licensing laws and regulations) and generalist needs (such as completing monthly reports and attending workshops and seminars as requested). The description included competencies required for the position, such as investigating and analyzing. RCHD submitted a second job description for Chronic Disease Risk Reduction Coordinator. The description included public health specialty needs (such as monitoring all active functions by data collections and analysis), and generalist needs (such as collaborating with community partners). The description included competencies required for the position, such as meeting and interacting with many individuals of varying interests and levels of responsibility.

RD5: 1 process. RCHD highlighted the section of their updated 2019 Workforce Development Plan that establishes that the supervisor of the program hiring a new employee will ensure all education and license requirements are met and copies shall be sent to the Administrative Assistant for filing. It also states that a minimum of 2 references shall be contacted during the hiring process.

RD6: Example 1 - RCHD submitted a spreadsheet that tracks new staff verifications for 2017, 2018 and 2019 through March. It includes the name, date hired, supervisor conducting the verification, qualification required, and the date the qualification was verified. RCHD also submitted several copies of reference check forms completed by supervisors, showing at least 2 references per employee per their Workforce Development Plan. Example 2 - RCHD submitted a line listing of employees with nursing, social work and dietitian credentialing requirements. Also submitted were copies of license verifications for employees on the list. Clinic nurse verifications were downloaded from the Kansas State Board of Nursing; social work license verification downloaded from the Behavioral Sciences Regulatory Board; and a copy of a Dietitian credentialing card from the Kansas Department for Aging and Disability Services.

Opportunities for Improvement:

The site visit team has identified an opportunity for improvement that goes beyond the Standard and Measure. Consider housing employee records for certification and recertification in a central location within the Health Department, rather than having individual supervisors maintain these records.

8.2.3 A: Professional and career development for all staff

Score: FULLY DEMONSTRATED

Comments

Conformity:

RD1: Example 1 - RCHD submitted a sign-in sheet and meeting minutes from a Health Equity and Public Health Ethics Professional Development day for all staff. The day included a health equity panel discussion, review of the Health Promotion Policy and Checklist, Ethics 101 presentation and an Ethics Team Charter. Example 2 - RCHD submitted a sign-in sheet and meeting minutes from a Health Literacy Professional Development in-service for staff. Topics included awareness, poverty and emerging issues.

RD2: Example 1 - RCHD submitted an email by an RCHD employee notifying other RCHD employees about undergraduate courses for non-degree professionals offered by the Wichita State University. Topics were public health, leadership, financial planning, community, policy and culture. A copy of a paid receipt and transcript of completion for a clinic supervisor who is part of the Leadership Team was submitted. Example 2 - RCHD submitted a confirmation of membership in the National Association for the Education of Young Children (naeyc) for the Raising Riley Supervisor, who is part of the Leadership Team.

RD3: Example 1 - RCHD submitted a letter acknowledging participation of an Administrative Assistant/HIPAA Privacy Officer in the Local Public Health Leadership Series sponsored by Wichita State University, Kansas Department of Health & Environment, and Kansas Association of Local Health Departments. This position is on the Leadership Team. A certificate for completing the second of four programs in the series, as well as an internal spreadsheet documenting the training was submitted. Example 2 - RCHD submitted an agenda for "Making Conflict Work: Productive Engagement for Everyone" presented by the Wichita State University, Community Engagement Institute, Center for Public Health Initiatives. A sign-in sheet with the names of the RCHD Health Department Director and the WIC Director as having attended was also submitted.

8.2.4 A: Work environment that is supportive to the workforce

Score: FULLY DEMONSTRATED

Comments

Conformity:

RD1: RCHD submitted a Riley County Commissioners resolution adopting "Rest Breaks for Nursing Mothers" and RCHD personnel policies covering the following topics: rest breaks for nursing mothers, flexible work schedules, two paid 15-minute rest breaks and flex time. RCHD also submitted a Worksite Wellness Plan, covering celebration of past and current accomplishments, employee socials, highlighting programs and employee of the month. The plan includes assessment of the organizational climate through regular staff surveys and 360 reviews of the management team.

RD2: RCHD submitted their Employee Recognition Plan with 3 strategies: Highlight a program or team of the month; recognize an employee of the month; and facilitate/encourage verbal recognition. The Plan designated the Worksite Wellness Committee responsible for implementation and evaluation.

RD3: RCHD submitted their Worksite Wellness Plan which is based on a Work Well Kansas (KS) strategic framework linked to their strategic plan and includes a staff survey. Based on survey results, RCHD developed an action plan that includes increasing employee satisfaction, trust and communication; decreasing stress in the workplace; creating more flexibility in work schedules and advocating for employee benefits.

DOMAIN 9: EVALUATE AND CONTINUOUSLY IMPROVE PROCESSES, PROGRAMS, AND INTERVENTIONS

Comments

RCHD has a written quality improvement plan and established performance management policies that guides and directs their quality improvement processes across all program areas. They solicit staff engagement at all levels with support and direction from the Department's leadership and performance management team and have a functioning performance management system.

STANDARD 9.1 - USE A PERFORMANCE MANAGEMENT SYSTEM TO MONITOR ACHIEVEMENT OF ORGANIZATIONAL OBJECTIVES.

Comments

Documentation provided by RCHD demonstrates that they have established performance management policies, have a Quality Improvement Plan, and a functioning performance management system. They solicit staff engagement at all levels with support and direction from the Department's leadership and have a functioning performance management team. They have established goals and objectives with identified timeframes and have established processes for ongoing monitoring and reporting. In addition, they have established processes for assessing customer satisfaction with RCHD services and have incorporated steps to make sure disenfranchised or underserved populations' voices are heard. Examples were provided to demonstrate actions take in response to customer feedback.

9.1.1 A: Staff at all organizational levels engaged in establishing and/or updating a performance management system

Score: FULLY DEMONSTRATED

Comments

Conformity:

RD1: Example 1 - The cover page provided for Example 1 noted that the Kansas Health Institute facilitated the RCHD strategic planning process for RCHD and included implementation of a performance management system. To demonstrate compliance with the guidance, RCHD uploaded notes from a strategic planning meeting call (1/17/17) with the RCHD Strategic Planning Team. (This Team includes Departmental leadership, i.e., Administrative Director and Program Supervisors.) Also provided was a series of PowerPoint presentations which were used to educate and engage PHAC (1/25), Staff (1/26), and the Board of Health (1/30). These documents illustrate the Director's discussion of and training on performance management and the PHAB performance management requirements in Domain 9. Example 2 – The RCHD Performance Management policy, signed 9/1/17, was uploaded and it was noted that this policy addresses the development, implementation, and sustainment of a performance management system. Staff also provided meeting minutes and a sign-in sheet from a strategic planning team meeting (7/26/17) which included members of the health department leadership team. The minutes show a discussion of the strategic planning team charter and performance management progress.

RD2: Example 1 – To demonstrate compliance, RCHD staff uploaded minutes from a 6/29/17 all staff meeting. Minutes show that during the meeting training on Performance Management was provided to all staff and they were given the opportunity to view the database and review existing measures. The Administrative Director also explained tracking of measures and redevelopment of measures when necessary. A second set of minutes from a 7/26/17 All Staff meeting demonstrated staffs’ participation in immunization action planning (i.e., providing input into actions that could be taken for performance measures related to immunizations). Example 2 – Documentation for the second example included meeting minutes from two WIC meetings; a WIC Dietitian meeting (4/7/17) and a WIC All Staff meeting (8/18/17). Minutes showed the Performance Management database was reviewed and an Excel spreadsheet was being used to track progress on current WIC measures.

9.1.2 A: Performance management policy/system

Score: FULLY DEMONSTRATED

Comments

Conformity:

RD1: a) RCHD uploaded their approved Performance Management policy, highlighting areas which addresses setting of performance standards, including goals, targets and indicators, performance measurement, reporting on progress, and the connection to their continuous quality improvement plan and process.

b) RCHD staff provided documentation which was an excerpt from their performance management database which shows a listing of logic model outcomes, outcome type, performance measure, performance standard, source, baseline data, target setting method, reporting frequency, data source, responsible party, and linkage to the strategic plan.

c) The Performance Management Policy provided by RCHD includes a section entitle Performance Management which discusses how they will track and measure progress through the analysis of data. A second section addresses progress reporting and communication of results. This included periodic meetings of the strategic planning team to analyze data and review progress; reporting of progress to the Board of Health, County Commissioners, and the Public Health Advisory Committee; publication in annual reports and on the Department’s website; and, reporting at All Staff meetings. It was also noted staff can access the performance management database at any time to review progress and achievement of goals.

d) The Performance Management Policy provided by RCHD cites that they have developed a Quality Improvement (QI) Plan to achieve quality improvement in public health programs and policies; and, staff are encouraged to complete at least one QI project in their program area annually using the standards and measures set forth in the performance management database. Highlights were made to the QI Plan to illustrate the use of data as a strategy to identify a QI project and how the Plan Do Check Act (PDCA) cycle and performance management create a learning environment. The QI Plan also included a section on data analysis.

9.1.3 A: Implemented performance management system

Score: FULLY DEMONSTRATED

Comments

Conformity:

RD1: To demonstrate compliance, RCHD uploaded the charter for its Strategic Planning (SP) Team. The document describes the purpose of the SP Team including creating performance management standards and measures, tracking and monitoring the performance management system, and updating staff, the Board of Health, and the Public Health Advisory Council on performance management activities. It also cites the structure of team membership, intending to have cross-sectional representation from all areas and levels of the Health Department.

RD2: Example 1 – RCHD uploaded their 1/17 through 12/19 Strategic Priorities Action Plan, updated 10/5/18, and highlighted an administrative goal and objective in the area of workforce development, specifically to support and facilitate workplace wellness for RCHD employees. The goal, objective, and outcome measures are documented, as is the evaluation method (bi-annually employee satisfaction survey) and appropriate timeline (bi-annually from April 2017 and forward). Example 2 – The second example of monitoring of performance included a table taken from the RCHD performance management database, applicable graphs tracking performance, and minutes from a 5/11/18 strategic planning team meeting. This example relates to the established goals and performance standards for immunizations among 0-2 year-olds (tracked annually) in Riley County. Documentation showed collaborations across all RCHD Departments as well as community organizations (i.e., local pediatric office and a federal qualified health center).

RD3: Example 1 – Documentation provided for Example 1 related to the administrative performance goal of workplace wellness and included results of two employee satisfaction surveys completed in Spring 2018 and Fall 2018; minutes from an all staff meeting and a worksite wellness meeting held after the Spring 2018 survey; and, two worksite wellness meetings held after the Fall 2018 survey. Meeting minutes reflected a review of each survey's results. Example 2 – Documentation provided for Example 2 related to the program goal of immunizations among 0-2 year-olds. RCHD uploaded an excerpt from the performance management database and graphs illustrating their tracking of this goal on an annual basis. Also provided were minutes from a strategic planning meeting (5/11/18) during which immunization performance measures were reviewed; and, minutes from an all staff meeting (8/30/18) where progress on implementing action plans for improving immunization rates were monitored.

RD4: Example 1 – For the administrative objective, RCHD staff uploaded the results from the Spring 2018 and Fall 2018 employee satisfaction surveys and minutes from all staff and/or worksite wellness committee meetings wherein the results were reviewed and discussed. They also noted in the cover sheet that these surveys are completed twice a year to assess participation in employee wellness activities and they began in Fall 2017. To demonstrate the timeframe for this objective, RCHD uploaded the RCHD Strategic Plan Action Plan and highlighted the area that demonstrated the timeframe for this objective. Example 2 – For the program objective, RCHD staff uploaded an excerpt from the performance measurement database re: goals and performance standards for immunizations among 0-2 year-olds, noting that this is tracked annually. Also provided were graphs summarizing one year's annual

performance; and minutes from a strategic planning meeting where a root cause analysis was conducted to identify which may be hindering achievement of this goal. Staff also uploaded a blank root cause analysis template. These documents also demonstrated the timeframe for this objective.

RD5: Example 1 – To demonstrate compliance, RCHD uploaded the results from the Spring 2018 and Fall 2018 employee satisfaction surveys, minutes from all staff and/or worksite wellness committee meetings wherein the results were reviewed and discussed, and the strategic plan annual report (January 2018). The minutes of the aforementioned meetings cite next steps and opportunities for improvement such as sending results to human resources, revamping employee of the month and employee socials, and revising fitness Fridays. The strategic plan annual report also includes a summary of data trends, next steps, and opportunities. Example 2 – Documentation for the second example was the strategic plan annual report for 2018. RCHD staff outlined sections which summarized action steps take to improve immunization rates, results of increasing immunization rates, opportunities for improvements, and next steps.

RD6: (1 self-assessment) To demonstrate compliance, RCHD first uploaded an email (3/22/18) from the RCHD Director to the Strategic Planning Team instructing them to complete the Public Health Foundation's Performance Management Self-Assessment. Next, they uploaded the completed Performance Management Self-Assessment with compiled responses and minutes from a Strategic Planning Team meeting (5/2/18) where these results of the Assessment were discussed.

9.1.4 A: Implemented systematic process for assessing customer satisfaction with health department services

Score: FULLY DEMONSTRATED

Comments

Conformity:

RD1: To demonstrate compliance, RCHD provided documents from the RCHD Strategic Planning Annual Community Partner Day (10/12/17), where community members and stakeholders completed an Action SWOT analysis (from the Public Health Foundation) to identify health department strengths, weakness, opportunities, and threats for the RCHD as well as in specific program areas. In addition to the sign in sheet that indicated 38 individuals attended, RCHD also uploaded its community partner database and highlighted those groups that were in attendance that day. Community partners in attendance were members of agencies that represent and serve disenfranchised clients (low income, non-English speaking, elderly, homeless, etc.) thus they were able to speak on behalf of their agency and from the feedback they've heard from their clients. In addition to the Power Point presentation that was used that day, RCHD also uploaded meeting minutes which outlined the Action SWOT process and a document summarizing results of the SWOT and concluding action items. Example 2 – RCHD uploaded documents related to a customer satisfaction survey they administered to all clients and community members served by the health department; and, noted that they use this survey as part of their quality improvement process. Documentation included an email from the Director to staff about survey distribution (including that the survey was available in English and Spanish and would be available on Facebook), a screen shot of the Facebook posting, a copy of the Spanish version survey, and the survey

results. Minutes from the RCHD's Evidence Based Public Health Professional Development day (12/11/18) showed that the RCHD Administrative Team discussed the survey results and conclusions at that meeting.

RD2: Example 1 – RCHD uploaded four grant award letters received between July 2018 and December 2018, noting that one of the findings from the Action SWOT analysis completed with community partners was that RCHD needed to seek increased funding. RCHD noted that these are four new grants not previously applied for or awarded. Example 2 - In response to results and conclusions from the customer satisfaction survey which indicated (1) the need for increased community awareness of available programs and services and (2) the public finds it difficult to locate the RCHD building(s), RCHD staff created a Community Resource and Events calendar and updated their campus map. Documentation uploaded included a screen shot of the on-line calendar (dated 3/21/19) listing internal health department programs and events and an updated campus map (2/14/19). It was noted that the calendar can be used by program staff to access information about upcoming events and easily refer clients; and, the calendar will also be used by external partners.

9.1.5 A: Opportunities provided to staff for involvement in the department's performance management

Score: FULLY DEMONSTRATED

Comments

Conformity:

RD1: Example 1 – Documentation to demonstrate compliance included minutes and sign-in roster from the 6/29/17 All Staff Meeting which indicated the RCHD Director provided training on what is performance management, how it fits in with PHAB and Quality improvement, an overview of the performance management database, and how measures were selected. Example 2 – Documentation included minutes and sign-in roster for a training (3/28/17) facilitated by the Kansas Health Institute for the RCHD Strategic Planning Team. Minutes indicate training on what a performance management system is and the purpose, how the performance dashboard works and can be updated, how often to track measures, and reporting.

STANDARD 9.2 - DEVELOP AND IMPLEMENT QUALITY IMPROVEMENT PROCESSES INTEGRATED INTO ORGANIZATIONAL PRACTICE, PROGRAMS, PROCESSES, AND INTERVENTIONS.

Comments

RCHD has a written quality improvement plan that guides and directs their quality improvement processes across all program areas. Documentation provided demonstrated their use of quality improvement processes and tools to improve programs and service delivery.

9.2.1 A: Established quality improvement program based on organizational policies and direction

Score: **LARGELY DEMONSTRATED**

Comments

Conformity:

RD1: (1 plan) to demonstrate compliance, RCHD uploaded its Quality Improvement Plan last revised May 2017.

- The Plan includes a Definitions section where key quality terms are defined in order to create a common vocabulary and a clear, consistent message.
- Culture of quality and the desired future state of quality in the organization is addressed in the Purpose section of the Plan.
- Key elements of the RCHD quality improvement process is explained in the QI Team Selections and Expectations section. Membership is to include cross-sectional representation from all Departments. Terms are rotating and two years in length. Roles and responsibilities are explained as well as expectations for meeting attendance.
- The QI Plan requires QI training for new employees and annual training for current employees. The Plan lists an internal website where the new employee Intro to QI PowerPoint and Quiz can be accessed. Members of the QI Team will complete advanced QI training as needed. The Tools and the QI Process/PDA (Plan Do Check Act) lists applicable tools to be used when undertaking a QI Project, an explanation of PDA, and links to external websites for additional tools and training.
- All Departments are required by the Plan to complete one or two QI projects annually. Project proposals are approved by the RCHD QI Team and must be tracked through the RCHD Performance Management System. Project proposals that are data driven and align with the Strategic Plan, the Community Health Improvement Plan, Performance Management, or Public Health Accreditation Board (PHAB) Accreditation, or meet grant requirements will be given high priority. Program evaluations that align with program grant requirements or customer satisfaction will also be prioritized. The RCHD QI plan includes clear expectations for project selection including, proposals must have clearly defined purpose, goals and objectives that are Specific, Measurable, Attainable, Relevant, Timely (SMART), a responsible person identified as the project lead, a clear with a process to evaluate the effectiveness of project, and a clearly identified project timeline. While the expectations of what would be included was in the Plan, the goals and objectives themselves were not included. The RCHD QI Plan designates their QI Team as the monitor of QI Projects. The project team will initiate the steps of the PDCA model for improvement unless another model is selected.
- Data and progress is tracked through their Performance Management database. The QI team provides technical assistance. Project leads are required to submit follow-up progress and completion reports to the QI Team on a quarterly basis.

- The QI Plan indicates a number of methods will be used to ensure regular and consistent communication occurs regarding QI efforts within the RCHD. Project specific communications include the use of weekly updates and storyboards quarterly reports to the QI team. To communicate outcomes and/or lessons learned, project teams use a written summary or storyboard to present at all staff meetings.
- The process to assess the effectiveness of QI projects was described in the QI Plan. This included steps to be taken during the execution of the QI project as well at the completion of the project. It also noted the QI team provides feedback to the project team using the Quality Improvement feedback form.

9.2.2 A: Implemented quality improvement activities

Score: LARGELY DEMONSTRATED

Comments

Conformity:

RD1: Example 1 – The first quality improvement activity provided to demonstrate compliance addressed the inability to track client referrals across RCHD programs and externally with community partners. This project is projected to be completed during the period July 1, 2018 through July 1, 2019. It does not predate their QI Plan. Documentation provided included the completed QI Proposal Form (2/1/18), QI Project Worksheet (5/1/18), and meeting minutes (8/14/18), a series of internal and external emails (8/14/18, 8/15/18, 9/18/18, and 10/5/18), an updated QI Project Worksheet (3/22/19) and a PowerPoint Presentation (3/25/19). This is a programmatic example.

- The QI Team working on this project problem-solved and planned the improvement by completing the internal QI Proposal Form and submitting it to the QI team for approval. Steps included identifying the issue, developing SMART objectives, and explaining why it is a priority. The QI Team provided feedback (i.e., two suggestions) with their approval.
- The QI Proposal Form and the QI Report include the selected problem (i.e., inability to track client referrals across programs) and the improvement opportunity (implementing an on-line referral tracking system and engaging community service providers to participate in the tracking system).
- Both documents described the current process surrounding the improvement opportunity (i.e., no system in place, however a State system currently utilized in another program area could be modified to meet the needs of this problem).
- Both documents also assisted with determining all possible causes of the problem and agreed on contributing factors and root causes (i.e., no mechanism to track internal referrals across RCHD programs; clients get lost between buildings; no way of knowing if clients received services from the referral or if they weren't connected, what happened and why).
- Development of a solution and action plan, including time frame targets for improvement were identified in the QI Project Worksheet and the Administrative QI Team Minutes.

- The QI Project Worksheet, in the Plan Do Study Act section explain what staff did to implement the solution or process change (i.e., edit community standards and amend the system to allow changes requested by community partners).
- The QI Project Worksheet outlined how staff reviewed and evaluated the result of the change, and how they acted on what they learned (i.e., collected baseline data, training of partners, recruitment of new partners, review of data with partners, continuation of PDSA cycle).

Example 2 – Documentation was provided for a 5-year quality improvement project (begins February 2018) to increase HPV immunization rates. The project does not predate the RCHD QI Plan. Documents included the QI Proposal Form (3/6/18), Performance Improvement Project Report (3/13/18) which includes the Plan Do Study Act process, a news release (2/25/19) from the Immunize Kansas Coalition announcing innovation grant awards for improving adolescent immunization rates, and RCHD’s final grant report (11/30/18) to the Coalition. This example is also programmatic.

- Staff problem solved and planned this initiative by completing the QI Proposal Form. The QI Team approved the plan (4/11/18) and provided feedback.
- Both the QI Proposal Form and the Performance Improvement Project Report included the selected problem and the improvement opportunity. It was noted that while adult immunization rates were continuing to increase, rates of the HPV vaccine were disappointingly low.
- Both the QI Proposal Form and the Performance Improvement Project Report described the current process for this initiative.
- The Performance Improvement Project Report listed the contributing factors and root causes (i.e., missed opportunities, misperceptions, perceived and real assumptions by parents, etc.).
- The Plan Do Study Act component of the Performance Improvement Project Report was used to develop the Action Plan. The Action Plan included timelines and assigned responsibilities for specific tasks. In addition to a reminder/recall for individual clients, actions taken include population-based health strategies: community meetings to educate and collaborate with local physicians, working with the school district to develop letters to parents about vaccine recommendations, and social media posts about HPV.
- The QI Proposal and Performance Improvement Project Report outlined the implementation of the solution through the Do section of the Plan Do Study Act process.
- They Study process of the Performance Improvement Project Report illustrated staffs’ review and evaluation of the results.

While the referral example did include some administrative pieces, it was a systems change for access to care and therefore it is a programmatic example. An administrative QI project was not provided.

RD2: Example 1 - RCHD uploaded minutes and sign in sheet from the 9/19/18 Quality Improvement Team meeting minutes, noting that this team is the lead and the liaison, between staff and the leadership, for all department quality efforts. Example 2 - Documentation included an email (2/19/19) from the QI Team Coordinator to the QI Team re the development of the Quality Improvement Project

Proposal Form. Team was working to ensure that this form matched the requirements set out in the Final Project Review Checklist.

DOMAIN 10: CONTRIBUTE TO AND APPLY THE EVIDENCE BASE OF PUBLIC HEALTH

Comments

RCHD has written policies to protect human subjects in research and the trained staff to analyze and communicate current research and its public health implications.

STANDARD 10.1 - IDENTIFY AND USE THE BEST AVAILABLE EVIDENCE FOR MAKING INFORMED PUBLIC HEALTH PRACTICE DECISIONS.

Comments

RCHD demonstrated the ability to adapt evidenced-based programs to effectively meet the needs of program participants.

10.1.1 A: Applicable evidence-based and/or promising practices identified and used when implementing new or revised processes, programs, and/or interventions

Score: FULLY DEMONSTRATED

Comments

Conformity:

RD1: Example 1 – RCHD uploaded its Comprehensive Community-based Health Promotion and Disease Prevention Plan (2017-2019) which cites their goals and strategies to reduce the burden of chronic diseases by addressing smoking cessation strategies, nutrition and access to healthy foods, physical activity and expansion of worksite wellness programs in Riley County.

a) RCHD staff highlighted sections within the report that cite their use of Safe Routes to School (SRTS) as a strategy that promotes walking and biking to school through infrastructure improvements, enforcement, and safety education (U.S Department of Transportation, 2015). This strategy which has been implemented nationally addresses chronic disease, increases physical activity, improves safe, reduces motor vehicle-related injuries and fatalities, and reduces transportation’s contribution to air pollution.

b) Documentation to illustrate how this evidence-based practice was incorporated into a new program in Riley County was a letter written by the RCHD Director to the Kansas Department of Transportation re: improving crossings and sidewalks near elementary schools to make it safe for young students to walk and bike to school.

Example 2 – RCHD uploaded the Kansas Department of Health and Environment’s Becoming a Mom® Program Evaluation (February 2017) State Aggregate Report. RCHD delivers this program in collaboration with other community partners (i.e., local OB/GYN group, WIC, local hospital, local federally qualified health center) at no cost to any pregnant women, dads, and other supportive partners in the community.

a) This is a perinatal community collaborative education model utilizing the Becoming a Mom curriculum developed by the March of Dimes to address birth disparities primarily among low-income, minority

women who are eligible for Medicaid. The Kansas State Health Department first introduced this model in Kansas in 2012 and continues to expand its availability across Kansas. Riley County was brought on in 2014.

b) RCHD provided documentation that showed that while the Becoming a Mom curriculum and evaluation processes are standardized, the Kansas State Health Department was able to revise the program to meet specific statewide objectives. Similarly, RCHD was permitted to revise how they deliver the sessions to adapt to the needs of the participants in their community. These changes were implemented after RCHD staff completed a QI project to find the most convenient time(s) to connect women to local resources.

STANDARD 10.2 - PROMOTE UNDERSTANDING AND USE OF THE CURRENT BODY OF RESEARCH RESULTS, EVALUATIONS, AND EVIDENCE-BASED PRACTICES WITH APPROPRIATE AUDIENCES.

Comments

RCHD has adopted a human subjects research protection policy. The document states that RCHD does not participate in research that requires review by an Institutional Review Board (IRB). RCHD reported they have three internal staff who can analyze research and its public health implications. The Health Department demonstrated the ability to communicate research findings and public health implications.

10.2.1 A: Protection of human subjects when the health department is involved in or supports research activities

Score: FULLY DEMONSTRATED

Comments

Conformity:

RD1: RCHD provided its Statement on Human Subjects and Public Health Practice and Guidelines for Ethical Data Collection (updated 4/13/18) as documentation for this measure. The document states that RCHD does not participate in research that requires review by an Institutional Review Board (IRB), but does receive requests from Kansas State University to be a participant of a research project. The document also cites acceptable assessment and evaluation projects that can be conducted by RCHD employees, ethical guidelines, and a procedure for dealing with study requests.

10.2.2 A: Access to expertise to analyze current research and its public health implications

Score: FULLY DEMONSTRATED

Comments

Conformity:

Documentation for this measure included a list (5/25/18) of internal staff (3) who can analyze research and its public health implications. Also provided was the curriculum vitae for everyone which included experience with research and data analysis.

10.2.3 A: Communicated research findings, including public health implications

Score: LARGELY DEMONSTRATED

Comments

Conformity:

RD1: Example 1 – RCHD uploaded a PowerPoint presentation used by their Director during a Kansas State University: Sexual Health Forum (8/30/17). Research findings from an American College of Obstetricians and Gynecologists peer reviewed article entitled, “Increasing Access to Contraceptive Implants and Intrauterine Devices to Reduce Unintended Pregnancy” were referenced and implications on unintended pregnancy and health outcomes were discussed. It is unclear from the documentation provided if the RCHD provided this data and research to the State Health Department. Example 2 - Documentation included screenshots (taken 7/11/18) from the RCHD website influenza page. The first screenshot (of the RCHD influenza page) included links to the American Academy of Pediatrics journal and their 8/7/18 Advisory Committee on Immunization Practices findings; and, to the Centers for Disease Control and Prevention 6/18/18 Morbidity and Mortality Weekly Report (MMWR) summarizing findings on the use of the live influenza vaccine. These documents included an overview of the discussions held as part of the decision-making process re: influenza vaccine recommendations for the 2018-2019 Influenza season and a description of the methodology and data reviewed. It is unclear from the documentation provided if the RCHD provided this data and research to the State Health Department.

DOMAIN 11: MAINTAIN ADMINISTRATIVE AND MANAGEMENT CAPACITY

Comments

RCHD has an established financial system and an operational infrastructure to support the functions of the health department. They proactively seek grant funding and manage grants and contracts effectively. They have a good working relationship with the County which provides their human resources and Information Technology (IT) for the health department. As observed at the site visit, the facility was clean and well maintained and visually appealing, with posters, educational materials and other public health messages in all public places. Staff can accommodate hearing and visually impaired individuals, as well as other with disabilities.

STANDARD 11.1 - DEVELOP AND MAINTAIN AN OPERATIONAL INFRASTRUCTURE TO SUPPORT THE PERFORMANCE OF PUBLIC HEALTH FUNCTIONS.

Comments

RCHD has a good working relationship with Riley County for all their human resource and Information Technology (IT) needs. As observed at the site visit, the health department facility was clean and well maintained. All public areas had educational information, posters and pamphlets for the public. There was evidence of access to and the use of technology at employee workstations and in conference rooms.

11.1.1 A: Policies and procedures regarding health department operations, reviewed regularly, and accessible to staff

Score: LARGELY DEMONSTRATED

Comments

Conformity:

RD1: RCHD submitted a computer screenshot of the table of contents from the Common Drive showing "Operations Policies and Procedures" as a folder. The next screen shot shows the table of contents for the "Operations Policies and Procedures" folder, with 2 examples highlighted: "Office supplies requisition protocol 2014" and "RCHD dress code policy approved." A complete copy of each policy was submitted.

RD2: The October 2018 RCHD organizational chart showed the Riley County Commissioners (Board of Health), Health Officer, the leadership/management positions that report to the Health Officer and the organization of programs throughout the department, including program names.

RD3: Example 1 - RCHD submitted their Emergency Operations Plan that provides "information pertaining to the deployment, mobilization, and tactical operations of RCHD in response to emergencies. Example 2 - Also submitted was an Emergency Preparedness Team Meeting Agenda, sign-in sheet, Minutes documenting review of the Emergency Operations Plan and the "Revision History" page documenting that the review took place. This example does not focus on direct organizational operations, but rather the specific emergency preparedness program.

RD4: Example 1 - A computer screenshot of the department Y Drive showed the “Policies_Procedures_Guidelines” as a File Folder which is available to all employees. The second screenshot was the open folder with all of the policies and procedures listed.

Opportunities for Improvement:

The site visit team has identified an opportunity for improvement that goes beyond the Standard and Measure. Consider using the same format for all policies and procedures for easy reference and consistency.

11.1.2 A: Ethical issues identified and ethical decisions made

Score: LARGELY DEMONSTRATED

Comments

Conformity:

RD1: 1 process. RCHD submitted a copy of their “Ethics Committee Charter” which included their purpose, membership, roles and responsibilities, and process to identify ethical issues for consideration by the committee. The Charter calls for a transparent process that invites key stakeholders such as a Board of Health member, Public Health Advisory member or other community members. Other non-stakeholders, such as content experts, may be invited to participate when appropriate. The process includes steps for considering the best available evidence with checks and balances. The Charter does not include opportunities to evaluate decisions as new information becomes available. The Charter includes a public health code of ethics based on the American Public Health Association Ethical Practice of Public Health, and codes specifically for social work, nurses, dietitians, and medical interpreting and translating. Accountability is addressed through availability of legal counsel and the policy states that it is ultimately the responsibility of the RCHD Director and/or the Board of County Commissioners to make the final decision.

RD2: 1 Example. Minutes and sign-in sheet of an Ethics Committee Meeting showing discussion of whether to require mandatory influenza vaccination for all RCHD staff was submitted. A copy of an email from the Health Director to the Ethics Committee informing them that the Leadership Team accepted their decision to highly recommend annual influenza vaccination for staff, and that it was going to the County Commissioners (Board of Health) for approval. A copy of the resulting policy was also submitted.

11.1.3 A: Policies regarding confidentiality, including applicable HIPAA requirements

Score: FULLY DEMONSTRATED

Comments

Conformity:

RD1: 1 policy. RCHD submitted their “HIPAA Handbook and Policy Manual” which included: notice of privacy practices; use and disclosure of protected health information (PHI); requests for access to PHI; what to do in a breach of policy; guidance for business associates; safeguards for PHI; and a complaints and grievance process. The policy contained specific processes for how customer confidentiality is protected both personally and through EMR and other records. The policy included all forms, guidance for transferring electronic and paper data, and processes for secure handling of computers, electronic information, building access and securing paper files.

RD2: Example 1 - RCHD submitted a sign-in sheet and minutes of an All Staff Meeting stating that HIPAA training was provided to all employees at the meeting. A copy of the PowerPoint showing the content of the training was also submitted. Example 2 - HIPAA training and confidentiality is part of the RCHD new employee orientation. RCHD submitted the orientation materials for a 2017 orientation showing HIPAA and confidentiality topics. A spreadsheet log of “staff orientation trainings” documenting employee receipt of the HIPAA manual and HIPAA training was also submitted.

RD3: 1 form and 1 log. An RCHD Confidentiality Agreement showing an employee signature line was submitted. Also submitted was a spreadsheet log of employees where annual training for confidentiality was tracked. The Administrative Assistant is the HIPAA Privacy Officer, who prepares the spreadsheet and keeps the original signed confidentiality forms on file.

11.1.4 A: Policies, processes, programs, and interventions provided that are socially, culturally, and linguistically appropriate to specific populations with higher health risks and poorer health outcomes.

Score: **LARGELY DEMONSTRATED**

Comments

Conformity:

RD1: 1 policy. RCHD submitted their “Health Equity and Health Promotion Policy” based on documents from the American Public Health Association, Health Resources Services Administration, Healthy People 2020 and other resources. The policy includes interventions promoting health equity; program development; language; visually & hearing impaired; and literacy. Health equity definitions and factors that contribute to poorer health outcomes are included. The policy includes a “Cultural Competency and Health Literacy Checklist” for staff to complete when developing new programs, written materials and presentations. These are then reviewed by a supervisor for compliance with the Checklist.

RD2: Example 1 - RCHD submitted their “Health Equity and Health Promotion Policy” highlighting the checklist required by all supervisors highlighting the assessment of new programs and/or materials for health equity and whether they are culturally and linguistically appropriate. RCHD did not submit an example that documented its use. Example 2 - RCHD submitted a one-page flyer in Spanish that they stated was for a new provider orientation in the Child Care Licensing program. There was no documentation that the "Health Equity and Health Promotion Policy" or "Cultural Competency and Health Literacy Checklist" had been used in development of the flyer.

RD3: Example 1 - RCHD submitted an individual self-assessment checklist titled “Promoting Cultural Diversity and Cultural Competency” from the National Center for Cultural Competence at the

Georgetown University Center for Child & Human Development (2009). Also submitted was an email from the Director asking staff to complete the assessment as they had discussed in their June Professional Development meeting, and that there would be a debrief at the August All-Staff meeting. The sign-in sheet and minutes from August meeting with the “Cultural Competency Debrief” as an agenda item as well as a summary of their discussion was also submitted.

RD4: Example: 1 - RCHD submitted a sign-in sheet and minutes from a “Health Equity and Public Health Ethics Professional Development Day” held for all staff in June. The minutes showed that topics covered in the Health Promotion Policy and Cultural Competency and Health Literacy Checklist were reviewed, and staff were introduced to the “Cultural Competency Self-Assessment” that they were directed to complete by the August All-Staff meeting.

11.1.5 A:A human resources function

Score: FULLY DEMONSTRATED

Comments

Conformity:

RD1: 1 set of policies. RCHD operates under the Riley County Personnel Policies and Guidelines adopted in 2012. RCHD submitted an email from the County Human Resources Manager to the RCHD Director stating that the 2012 version is the most recent although there have been supplements since then. A computer screenshot showing files of the supplements was also submitted. RCHD submitted the full policy which included: legal requirements that pertain to the jurisdiction (employees are at-will, department heads cannot enter into employment related contracts, etc.); recruitment and hiring; and equal employment opportunity. Human Resources shall keep records of all persons employed and maintain them under applicable state or federal law. Employee personnel files and medical records are kept separate. All personnel records shall be subject to the Kansas Open Records Act. A description of the pay plan structure was included but the pay ranges and steps (salary structure) were not in the policy. Hours of work; benefits package; and a complaint procedure and forms, including sexual harassment were included. Each county employee participates in a formal evaluation process, which was described.

RD2: Example 1 - RCHD submitted a computer screenshot of countywide drive W showing the Personnel Policies and Procedures under the Human Resources file. A second screenshot shows the individual files under the Personnel Policies and Procedures. Drive W is available on every employee's computer.

RD3: Example 1 - An email from the Human Resources Manager to a Health Educator applicant with the subject line “pre employment info” was submitted. The email was confirming a conditional offer of employment made by the Director by phone. The email gave directions for a criminal background check, driver’s license check and drug screening. Also submitted were minutes from a County Commissioners meeting approving the hire of the Health Educator and a copy of the Riley County Personnel Action Form or "green sheet", a form signed by the Human Resources Manager and the Board of Health authorizing final hire with job title, salary, full or part-time, etc. This template is used to document final confirmation and the working relationship agreement.

RD4: Example 1 - RCHD submitted an email chain between the Human Resources (HR) Manager, RCHD Director, Health Educator and MPH intern. RCHD was interested in implementing a county wide breastfeeding policy. The HR Manager clarified current policy, met with RCHD to identify policy changes, toured county buildings to assess breastfeeding locations, and coordinated communication with other county stakeholders. Example 2 - RCHD submitted an email chain between the WIC Supervisor and the Human Resources (HR) Manager about differences between allowable travel time expenses under the WIC grant and County HR policies. The HR Manager provided a recommendation that satisfied both requirements.

11.1.6 A: Information management function that supports the health department's mission and workforce by providing infrastructure for data storage, protection, and management; and data analysis and reporting

Score: FULLY DEMONSTRATED

Comments

Conformity:

RD1: Example 1 - RCHD submitted a screenshot of the home page for IRIS (Integrated Referral and Intake System), a web-based communication tool to help organizations connect families to resources in their community. Also submitted was an email from the Director to staff stating when IRIS would be implemented at RCHD, how to get IRIS user information and FAQ's on their internal Y drive, and training dates for staff. Example 2 - In 2018 the state health department launched the Kansas Grants Management System (KGMS) which replaced a previous system. RCHD documented their participation in the new system through e-mails between the Director and RCHD staff, and the Director and the State Health Department. The emails described the new system, how it works and a schedule of training. Screenshots were submitted showing RCHD implementation and use of the system.

RD2: Example 1 - The RCHD HIPAA Privacy Officer completed a Security Risk Assessment Tool to identify risks and vulnerabilities to the confidentiality, availability and integrity of electronic protected health information at RCHD in 2018. A copy of the report was submitted.

RD3: 1 policy. RCHD submitted their "Riley County Health Department HIPAA Handbook and Policy Manual." Sections were highlighted to document adherence to federal, state and local privacy protection regulations for handling data. The policy referenced and described compliance with: the 2013 Omnibus HIPAA Final Rule and Kansas Health Information Technology Act; mandatory reporting requirements under Kansas Law; US Department of Health and Human Services; and the 2013 Kansas Association of Local Health Departments (KALHD) HIPAA Privacy Rule Handbook.

RD4: Example 1 - Information management for RCHD is provided by the County. An email between the Riley County IT Director and the Health Director describes the County management of their business system requirements. The County meets regularly with RCHD, tracks all of their hardware purchases and has a replacement policy. Also included was a copy of the Riley County Procurement Policy, detailing the process for updating and purchasing IT equipment.

RD5: Example 1 - RCHD submitted a statewide “LHD Systems Catalog” of systems noted to be used in local health departments in Kansas compiled by the Wichita State University. Screenshots of the system were submitted, as well as a description of the different programs within the system. An email documenting RCHD participation in the catalog system was also submitted.

Riley County provides all of the Health Department’s IT needs. There was evidence of access to and the use of technology at employee workstations and in conference rooms. Technology was used for security, as non-public places required an ID card swipe for entry.

11.1.7 A: Facilities that are clean, safe, accessible, and secure

Score: FULLY DEMONSTRATED

Comments

Conformity:

RD1: As Needed. RCHD submitted copies of licenses for all laboratories it has access to, including the Kansas Health and Environmental Lab, with confirmation that this lab is authorized under the CDC Select Agent Program.

RD2: Example 1 - RCHD submitted an IACH Infection Control Inspection results spreadsheet, stating that the WIC program does a monthly inspection at its Fort Riley location. Included in the inspection are cleaning, hand hygiene and general facility maintenance. An email documenting the report was sent from RCHD to Fort Riley was also submitted. Example 2 - RCHD submitted a letter from the Manhattan Fire Department that stated “an inspection of your facility on September 25, 2017 revealed no violations.” A copy of the inspection report, noting review of security and safety issues was included.

RD3: Example 1 - RCHD conducted an ADA self-assessment based on the Standards set in the 2010 ADA Assessment for Accessible Design. A copy of the results was submitted which listed each priority area, areas of non-compliance, and recommendations for improvement. Observations at the site visit demonstrated that the facilities were well maintained and clean. All employees wear an ID badge and have a key fob that provides access to secure areas in the health department.

Opportunities for Improvement:

The site visit team has identified an opportunity for improvement that goes beyond the Standard and Measure. There was a set of files near one of the conference rooms. While it was locked, RCHD might consider moving the files away from a high traffic area like a conference room.

STANDARD 11.2 - ESTABLISH EFFECTIVE FINANCIAL MANAGEMENT SYSTEM.

Comments

RCHD has an established financial system and manages funds from multiple sources including grants and contracts. They participate in the county budget process and formal audits.

11.2.1 A: Financial and programmatic oversight of grants and contracts

Score: FULLY DEMONSTRATED

Comments

Conformity:

RD1: Examples 1 & 2 - Previous two fiscal years: RCHD is audited as part of the Riley County Board of Commissioners. RCHD submitted a copy of an independent Auditor's Report for the years ended December 31, 2016 and December 31, 2017. Sections of the reporting pertaining to the Health Department were highlighted.

RD2: Example 1 - RCHD provided a letter from the Director stating that RCHD has not received any communication designating the Health Department as a "high-risk grantee."

11.2.2 A: Written agreements with entities from which the health department purchases, or to which the health department delegates, services, processes, programs, and/or interventions

Score: LARGELY DEMONSTRATED

Comments

Conformity:

RD1: Example 1 - RCHD submitted a memorandum of understanding between RCHD and Konza Prairie Community Health and Dental Center for emergency storage of vaccines. This example is outside of PHAB's scope of authority. Example 2 - RCHD submitted a contract agreement with the Kansas Health Institute (KHI) to provide a Health in All Policies (HiAP) workshop for the Health Department. The contract was signed and dated by both parties.

11.2.3 A: Financial management systems

Score: LARGELY DEMONSTRATED

Comments

Conformity:

RD1: 1 budget. RCHD submitted the Riley County Commissioners 2019 Budget document, highlighting the specific Health Department fund sections. A copy of the County Commissioners meeting minutes showing adoption of the budget was also submitted. This budget was in effect when PHAB documentation was submitted.

RD2: Example 1 - RCHD submitted a second quarter (October - December 2018) Public Health Emergency Preparedness (PHEP) financial status report to the Kansas Department of Health and Environment (KDHE). This example does not show quarterly financial reports for the full RCHD budget. Example 2 - RCHD submitted a successive Public Health Emergency (PHEP) report from RD2:

Example 1. This was a first quarter (July - September 2018) PHEP financial status report to the Kansas Department of Health and Environment (KDHE). This example does not show quarterly financial reports for the full RCHD budget.

11.2.4 A: Resources sought to support agency infrastructure and processes, programs, and interventions

Score: FULLY DEMONSTRATED

Comments

Conformity:

RD1: Example 1 - RCHD and the Flint Hills Wellness Coalition jointly applied to the Kansas Health Foundation for a grant to build capacities to address health equity in Riley County. Documentation included a signed copy of the proposal; description of the coalition and leadership team; project objectives; budget; and several letters of support. Example 2 - RCHD submitted a signed grant application to the Caroline Peine Charitable Foundation/The Manhattan Fund, for \$20,000 to improve the Raising Riley Quality Rating and Improvement system (an early childhood program). Also submitted was a letter to RCHD notifying them that they were awarded the grant.

RD2: Example 1 - RCHD submitted a Riley County Board of Commissioners meeting agenda showing the Director scheduled to give a monthly budget review and report to the Board of Health. The minutes showed that the Director shared a US Department of Health and Human Services Report titled "Recommendations to Achieve Public Health 3.0" and highlighted public health funding recommendations. A copy of the report was also submitted. Example 2 - RCHD submitted a Riley County Board of Commissioners meeting agenda showing the Director scheduled to give a report about the health department budget and personnel request. The minutes showed the Director gave a PowerPoint presentation highlighting additional personnel needs in programs and providing justification for the increased investment.

DOMAIN 12: MAINTAIN CAPACITY TO ENGAGE THE PUBLIC HEALTH GOVERNING ENTITY

Comments

As observed in the governing entity session the health department appears to have a good working relationship with the Board of County Commissioners who also serve as the Board of Health. The Health Director meets at least monthly with the Board for updates about performance, grants, and current public health issues in Riley County.

STANDARD 12.1 - MAINTAIN CURRENT OPERATIONAL DEFINITIONS AND STATEMENTS OF PUBLIC HEALTH ROLES, RESPONSIBILITIES, AND AUTHORITIES.

Comments

The Health Department successfully provided evidence of their authority to conduct public health activities, the governing entity authority, and their implementation of those required activities.

12.1.1 A: Mandated public health operations, programs, and services provided

Score: FULLY DEMONSTRATED

Comments

Conformity:

RD1: Example 1 - RCHD submitted a document they prepared listing the language from the Kansas State Statutes for Mandated Public Health Operations, Programs and Services. These included Disease Investigation, Surveillance, Isolation and Quarantine; Sanitary inspections of schools; Childcare Licensing; and Reportable Disease Laws in Kansas. A full copy of the language and a reference to the legal citation was included for each.

RD2: Example 1 - A copy of the RCHD 2017 Annual Report was submitted documenting disease surveillance and investigation activities; childcare licensing inspections; and an annual sanitary inspection of each school building. These activities demonstrate implementation of mandated programs described in RD1.

12.1.2 A: Operational definitions and/or statements of the public health governing entity's roles and responsibilities

Score: FULLY DEMONSTRATED

Comments

Conformity:

RD1: Example 1 - RCHD submitted screenshots from the Kansas Office of Revisor of Statutes which stated the County Commissioners shall act as county boards of health for their respective counties and described their authority to "contract for the protection and promotion of the public health and

welfare." RCHD also submitted a charter where the Board of Health established a Public Health Advisory Council, consisting of a physician, nurse, veterinarian, dentist, representative of education and four public members. The Council advises the Board of Health and assists in establishing budgets and prioritizing programs.

RD2: Example 1 - RCHD submitted a document titled "Structure of the Riley County Commission/Board of Health". The document described the structure and composition of the county commissioners; how they are elected; meetings; and powers. The full language and legal citations from the Kansas Office of Revisor of Statutes were submitted describing the duties of the Board of Health.

STANDARD 12.2 - PROVIDE INFORMATION TO THE GOVERNING ENTITY REGARDING PUBLIC HEALTH AND THE OFFICIAL RESPONSIBILITIES OF THE HEALTH DEPARTMENT AND OF THE GOVERNING ENTITY.

Comments

During the governing entity session of the site visit, Board members referenced the orientation received by the Health Department and the Kansas County Commissioners Association as being helpful. They also expressed their support for the health department's knowledge and the specific reports and updates from the Director.

12.2.1 A: Communication with the governing entity regarding the responsibilities of the public health department and of the responsibilities of the governing entity

Score: **FULLY DEMONSTRATED**

Comments

Conformity:

RD1: a) Example 1 - RCHD submitted a Board of Commissioners (Board of Health) September 2018 meeting minutes showing the Health Director updating the Board about significant flooding that caused a public health nuisance in a local business. Her update included a status of the situation, actions taken by Health Department, and a description of the Board's legal authority to take those actions. Example 2 - RCHD submitted a Board of County Commissioners meeting agenda showing an agenda item of "Approval and Adoption of Riley County Isolation and Quarantine Response Plan" presented by the RCHD Emergency Preparedness Coordinator. A copy of the Commission Agenda report prepared by RCHD for the Board included background (which referenced legal authority for counties to protect the public's health in event of a disease outbreak and authority given to Health Officers working with their Boards of Health); discussion; fiscal impact; and recommendations. The report included the full Isolation and Quarantine Response Plan as an attachment. The report documented the presentation by the Preparedness Coordinator and had a summary of discussion by the Board of Health, including the Board and local public health agency roles and responsibilities, which were also highlighted in the plan.

b) process. RCHD submitted a Board of Health Orientation Procedure stating that all Board of County Commissioners serving on the Board of Health begin orientation within six months of taking office. Orientation topics were listed and included statutory authority of the Board, key public health

regulations and an overview of RCHD programs and staff. The procedure includes participation in the Kansas Association of County Commissioners orientation for Board members offered every 2 years. RCHD submitted a meeting agenda, sign-in sheet and PowerPoint slides documenting implementation of the orientation procedure for a new Board member.

STANDARD 12.3 - ENCOURAGE THE GOVERNING ENTITY'S ENGAGEMENT IN THE PUBLIC HEALTH DEPARTMENT'S OVERALL OBLIGATIONS AND RESPONSIBILITIES.

Comments

The Health Director meets monthly with the Board of County Commissioners who also serve as the Board of Health. Since the Commissioners meet every other week, the Director, who is only required to meet with them monthly, is many times on the agenda more often to discuss public health issues. The Health Department utilizes the Leadership Team meetings to review actions of the Board and identify areas for further education.

12.3.1 A: Information provided to the governing entity about important public health issues facing the community, the health department, and/or the recent actions of the health department

Score: FULLY DEMONSTRATED

Comments

Conformity:

RD1: Example 1 - RCHD submitted an April 2017 Commissioners agenda report which is the monthly report to the Board of Health. Presented by the RCHD Director, the report shared the County Health Rankings with an attachment showing Riley County results; briefing about a mumps outbreak at Kansas State University (KSU) and how RCHD was responding and; information about grant applications. Example 2 - RCHD submitted an April 2018 Commissioners agenda report which is the health department staff report or monthly report to the Board. Presented by the RCHD Director, the report included an update about activities for a health equity grant in a specific neighborhood; progress on awarding a contract for an electronic medical record; performance management (with a PowerPoint presentation attached); and the latest County Health Rankings (with an attachment of the results).

12.3.2 A: Actions taken by the governing entity tracked and reviewed

Score: FULLY DEMONSTRATED

Comments

Conformity:

RD1: Example 1 - RCHD submitted an Outcome Tracking Sheet, listing Board of Health meeting date, type of report, issue description, and action taken with individual votes for each Board member for the

year 2017. Leadership Team meeting minutes for May 2018 showing discussion of the tracking sheet, including trends and positions taken was included. Example 2 - RCHD submitted screenshots of an online Legislative File Search from the County Commissioners. The file listed all 2018 legislative actions by the Board of Health and their status (adopted or not). A copy of Leadership team meeting minutes for March 8, 2019 was submitted to show discussion of the 2018 legislative actions, which included patterns and identification of public health issues for additional education of the Board members.

Opportunities for Improvement:

The site visit team has identified two opportunities for improvement that goes beyond the Standard and Measure.

Meeting minutes should include full names and/or titles or organizations of individuals present and who is being referenced in the discussion or who is making a report. This will assure good institutional memory of events.

Documents such as the 2017 BOCC/BOH tracking sheet should include the health department logo or other branding.

12.3.3 A: Communication with the governing entity about health department performance assessment and improvement

Score: FULLY DEMONSTRATED

Comments

Conformity:

RD1: Example 1 - RCHD submitted a 2014 PowerPoint presentation given by the Director to the Board of Health titled “Local Public Health System Assessment Report & Next Steps.” The presentation included results of the Riley County public health system assessment based on the 10 Essential Public Health Services. Example 2 - RCHD submitted a copy of the County Commissioners January 2017 meeting agenda showing the Director scheduled to present the Riley County Health Department Strategic Action Plan. A copy of the presentation and the strategic plan were also submitted, showing assessment of health department performance leading to the plan goals and objectives.

RD2: Example 1 - RCHD submitted a County Commissioners July 2018 Agenda showing the RCHD Director scheduled to give her report. A copy of the PowerPoint presentation was submitted, defining performance management for the department using 2017 as a baseline. Selected measures were about: progress toward PHAB accreditation; child care licensing; the Raising Riley program; WIC; maternal and child health; emergency preparedness; public health clinics and quality improvement projects. For each area, the report stated the measure, gave an assessment on progress toward meeting the measure, and shared next steps and opportunities. Charts showing baseline, the performance standard and actual data showing progress were included for each area. Example 2 - RCHD submitted a County Commissioners December 2018 Agenda showing the RCHD Director scheduled to give a report which included Strategic Planning and Accreditation Update, and Performance Management Update. A copy of

the PowerPoint presentation was submitted, with updates on the selected measures as presented previously to the Board of Health in July 2018, as described in RD2: Example 1.