



# STAFF REPORT

**Report To:** Board of Health

**Meeting Date:** July 21, 2016

**Staff Contact:** Nicki Aaker (naaker@carson.org), Taylor Radtke (tradtke@carson.org)

**Agenda Title:** For Possible Action - Review and provide possible revision to Carson City Health and Human Services' current strategies in place to address "areas for improvement" identified by the Public Health Accreditation Board (PHAB) during a site visit.

**Staff Summary:** Carson City Health and Human Services is requesting the Carson City Board of Health's input on strategies currently in place along with proposed strategies to address "areas for improvement" identified in the Site Visit Report. For informational purposes, the CCHHS PHAB Site Visit Report has been provided. The report outlines the information received by CCHHS from the PHAB designated Site Visit Team following the Site Visit in February 2016. The report outlines all areas of strength and areas for improvement identified by the PHAB Site Visit Team, through the combination of detailed documentation review, as well as through the Site Visit itself. CCHHS was scored as "Fully Demonstrating" (100%) conformity on 60 measures, "Largely Demonstrating" (51-99%) conformity on 31 measures, "Slightly Demonstrating" (1-50%) conformity on 4 measures, and "Not Demonstrating" (0%) conformity on two measures. Five areas of improvement were identified by PHAB upon granting CCHHS national public health accreditation. CCHHS staff are presenting the report and asking for guidance from the Carson City Board of Health as to any potential course of action to strengthen these five areas.

Since the documentation reviewed by the Site Visit Team was created before May 18, 2015, the organization has already made strides in strengthening some areas in need of improvement over the last year. CCHHS staff have prepared a list of current and potential strategies as examples ("Strategies to Address PHAB's Identified Areas for Improvement"), but it should be known that staff are open to other suggestions from the Board of Health as well.

**Agenda Action:** Formal Action/Motion

**Time Requested:** 20 minutes

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## **Proposed Motion**

I move to accept the current strategies in place to address Public Health Accreditation Board's identified areas for improvement, along with any feedback and direction given by the board in regards to proposed or additional strategies.

## **Board's Strategic Goal**

Quality of Life

## **Previous Action**

## **Background/Issues & Analysis**

**Applicable Statute, Code, Policy, Rule or Regulation**

**Financial Information**

Is there a fiscal impact?  Yes  No

If yes, account name/number:

Is it currently budgeted?  Yes  No

Explanation of Fiscal Impact:

**Alternatives**

Not to accept the current strategies in place to address Public Health Accreditation Board's identified areas for improvement, along with any feedback and direction given by the board in regards to proposed or additional strategies.

**Board Action Taken:**

Motion: \_\_\_\_\_

1) \_\_\_\_\_

2) \_\_\_\_\_

Aye/Nay

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Vote Recorded By)

## Strategies to Address PHAB's Identified Areas for Improvement

**Introduction:** This document was developed by Carson City Health and Human Services to provide the Carson City Board of Health with current and proposed strategies to better meet the Public Health Accreditation Board (PHAB) standards and overall improve health department's performance.

### Measure 1.3.1 A: Analyze and draw conclusions from public health data

**Current Strategy 1:** Establish an internal Data Committee to provide coordination for the collection, analysis and dissemination of primary and secondary health-related data associated with strategies and interventions adopted by CCHHS and other community organizations that impact the quad-county region.

**Current Strategy 2:** Develop a template for data profiles and reports that includes an analysis and conclusion section. Each data/profile and report should also include the use of comparable primary and secondary data and should be disseminated to community partners and the general public for review.

**Current Strategy 3:** Implement the use of the Nevada Core Health Indicators, which includes data specific to Carson City and neighboring areas.

**Current Strategy 4:** Incorporate primary and secondary data collected by CCHHS and the Division of Public and Behavioral Health (as identified in the Nevada Core Health Indicators tool) in the next Carson City Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP).

**Possible Strategy 1:** Create a Community Health Data page on the Health Department's website [www.GetHealthyCarsonCity.org](http://www.GetHealthyCarsonCity.org). This page would make data profiles and/or reports containing primary and secondary data easily accessible to partners and the general public.

*Please note: Primary data is that collected directly from CCHHS and secondary data would be those collected by a state, federal and/or partner agency that may be used in comparison to CCHHS data.*

### Measure 2.1.4 A: Work collaboratively through established governmental and community partnerships on investigations of reportable/disease outbreaks and environmental public health issues

**Possible Strategy 1:** Create an internal committee to address areas of public health practice that may require formalized agreements, including investigations or reportable/disease outbreaks and environmental public health issues. This committee should include CCHHS management and either a representative from the Carson City District Attorney's Office or should regularly communicate with the DA's Office for guidance.

### Measure 7.2.1 A: Convene and/or participate in a collaborative process to establish strategies to improve access to health care services

## Strategies to Address PHAB's Identified Areas for Improvement

**Current Strategy 1:** Support the development of a Carson City Healthcare Coalition. The coalition should be designed to address key issues related to public health and healthcare in the community, including access to healthcare services.

**Possible Strategy 1:** As a member of the Healthcare Coalition, facilitate and/or support an analysis of resources in the community that may be used to mitigate issues related to access to healthcare services.

### Measure 7.2.2 A: Collaborate to implement strategies to increase access to health care services

**Current Strategy 1:** Engage community partners in the development of the 2016 Carson City Community Health Assessment (CHA) and the next Community Health Improvement Plan (CHIP) in order to collaboratively overcome barriers to access issues.

**Possible Strategy 1:** Explore the use of a community-wide referral system between partner organizations and CCHHS that facilitates community member access to needed healthcare services. This must be at the population-level and not an individual case of direct patient care.

**Possible Strategy 2:** Conduct an analysis of the community's Medicaid enrollment resources and work collaboratively to identify key areas in need of enrollment assistance services and attempt to facilitate the placement of resources in those areas of need.

**Possible Strategy 3:** Develop work plans for strategies implemented to reduce barriers to healthcare services as part of the Carson City Community Health Improvement Plan (CHIP).

### Measure 12.3.2 A: Track actions taken by the governing entity

**Possible Strategy 1:** Develop a tracking system to record the Board of Health's patterns of issues discussed, opinions of the governing entity members, and/or positions taken on public health topics. This will highlight topics or issue areas where increased communication is desirable. Per PHAB requirements, review of these discussions should be conducted at least annually.



# CCHHS PUBLIC HEALTH ACCREDITATION BOARD SITE VISIT REPORT

This report outlines feedback given by the Public Health Accreditation Board's (PHAB) designated Site Visit Team which visited CCHHS in February 2016 as a part of the PHAB Accreditation process.



This report is available at [www.GetHealthyCarsonCity.org](http://www.GetHealthyCarsonCity.org).

Site Visit:  
February 2016

CCHHS Report  
Published: July  
2016



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## Introduction

The text body of this report was taken directly from the electronic report provided by the Public Health Accreditation Board's (PHAB) designated Site Visit Team. Since a hardcopy version of this report was not provided by PHAB, this report has been generated for dissemination to CCHHS' governing body, the Carson City Board of Health, Carson City leadership staff, and other persons as decided by the CCHHS Director.

In addition to the content from the Site Visit Report, additional information has been added from the email sent by PHAB notifying CCHHS of its newly accredited status, next steps, and areas needing improvement as decided by PHAB (see **Appendix A**).

The PHAB Site Visit was conducted over two days in February 2016 and was attended by the three members of the Site Visit Team (SVT), CCHHS' designated PHAB Accreditation Specialist, the Carson City Health Officer, the CCHHS Director, Accreditation Coordinator, and staff participating on the CCHHS Accreditation Team. Additionally, four members of the Carson City Board of Health and many community partners attended specific meetings over the course of the two-day event.

## Documentation Review and Scoring Process

After CCHHS submitted documentation to demonstrate conformity with the PHAB Standards and Measures v. 1.0 in May of 2015, the PHAB Accreditation Specialist reviewed the documentation to look for any faults in the evidence that would cause it to be rejected, including lack of authentication (appropriate signatures, CCHHS logo or acronym), documentation being outside of required time frames, draft documents (either lacking final approval signatures or having the word "draft" located somewhere on the document), and others.

After the Accreditation Specialist's review, the documentation was sent to the SVT, who had several weeks to review the documentation. The documentation was assigned to the SVT members by domain, as follows (As per the request of PHAB, the identities of the SVT members are to remain anonymous):

<b><i>Site Visit Team Member Role</i></b>	<b><i>Domain Assignment</i></b>
Team Chair	4, 6, 9, 12
Team Member	1, 5, 11
Team Member	2, 3, 7, 8, 10

After completing the initial documentation review, the SVT had the opportunity to send questions regarding the documentation or requests for additional documentation to CCHHS for consideration.

During the Site Visit itself, CCHHS staff members on the Accreditation Team were asked to participate in brief interviews regarding the documentation provided to demonstrate conformity with the PHAB Standards and Measures. CCHHS was able to choose what combination of staff members participated in the interviews, and attending staff were allowed to bring any hardcopy or electronic materials they felt would help them answer any potential questions posed by the SVT.



After the Site Visit, the SVT composed the Site Visit report, which was released to CCHHS through PHAB's electronic system used for documentation submission (e-PHAB). CCHHS was scored on each measure based on the documentation submitted and clarification given during the Site Visit. The scoring system can be seen below:

Score Text	Numerical Score (of 3 possible)	Approx. % Conformity Demonstrated
<b>Fully Demonstrated</b>	3	<b>100%</b>
<b>Largely Demonstrated</b>	2	<b>51-99%</b>
<b>Slightly Demonstrated</b>	1	<b>1-50%</b>
<b>Not Demonstrated</b>	0	<b>0%</b>

The results of the SVT's report are broken down by score in the table below:

Score	Number of Measures	% of Total Measures	Numerical Score
<b>Fully Demonstrated</b>	<b>60</b>	62%	180
<b>Largely Demonstrated</b>	<b>31</b>	32%	62
<b>Slightly Demonstrated</b>	<b>4</b>	4%	4
<b>Not Demonstrated</b>	<b>2</b>	2%	0
<b>Total:</b>	<b>97</b>	100%	246 / 291

Although PHAB uses a scoring system to rate the health department's ability to demonstrate conformity to the measures, there is no algorithm that dictates whether or not a health department is granted accredited status. Thus, although a total numerical score has been calculated above, this is purely for informational purposes.

### Accreditation Decision

The CCHHS Site Visit Report as prepared by the SVT went to PHAB for quarterly review in May of 2016. During the quarterly meetings, many reports are reviewed by PHAB, who decides to either accredit the health departments reviewed or place the health departments on what is known as an "action plan", where the organization has up to one year to develop, implement and submit an improvement plan to address various areas needing improvement within the organization. PHAB's decision is based solely on the SVT's report; no SVT members are allowed to be present to allow any sort of clarification or additional narrative, nor are any other forms of reference allowed.

**On May 25, 2016, CCHHS received notification of having been granted five-year accredited status from PHAB.**

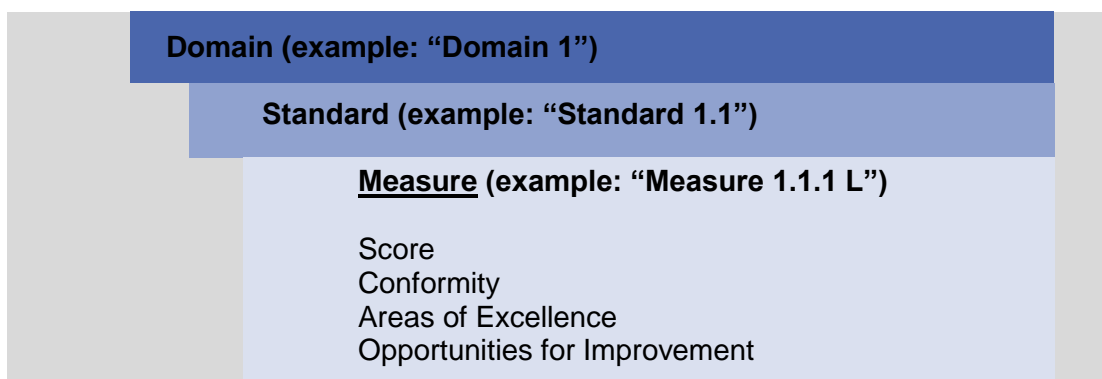
## Moving Forward

The Site Visit Report and the email notification of accredited status (**Appendix A**) outline both areas of organizational strength, as well as areas needing improvement. CCHHS must formulate plans to address the five areas needing improvement as dictated by PHAB: **Measures 1.3.1 A, 2.1.4 A, 7.2.1 A, 7.2.2 A, and 12.3.2 A**. Progress made in these areas will be addressed in the mandatory annual reports submitted to PHAB at the end of the second quarter of each calendar year, beginning June 2017. A template improvement plan to address these measures can be found in **Appendix B**. To maintain accredited status, CCHHS must also apply for and achieve reaccreditation before its current status expires in May 2021.

## About this Report

### Format

So as to follow the organizational format of the PHAB Standards and Measures v. 1.0, this report is formatted in the following hierarchy:



### Comments

The comments provided are those of the SVT in regards to the documentation submitted to PHAB, as well as how this evidence was interpreted by the SVT after further context was added at the Site Visit itself. This content has not been altered by CCHHS staff.

### Areas of Excellence and Opportunities for Improvement

As a part of the SVT’s review of each measure, there are sections provided for the SVT to highlight specific ways in which CCHHS excelled (“Areas of Excellence”) or ways in which the organization may consider strengthening processes (“Opportunities for Improvement”). It should be noted by the reader that there are many measures where the measure was scored as “Fully Demonstrated”, thus meeting 100% conformity to the measure, but there is no content provided under the “Areas of Excellence” section, or there may be suggestions above and beyond the measure provided in the “Opportunities for Improvement” section. In these cases, it is not that the organization is doing anything incorrectly, but the SVT’s expertise from other organizations has provided insight as to how CCHHS could implement activities that would take its programs and services above and beyond the requirements of the Standards and Measures for local health departments across the nation. Due to limited staffing resources, CCHHS will take these suggestions into account when developing its activities, but must prioritize projects addressing the most urgent areas of need, specifically the five measures designated by PHAB as those which CCHHS must report progress in improvement.

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## Site Visit Team Report 2016

**Disclaimer: the text in this report is presented as written by the Public Health Accreditation Board's designated [Site Visit Team \(SVT\)](#). Although some of the formatting has been changed, the text of this document has not been altered from its original content in any way.**

### Overall Comments

#### **Three greatest strengths:**

1. "The whole is greater than the sum of its parts." CCHHS, having undertaken a Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) as a function of efforts towards accreditation, had convened a group of community stakeholders and partners that had often previously functioned independently. This on-going collaboration served to increase the public health capacity available for the Carson City community.
2. The organization's guiding documents, i.e., its CHA, CHIP and Strategic Plan, were "living documents" rather than those placed on the shelf upon completion. Regular review and updates were performed through the work of staff and community partners. Through the use of its program management system and quality improvement efforts, priorities were being addressed, both internally and externally.
3. A thorough and effective workforce development process had been implemented to ensure staff were well trained.

#### **Three most serious challenges or opportunities for improvement:**

1. It was an acknowledged area for improvement that data could be better collected, analyzed and disseminated to the community than what was currently performed.
2. CCHHS, through numerous collaborations and coalitions, had been instrumental in developing the local public health infrastructure. Given the relative absence of State support (CCHHS relied exclusively on grants from the Nevada Public and Behavioral Health Department and general funds from Carson City/County.), such infrastructure was lacking. In this development process, CCHHS and its partners had identified community needs and priorities based primarily upon existing data and available resources. What was not readily evident was the degree to which the voices of community members contributed to these priorities. CCHHS would be benefitted by improving efforts to ensure those being affected by its programs were provided the opportunity to constructively contribute to the decision-making process.
3. Whereas accreditation had made evident the need to improve internal processes, it was not always apparent systems were in place to both address deficiencies (e.g., gaps in healthcare

services) identified and ensure accountability. CCHHS would benefit from improving efforts to ensure timely follow-up of these issues.

**Overall impression of the department as a functioning health department:**

Our overall impression of Carson City Health and Human Services (CCHHS) was very positive. It was evident from the site visit and preceding review of documentation that its Director and staff had taken the accreditation process seriously. CCHHS was a learning organization in many ways. Having had the opportunity to serve as a beta-test site, the lessons learned proved invaluable to assist in addressing the findings. Workforce development was a recognized strength (see above) and there was a concerted effort to ensure staff were well-versed in best practices and current regulations that guided their work. Given the dearth of funding available from the State, the organization had become “lean.” The adopted practice of “just get it done” had, by necessity, become the organization’s mantra. Staff were cross-trained in multiple areas, with sharing of responsibilities and doing more with less the culture. Through its work, CCHHS had gained the respect of the community it served. It was recognized as a leader by both community members as well as organizations with which it worked to better the health of its citizens.

## Domain Reports

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

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#### Comments

The CCHHS conducted its first CHA utilizing available data, though department staff and their partners identified a lack of data (both timely and specific to their jurisdiction) as an area for improvement. In addition, it appears that the analyses conducted with the available data were relatively superficial. Since conducting their inaugural CHA, however, the CCHHS epidemiologist has worked with the state to improve their access to such data and has reportedly contributed to new statewide health indicators. Having better data specific to their community will leave CCHHS better positioned to then analyze the data and use it to inform their policies, programs and interventions.

During an interview with community partners, attendees spoke very highly of the CCHHS for taking on community-wide data collection, analysis, reporting and dissemination, which they believe resulted in a broader view of community health, and better coordinated efforts to address community health. While CCHHS staff played a leadership role in this process, they also allowed for their partners to take on leadership roles, and this seemed to have resulted in a sense of shared ownership of the process and results.

Lastly, though the CHA and the CHIP were both posted on the department's website, it seems there was minimal effort to engage the citizens of the community in developing the documents. At the site visit, CCHHSS staff reported that they intend to improve their community engagement strategies with their next CHA/CHIP effort.

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#### Standard 1.1 - Comments:

CCHHS staff created the Department's first community health assessment as a part of this accreditation process. Though it was a PHAB requirement, during the site visit CCHHS staff said the effort was extremely worthwhile and they were grateful to have gone through the process. In taking their first comprehensive look at their community, it became clear they did not have access to all the data they required to understand their population as desired, but the site visit team was informed of ways in which the CCHHS staff have since worked to address the identified deficiencies. Overall, their CHA process was highly collaborative. CCHHS mobilized numerous and varied community partners who came together to broadly consider and collectively address community health. During the site visit, the many partners in attendance praised CCHHS staff for coordinating the CHA effort and for bringing the community together in this inaugural effort.

**Measure 1.1.1 L:**

Participate in or conduct a Tribal/local partnership for the development of a comprehensive community health assessment of the population served by the health department.

**Score: Fully Demonstrated (3/3)****Conformity:**

**RD1:** An agenda and sign-in sheet, both dated 9/24/10, indicated broad participation in a Local Public Health System (LPHS) Assessment meeting, which was co-facilitated by CCHHS Health Officer and Director. Thirty-six meeting participants represented various sectors of the local Public Health System and additional partners, and a flow chart demonstrated the mapping of the organizations represented.

**RD2:** The CCHHS submitted an agenda dated 07/28/11 of an LPHS Assessment workgroup meeting. A meeting sign-in sheet indicated there were ten participants, and a meeting documentation form and meeting minutes indicated the workgroup reviewed specific data and the LPHS Assessment. There appeared to be a four-year lapse since the last meeting/communication, and that did not reasonably indicate meetings occurring on a "regular basis" as required by the measure. At the site visit, however, CCHHS staff submitted additional documents including a CHIP Joint Subcommittee meeting agenda and corresponding meeting materials that demonstrated the ongoing meeting of partners to review newly collected data.

**RD3:** The CCHHS CHA described the collaborative process undertaken to review data and identify health issues and assets. The primary tool utilized for the data collection process was the National Public Health Performance Standards Program (NPHPS) Local Public Health System Performance Assessment Instrument (LPHSPAI). After having reviewed data and existing assets, three priority areas were identified that were to be addressed in the Carson City CHIP.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Not Available

**Measure 1.1.2 L:**

Complete a Tribal/local community health assessment.

**Score: Fully Demonstrated (3/3)**

### Site Visitor Comments:

#### **Conformity:**

CCHHS provided a comprehensive Community Health Assessment (CHA) that was developed utilizing multiple, varied data sources on health and healthcare, and included a descriptive profile of the community, its overall health, and contributing health factors unique to their locale. The CHA included some descriptions of health issues specific to population subgroups, but it also acknowledged additional health data by racial and ethnic groups and by socioeconomic status would greatly assist with further evaluating the health of subpopulations. The CHA also identified existing assets that contributed to their positive health outcomes and three priority health issues to be addressed by the public health community.

**RD2:** Additional documentation showed a thank you letter and preliminary findings were sent to CHA participants - many were service providers who are also community members - and a screenshot demonstrated preliminary findings were also posted on the health department's website with an invitation to provide input/feedback.

#### **Areas of Excellence:**

Not Available

#### **Opportunities for Improvement:**

While the Measure was scored as Fully Demonstrated by the documentation submitted, we identified an opportunity for improvement that goes beyond the Standard and Measure. CCHHS' CHA was posted to the Department's website prior to finalization with an invitation to make comments or contributions, but there was no evidence of efforts to actively engage the local community at large. If such efforts were made, public participation may improve. Also, there was no evidence of opportunities for participation for members of the public who did not have computers or internet access or those who did not speak English.

#### **Measure 1.1.3 A:**

Ensure that the community health assessment is accessible to agencies, organizations, and the general public.

#### **Score: Largely Demonstrated (2/3)**

### Site Visitor Comments:

#### **Conformity:**

For RD1, CCHHS' CHA was finalized in June 2012, and it included a Communication and Feedback Plan as an Appendix. The Communications and Feedback Plan detailed several means of distribution (including a public-friendly version that was to be compiled and distributed to health system partners) and a timeframe for completion that extended through July 2012. However, no example of actual distribution was provided.



As a second example of distribution, the Department submitted a copy of a meeting invitation emailed to multiple partners, and minutes from the meeting that listed the CHA as an item discussed by the Department's director. The minutes did not explicitly state the CHA was distributed or that meeting attendees were informed of where to find the document online.

RD2, Example 1 provided a screenshot of the CCHHS website, which showed the CHA was posted and available for review and comments. As a second example, the Department submitted a copy of a June 2012 Carson City Board of Health (BOH) agenda where CCHHS staff presented CHA findings. The (BOH) meetings were open to the public as well as televised so those unable to attend the meeting still had access to the information.

### **Areas of Excellence:**

Not Available

### **Opportunities for Improvement:**

The documentation for RD1 could have been enhanced with documentation of distribution of the CHA, though during the site visit, CCHHS staff said they felt confident that the Communications and Feedback Plan was carried out as written. Additionally, an opportunity for improvement for consideration that is beyond the Standard and Measure requirements is to increase access to the completed CHA to populations beyond those who have internet access.

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## **Standard 1.2 - Comments:**

CCHHS became aware of some of their data gathering and reporting deficiencies/limitations through the accreditation and CHA processes. Through staff interviews, the site visit team learned CCHHS staff were working to correct some of the identified issues. For example, the Department developed a protocol for testing their 24/7 contact system, and they were working to influence and inform the data collecting and reporting protocol with the State health department. Staff exhibited a strong desire to improve in this area, and a conviction in their efforts to work with the State to improve data reporting will serve the Department well.

### **Measure 1.2.1 A:**

Maintain a surveillance system for receiving reports 24/7 in order to identify health problems, public health threats, and environmental public health hazards.

**Score: Largely Demonstrated (2/3)**

### **Site Visitor Comments:**

#### **Conformity:**

**RD1:** A CCHHS policy stated that staff shall follow protocols as found in the CCHHS Disease Investigation Manual. The policy also listed the diseases referenced in the comprehensive manual. The manual includes processes and protocols specific to each disease on how to review and analyze received reports, but the manual does not specifically reference how data are collected as required in this measure. However, screenshots of the Department's webpage and copies of linked reporting forms showed

how diseases can be reported to the Department at any time, including after hours and weekends.

**RD2:** Documentation consisted of two policies - the first was a comprehensive HIPAA Policy that identified what data were considered confidential, restrictions on data use and disclosure, data security, and a description of how data were to be handled to ensure confidentiality. The policy also described consequences for breaching the policy and required actions in the event of compromised data, and it called for regular audits of practices and policy-related protocols. A General Confidentiality Policy was also submitted. It specified the data considered to be confidential (though not included in HIPAA regulations), employee responsibilities regarding confidentiality, and an agreement to be signed by all CCHHS staff.

**RD3:** was a screenshot of the Department's website demonstrating the availability and provision of 24/7 contact numbers during regular office hours, after-hours phone messaging with email notification, and for a confidential fax line, and a link to a downloadable form to be used for disease reporting. In addition, CCHHS had a 24-Hour Notification Policy that included implementation protocols and quarterly testing procedures to test access/workability of their website, phone message system, confidential fax line and emergency notification system.

**RD4:** Required evidence of testing the 24/7 contact system. CCHHS' formal policy included quarterly testing of its 24-hour notification system. Testing procedures called for a designated employee to test access of its website from a device not connected to the city network; a call to its main number to leave a message after hours or on a holiday; and to print off received faxes that were logged into their 24-hour notification binder and reconciled against the email notification received by investigators. Documentation submitted included a copy of an after-hours notification of a call received from a local hospital and an after-hours call notification of a call received from a neighboring jurisdiction. However, both examples were actual contacts from outside entities and neither evidenced testing of the system as per the Department's formal policy and as required per the measure's guidance. These documents did not meet conformity requirements.

#### **Areas of Excellence:**

Not Available

#### **Opportunities for Improvement:**

There appeared to be opportunities for improvement in regularly testing the 24/7 contact system. Prior to the site visit, CCHHS Disease Control and Prevention Division staff identified regular testing the system as an area for improvement. According to staff, the testing protocols were added to their policy in March 2015, and while they report that improvements have been made, there was no documentation available of tests conducted prior to their submission date.

#### **Measure 1.2.2 A:**

Communicate with surveillance sites at least annually.

**Score: Largely Demonstrated (2/3)**

### Site Visitor Comments:

#### **Conformity:**

**RD1:** was a report prepared by the CCHHS Disease Control and Prevention Division's epidemiology program listing providers required to report sexually transmitted disease (STD) surveillance data to CCHHS. This list was not a comprehensive list of all organizations providing surveillance data to CCHHS as required, however, although CCHHS noted additional web-based databases of reporting sites were maintained but not available in hardcopy form.

**RD2:** was a copy of an emailed invitation listing the nurses asked to participate in a meeting with the CCHHS Disease Prevention and Control Division Manager to discuss issues around timely reporting by community health nurses. A document described the problematic reporting that had been occurring and CCHHS' recommendations for improved timely and accurate reporting demonstrated topics covered at this meeting. No sign-in sheet was provided, however, so it was not possible to determine who actually attended the meeting.

**RD3:** One example was a detailed after action report regarding a case of an animal with confirmed rabies; the other was an internally produced report listing 2013-14 STD surveillance data by reporting site. As required, each report addressed a different topic and each itemized the reporting sites. Both examples met conformity requirements.

**RD4:** Copies of agendas, presentations and meeting minutes were submitted from two Board of Health meetings where CCHHS shared surveillance data. The first meeting, held in August 2014, demonstrated a presentation on chlamydia and STD rates from 2009-2013, and the second meeting held in January 2015 demonstrated a report on influenza activity and types of flu from 2010-2015. Documentation met conformity requirements.

#### **Areas of Excellence:**

Not Available

#### **Opportunities for Improvement:**

Submitted meeting agendas and meeting minutes indicated what was intended and what was presented, but without sign-in sheets from these meetings, it was not possible to gauge the impact or reach of those presentations. Maintaining documentation of those present would strengthen the documentation.

#### **Measure 1.2.3 A:**

Collect additional primary and secondary data on population health status.

**Score: Fully Demonstrated (3/3)**

### Site Visitor Comments:

#### **Conformity:**

"The first example for RD1 was a report produced by the Nevada Health and Human Services Department. It included primary data collected and reported by CCHHS as well as secondary data collected and reported by other local jurisdictions, thereby providing a statewide assessment of Nevada's population. A second report – a 2014 Rabies After

Action Report – included primary data collected by CCHHS, secondary data collected by local partners, as well as data from other states used for comparison purposes. Both reports provided citations for all data included.”

CCHHS submitted two forms created by the Centers for Disease Control and Prevention (CDC) utilized for standardized data collection purposes for RD2. The first was a Sexually Transmitted Disease (STD) Interview Record Form and the second was a Report of Verified Case of Tuberculosis. Both instruments were used by CCHHS to collect quantitative data, as demonstrated by two reports submitted. Both were published by the State Department of Public Health and include CCHHS primary data on the incidence of STDs and Tuberculosis. All documentation met conformity requirements.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Not Available

**Measure 1.2.4 L:**

Provide reports of primary and secondary data to the state health department and Tribal health departments in the state.

**Score: Largely Demonstrated (2/3)**

**Site Visitor Comments:**

**Conformity:**

A letter from the State Department of Health and Human Services addressed to CCHHS clearly stated that, as tribes cross county lines, it was best and preferred for them to submit data requests to the State office rather than the local health departments, and the State has tribal liaisons in place to ensure tribes were provided their needed data. Because of this statewide protocol, CCHHS did not provide data directly to local Tribal health departments.

A screenshot of Nevada’s Immunization Information System demonstrated CCHHS provided primary data (i.e., vaccines administered) to the State, as did screenshots from the Nevada State National Electronic Disease Surveillance System (NEDSS) Based System, which showed CCHHS reporting of Campylobacteriosis. Neither report, however, demonstrated the reporting of secondary data to the State as required by the measure.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Sharing and reporting secondary data to the State health department so it was aware of the health status of the local jurisdiction could be improved. During the site visit, CCHHS staff recognized this challenge and reported that they are able to utilize the state reporting systems for specific data reporting purposes only, and that the systems don’t easily allow for additional data reporting, such as secondary data. In order for additional reporting to occur, for example, all reporting entities would have to collect and report the data, not just one jurisdiction.

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**Standard 1.3 – Comments:**

The CCHHS developed annual reports to communicate its recent accomplishments and to inform the community at large of the ongoing and/or emerging public health issues. These reports were posted on the Department's website, and during the site visit, staff reported hardcopies were distributed throughout the community so that the information is widely available. However, much of the data shared were simply collections of data. There was no indication of CCHHS' data analyses that identified trends and/or other factors that contributed to understanding a health issue, and on which conclusions were based. From discussions during the site visit, the site team concluded CCHHS staff were working to improve their work and capacity for data collection, review, analysis, and reporting.

**Measure 1.3.1 A:**

Analyze and draw conclusions from public health data.

**Score: Slightly Demonstrated (1/3)**

**Site Visitor Comments:****Conformity:**

**RD1:** Two examples of reports were necessary to meet conformity requirements. The first example provided was an Influenza Monthly Report dated March 2011. It compared the number of reported influenza cases, cases by age, and hospitalizations by types of influenza from 2009-10 to 2010-11, and included comparable data for the same time periods from neighboring jurisdictions and from the State. This report, however, reflected only the reporting of data and did not include its analysis. The second example included an agenda, meeting minutes, and a copy of a PowerPoint presentation conducted before the Board of Health. The presentation included a slide showing reported chlamydia cases, trends over a calendar year, and an analysis and conclusion statement, but did not include a quality of comparability. A single PowerPoint slide did not, however, constitute a report with the required characteristics as stated in the Guidance. Neither example met conformity requirements.

Additionally, Guidance for this measure required the type of analytical process used be stated in the report or be evidence-based with the citation available, as the intent was to have conclusions based on solid analysis, not just collections of data. Neither report provided such, however, nor listed citations.

**RD2:** Two examples were submitted for RD2. The first was that which was submitted to meet RD1 requirements, i.e., an agenda, meeting minutes, and a PowerPoint presentation. It did not demonstrate a review and discussion of data analysis. The second example was meeting minutes from a statewide Epidemiology meeting indicating a CCHHS representative was in attendance and referenced a possible salmonella case still under investigation, and possible cases of an enterovirus. This did not, however, document the presentation, review and discussion of a data analysis report, as required for the measure. Neither example met conformity requirements.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

There appear to be opportunities for improvement in the areas of data collection, analysis, reporting, review and discussion. The documentation submitted did not reflect those activities were conducted by CCHHS as specified in the guidance for this measure. In response to a request for additional documentation, CCHHS responded that, unfortunately, most reports using data specific to their jurisdiction were currently produced by the State health department.

**Measure 1.3.2 L:**

Provide public health data to the community in the form of reports on a variety of public health issues, at least annually.

**Score: Fully Demonstrated (3/3)**

**Site Visitor Comments:****Conformity:**

A screenshot showed CCHHS posted links to its 2012 and 2013 Annual Reports on its website in order to provide public access to the documents and to keep the community informed of health issues and department activities. Each report included epidemiological data on specific health issues, and the 2013 report also included an update on progress made towards the CHIP objectives.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Not Available

**Standard 1.4 – Comments:**

The CCHHS utilized data to inform its priorities, programs and interventions. Through interviews during the site visit, CCHHS staff reported they were working to become the local resource for data and data profiles. They recently formed an internal data committee to increase their capacity to do so, recognizing this would also enhance their ability as a department to respond more quickly to public health issues as they emerged.

**Measure 1.4.1 A:**

Use data to recommend and inform public health policy, processes, programs, and/or interventions.

**Score: Fully Demonstrated (3/3)**

**Site Visitor Comments:****Conformity:**

As their first example of using data to inform policies, procedures, programs and/or interventions, CCHHS submitted their CHIP, which included local teen pregnancy data compared to the State average, and data on efficacy of comprehensive sex education in delaying sex among youth. The data contributed to the inclusion of a formal objective to implement a program designed to delay the onset of sexual activity in adolescents, with

CCHHS as the lead organization in the effort, and three specific goals identified to measure success.

The second example was from a 2012 Title X Supplemental Program funding request that included STD testing data to support CCHHS' request to utilize funding for STD testing and prevention education for high school age youth. A copy of the corresponding Title X Annual Progress Report documented the results of the newly funded High School STD Education Program and how CCHHS exceeded their stated goals.

Both examples met conformity requirements.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Not Available

**Measure 1.4.2 L:**

Develop and distribute Tribal/community health data profiles to support public health improvement planning processes at the Tribal or local level.

**Score: Largely Demonstrated (2/3)**

**Site Visitor Comments:**

**Conformity:**

**RD1:** The "Healthy People Carson City - Moving from 2010 to 2020 Report" was included as an appendix in the CCHHS CHA. The report was prepared by the State, and included secondary data as well as primary data contributed by CCHHS via Nevada's National Electronic Disease Surveillance System (NEDSS) Based System and featured several local health issues. Two sections were highlighted as examples of data profiles, "Immunization and Infectious Diseases, and Sexually Transmitted Diseases."

Screenshots provided demonstrated CCHHS' data entry into the NEDSS database for inclusion in these sections of the report.

**RD2:** CCHHS submitted a screenshot of its website showing links to their CHIP - the document that included the data profiles in its Appendix F - thereby making the documents available to local partners and stakeholders. In addition, an agenda, sign-in sheet and meeting summary for a Get Healthy Carson City Committee meeting demonstrated CCHHS led a discussion that included reference to Healthy People 2020. However, there was no indication the "Healthy People Carson City - Moving from 2010 to 2020 Report" or other data profiles were disseminated.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

While meeting minutes include topics and subjects that were discussed, they contained no reference to documents or information distributed, thereby not fully informing a reader of what occurred or what information was shared or distributed.



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

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### Comments

It appeared CCHHS conducted only limited environmental health hazard inspections (e.g., restaurant and hotel/motel inspections, pools and tattoo parlors). The State conducted investigations into hazards such as spills. Except for not having MOUs or MOAs with investigation partners, as noted previously, CCHHS documentation largely/ fully met conformity requirements with all measures in this Domain.

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### Standard 2.1 – Comments:

Documentation supported CCHHS' conduction of health and limited environmental health hazards in Carson City and the immediately surrounding/contiguous counties.

#### **Measure 2.1.1 A:**

Maintain protocols for investigation process.

**Score: Fully Demonstrated (3/3)**

#### **Site Visitor Comments:**

#### **Conformity:**

**RD1:** Example 1 was the protocol for foodborne illnesses. It described the procedures and assigned responsibilities for investigations to specified positions. Example 2 was the protocol for hemorrhagic fever and Ebola that clearly showed the steps in a case investigation, the timelines and reporting requirements and stated that health care providers should be alert for and evaluate any patients suspected of having Ebola. Documentation describes that foodborne illness investigations must begin initiated within 24 hours of receipt of complaint, conducted within 48 hours, a full inspection of the facility during the course of the field investigation and reports filed. This document is detailed beyond this brief description.

#### **Areas of Excellence:**

The flow chart illustrating the case investigation protocol for Ebola was very easy to read and described the decision tree and reporting requirements.

#### **Opportunities for Improvement:**

While this Measure is Fully Demonstrated by the documentation submitted, the Site Visit team identified an opportunity for improvement that goes beyond the Standards and Measures.

Example 2: It was not clearly expressed that a case investigation should begin as soon as the suspected case was reported.

#### **Measure 2.1.2 L:**

Demonstrate capacity to conduct an investigation of an infectious or communicable disease.



**Score: Largely Demonstrated (2/3)****Site Visitor Comments:****Conformity:**

**RD1:** The CCHSS provided two examples of policy and procedure documents. The first was a general description of CCHSS investigation procedures. It showed counts of reportable diseases for a defined time period, demonstrating it had the capacity to conduct multiple simultaneous investigations of infectious and/or communicable diseases. On a monthly basis, staff produced case reports reviewed for their status and completeness and signed by the Division Manager in their STD-MIS. The documentation showed CCHSS's capacity to respond to outbreaks of infectious or communicable disease by listing the following diseases as those investigated from 12/29/13 to 2/1/2015 - influenza, influenza type A, influenza type B, influenza type unknown, and respiratory syncytial virus infection. Example 2 was a TB case review PowerPoint that showed a detailed review of the case. However, no case investigation protocol for TB was provided against which the reviewer could compare the case review. For RD2, a rabies After Action Report (AAR) was provided that demonstrated CCHSS' capacity to conduct these investigations. Documentation for this measure largely met conformity requirements.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Not Available

**Measure 2.1.3 A:**

Demonstrate capacity to conduct investigations of non-infectious health problems, environmental, and/or occupational public health hazards.

**Score: Fully Demonstrated (3/3)****Site Visitor Comments:****Conformity:**

**RD1:** The documentation for RD1 was an Elevated Blood Lead Level Investigation Questionnaire demonstrating an investigation into a non-infectious health problem or hazard. This investigation was completed on December 22, 2014. It contained detailed information on child/case demographics, potential sources of the case exposure, occupations of residents, care givers, frequent visitors, and potential sources of transmission of lead to the child including child behavior, nutrition and hygiene. Documentation met conformity requirements.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Not Available

**Measure 2.1.4 A:**

Work collaboratively through established governmental and community partnerships on investigations of reportable/disease outbreaks and environmental public health issues.

**Score: Slightly Demonstrated (1/3)**

**Site Visitor Comments:****Conformity:**

**RD1:** Example 1 was a policy statement from Carson Tahoe Health (local hospital) that stated, "The Infection Control department will notify the appropriate Health Department when certain infectious diseases are identified or in some incidents only suspected." It was not an MOU/MOA or contract with CCHHS, however. The second example was a policy template from the Nevada Division of Public and Behavioral Health that could be applicable to any local public health agency, i.e., it was not an MOA/MOU or other formal agreement. Subsequent comments and conversations indicated CCHHS had been restricted from entering into such agreements by the Carson City District Attorney.

**RD2:** Two examples were provided for RD2 - one on hepatitis, the other with the Nevada Division of Public and Behavioral Health, Office of Public Health Informatics and Epidemiology (OPHIE). However, Example 1, a memo to Dustin Boothe from the Nevada Division of Public and Behavioral Health, while suggesting a partnership with CCHHS to conduct an investigation, did not clearly describe their working relationship. The second example was communication from the Environmental Health Specialist Supervisor, Washoe County Health District Environmental Health Services, which indicated sharing of information, but did not clearly demonstrate if they "partnered to conduct the investigations."

CCHHS had limited lab testing ability, so it used the Nevada State Public Health Laboratory (housed within the University of Nevada, Reno School of Medicine) for the testing of reportable diseases. The document provided listed the diseases that could be tested for/services available through the State lab.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

A previously appointed DA had determined CCHHS could not enter into MOUs/MOAs, thereby preventing them from meeting full conformity for this measure. With the suggestion that a new District Attorney will permit these agreements, CCHHS could, where appropriate, enact MOUs/MOAs to strengthen associations with its partners.

**Measure 2.1.5 A:**

Monitor timely reporting of notifiable/reportable diseases, lab test results, and investigation results.

**Score: Largely Demonstrated (2/3)**

### Site Visitor Comments:

#### **Conformity:**

**RD1:** CCHHS included a policy statement describing that on a monthly basis, the Division Manager would produce reports from NBS (NEDSS Base System) and STD-Management Information System to review cases for their status and completeness. The case report provided was an investigation of salmonellosis that included the required tracking dates. The example report was missing the investigation results and lab test results, however. Rather, it simply indicated a case of salmonellosis had been identified and reported.

**RD2:** The law relating to reporting of reportable/notifiable diseases was provided (Nevada Revised Statutes (NRS) Chapter 441A – Infectious Diseases; Toxic Agents).

#### **Areas of Excellence:**

Not Available

#### **Opportunities for Improvement:**

Not Available

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### **Standard 2.2 – Comments:**

CCHHS appeared to be successfully containing and mitigating infectious health problems within its capacity and authority, but relied on the State to conduct investigations into environmental health hazards. Expert advice is received from the State Public and Behavioral Health Department environmental health officials.

#### **Measure 2.2.1 A:**

Maintain protocols for containment/mitigation of public health problems and environmental public health hazards.

**Score: Fully Demonstrated (3/3)**

### Site Visitor Comments:

#### **Conformity:**

CCHSS provided two examples of written protocols for containment/mitigation of health problems or hazards - Viral Hemorrhagic Fever (VHF) Guidelines and Measles (Rubeola) Disease Management and Investigative Guidelines. Both had recently been revised, March and April 2015, respectively, addressed mitigation, contact management, clinical management, use of prophylaxis and emergency biologics, communication with the public health laboratory, and the process for exercising legal authority for disease control. Both met conformity requirements for this measure.

#### **Areas of Excellence:**

Not Available

#### **Opportunities for Improvement:**

While this measure is Fully Demonstrated based on the documentation provided, the site visit team has identified an opportunity for improvement that goes beyond the Standard and Measure.

An MOU or MOA with the Nevada Division of Public and Behavioral Health Department to describe jointly how to conduct investigations into environmental health hazards could strengthen the capacity of CCHHS in this area.

### **Measure 2.2.2 A:**

Demonstrate a process for determining when the All Hazards Emergency Operations Plan (EOP) will be implemented.

**Score: Fully Demonstrated (3/3)**

### **Site Visitor Comments:**

#### **Conformity:**

**RD1:** Two examples were provided. CCHHS highlighted the infectious disease outbreak protocol including the processes used to determine when it would be activated. The measles case protocol included a case definition (CDC 2013); the clinical description; confirmed, probable and suspected definitions; epidemiologic classification; and laboratory analysis specimen definitions. The second example was the CCHHS Viral Hemorrhagic Fever (VHF) Guideline. CCHHS described the process for determining when the All Hazards or Emergency Operations Plan would be implemented, including a telephone report to 775-887-2190 of a suspect case that was required by law, managing special situations, e.g., recent travelers returning from outbreak countries, and post-mortem practices. Documentation met conformity requirements.

**RD2:** CCHHS provided General Guidelines for Foodborne Disease Complaints and Outbreaks Investigation and the Anthrax Investigation Guideline to satisfy this measure. Each of the protocols described the process for determining when the All Hazards Emergency Operations Plan would be implemented. Department Operations Center, Standard Operating Procedures, describing the process for determining when the Emergency Operations plan would be implemented, was attached to both documents. Documentation presumed a potential anthrax contamination was an environmental health issue, as well as a bioterrorist issue. The Anthrax document was provided as example of an "environmental public health hazard", somewhat questionable given the infectious disease nature of such.

**RD3:** CCHHS provided protocols for investigations into measles and viral hemorrhagic fever (VHF) as their examples of cluster evaluation protocols that included the process for determining when their Emergency Operations Plan would be implemented. Example 1 described a single case of measles as one that was "considered a potential outbreak situation and requires prompt investigation and implementation of control measures to reduce the disease occurrence and the magnitude of the outbreak" and defined clusters as "(1) Household cluster: >2 cases of measles in a period of 6 weeks among persons of a common household or those considered close contact of the household. (2) Organization-based outbreak: >2 cases of measles in period 6 weeks among persons with a common organizational affiliation but no close contact with each other or a primary household cluster. (3) Community outbreak: >2 cases of measles in a period of 6 weeks among persons residing in the same area who are not close contacts, do not share a common organization affiliation, and are not contacts of a household cluster." Example 2, Viral hemorrhagic fever (VHF), made no distinction between a single case and a cluster of VHF. "One or more cases for which a known risk factor (e.g., recent

travel) cannot be identified should be considered a potential outbreak and adequate resources applied to the investigation. A locally acquired case of VHF would be an unusual occurrence in the continental United States." Due to the contagious nature of this disease, this lack of distinction seemed justified. Documentation met conformity requirements.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

While this Measure is Fully Demonstrated by the documentation submitted, the Site Visit team identified an opportunity for improvement that goes beyond the Standards and Measures.

Working more closely with the Nevada Public and Behavioral Health Department's environmental health specialists may help CCHHS develop confidence in their ability to provide expert advice and develop a collegial relationship in which expertise could be shared and interactively challenged.

**Measure 2.2.3 A:**

Complete an After Action Report (AAR) following events.

**Score: Fully Demonstrated (3/3)**

**Site Visitor Comments:****Conformity:**

**RD1:** The CCHHS Department Operations Center, Standard Operating Procedures (Appendix A) described CCHHS Activation Triggers, Activation Levels 1,2, and 3 and corresponding Activation Level Activities, and the Activation Sequence of public health emergencies (table on page 6 of the document) determined if and when an event had risen to the level of significance requiring an AAR.

**RD2:** CCHHS provided a list of Significant Public Health Events from 2010 to present, including Ebola and measles planning events, where it conducted exercises related to Ebola preparedness planning and development of an internal Measles Response Task Force. CCHHS listed event dates, names, types and whether or not AARs were reported for significant public health events from the past 5 years.

**RD3:** The first example for RD3 was an After Action Report / Improvement Plan on a rabies investigation. In the Rabies Core Capability described in Appendix A: Improvement Plan, CCHHS reviewed and critiqued its performance for each Issue/Area for Improvement, Corrective Action, Capability Element, Primary Responsible Organization, Organization POC, Start Date and Completion Date. The second example, Eagle Valley Ebola 2014 October 17, 2014 was an exercise that identified issues to be addressed in coordinating efforts to handle a suspected Ebola patient. Appendix A was the Ebola response improvement plan. All documentation met conformity requirements.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Not Available

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**Standard 2.3 – Comments:**

CCHHS had good access to laboratory services. While there may have been some lags in reporting lab results to CCHHS, this was apparently improving. CCHHS had broad and apparently very effective partnerships with other community agencies and personnel. It was reported by community partners during the site visit that most of the relationships in this relatively small county were on a first name basis and were found to be mutually beneficial.

**Measure 2.3.1 A:**

Maintain provisions for 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: Largely Demonstrated (2/3)**

**Site Visitor Comments:****Conformity:**

RD1 provided documentation of the 24/7 access to support services policies and procedures that described the process for 24-hour notification in the Policy and Procedure document. Agreements and Understandings were described should CCHHS resources be overwhelmed, and noted requests could be made for assistance through the Emergency Operations Center (EOC). Call down lists were provided for RD2, including home, office and cell phone numbers where CCHHS employees could be reached. Documentation for RD3 was a series of email messages stating CCHHS was an authorized user of the statewide Health Alert Network, which should assist in 24/7 capacity for emergency responses. The Emergency Operations Plan (EOP) describes the organization and assignment of responsibilities should CCHHS resources be overwhelmed. The plan describes that CCHHS requests may be made for assistance through the Emergency Operations Center of CCHHS. A list of contracts, MOUs/MOAs was not provided.

Site visit data suggested CCHHS staff had confidence in the Syndromic System of email alerts, which is based on ER reports of patient symptoms. They expressed some concern about the lag in timely e-reporting of lab results, but acknowledge a new system is improving response.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Not Available

**Measure 2.3.2 A:**

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

**Score: Largely Demonstrated (2/3)**

### Site Visitor Comments:

#### **Conformity:**

**RD1:** As reported in the CCHHS Narrative, the Department did not house a clinical public health laboratory and relied on the Nevada State Laboratory for its services. Licensing by the State of Nevada was provided under Chapter 652 of the Nevada Revised statutes and the Nevada Administrative Code and the standards rule regulations adopted by the Board of Health and by the Centers for Medicare and Medicaid. The Nevada State Public Health Laboratory and the laboratory Director are licensed under the State of Nevada. A copy of the certification of the Nevada State Public Health Laboratory was provided.

**RD2:** was a memo from the Administrative Director, Nevada State Public Health Laboratory, indicating CCHHS had 24/7 access to the State lab. Copies of emails documented 24/7 access to the Nevada public health laboratory.

**RD3:** the Laboratory Analysis section of the Measles (Rubeola) Disease Management and Investigative Guidelines was provided that included a protocol for handling and submission of lab specimens, including blood serology 3-5 ml collected in clot separator tubes and throat and/or nasopharyngeal swab(s) for culturing. Documentation did not meet conformity requirements, because comprehensive protocols were not included, only protocols specific Viral Hemorrhagic Fever Disease Management and Investigation Guidelines.

#### **Areas of Excellence:**

Not Available

#### **Opportunities for Improvement:**

Not Available

#### **Measure 2.3.3 A:**

Maintain access to laboratory and other support personnel and infrastructure capable of providing surge capacity.

**Score: Largely Demonstrated (2/3)**

### Site Visitor Comments:

#### **Conformity:**

**RD1:** The Emergency Operations Plan was somewhat vague with respect to identifying support personnel who would be called on to provide surge capacity. It simply stated that Clinical Services will "Assist Epidemiology in diagnosis and investigation of communicable diseases."

**RD2:** The Department Operations Center (DOC), Standard Operating Procedures provided a staffing list (by position title) for surge capacity, referring to both the staffing needed for a surge response and how department staff would fill those roles. The Procedures also stated "Names and contact information for staff designated to work specific positions / stations will be maintained by Public Health Preparedness program; and shift rotations will be scheduled according to the incident and level of response by the DOC Manager with input from Logistics Section Chief."



**RD3:** The Department Operations Center, Standard Operating Procedures stated, "each position/station in the DOC will be equipped with: a telephone, a position-specific resource manual, appropriate forms, a computer with appropriate software that would be networked to share information, when possible, and electronic copies of appropriate city, county and state plans."

**RD4:** Strategic Priority<sup>3</sup> of the CCHHS Strategic Plan Ensure Public Safety and Increase Community Resilience, stated CCHHS would "Provide annual training on the CCHHS department All-Hazards Plan." The measure required a schedule for training or exercises to help prepare personnel who would serve in a surge capacity. Documentation stated it would be done annually.

**RD5:** Called for a list and description of contracts, MOAs/MOUs, and/or mutual assistance agreements providing additional staff and services, including laboratory services, for surge capacity. CCHHS housed a Medical Reserve Corps Unit to organize volunteers. It described the unit composition of the Western Nevada Medical Reserve Corps Unit #0488, however, it did not include a contract or MOA/MOU with this group, as required (but as also previously noted lacking at this time).

#### **Areas of Excellence:**

Not Available

#### **Opportunities for Improvement:**

Develop an MOU/MOA or contract with the Medical Reserve Corps to define mutual responsibilities. Keep a record of training session attendees and the topics and dates on which the trainings were delivered.

#### **Measure 2.3.4 A:**

Demonstrate that Tribal, state, and local health departments work together 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 (3/3)**

#### **Site Visitor Comments:**

#### **Conformity:**

**RD1:** Example 1 included a memo related to an Ebola Situation Update and Bi-Weekly Meeting sign-in roster demonstrating CCHHS worked with other community agencies to review what had been happening in the communities and the State of Nevada, thereby building capacity and sharing resources. A second document, Statewide Epidemiology Workgroup Meeting Minutes – September 24, 2014, identified the following agencies – OPHIE, SNPHL, WCHD, SNHD and CCHHS as members of a workgroup. All documentation met conformity requirements.

**RD2:** Example 1, was an After Action Report including a Homeland Security Exercise and Evaluation Program (HSEEP) that recorded the outcomes of a joint exercise demonstrating how CCHHS worked with other agencies (State and Local Health Authorities including: SNHD, Nevada State Health Division (NSHD), Carson City Health and Human Services (CCHHS) and Washoe County Health District (WCHD)) to test and implement shared resources and build capacity during the exercise. The report identified strengths in the outcome of a drill as well as some weaknesses that needed to be



resolved prior to the next drill. The second example, entitled "A Decade of POD, After-Action Report/Improvement Plan, October 5, 2013," was a community event demonstrating preparedness, which included many community organizations - Carson City Community Emergency Response Team (CERT) Carson City Emergency Management Carson City Fire Department Carson City Health and Human Services Carson City Public Works (CCPW) Carson City Sheriff's Office (CCSO) Nevada Division of Public and Behavioral Health Nevada National Guard Nevada Public Health Foundation Washoe County Health District (WCHD) and the Western Nevada Medical Reserve Corps (MRC). This event tested and implemented shared resources and built community partnerships to support public health preparedness, including coordination of training identified strengths and areas for improvement. The event included 94 Players, 2 controllers, 2 Evaluators, 2 Facilitators, and 1 Observer. Both documents met conformity requirements.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Not Available

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**Standard 2.4 – Comments:**

The policies and procedures in CCHHS documentation for urgent and non-urgent communications appeared to be fully implemented and working effectively.

**Measure 2.4.1 A:**

Maintain written protocols for urgent 24/7 communications.

**Score: Fully Demonstrated (3/3)**

[Site Visitor Comments:](#)

**Conformity:**

**RD1:** The documents provided for RD1 were a table of contents - one for the Crisis Emergency Risk Communications (CERC) Plan and the other a Cover Sheet for CCHHS Crisis Emergency Risk Communications (CERC) Plan. They described the communications systems - the Nevada Health Alert Network (HAN) and Other Alert Systems (Code RED and Email) systems (duplicate means of communication). Contact information was provided, including phone numbers, email addresses, and website addresses for relevant partners.

**RD2:** The documentation provided described information to partners and the public on their website "24/7 Access to Phone Number for Reporting Diseases/Public Health Emergencies On [www.gethealthycarsoncity.org](http://www.gethealthycarsoncity.org)" about how to contact the health department, including phone and fax numbers and a map of the CCHHS location on how to report a public health emergency, risk, problem or environmental or occupational public health hazard.

CCHHS provided a Policy and Procedure for 24-hour notification/access that demonstrated how partners and the public could contact the health department 24/7. There were two phone message systems provided by CCHHS including "closed" and "open" phone systems. The closed message system was available during the organization's non-working hours (5pm-8am) as well as weekends and holidays. The

open phone system was provided for individuals during open business hours (8am-5pm) in order to best assist those calling in for inquiries. An after-hour answering service or pager service could provide this capacity. All documentation met conformity requirements.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Not Available

**Measure 2.4.2 A:**

Implement a system to receive and provide health alerts and to coordinate an appropriate public health response.

**Score: Fully Demonstrated (3/3)**

**Site Visitor Comments:****Conformity:**

**RD1:** CCHHS provided a letter from the Nevada Division of Public and Behavioral Health, confirming that, as a sub grantee and partner of the Nevada Division of Public and Behavioral Health - Public Health Preparedness Program, Carson City Health and Human Services was an authorized user of the statewide Health Alert Network.

**RD2:** Example 1 was an email from Cisco Unity Connection Messaging System to Dustin Boothe of CCHHS that showed he received a test voice from Carson Tahoe HL on Sunday, January 5, 2014 at 12:41 PM (after hours), confirming that the 24/7 contact system of CCHHS was working and was tested. Example 2 was an email from Cisco Unity Connection Messaging System to Dustin Boothe of CCHHS demonstrating he had received a test voice from Carson Tahoe HL on Tuesday, February 10, 2015 at 2:18 PM (regular business hours), once again, confirming the 24/7 contact system of CCHHS was working and was tested. All documentation met conformity requirements.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Not Available

**Measure 2.4.3 A:**

Provide timely communication to the general public during public health emergencies.

**Score: Fully Demonstrated (3/3)**

**Site Visitor Comments:****Conformity:**

**RD1:** Example 1 was an After-Action Report/Improvement Plan Published September 5, 2014, Incident Overview of a rabies investigation. This report showed that, after confirmation of a rabies case by CDC on 2/17/14, CCHHS initiated a formal Hazard Response at 16:00 and on 2/18/14. On 2/19/14 they issued a press release on rabies

exposure and on 2/20/14 "television interviews began with local media stations" and since the index puppy was purchased through a Facebook ad "social media was monitored." Their actions served to provide the public information on rabies to puppy owners/ littermates to control rumors. While the AAR described that CCHHS's responses to this public health emergency were appropriate, the document for RD1 was not a press release, so it was not possible to determine if the information provided was accurate, accessible and actionable. (A compliant press release regarding this rabies outbreak was included in RD 2 response.)

The second example was the Measles Public Information Log, dated February 2015 that gave a daily and up-to-the minute log of activities, including establishment of an internal measles task force. The initial planning meeting of the task force identified clinic availability, school vaccination/exemption rates, and measles communications/public information. The information provided to the public appeared to have been accurate, accessible, and actionable. CCHHS developed a measles web page, created and published to GetHealthyCarsonCity.org, a Measles Fact Sheet and included an MMR Vaccine FAQs. A New Measles information page was posted to CCHHS Facebook Page.

**RD2:** Example 1 was a CCHHS News Release issued January 3, 2014 on the widespread Increase in Flu and that vaccine was readily available. It stated that "vaccination is your best protection against getting the flu," and emphasized populations that should get the vaccine for all people 6 months and older. If you are pregnant, have asthma, diabetes, or chronic lung disease (such as COPD or emphysema)."

The second, dated February 19, 2014, was another CCHHS news release entitled, "Health Alert - Dog Tests Positive for Rabies." It urged the following precautions: Avoid contact with animals you don't know. Make sure your pets are immunized. Dogs and cats should get initial rabies vaccines beginning at 12 weeks of age and additional boosters over the animal's lifetime. Confine all pets or keep them on a leash. All persons, especially children, are warned to avoid all sick or injured animals. All stray or wild animals should be avoided. All documentation met conformity requirements for this measure.

Each of the news releases was accurate, accessible and actionable.

### **Areas of Excellence:**

Restaurant inspection reports were sent to media outlets for public inspection. While some health departments may be prohibited from disseminating restaurant inspection reports, CCHHS has sent them to media outlets for public inspection. Transparency of the work of public health builds public trust.

### **Opportunities for Improvement:**

Not Available

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

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### Comments

CCHHS has been an important source of health information about public health issues and functions and was recognized by community partners (by virtue of the CHA and CHIP community processes) as a leader that has had a positive influence on communications among its partners beyond public health issues.

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### Standard 3.1 – Comments:

Evidence-based programs and policies were identified by program staff, who researched background information on potential areas of intervention importance, identified best practices and conducted focus groups and interviews with target populations to obtain information to tailor the selected intervention to the population.

#### Measure 3.1.1 A:

Provide information to the public on protecting their health.

**Score: Fully Demonstrated (3/3)**

#### Site Visitor Comments:

#### Conformity:

**RD1:** CCHHS provided two examples of information shared with the public to address the listed message areas (health risks, health behaviors, prevention, or wellness). The first document, "Get Healthy: Be a quitter in Carson City," was a copy of a column that appeared in the Nevada Appeal on the Wednesday health pages November 2014. It provided information on the risk factor of smoking published during the Great American Smokeout. The column mentioned smoking as a risk factor for lung cancer, heart disease and other problems. It addressed topics related to the health of the community; the information provided was accurate, accessible, and actionable. CCHHS used a template from Nevada Public and Behavioral Health Department to develop its messages.

The second document, "Be Proud! Be Responsible! Reduce the Risk of HIV, STDs and Pregnancy," was a brochure describing the program and its six modules. It was an "evidence-based teen pregnancy prevention program open to youth ages 13-18" and "is designed to educate youth about the risks and responsibilities involved with sexual behavior, and how to make healthy choices to avoid obstacles to achieving their goals. BPBR does this by giving youth the tools that make it easier to select and properly use contraceptives, or to abstain from sexual intercourse altogether." The information provided in this brochure was accurate and accessible. The site visit disclosed that young people could find out where or when the program was offered by accessing the CCHHS website and a weekly online newsletter. Therefore, the information was actionable.

**RD2:** CCHHS documented an example of steps they took, described in their Community Health Improvement Plan: Teen Pregnancy and STD Prevention Focus Group Report and Summary, to solicit input from parents during the development of messages and

materials to help shape the final content. The purpose of the focus group project was to collect information regarding attitudes about sexual health education from different groups of our community. There was a parent focus group, a teen focus group, debriefing hogwash, and a one-on-one teen interview.

CCHHS provided a memo from a staff person to the Nevada Department of Health on the BPBR program to document a communication with another health department to promote unified messaging. This email message asks, "Is the content/messaging of this brochure consistent with yours? Are you doing anything differently?" The second document addresses a discussion (meeting minutes) on the situation on ebola in the state of Nevada. CCHHS provided documentation of communication with other health departments (meeting minutes) where messaging was discussed and all in attendance agreed that a PowerPoint presentation was accurate. This document fully met conformity requirements.

### **Areas of Excellence:**

Not Available

### **Opportunities for Improvement:**

While this Measure is Fully Demonstrated by the documentation submitted, the Site Visit team identified an opportunity for improvement that goes beyond the Standards and Measures.

Documentation indicated how information was gathered from the target group, but there was little indication, during the site visit or pre-site visit review, how CCHHS recruited and gathered information from the target population. It was explained that leaders of the target population were too few and over-burdened with work of their own to participate with CCHHS. Efforts should be redoubled to provide outreach to and capture information from target community members. Outreach to churches and other organizations/venues frequented by the growing target population, as well as the CCHHS clinic clientele, could prove to be fruitful as information sources and lead to the development of unified health promoting messages.

### **Measure 3.1.2 A:**

Implement health promotion strategies to protect the population from preventable health conditions.

**Score: Largely Demonstrated (2/3)**

### **Site Visitor Comments:**

#### **Conformity:**

Two examples of health promotion strategies were provided.

**RD1:** Document 1, the "Western Nevada Safe Routes to School Annual Report, December 20, 2013" was submitted for review. A diverse coalition was created in response to the Community Health Improvement Plan and developed and implemented by Carson City Health and Human Services. CCHHS was the home agency for Western Nevada Safe Routes to School. By engaging local membership, this program used social marketing methods, and gained great support, advice, and resources, including volunteers for activities. WNSRTS was an integrated program with all five standard elements of the Federal Safe Routes to School Program - Education, Encouragement, Enforcement, Engineering, and Evaluation. It included an article published in the Journal

of the American Planning Association, demonstrating that Safe Routes to School was evidence-based, theoretically sound and social marketing methods had been used. It listed the partners and their roles in this health promotion strategy.

The second document provided evidence behind the CCHHS Personal Responsibility Education Program - "Be Proud, Be Responsible" is listed by the USDHHS as an evidence-base program to prevent teen pregnancy and promote teen sexual health. This supported example two, which highlighted the CCCHS' CHIP where Community Issue H&I - teen pregnancy and teen STDs, were highlighted. Evidence of social marketing was lacking, however.

**RD2:** The CCHHS provided an example of steps taken to solicit input and/or feedback from the target audience during the development of the Teen Pregnancy and STD Prevention Program. It described the steps used to develop this program including a Focus Group Report and Summary and that they discussed information that participants were comfortable receiving, to what tools would help make the topic of sexual health more comfortable to discuss in the household. The focus groups took place on a Saturday morning and early afternoon (December 6, 2014) in the Carson City Community Center.

CCHHS provided three documents to satisfy this measure, two of which met conformity requirements. The first provided the names of persons who participated in a CHIP Teen Pregnancy/STD Subcommittee Meeting, demonstrating the teen pregnancy program (described in RD1) was developed in collaboration with stakeholders and/or partners. The second document, Family Life Committee Meeting Minutes dated February 18, 2015, did not contribute to conformity, as partners were not listed (agency names missing), and the minutes neither named/described the Safe Routes to School or the PREP program nor provided documentation these strategies (identified in RD1 above) were implemented through this group of stakeholders and/or partners. Document 3, however, defined the stakeholders' or partners' relationship and role to this program/strategy.

#### **Areas of Excellence:**

Not Available

#### **Opportunities for Improvement:**

While this measure is Fully Demonstrated by the documentation provided, an opportunity has been identified that goes beyond the Standard and Measure. When convening community members for information gathering purposes, describe in meeting minutes how they were recruited, the names of the organizations each participant represents, the objective of the meeting and the program or health issue being discussed.

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### **Standard 3.2 – Comments:**

Site visit walk-through noted the uniform shirts to be attractive and clearly indicating those wearing the shirts were part of CCHHS. They were worn by staff at hosted events and other community organizations. Visibility of CCHHS and the messages it delivered to the public was a key strength of CCHHS. It used a variety of methods to deliver health messaging, some of which included the digital sign in front of the building, a bi-weekly newsletter, informational brochures (in the lobby) and news releases. CCHHS maintained an open, brightly lit, comfortable lobby environment which was inviting to the public.

**Measure 3.2.1 A:**

Provide information on public health mission, roles, processes, programs and interventions to improve the public's health.

**Score: Largely Demonstrated (2/3)**

**Site Visitor Comments:****Conformity:**

**RD1:** Document 1, was a price quote and purchase order from Sierra Nevada Media Group for printing of the Carson City Health & Human Services Annual Report into the Nevada Appeal on Sunday, June 30, 2013, and a copy of the CCHHS Annual Report for 2012 shows how CCHHS provided information to the public on the roles and value of public health and the mission and programs of CCHHS. Document 2 was likewise an invoice from the Sierra Nevada Media Group for an advertisement poster for Nevada Days. It provided pictures representing the various programs and services offered by CCHHS. The text stated CCHHS "Protects and improves the quality of life . . . through disease prevention, education, and support services." The invoice suggests that the display ad (poster) was purchased and used during a community event to pictorially depict the roles and functions of public health. The invoice is dated 10/31/12, but there was no date on the display ad/poster. The documentation did not show dates of distribution/range of dates (as required).

**RD2:** Document 1 was the CCHHS Marketing and Communications Procedures. It described how publications were to be developed and Minimum Branding Requirements imposed for all documents such as Meeting Minutes, Agendas and/or Reports, including the Official Logo for CCHHS and the date of Last Revision. Document 2 was the same as RD1 Example 2 and provided adequate demonstration of branding for CCHHS, supported by the statement that CCHHS "Protects and improves the quality of life . . . through disease prevention, education, and support services."

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

While this Measure is Fully Demonstrated by the documentation submitted, the Site Visit team identified an opportunity for improvement that goes beyond the Standards and Measures.

The CCHHS logo could emphasize "public health" more if it were more like the Regional Partnership logo.

**Measure 3.2.2 A:**

Establish and maintain communication procedures to provide information outside the health department.

**Score: Fully Demonstrated (3/3)**



### Site Visitor Comments:

#### **Conformity:**

**RD1:** CCHHS provided a copy of their Marketing and Communications Procedures dated March of 2015, showing it had been recently updated. Procedures resided on a shared drive for all employees to access, included a current contact list of media and key stakeholders, set forth when the contact list was to be used, and described the process for maintaining the contact list (i.e., the PIO was responsible for maintaining a current list prior to using any of the contacts listed). It stated information about public health trends and services may be provided to community partners at formal meetings or informally via email. This document also described processes and responsibilities for all staff positions that may interact with the news media and the public, including guidance for specific leadership staff, like the director and public information officer, and others. Processes for use of local media, social media, website and word of mouth communications were established.

**RD2:** CCHHS provided 2 examples of the Department following their communications procedures listed in 1, above, including one from a chronic disease program, the other about influenza. Document 1 was a news release titled, "Walktober" Promotes Fun, Safety, Fitness." (October 2013). Document 2 was a news release titled, "Widespread Increase in Flu – Vaccine Readily Available." (January 2014). The example representing a chronic disease focus was on walking.

#### **Areas of Excellence:**

Not Available

#### **Opportunities for Improvement:**

While this Measure is Fully Demonstrated by the documentation submitted, the Site Visit team identified an opportunity for improvement that goes beyond the Standards and Measures.

The brochure on walking, and its use as a means to address chronic disease, may be more impactful if the activity was linked to the concerns.

#### **Measure 3.2.3 A:**

Maintain written risk communication plan.

**Score: Fully Demonstrated (3/3)**

### Site Visitor Comments:

#### **Conformity:**

CCHHS provided a copy of its Crisis Emergency Risk Communications (CERC) Plan, Revised February 2015, which included the required procedures. It described the purpose and scope of the plan, by whom and how information was provided for a given situation, using a phased approach, and described staff roles and responsibilities, including Content Preparation, Approval and Distribution procedures and how it would work with media. Documentation met conformity requirements.



**Areas of Excellence:**

The Crisis Emergency Risk Communications (CERC) Plan was an excellent plan that described in detail the roles, responsibilities and content preparation and approval processes necessary for releasing accurate and timely information to the public.

**Opportunities for Improvement:**

Not Available

**Measure 3.2.4 A:**

Make information available through a variety of methods.

**Score: Fully Demonstrated (3/3)**

**Site Visitor Comments:****Conformity:**

**RD1:** CCHHS had a website that met all of the required components listed by PHAB.

- A 24/7 contact number for reporting health emergencies and reportable diseases, and 2 fax numbers, one which is for reporting confidential information;
- Notifiable/reportable conditions line and contact numbers;
- Health data, such as morbidity and mortality data, (e.g., Health Data publications; Statewide Weekly Report);
- Links to public health related laws, including municipal, county and state laws;
- Information and materials from program activities, such as communicable disease, chronic diseases, environmental public health, and prevention, including information on the Medical Reserve Corps, the School Located Vaccination Program, Adolescent Health Education Programs and others;
- And links to CDC, NACCHO, Nevada Division of Public and Behavioral Health, and other public health related federal, state, or local agencies.

**RD2:** CCHHS provided two examples of information made available to the general public about public health issues and/or functions. The first example was a screen shot of the Facebook page (CCHHS Facebook Page: [www.facebook.com/CCHHS](http://www.facebook.com/CCHHS) December 2014) and the second was a copy of an article that appeared in the Nevada Appeal promoting National Influenza Vaccination Week. All documentation met conformity requirements.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

While this Measure is Fully Demonstrated by the documentation submitted, the Site Visit team identified an opportunity for improvement that goes beyond the Standards and Measures.

During the site visit, CCHHS staff acknowledged they sometimes had difficulty engaging Reno-based broadcast and print media outlets to cover their stories, despite the fact Carson City was only 35-40 minute drive south of Reno. Efforts to identify health reporters from these media outlets and to actively meet with them might help get attention on future news stories.

**Measure 3.2.5 A:**

Provide accessible, accurate, actionable, and current information in culturally sensitive and linguistically appropriate formats for populations served by the health department.

**Score: Largely Demonstrated (2/3)**

**Site Visitor Comments:****Conformity:**

**RD1:** CCHHS provided demographic data from the Carson City QuickFacts, US Census Bureau website. This data defined the ethnic distribution for the jurisdiction and described the percentage of languages other than English that were spoken in the home (i.e., 20.0%). It showed that 22.5% of the population was Hispanic or Latino. It showed that 20% of the households spoke languages other than English, but those languages were not described.

**RD2:** A list of staff who are fluent in Spanish and Tagalog and American sign languages was provided.

**RD3:** Document 1 was the CCHHS Marketing and Communications Procedures. The CCHHS provided a description of Teletypewriter (TTY), a special device that allowed people hard of hearing, or speech-impaired to use the telephone to communicate. (Meets ADA requirements.) TTY allows for individuals to type messages back and forth instead of talking and listening to contractor(s) who provide interpretation, translation, or specific communication services. This document also stated "No person will be denied access to educational materials and health information based on low health literacy" and "All Carson City Health and Human Services health education and informative materials will be published with language no higher than a sixth-grade reading level. Document 2 was the meeting notes from a November 2012 Northern Nevada Access & Functional Needs Workgroup. It showed CCHHS participated in this workgroup, where this staff person shared a smart phone app for earthquakes, wildfires and Red Cross shelters. The site visit disclosed the main desk staff person was bi-lingual and had previously communicated with hearing impaired persons using the means by which they were most comfortable - note pad and pencil - to communicate.

**RD4:** CCHHS provided two documents currently in use, which were appropriate for populations that may have difficulty with understanding public health communications. The first was in Spanish, titled, "Enterovirus D68 (EV-D68) Hoja Informaciones." The second was a brochure entitled "Promoting "Promoviendo" Health "Salud" Among "Entre" Teens "Adolecentes" (PHAT) Abstinencia Solamente!" All documentation for this measure met conformity requirements.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Not Available

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

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### Comments

CCHHS was an active contributor to ensuring the health of its constituents. Given its "lean" status, resource limitations had it working in a collaborative fashion with local partners and stakeholders to both identify problems/issues and develop solutions. On-going conversations with peers, both regionally and at the State-levels, allowed members to broaden the organization's reach to address public health concerns that often did not end at the county line.

Within the scope of the Domain's focus to "Engage with the community to identify and address health problems," an area for future consideration would be identifying opportunities to directly solicit input from community members in a more participatory fashion. While working through existing partnerships and coalitions was an agency strength as well as necessary, those areas where the CCHHS finds itself taking the lead might be better informed through gaining an understanding of the "lived experiences" of those being impacted.

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### Standard 4.1 – Comments:

Documentation for this Standard was very good, indicating the CCHHS was an active contributor to public health efforts in its community as well as at the State-level. As also noted in Domain 5, its CHA/CHIP represented one such example of community collaboration in both identifying issues and prioritizing concerns. On-site discussions further reinforced CCHHS' participation in many coalitions and partnerships, serving as either/or a facilitator, member or lead, depending upon the relationship. Given the lack of State-sponsored public health infrastructure and funding, these relationships were essential for success.

#### Measure 4.1.1 A:

Establish and/or actively participate in partnerships and/or coalitions to address specific public health issues or populations.

**Score: Fully Demonstrated (3/3)**

#### Site Visitor Comments:

#### Conformity:

**RD1:** Example 1 were materials from the Northern Nevada Access and Functional Needs (AFN) workgroup that focused on ensuring all community members would be addressed in public health emergencies (dated August 2014). The second example included materials, meeting agenda and minutes, membership list of the Maternal and Child Health Advisory Board (dated August 2014). CCHHS facilitated and/or were members of both groups. Both examples met conformity requirements.

**RD2:** Provided membership in both groups referenced in RD1 and were dated 2014. Both documents met conformity requirements.

**RD3:** Was the AAR for the CCHHS POD (point of dispensing) exercise that occurred in October 2013. The document was very well organized, providing the reader a table to easily identify successes and areas of improvement. Appendices included a list of

participants, including community organizations, areas of improvement, and survey results of participants and volunteers. This document met conformity requirements.

**Areas of Excellence:**

The POD AAR/IR was well organized and critically reviewed the exercise. Its use of a format, provided by federal agencies, was also used in another AAR/IR submitted for review. These suggested the CCHHS was intentional in its self-assessment process, reflecting quality improvement efforts, as another AAR submitted for review, from an earlier period, was less robust.

**Opportunities for Improvement:**

While this Measure is Fully Demonstrated by the documentation submitted, the Site Visit team identified an opportunity for improvement that goes beyond the Standards and Measures.

Solicitation of those groups directly impacted by the agency's efforts could provide it with an opportunity to better understand the success and/or difficulties with its interventions, both current as well as in the future.

**Measure 4.1.2 L:**

Link stakeholders and partners to technical assistance regarding models of engaging with the community.

**Score: Largely Demonstrated (2/3)****Site Visitor Comments:****Conformity:**

**RD1:** Example 1 was meeting minutes from the Northern Nevada Access & Functional Needs Workgroup, dated November 2013. A CCHHS staff member facilitated the process of creating a brochure for the POD exercise previously cited (see 4.1.1). The established model for collaborative community engagement used was facilitated group participation, however, the CCHHS representative did not present the model for collaborative community engagement per PHAB requirements, but rather used it in the process. As such, this document did not meet conformity requirements.

RD1 examples 2&3 were the CCHHS Cross Jurisdictional Sharing Project Presentation Agenda and referenced Toolkit (dated January 2015), respectively. This provided evidence for the implementation of shared public health services in EH, a project funded by RWJF. A number of models of community engagement were referenced in the document, to include the Center for Sharing Public Health Services' Self –Assessment of Progress, which was used during this project as an interventional framework both it and partners could use. This example met conformity requirements.

**Areas of Excellence:**

Given the agency's reliance on external grant funding, its success in acquiring RWJF funding for this project was noteworthy.

**Opportunities for Improvement:**

Not Available

**Standard 4.2 – Comments:**

Documentation was good for this Standard, demonstrating the CCHHS involvement in educating and informing the public on health-related issues at the community level.

**Measure 4.2.1 A:**

Engage with the community about policies and/or strategies that will promote the public's health.

**Score: Fully Demonstrated (3/3)**

**Site Visitor Comments:****Conformity:**

The first example, dated April 2014, referenced a CCHHS project that addressed parents of school-aged children through a survey preceding the influenza season in 2014 (School Located Vaccine Program and Immunize NV), a state-wide survey CCHHS used in targeted schools in its jurisdiction. An email exchange concerning the survey and how it would be delivered to parents via a school district website (Douglas County) was provided for documentation. A survey of parents whose children will be provided immunizations is consistent with gathering input and informing the population to be affected by the agency's activity. The second example was a PPT given to seniors by a CCHHS staff member. Its focus was emergency preparedness (dated July 2014). Seniors that would be impacted by CCHHS programming about emergency preparedness were made aware of resources and contingencies for such an occurrence. Verification of its presentation was provided by a letter from the Executive Director and CEO of the Nevada Rural Counties RSVP program, Inc. All examples met conformity requirements.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

While this Measure is Fully Demonstrated by the documentation submitted, the Site Visit team identified an opportunity for improvement that goes beyond the Standards and Measures.

Again, as previously noted in 4.1.1, the agency was very effective in working with existing organizations representing groups and populations in need of public health services. On-site conversations with both the CCHHS and partners suggested direct conversations with these groups may not have been a common means by which interventions were evaluated. Learning of the experiences of those being impacted might enhance existing and future outreach efforts.

**Measure 4.2.2 A:**

Engage with governing entities, advisory boards, and elected officials about policies and/or strategies that will promote the public's health.

**Score: Fully Demonstrated (3/3)**

### Site Visitor Comments:

#### **Conformity:**

Three documents were provided for review. The first was a meeting notice and agenda from the State's Legislative Committee on Health Care, dated March 2014. Highlighted was the topic entitled, "A Public Health Response to Teen Pregnancy," at which a CCHHS staff member was a contributing presenter. The CCHHS program on teen pregnancy was identified as a priority in their CHA/CHIP. CCHHS developed an education/outreach program to address this issue. The second document was the actual PPT presentation. The third document and second example was an agenda for the PHP Senior Advisory Committee, dated October 2014. The focus of this meeting was public health preparedness. Emergency preparedness is another priority of the agency. The example provided information to one of the identified at risk populations and provided this group with education/resources. The Health Director and staff person responsible for this work were highlighted as attendees, and another staff person facilitated some of the conversations. Both examples met conformity requirements.

#### **Areas of Excellence:**

The Agency's creation of its Resource Stewardship Advisory Group was a brilliant means by which it was able to increase the knowledge of its Board members and increase members' advocacy for public health efforts.

#### **Opportunities for Improvement:**

Not Available

## DOMAIN 5: DEVELOP PUBLIC HEALTH POLICIES AND PLANS

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### Comments

CCHHS had greatly improved on its written plans, developing several in recent years. Both its CHIP and EOP (an Annex of the All Hazards Plan) appear to have effectively served as a vehicle for community engagement and resulted in defined responsibilities for plan implementation which demonstrates a shared overall responsibility for their community's health. Their plans (including its Strategic Plan) were clearly written with goals and timelines, and they were all actionable by the department.

At the site visit, CCHHS staff reported they had conducted trainings for staff on the various plans to ensure understanding of their potential roles in implementation. These plans were living documents, and staff at any level could influence changes. Their contributions to local health-related policy seemed stronger than their work at the State level, but they maintained membership on several statewide and regional committees and associations to keep informed of draft and current legislation that impacted public health.

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### Standard 5.1 – Comments:

Involvement in policy/practice development was a relatively new area of work for CCHHS. The Department kept informed of public health-related issues at the State level through participation in several statewide associations and committees and via the City's paid lobbyist. The CCHHS Director participated in statewide activities to bring to the forefront the issues identified by her department and her public health colleagues. Interviews at the site visit indicated that locally, CCHHS was seen as a resource by the school district, and played a central role when its input and participation were sought when the district was developing its school wellness policies.

#### **Measure 5.1.1 A:**

Monitor and track public health issues that are being discussed by individuals and entities that set public health policies and practices.

**Score: Fully Demonstrated (3/3)**

#### **Site Visitor Comments:**

#### **Conformity:**

CCHHS submitted two documents and an explanation that public health policies were primarily created by the State Legislature which met biennially. CCHHS was involved in a number of coalitions and advocacy organizations that both monitored the Legislative agenda as well as attempted to influence decisions. Example 1 was meeting materials from the Northern Nevada Action Committee (April 03, 2015) and the subsequently held Nevada Tobacco Prevention Coalition (NTPC) Action Committee and Executive Board meeting (April 15, 2015). Demonstration of the discussion on 2015 tobacco legislation was provided. Example 2 was an email chain originating from the Chair of the NPHA Advocacy and Policy Committee, dated March 2015. A list of legislative bills was attached. The agency's Health Director was a member of this committee. These documents demonstrated CCHHS' efforts to monitor public health legislation affecting its population and met conformity requirements.



**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Not Available

**Measure 5.1.2 A:**

Engage in activities that contribute to the development and/or modification of public health policy.

**Score: Fully Demonstrated (3/3)**

**Site Visitor Comments:****Conformity:**

To demonstrate its contributions to the development or deliberations of public health policy, CCHHS submitted documentation demonstrating staff's participation in a statewide taskforce charged with revising Nevada's School Wellness Policy and Best Practices Manual. As a result of the taskforce's efforts, a revised School Wellness Policy was published in July 2014. A copy of the policy was provided, in which CCHHS staff membership on the taskforce is referenced.

The second example was an agenda from the Nevada Chronic Disease Planning Summit held in January 2015. It included a timeslot dedicated to "Capacity to Meet State Plan Goals," at which time a white paper entitled "Public Health Chronic Disease Prevention & Health Promotion in Nevada in the Era of the Affordable Care Act: Building Capacity to Meet the Health Needs of Nevadans" was presented. The CCHHS Director was a contributor to the paper, which concluded a considerable effort by the State was necessary to invest in chronic disease prevention and health promotion was necessary to impact preventable chronic diseases. All documentation met conformity requirements.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Not Available

**Measure 5.1.3 A:**

Inform governing entities, elected officials, and/or the public of potential public health impacts, both intended and unintended, from current and/or proposed policies.

**Score: Largely Demonstrated (2/3)**



### Site Visitor Comments:

#### **Conformity:**

Example 1 was an email exchange regarding the potential public health impact of legislation being considered by the State of Nevada, specifically, Assembly Bill 209. This would have revised the provisions governing the distribution and sale of raw milk. A May 8, 2013 email from CCHHS Disease Investigation and Control Manager to the CCHHS Director included a detailed description of the potential public health impacts of the bill. According to additional notes provided, this information was used by a representative from the Nevada Food Safety Task Force who presented to the Nevada Legislature on May 9, 2013, though there was no available supporting documentation to demonstrate this. In addition, as CCHHS completed its application for accreditation on May 18, 2015, this example was just outside the 24-month period required under this measure and therefore did not meet the documentation requirements for conformity.

A second example was a September 2014 Carson City School District School Board Meeting agenda that included a discussion item described as an “informational update on school vaccination clinics,” presented by a CCHHS Public Health Nurse. A copy of the presentation included information on a study completed at Boston Children’s Hospital regarding children’s immunizations; statistical information (e.g., number and percent of students vaccinated and student insurance status) on the 2013-2014 vaccination clinics in the district; and the many general health, economic, convenience and attendance-related benefits of school-based clinics to schools, students and parents. Copies of the school district’s Attendance and Immunization Policies were also provided to demonstrate how the clinics support the district’s policies. This documentation demonstrated conformity with two of the three requirements as prescribed in the measure.

#### **Areas of Excellence:**

Not Available

#### **Opportunities for Improvement:**

There appears to be opportunities for improvement in documenting and/or identifying avenues to regularly inform policymakers (or those who inform policymakers) of the potential public health impact of draft or current policies or legislation.

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### **Standard 5.2 – Comments:**

CCHSS convened a highly participatory and collaborative process to develop its CHIP, which included objectives, strategies and timelines to address the prioritized community health issues, and also the defined roles and responsibilities of CCHHS and multiple community partners. The CHIP was viewed as a living document and had already been formally revised once to reflect the lessons learned and progress made since its adoption. According to the partners interviewed at the site visit, there had already been tangible improvements in community health as a result of this process and plan, which also contributed significantly to improved collaborative relationships. CCHHS staff reported they had identified several ways in which they intended to improve future planning efforts, including creating a better crosswalk between State and local data. They believed the core indicators they were working to develop with the State would assist with this effort.

**Measure 5.2.1 L:**

Conduct a process to develop community health improvement plan.

**Score: Fully Demonstrated (3/3)**

**Site Visitor Comments:**

**Conformity:**

CCHHS' CHIP included a comprehensive member list for the CHIP Planning Committee as well as a list of Partner Organizations... Both demonstrated broad community participation in the creation of the plan. The CHIP also cited several resources that included the Local Public Health System Performance Assessment, a Community Health Assessment produced by a local foundation, and health data provided by several community organizations. According to the plan's introduction, the Planning Committee used these data to identify trends and three specific issues to be addressed. The CHIP also included guiding questions the committee used to identify priority areas and a process to finalize the document, and the updated CHIP included "successes," which could also be viewed as developing community assets.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Not Available

**Measure 5.2.2 L:**

Produce a community health improvement plan as a result of the community health improvement process.

**Score: Fully Demonstrated (3/3)**

**Site Visitor Comments:**

**Conformity:**

The Department submitted a CHIP that was updated in 2014. The document included three priorities and multiple corresponding community issues, and it utilized tables to organize and list each issue's objective, action steps towards improvement (including policy changes, where appropriate), lead and partner organizations, and projected end dates/timelines. A separate section of the CHIP – the "Healthy People 2020 Objectives for Health Action Plan" – which is based on the State's report, Healthy People Carson City: Moving from 2010-2020 – included measurable health outcomes directly aligned with national and state priorities.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Not Available

**Measure 5.2.3 A:**

Implement elements and strategies of the health improvement plan, in partnership with others.

**Score: Fully Demonstrated (3/3)****Site Visitor Comments:****Conformity:**

**RD1:** Two quarterly reports exported on January 21, 2015 were submitted to demonstrate implementation of the CCHHS' CHIP. The reports were generated from an electronic system. Two issues – Pedestrian and Bicycle Safety and Teenage Pregnancy and Sexually Transmitted Diseases – were presented, with subcommittee progress on each presented. Both included outcome objectives, specific action steps, responsible partners, the status of each action step, and comments/notes.

**RD2:** Documentation for RD2 consisted of meeting agendas, minutes and sign-in sheets from the Carson City CHIP Workgroup and Subcommittee Lead Quarterly meetings held in January 2014 and January 2015. These were submitted to demonstrate how the CHIP was being implemented in Carson City. The CHIP identified 11 community issues, each of which was presented at these meetings. Minutes stated recent progress made was presented by the issue lead, ineffective strategies were discussed, and questions were posed concerning next steps to further progress. All documentation met conformity requirements.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Not Available

**Measure 5.2.4 A:**

Monitor progress on implementation of strategies in the community health improvement plan in collaboration with broad participation from stakeholders and partners.

**Score: Largely Demonstrated (2/3)****Site Visitor Comments:****Conformity:**

CCHHS originally completed its CHIP in June 2012, revised it in December 2014 and adopted the revision in January 2015. The January 2015 version was submitted, which included reported progress by Community Issue. Successes, challenges, updated activities and revised finish dates, as well as a report on work that had been completed and work that had been abandoned, were provided for review.

Additionally, the CHIP presented a revised strategy and structure for monitoring and reporting of progress of CHIP activities. Revision was necessary because its first system was neither user-friendly nor allowed for exported reports. Samples of the quarterly reports produced via the new system were also submitted, and the quarterly reports were posted on the CCHHS website to allow for broader community awareness of progress to date.

The submitted documentation demonstrated that performance measures were monitored, descriptions of progress towards indicators were made, and the CHIP was revised and updated based on those activities. However, two annual evaluation reports are required for RD1. While the newly adopted reporting system will likely allow CCHHS to complete an annual evaluation report (as evidenced by the submitted quarterly reports), only one was submitted.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Not Available

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**Standard 5.3 – Comments:**

CCHHS developed its first Strategic Plan as a result of the accreditation process. In its development, CCHHS engaged all levels of staff, as well as their governing entity, in developing departmental goals and the strategies to achieve them. The plan was developed by a core team, but line staff participated in a planning sessions facilitated by a consultant and without managers present. During the site visit, CCHHS staff discussed the cultural shift that had occurred and continues to evolve as a result of developing and adopting this plan. The shift had to do with actually utilizing the document to guide their work (as with their new efforts around marketing and branding), and with quarterly progress checks. They also reported on continually working to make sure it was a valuable document to staff, their governing board and to the public. Status on their progress is also now reported in the Department's annual report.

**Measure 5.3.1 A:**

Conduct a department strategic planning process.

**Score: Fully Demonstrated (3/3)**

**Site Visitor Comments:**

**Conformity:**

The CCHHS 2013-2017 Strategic Plan was originally published in March 2013 and revised in January 2015. The revised version was submitted and included the names and titles of those who participated on the Carson City Strategic Planning Committee. Participants included members of the Board of Health, CCHHS Administration, CCHHS staff and an external partner. Documentation submitted met requirements for RD1a.

A detailed Strategic Planning Process Summary was submitted to demonstrate steps taken to achieve an organizational strategic plan. The document detailed the number of

meetings held over a defined period and the steps taken in the planning process, including a review of the departmental mission, vision and values as well as a SWOT analysis. The summary also described CCHHS' "funneling" approach to staff involvement, which allowed for a small, efficient core team, as well as input from all departmental staff. Additionally, documentation included an Opportunities for Improvement section. Given this was the CCHHS' first strategic plan, this section contained lessons learned that could help inform its future efforts.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Not Available

**Measure 5.3.2 A:**

Adopt a department strategic plan.

**Score: Fully Demonstrated (3/3)**

**Site Visitor Comments:****Conformity:**

The CCHHS 2013-2017 Strategic Plan represented an inaugural effort and the Department's first internal plan. The original version of the plan was published in March 2013, updated and re-approved in January 2015. The plan included all of the required components, such as mission and vision statements, values, four strategic priorities (which include objectives, measurable activities, timelines, and responsible parties), a SWOT analysis that included both internal and external trends that may impact the Department or community health, and direct linkages to the Carson City CHIP and the quality improvement and performance management system. According to the document, CCHHS staff would review progress made towards the plan's objectives on a quarterly basis and provide an annual update to its Board of Health.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Not Available

**Measure 5.3.3 A:**

Implement the department strategic plan.

**Score: Largely Demonstrated (2/3)**

### Site Visitor Comments:

#### **Conformity:**

CCHHS submitted two reports to demonstrate it reviewed its Strategic Plan and assessed progress towards the objectives identified. The CCHHS 2013 Annual Report included a section titled “Progress towards Strategic Plan Objectives.” It contained a listing of objectives achieved in 2013, while also acknowledging some unanticipated barriers that delayed progress on its objectives. While it did not include how targets were monitored, the more detailed 2014 report did.

The 2014 Strategic Plan Update Internal Report included a detailed update on the plan and the steps taken to improve the plan and CCHHS processes. It addressed successes and areas for improvement, and listed completed, revised, ongoing, abandoned and new objectives to be included in the revised strategic plan, a copy of which was submitted for reference. The 2014 report also included a description of CCHHS’ improved monitoring and reporting system, which allowed the Department to integrate the monitoring of the Strategic Plan with the organizational performance management system.

#### **Areas of Excellence:**

Not Available

#### **Opportunities for Improvement:**

Not Available

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### **Standard 5.4 – Comments:**

CCHHS developed its first Emergency Operations Plan (EOP) in 2013, and reportedly had learned much in the process. Work in its development also prompted the update of the jurisdictional All Hazards Plan – an added benefit to the community. CCHHS now had a standing agenda item on the City’s Emergency Preparedness (EP) Planning Committee, and at the site visit, staff reported their relationships with their EP partners were flourishing, as demonstrated by the level of community and EP participation in CCHHS’ Point of Dispensing (POD) planning meetings. The CCHHS Strategic Plan also referenced and incorporated the EOP, creating an integration of the Department’s ongoing work.

#### **Measure 5.4.1 A:**

Participate in the process for the development and maintenance of an All Hazards Emergency Operations Plan (EOP).

#### **Score: Largely Demonstrated (2/3)**

### Site Visitor Comments:

#### **Conformity:**

**RD1:** An agenda and minutes from a March 2015 Carson City Local Emergency Planning Committee meeting demonstrated CCHHS staff actively participated in preparedness meetings with other agencies, including the Salvation Army, Public Works,

Carson City District Attorney's Office, Carson City Fire Department and Nevada Department of Emergency Management. At this documented meeting, agenda items included a hazard vulnerability analysis, a review of a State Emergency Response Commission grant application, and committee reports. A second example of an agenda and meeting minutes from a January 2015 Public Health Preparedness Partners Meeting was also submitted and demonstrated additional collaborative preparedness planning (e.g., for Ebola) with other government agencies, including the Southern Nevada Health District and the Nevada Department of Public and Behavioral Health.

**RD2:** Documentation included an After Action Report/Improvement Plan that described an exercise intended to identify issues in coordinating efforts to handle a suspected Ebola patient. Participating organizations included Carson City Dispatch, Fire Department, Public Works, Sherriff's Office and CCHHS. The AAR/IR included a detailed description of the scenario, exercise objectives, an analysis of core capabilities, strengths, areas for improvement, and corrective actions to be taken. Example 2 was an After Action Report for a point of dispensing (POD) exercise. Participating organizations were varied and included Carson City Fire Department, Public Works, and Emergency Management, Nevada National Guard, Nevada Public Health Foundation and CCHHS. The report included a detailed description of the scenario, exercise objectives, an analysis of core capabilities, strengths, areas for improvement, and corrective actions to be taken.

Both exercises addressed the Public Health Emergency Operations Plan (EOP), which was an annex of the Carson City EOP, and each exercise demonstrated collaboration with multiple emergency service agencies.

**RD3:** The Carson City EOP, which was maintained by Carson City Emergency Management, was provided for review. A copy of an email showed that a meeting was organized in June 2014 to review and update the EOP. A copy of a PowerPoint presentation contained meeting objectives, which included a review of the EOP organization and structure, as well as a list of meeting attendees that included multiple agencies/emergency response partners and staff from CCHHS. A Carson City Emergency Operations Center Assignments list was submitted and included contact information for all, updated in March 2015. However, a copy of the revised EOP based on the June 2014 review was not submitted as required. A CCHHS Memorandum of Review indicated that Carson City hired a consultant to revise the EOP in 2015, but it was not completed as of CCHHS' accreditation application.

### **Areas of Excellence:**

Not Available

### **Opportunities for Improvement:**

Based on submitted documentation, the review and update processes for the City's EOP were in place. However, without a copy of the revised plan it was not possible to validate the results of the review process.

### **Measure 5.4.2 A:**

Adopt and maintain a public health emergency operations plan (EOP).



**Score: Largely Demonstrated (2/3)****Site Visitor Comments:****Conformity:**

**RD1:** The CCHHS EOP included designated staff positions that may activate the EOP – the Health Director, Health Officer or Public Health Preparedness Division Manager. It also included the organization and assignment of responsibilities for CCHHS and its partners. The plan included a Continuity of Operations component, and a limited communications component. It also referenced a Public Information and Communications Plan, which was listed in the EOP under “Appendices to be Included,” but was not provided.

**RD2:** The CCHHS Strategic Plan was submitted to document the process for testing and evaluating the EOP. The Plan included an objective to “Practice being prepared for natural and manmade disasters/incidents.” It listed three activities for evaluation and testing of the EOP – the completion of a full-scale exercise, annual call-down exercises, and a notification drill. Two detailed After Action Reports were submitted to document and evaluate these exercises – one for a 2014 Notification Drill and one for a full-scale 2014 Point of Dispensing (POD) exercise.

**RD3:** Documentation was an EOP Planning Process Summary, which indicated department staff met in January 2013 to create its first EOP. The process resulted in several successes including clarifying roles and responsibilities. The Public Health EOP led to the update of the jurisdictional All Hazards EOP. The summary also noted an opportunity for improvement – to develop an EOP review and revision schedule. This has been included as an activity in the CCHHS Strategic Plan. As the EOP was approved in September 2014, no revision has been made. All documentation met conformity requirements.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Not Available



## DOMAIN 6: ENFORCE PUBLIC HEALTH LAWS

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### Comments

Overall, documentation for this Domain was strong. It demonstrated the CCHHS was actively engaged in impacting public health statutes where it could; used evidence-based practices in these efforts; self-monitored to ensure its enforcement work met statute requirements; and provided the public means by which citizens could both access these ordinances and stay current with revisions.

#### Standard 6.1 – Comments:

Documentation provided centered on the CCHHS' work in monitoring and regulating food establishments. Staff were engaged at the State level to create uniformity across Nevada, and as such, demonstrated knowledge of best practices through their use of an assessment process to align with FDA recommendations.

##### **Measure 6.1.1 A:**

Review laws to determine the need for revisions.

**Score: Largely Demonstrated (2/3)**

##### Site Visitor Comments:

##### **Conformity:**

**RD1:** Example 1, consisted of the Carson City Board of Supervisors and Board of Health meeting minutes and supporting review materials dated May 2013 at which time CCHHS staff presented recommendations to modify the existing ordinance for mobile food vendors to be consistent with current Environmental Health monitoring practices. Accompanying this was a CCHHS Environmental Health self-assessment with an associated email dated December 2013 representing efforts to align with FDA guidelines. This self-assessment met RD1 part b. requirements, and given its reference to FDA standards and guidelines, likewise met part a. RD1 Example 1b., dated March 2013, demonstrated the CCHHS effort to gain public input from business owners prior to presenting the changes to the Board of Supervisors, thereby meeting RD1 part c. requirements. Subsequently provided information and on-site discussions revealed the self-assessment reflected the agency's efforts to use evidence-based practices, i.e., FDA guidelines, as its foundation for monitoring of food establishments. The revisions to the ordinance demonstrated its work with its governing entity to adhere to these evidence-based practices. The Division Director was responsible for ensuring all revisions were noted by himself and the agency.

It was noted the CCHHS did not have a second example for this measure that met PHAB guidelines in its initial document submission. It subsequently submitted a policy/procedure document, revised April 2015, pertaining to the manager of the Division of Disease Control and Prevention (previously EH/EPI) being responsible for review of internal policies to ensure congruence with State Public Health laws. Checklists of this annual review (2014 & 2015) were provided upon on-site request for additional

documentation. Documentation for this example did not however address requirements a and c of this measure.

**Areas of Excellence:**

Nevada follows "Dillon's Rule," thereby establishing State statutes affecting public health. Its legislature only meets every other year. Given CCHHS' existence as a department within the Carson City municipality, its Director and staff are unable to lobby State legislators. Rather, it must impact State statutes directly through its involvement with various working groups and coalitions; indirectly, through its work with a lobbyist. Given this framework, changes in public health laws could take many years to be acted upon. Perseverance and patience are essential characteristics required that were demonstrated by the CCHHS Director and staff.

Given the challenges of impacting state public health legislation with a legislature that only meets every other year, CCHHS deserves kudos for their efforts at attempting to impact policies.

**Opportunities for Improvement:**

Not Available

**Measure 6.1.2 A:**

Inform governing entity and/or elected/appointed officials of needed updates/amendments to current laws and/or proposed new laws.

**Score: Fully Demonstrated (3/3)**

**Site Visitor Comments:**

**Conformity:**

**RD1:** Example 1, was an email exchange and information pertaining to pending legislation concerning the sale of raw milk (AB 209). (Note, the same documentation was presented for 5.1.3) The interim-director received information from the EH director on his conversation with the agency's lobbyist supporting opposition to this bill. A May 8, 2013 email from CCHHS Disease Investigation and Control Manager to the CCHHS Director included a detailed description of the potential public health impacts of the bill. According to additional notes provided, this information was used by a representative from the Nevada Food Safety Task Force who presented to the Nevada Legislature on May 9, 2013. The accompanying legislative tracking sheet was attached to document the vote. Example 2, related to documentation submitted for 6.1.1, pertained to CCHHS' effort to revise the existing food code to meet current practices and guidelines. It consisted of the agenda, meeting minutes of a Carson City Board of Supervisors and Board of Health meeting and other supporting materials, dated April 5, 2013. Documentation met conformity requirements for this measure.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Not Available

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**Standard 6.2 – Comments:**

CCHHS demonstrated efforts to ensure its staff was aware of public health laws so as to support both enforcement and education of the population it served. Documentation, as per Standard 6.1, emphasized the agency's enforcement of food establishments. Given the scope of its efforts, it would have been helpful to have been provided examples from other areas of enforcement.

**Measure 6.2.1 A:**

Maintain agency knowledge and apply public health laws in a consistent manner.

**Score: Fully Demonstrated (3/3)**

**Site Visitor Comments:****Conformity:**

**RD1:** Example 1, was a memorandum and sign-off sheet from the EH division requiring staff to review the previously presented ordinance changes pertaining to food establishment visits and mobile vendor time on location (See 6.1.1 & 6.1.2). Given staff had pre-existing knowledge of the ordinance and had been performing such practices prior to the actual change of the ordinance because it represented best practices, their review of ordinance changes was sufficient. Example 2, however, again from the EH (now Disease Control and Prevention) division, referenced a training required of staff on the legal aspects of food safety. All staff had completed the course prior to the document submission date and had done so within the past year. This example met conformity.

**RD2:** Example 1, dated November 2014, was the activity log of an EH employee for the month of 08.14 during which her inspections were recorded. Example 2 was the after action report/improvement plan (AAR/IP) following a case of rabies identified in a puppy that had been euthanized for Parvo that also tested positive for rabies. A very thorough review of the case and lessons learned/areas for improvement were presented. Both examples met conformity.

**Areas of Excellence:**

The AAR/IR of the case of rabies, which made use of federal agencies formats, was well done. Hopefully this structure is used across the agency in its self-assessments of practices and activities in the community.

**Opportunities for Improvement:**

Not Available

**Measure 6.2.2 A:**

Ensure that laws and permit/license application requirements are accessible to the public.

**Score: Fully Demonstrated (3/3)**

### Site Visitor Comments:

**Conformity:**

**RD1:** Required a single example of evidence CCHHS provides the public with information about public health laws. Submitted was a preview shot from the agency's website, dated November 2014, giving links to various EH-related laws and ordinances. This document met PHAB conformity requirements.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Not Available

**Measure 6.2.3 A:**

Provide information or education to regulated entities regarding their responsibilities and methods to achieve full compliance with public health related laws.

**Score: Fully Demonstrated (3/3)**

### Site Visitor Comments:

**Conformity:**

The single example submitted was a CCHHS form given to new restaurants, completed by an establishment and dated March 2014, indicating existing laws and food handling requirements and responsibilities. It was signed by the restaurant owner/operator and the CCHHS inspector. This document met conformity requirements.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Not Available

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**Standard 6.3 – Comments:**

Again, as noted with previous Standards, CCHHS did well to ensure it was well-versed in its enforcement authority and that those under its jurisdiction were aware of their public health responsibilities.

**Measure 6.3.1 A:**

Maintain current written procedures and protocols for conducting enforcement actions.

**Score: Fully Demonstrated (3/3)**

### Site Visitor Comments:

**Conformity:**

**RD1:** Example 1, was a copy of the Nevada Revised Statutes (NRS), dated November 2013, pertaining to Chapter 446- food establishments. It provided relevant definitions, a

list of statutes, and the provisions for agency enforcement of these statutes. RD1, Example 2, was again a copy of the NRS, Chapter 441A - infectious diseases/toxic agents. It was similarly structured as per Example 1.

**RD2:** Example 1, revision date February 2015, was the CCHHS disease investigation guidelines relevant to viral hemorrhagic fever. Highlighted were the requirements of notification, investigator responsibilities, and SOPs for investigation. Example 2 was the CCHHS protocol for enforcement for investigation foodborne illness complaints and investigations, dated April 2015. It was also provided in Spanish and included a flow chart of the processes. All documentation met conformity requirements.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Not Available

**Measure 6.3.2 A:**

Conduct and monitor inspection activities of regulated entities according to mandated frequency and/or a risk analysis method that guides the frequency and scheduling of inspections of regulated entities.

**Score: Fully Demonstrated (3/3)**

**Site Visitor Comments:**

**Conformity:**

**RD1:** Example 1, provided the CCHHS protocol for inspection of food establishments per Municipal Code CH. 9, last reviewed June 2013. A Master File of site visits, dated April 2015, was attached to verify CCHHS meeting Code requirements. These materials connected with those previously provided in Standards 6.1 & 6.2. Example 2, similarly, was the CCHHS protocol for inspection of pools/spas per Municipal Code CH. 9, with an accompanying master list of inspections to demonstrate that CCHHS met Code requirements.

**RD2:** Examples 1 & 2, were logs of inspections of restaurants and pools/spas, respectively. The former documented one month of inspections, the latter one year (both in 2014). All documentation for this measure met conformity requirements. Both logs provided evidence of "actions taken, current status, follow-up, return inspections, and final disposition."

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Not Available

**Measure 6.3.3 A:**

Follow procedures and protocols for both routine and emergency situations requiring enforcement activities and complaint follow-up.

**Score: Fully Demonstrated (3/3)****Site Visitor Comments:****Conformity:**

**RD1:** Example 1 was a P&P for a critical violation of a "substantial health hazard" for restaurants, revised April 2015 and identified as consistent with PHAB Domain 6. It was accompanied by an inspector's log for the 2014 year. Similarly, Example 2 was the P&P and inspector's log for pool/spa inspections for the period January 2010 - December 2014. As required, all documentation provided evidence that CCHHS had taken appropriate actions to address infractions, had analyzed the situation and based their work on the standards required by state legislation.

**RD2:** Example 1, was a food inspection report from 2011 provided to a retail food producer. Although no violations had been identified, nonetheless recommendations from a recently performed inspection had not been addressed and needed to be completed. A subsequent report indicated corrections had been performed within the prescribed timeframe. The document was signed by the inspector but not by the owner/manager. The second document was an explanation of an issue that occurred during the completeness review concerning a missing signature, with an explanation provided. All documentation for this measure met conformity requirements.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Not Available

**Measure 6.3.4 A:**

Determine patterns or trends in compliance from enforcement activities, and complaints.

**Score: Largely Demonstrated (2/3)****Site Visitor Comments:****Conformity:**

**RD1:** Example 1, dated April 2015, was entitled Disease Control and Prevention Environmental Health Program Food Establishments–Carson City–2014. It provided annual data, to include the number of inspections, violation, complaints and trends, comparison with previous year's data. Similarly, Example 2, dated the same, was Disease Control and Prevention Environmental Health Program Food Establishments – Public Bathing Places (Pools/Spas) – 2014.

**RD2:** Example 1, previously provided in this Domain, was the AAR/IP for a case of rabies (February 2014 - July 2014). It was well documented, using Public Health Preparedness Guidelines from the Centers for Disease Control and Prevention (CDC) and Healthcare Preparedness Capabilities from the Office of the Assistant Secretary for Preparedness and Response Hospital Preparedness Program (ASPR) aligned with the National Preparedness Goal (NPG) Core Capabilities. Example 2, dated November 2012, was a summary report of a norovirus outbreak in a nursing home facility. Whereas Example 1 was a detailed AAR/IP using the stated guidelines, this document did not provide a self-evaluation, but only the processes performed, with recommendations

forwarded specific to "facility A" improving its methods. This document did not meet conformity guidelines because it did not demonstrate "debriefings or other methods to evaluate what worked well, problems that arose, issues and recommended changes in investigation/response procedures, and other process improvements to enforcement protocols or procedures" per requirements; rather, it simply provided an overview of how CCHHS did its investigation and the findings. Whereas recommendations for improvement were provided, e.g., "facility A" should improve its norovirus protocol, the only internal recommendation was for the CCHHS to fully review the facility's protocol with the State. On-site conversation indicated the protocols used for these AARs differed because of their magnitudes.

### **Areas of Excellence:**

The format of the AAR/IP used for the case of rabies reflected a thorough self-assessment that would improve future investigations.

### **Opportunities for Improvement:**

Whereas the format for the rabies outbreak provided the reviewer with extensive information about the event that used for the norovirus lacked the detail. Although it was explained the formats differed as a function of the magnitude, i.e., the former required more resources than the latter, AAR/IRs should contain the requirements as noted per PHAB guidelines that the norovirus AAR did not. The agency would benefit from consistently performing more thorough AAR/IRs with future events.

### **Measure 6.3.5 A:**

Coordinate notification of violations to the public, when required, and coordinate the sharing of information among appropriate agencies about enforcement activities, follow-up activities, and trends or patterns.

### **Score: Fully Demonstrated (3/3)**

### **Site Visitor Comments:**

#### **Conformity:**

**RD1:** An Interjurisdictional Notification form and policy from the State Division of Public and Behavioral Health, dated September 2013. The policy stated "The Office of Public Health Informatics and Epidemiology (OPHIE), in partnership with the local health authorities and federal partners, will notify corresponding jurisdictions of possible cases of epidemiological importance and outbreaks within their jurisdiction."

**RD2:** A policy & procedure document, effective 2004, revised April 2015, pertaining to how Disease Control and Prevention would share restaurant inspection reports. It stated that reports would be provided weekly to news media outlets and a hard copy would be placed in the media folder (rm. 202) and made available to the public.

**RD3:** Example 1, dated April 2015, was a letter that came from the State Division of Environmental Protection and discussed soil borings for total petroleum hydrocarbons within the CCHHS jurisdiction. It was addressed to a company working within the Carson City area. Example 2 was a screen shot from the agency's website. It contained a food inspection report on a local restaurant, for a reporting interval March 4 2015.

All documentation for this measure met conformity requirements.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Not Available



## DOMAIN 7: PROMOTE STRATEGIES TO IMPROVE ACCESS TO HEALTH CARE SERVICES

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### Comments

CCHHS was a strong provider of the existing information on health and public health functions, but improvements in local data collection should improve the quality of the data. It has been instrumental in promoting strategies to improve access to healthcare services. Now that strong partnerships have developed across the Carson City community, CCHHS could also take a leading role by increasing its advocacy for improved access to healthcare services, thereby ensuring the job gets done.

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### Standard 7.1 – Comments:

It must be noted community partners and government leaders indicated during the site visit the PHAB accreditation process was instrumental in breaking institutional silos, building partnerships across organizations and had established CCHHS as a "hub" for health services information in Carson City. According to community partners, great strides had been made in utilizing existing health data.

During the site visit, CCHHS staff readily identified the following gaps in access to healthcare services in Carson City/County: lack of providers accepting Medicaid; long wait times for services; and lack of mental health and pediatric services. Patterns of system abuse and recent changes in Medicaid complicated and contributed to these gaps.

#### **Measure 7.1.1 A:**

Convene and/or participate in a collaborative process to assess the availability of health care services.

**Score: Fully Demonstrated (3/3)**

#### Site Visitor Comments:

#### **Conformity:**

**RD1:** CCHHS provided an agenda of the Carson City Local Public Health System Performance Assessment Workgroup Meeting for July 28, 2011 and a copy of the Carson City Community Health Assessment, June 2012. Carson Mental Health, Carson Tahoe medical Center, Physicians Select Management, Sierra Family Health Center and others participated in the review. These documents fully demonstrated CCHHS participated in a collaborative process to assess the availability of health care services.

**RD2:** CCHHS provided a copy of their Get Healthy Carson City!, 2020 Action Plan. Page ii showed a list of the partners who helped develop the plan, including, the Carson City Fire Department, Carson City School District, Friends in Service Helping (FISH), Nevada Appeal, the Nevada Public Health Foundation and Sierra Family Health Center, Nevada Health Centers, Inc. This showed they shared local public health data and health care system data for planning purposes. Page 13, Improving Access to Health Information – Health Data from Community Partners demonstrated the difficulty it was having collecting comparable data and that these groups were working to improve access to health data. All documentation met conformity requirements.

The site visit found the CHA to be a strong example of data sharing. The Nevada Primary Care Association conducted an assessment on health care access and other health-related issues every other year, prior to the Nevada legislative session. This information was used in the Carson City CHA. Other sources of information included Carson Tahoe Health, ambulance runs, Fire Department and Sheriff's Office, and a "New Community Coalition." This data had been useful in identifying over-users of the ER health system.

**Areas of Excellence:**

CCHHS had built a broad and very supportive coalition of community partners concerned about public health and health care.

**Opportunities for Improvement:**

While this Measure is Fully Demonstrated by the documentation submitted, the Site Visit team identified an opportunity for improvement that goes beyond the Standards and Measures.

Engaging target communities at the grass roots level, who are most likely in need of improved access to health care, may provide important information on barriers to health services not previously identified in the Point of Dispensing exercises and other information-gathering methods.

**Measure 7.1.2 A:**

Identify populations who experience barriers to health care services.

**Score: Slightly Demonstrated (1/3)****Site Visitor Comments:****Conformity:**

**RD1:** The first example for RD1 was the CCHHS After-Action Report/Improvement Plan published December 5, 2014. It utilized Public Health Preparedness Guidelines from the Centers for Disease Control and Prevention (CDC) and Healthcare Preparedness Capabilities from the Office of the Assistant Secretary for Preparedness and Response Hospital Preparedness Program (ASPR) aligned with the National Preparedness Goal (NPG) Core Capabilities. This format was used to aid Carson City and Carson City Health and Human Services to meet national standards and preparedness capability expectations for the community. Documentation did not demonstrate the process and information used to identify populations who lacked access to health care, however. Rather, a survey of exercise participants was provided for evidence. Example 2 was a copy of the Tobacco Use Survey Analysis published September 16, 2015. There was no description of the methods or the population surveyed, making it impossible to determine if the process employed was designed to identify populations lacking access to health care. One survey question suggested the population surveyed was the CCHHS clinic population, and the survey population was over-represented by women. Neither of the documents adequately met conformity requirements.

RD2 was the executive summary of the CCHHS CHA. It provided information describing the process used to identify populations that lacked access to health care services and

who was involved in the identification process. The objectives of this assessment included a profile of the health of Carson City; setting priorities to improve the health of the community; determining resource allocations; and creating necessary documentation of community health factors for program planning, development, assessment, and accreditation. A range of partners, including healthcare providers, and employers were participants in the process. The list of participants suggested communities of color, low income workers, and Tribal representatives were not part of the process - there were no Hispanic names or identification of organizations representing people who lacked healthcare and experienced barriers to service in this population.

For reference, two additional documents were provided - the Carson City Community Health Assessment listed a group of participants in the community assessment process, including two Hispanic surnames. The other reference document was the Community Health Assessment RSVP List 9.17.10. This list did not show the names of organizations whose mission was to represent people who lacked health care and experienced barriers to service.

### **Areas of Excellence:**

Not Available

### **Opportunities for Improvement:**

Improvements were needed to capture information from the populations that experienced barriers to healthcare services. Methods, such as conducting "ambush interviews" in areas frequented by these populations and surveys in churches, community centers and work places may be useful in obtaining improved representation of the populations in need. Building bridges with local academic experts may help with the development of improved surveying and other data capturing methods.

### **Measure 7.1.3 A:**

Identify gaps in access to health care services.

**Score: Largely Demonstrated (2/3)**

### **Site Visitor Comments:**

#### **Conformity:**

The first example was the CCHHS CHA, the agency's first effort at completing a community assessment. Highlighted was the Health Care Access section of the Carson City Community Health Assessment. A variety of primary and secondary data sources were referenced. The document described the available a) health care institutions and b) licensed health care provider data obtained from the State Board of Medical Examiners for 2010. This report concluded Carson City enjoyed some of the highest ratios of health care professionals to population in the state. However, it also indicated these data may be skewed due to professionals holding their license in Carson City but practicing elsewhere. These data from a 2008 report from the Health Services and Resources Administration (HRSA) identified 85.7 primary care physicians and 58.3 dentists per 100,000 population. Evidence for c) was noted in the Contributing Factors part of the report that described the challenges in health care delivery in a rural community with high rates of poverty and low SES and educational attainment. Evidence for d) was not robust - a survey of 5 health care providers, but adequate to meet requirements.

A report from "2013 PRC Community Health Needs Assessment Report Total Service Area" performed by Professional Research Consultants, Inc. for the Carson Tahoe Health System was included as evidence that data analysis from another partnership source existed. It identified and described gaps in access to health care services. For example, this document reported that 21.5% of adults age 18 to 64 had no insurance coverage for healthcare expenses. The full report (229 pages) was provided for reference. Although not highlighted for this reviewer, the Methodology section indicated two focus groups were held on May 2, 2013 that included 17 local key informants: physicians, a public health representative, other health professionals, social service providers, business leaders and other community leaders. Included was representation of organizations that worked with populations and/or groups of lower SES challenged by access to care. It appears that the Community Health Assessment conducted an extensive health care needs assessment, but did not assess the capacity and availability of services or distribution of the health care providers. The data presented implies answers to these factors, but did not explicitly address them.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Not Available

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**Standard 7.2 – Comments:**

CCHHS has been instrumental in leading community organizations as they collaboratively assessed healthcare service capacity and access.

**Measure 7.2.1 A:**

Convene and/or participate in a collaborative process to establish strategies to improve access to health care services.

**Score: Not Demonstrated (0/3)**

**Site Visitor Comments:****Conformity:**

This measure required CCHHS' involvement in a collaborative process for developing strategies to improve access to healthcare. Documentation from the CCHHS SART (Sexual Assault Reduction Program) was provided for both RD1 & 2. This program was outside of the scope of PHAB, public health responsibilities and therefore not acceptable for conformity.

However, subsequent to submission of the PHAB documents, it appears CCHHS was poised to be an active participant in an ongoing collaborative process with its partners to address the health services gaps and develop strategies to increase access.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Advocacy by CCHHS to develop strategies to increase access, in collaboration with its community partners, could accelerate the development of the changes needed to improve access to health care services.

**Measure 7.2.2 A:**

Collaborate to implement strategies to increase access to health care services.

**Score: Not Demonstrated (0/3)**

**Site Visitor Comments:****Conformity:**

CCHHS provided two examples for this measure. Ex1 - The Access to Healthcare Business Associate Agreement between CCHHS and Access to Healthcare Network was referenced by page number, but the agreement was absent. This document listed services described in the agreement, but, by itself did not have signatures. Document 2 of Example 1 was the signed Agreement between AHN and CCHHS, but the signature line for a AHN provider was left blank with no explanation. Without a signature PHAB does not consider agreements to be executed.

The second example was an interlocal Agreement with the Carson City School district, providing descriptions of the activities, responsibilities, scope of work, and timelines of this agreement. They mutually supported each other with planning for public health emergencies, and CCHHS agreed to educate school district staff who distributed medications / vaccines. The school district would provide CCHHS with the number of students so it could plan for vaccine / medications in case of a public health emergency, assist with dissemination of medication, keep accurate records of medications distributed, etc. But, this Agreement did not mention anything about increasing access to health care.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

CCHHS should continue to engage community organizations that participated in the CHA and CHIP to implement the CHIP and close the gaps in healthcare services.

**Measure 7.2.3 A:**

Lead or collaborate in culturally competent initiatives to increase access to health care services for those who may experience barriers due to cultural, language, or literacy differences.

**Score: Largely Demonstrated (2/3)**

**Site Visitor Comments:****Conformity:**

CCHHS provided two examples of culturally competent and language-related health education materials. The first demonstrated information to the English and Spanish speaking populations on the School-Located Vaccination Program - Flu Immunizations had occurred. They stated "no child will be turned away if you are unable to pay the full

amount" of the vaccine and administration fee. The consent form was also produced in Spanish. The second example was a Memorandum of Agreement between Partnership Carson City (PCC) and the CCHHS. PCC acts as the fiscal agent for the CHW program, provides administrative oversight and support, office space, and acts as the reporter for all federal reporting requirements. This document failed to demonstrate how it is an example of a culturally competent, language, or literacy related intervention provided to populations that experience barriers to health care services. Another document "Promoting Health Among Teens - Abstinence Only," produced in Spanish ("Promoviendo" Health "Salud" Among "Entre" Teens "Adolecentes" (PHAT) Abstinencia Solamente!) is an educational piece, but it does not relate to increasing access to health care services.

**Areas of Excellence:**

Having a Spanish speaking front desk administrative assistant helped to ensure all CCHHS clients were greeted in their native language and in a culturally competent fashion.

**Opportunities for Improvement:**

Not Available

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## DOMAIN 8: MAINTAIN A COMPETENT PUBLIC HEALTH WORKFORCE

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### Comments

CCHHS was actively encouraging development of a qualified public health workforce.

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#### Standard 8.1 – Comments:

CCHHS has been encouraging the development of a sufficient number of qualified public health workers through example, i.e., the CCHHS Director and the lead epidemiologist had MPH degrees and at least two other staff were pursuing MPH degrees.

##### **Measure 8.1.1 L:**

Establish relationships and/or collaborations that promote the development of future public health workers.

**Score: Fully Demonstrated (3/3)**

##### Site Visitor Comments:

##### **Conformity:**

CCHHS provided a copy of an Agreement between the Board of Regents of the Nevada System of Higher Education on behalf of the University of Nevada Reno, Orvis School of Nursing to demonstrate it had entered into a partnership that promoted public health as a career choice. It stated it would jointly plan for the organization, administration, and operation of the University nursing education at CCHHS and provide student nurses in the undergraduate and graduate programs training in Clinic Services, Disease Prevention and Control, Chronic Disease Prevention and Control, and Public Health Preparedness. It would be responsible for the organization, administration, operating and financing of its services and shall maintain appropriate standards. Documentation met conformity requirements for this measure.

##### **Areas of Excellence:**

The partnership with the Orvis Nursing School is exemplary. It jointly planned for the organization, administration, and operation of the University nursing education at CCHHS and provided student nurses in the undergraduate and graduate programs training in Clinic Services, Disease Prevention and Control, Control and Chronic Disease Prevention and Control, and Public Health Preparedness.

##### **Opportunities for Improvement:**

While this Measure is Fully Demonstrated by the documentation submitted, the Site Visit team identified an opportunity for improvement that goes beyond the Standards and Measures.

CCHHS would benefit from addition of disciplines other than nursing to its education/training programs (e.g., students interested in environmental science) and expand this partnership to include the University of Nevada Reno Health Sciences Center to build and strengthen capacity of CCHHS staff.

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**Standard 8.2 – Comments:**

Conformity with the workforce development standard was very strong at CCHHS.

**Measure 8.2.1 A:**

Maintain, implement and assess the health department workforce development plan that addresses the training needs of the staff and the development of core competencies.

**Score: Largely Demonstrated (2/3)**

**Site Visitor Comments:****Conformity:**

**RD1:** CCHHS identified the Council on Linkages Core Competencies for Public Health Professionals as its guide for development of the current and future workforce. The core competencies were accessed using a link to the Public Health Foundation's website. The Workforce Development Plan indicated annual evaluation of staff competency levels and the development of training goals for improvement. The document contains curricula topics and a training schedule for Carson City Health and Human Services employees.

**RD2:** Two examples for RD2 were provided. The first was a certificate issued to a staff RN indicating she had participated in the educational activity, The Denver TB Course On April 9-12, 2014. The second was a matrix describing New Hire Assignments. It described training activities by a schedule of training topics/events (Due 1st week, Due 4 weeks, Due 6 months) required for all staff, including the following groups - Support Staff/Admin, Clinic Nursing, PHP, Environmental, WOC, Epidemiology, Human Services and Chronic Disease/prevention. It did not however include evidence of staff attendance at the training events.

**Areas of Excellence:**

The Workforce Development Plan and the evidence of its implementation were exemplary. Participation in workforce development plan activities/requirements was tracked at the employee level using a city-wide online data system which could be accessed by supervisors to assure compliance with individual plans.

**Opportunities for Improvement:**

Not Available

**Measure 8.2.2 A:**

Provide leadership and management development activities.

**Score: Largely Demonstrated (2/3)**

**Site Visitor Comments:****Conformity:**

**RD1:** CCHHS provided two examples of its training or development programs for leadership and/or management staff. Example 1 was an email from the American Public Health Association that showed one manager was a member of APHA and joined the Community Health Planning & Policy Development and Public Health Education and Health Promotion units. This demonstrated support of membership in a professional organization and its training opportunities. Example 2 provided evidence for two

employees receiving certificates of successful completion of the Carson City Area Chamber of Commerce Leadership Curriculum.

**RD2:** Example 1, a certificate from the American Public Health Association, Learning and Professional Development Program Unit, certified a CCHHS employee attended a live educational activity at the APHA 142nd Annual Meeting, "Healthography: How Where you Live Affects Your Health and Well-being" during the November 15 - 19, 2014 meeting. Example 2 was a Statement of Participation and Compliance illustrating an employee completed all modules of the CCHHS Workplace Harassment training program, understood each screen of this training program, had received and read Carson City's Personnel Rules and Regulations (Policies and Procedures) and understood and agreed to follow the rules and regulations. All documentation for this measure met conformity requirements. The documentation shows that CCHHS leaders attended training sessions, but not that these sessions were focused on leadership.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Not Available

## DOMAIN 9: EVALUATE AND CONTINUOUSLY IMPROVE HEALTH DEPARTMENT PROCESSES, PROGRAMS, AND INTERVENTIONS

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### Comments

Documentation for this domain was generally strong and adhered closely to PHAB guidelines. CCHHS demonstrated intentionality in linking its Strategic Plan, performance management system and quality improvement process.

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#### Standard 9.1 – Comments:

Documentation for Standard 9.1 was appropriate. It appeared that in efforts towards accreditation, the CCHHS performance management system had become an integral element of its Strategic Plan and on-going QI efforts, as suggested by an Appendix in the SP documentation provided. The revised Strategic Plan demonstrated agency efforts to self-monitor and improve.

#### Measure 9.1.1 A:

Engage staff at all organizational levels in establishing or updating a performance management system.

**Score: Fully Demonstrated (3/3)**

#### Site Visitor Comments:

#### Conformity:

**RD1:** A CCHHS Policy/Procedure originally dated 05.2013, revised May 2015, relating to its Performance Management System - PMS (PHAB Domain 9 referenced). The Turning Point model was used, and the PDCA cycle was identified for the Department's QI program. These activities were overseen by a team, to include staff and the Director. Monthly meetings occurred that engaged Division leads and staff. The document referenced the agency's Quality Improvement and Strategic Plans. This example fully met conformity requirements.

**RD2:** Example 1, provided an overview of the Performance Management Team (history, purpose, tasks, timeframes), revised August 13, 2013, a sign-in sheet and meeting minutes from its April 2015 meeting (the narrative provided above explains the responsibilities of the individuals attending the meeting, supporting the inclusion of all levels of staff). Example 2, dated May 2013, was a summary of the Strategic Planning process, minutes from the eight meetings held, and sign-in sheets. Highlighted was a bullet indicating an all-staff meeting was held at which time the CCHHS mission, vision, etc. were reviewed with a consultant. These document also met conformity requirements.

#### Areas of Excellence:

Inclusion of administrators and staff in on-going quality improvement efforts.

#### Opportunities for Improvement:

Not Available

**Measure 9.1.2 A:**

Implement a performance management system.

**Score: Fully Demonstrated (3/3)**

**Site Visitor Comments:****Conformity:**

**RD1:** Required documentation of the CCHHS PMS self-evaluation. The agency used the Turning Point model for its PMS and its accompanying self-assessment instrument. Documentation, dated August 2014, provided an overview of "why we're doing this?" and the completed assessment itself. A sign-in sheet of participants was additionally provided. A comparative data analysis from 2012, '13, and '14 was provided as well.

**RD2:** Required evidence of a PMS team. Documentation, dated August 2013, included its charter, a one-page document providing the history, purpose, tasks and timeframes of the team, a meeting agenda and a sign-in sheet of the team's efforts, dated February 2014. All documentation for this measure met conformity requirements.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Not Available

**Measure 9.1.3 A:**

Use a process to determine and report on achievement of goals, objectives, and measures set by the performance management system.

**Score: Fully Demonstrated (3/3)**

**Site Visitor Comments:****Conformity:**

**RD1:** The CCHHS, in its QI efforts, sought to better integrate its PMS with its Strategic Plan. To that end, RD1 Example 1, dated March 2013, was the CCHHS Strategic Plan version 1.0. Strategic Plan 3, Ensure Public safety and increase community resilience, identified six objectives, one of which was disaster preparedness, a programmatic area. Activities and timelines were identified (and highlighted). Similarly, Example 2 was Strategic Plan 1, Increase opportunities for healthy living across the lifespan, objective 2 - monitor the health of the community by collecting and evaluating data. Again activities and timelines were outlined. This was, per the optional narrative given above, identified as an administrative activity. Finally, the CCHHS CHIP was provided as supplemental supporting documentation.

**RD2:** The two examples provided for RD2 served as evidence that the areas of the Strategic Plan, version 1.0, identified per RD1 were being monitored. Both were "snapshots" of SmartSheets used for quarterly assessment, dated October 2014.

**RD3:** Documentation for RD3 was the CCHHS Strategic Plan, version 1.1, updated December 2014 for Example 1. In it, divisions reported on progress towards achieving

stated Strategic Plan goals and objectives. In each of the two areas, documentation supported the CCHHS had made efforts towards completing the stated objectives, to include performing a complete emergency preparedness exercise, communication drills, and training (per Example 1). For Example 2, the Strategic Plan update pack, dated October 2014 for the Disease and Control Division, aka EH/Epi, was given that made use of a SWOT analysis to review division goals/objectives c/w the CCHHS Strategic Plan. Per the objective, membership in the State's Core Data Group had been maintained.

**RD4:** Documentation included highlights of the CCHHS Strategic Plan 1.1 that reflected progress towards meeting goals/objectives of version 1.0. Of note, as per AoE below, version 1.1 demonstrated increased accountability for completion and reference to national standards.

**All documentation for this measure met conformity requirements.**

### **Areas of Excellence:**

The CCHHS demonstrated efforts towards quality improvement through utilizing a recognized performance monitoring system, thereby regularly tracking efforts towards achieving its Strategic Plan. This was a living document based upon successes/challenges met, as reflected in the updated 1.1 version that was provided, dated December 2014. In this regard, comparison of versions 1.0 and 1.1 reflected an improvement in documentation of monitoring (1.0 - objective, activities, timeline; 1.1 - objective, activities, measure, timeline, responsible division/committee, and related national plan/PHAB domain).

### **Opportunities for Improvement:**

Not Available

### **Measure 9.1.4 A:**

Implement a systematic process for assessing customer satisfaction with health department services.

**Score: Fully Demonstrated (3/3)**

### **Site Visitor Comments:**

### **Conformity:**

**RD1:** Example 1, dated March 2015, was the project report of a partner survey completed between March 11, 2015 and March 27, 2015 using Survey Monkey. One-hundred surveys were distributed with a 47% return rate (21/47 were governmental respondents). Data were given to Management Team and reviewed for trends and areas of improvement. Example 2 was a project report from a customer survey, also dated March 2015. The same timeframe was used for distribution, this time using paper and the CCHHS website. Fifty-four respondents were reported. The same structure presented in Example 1 was used to report findings. Both documents met conformity requirements.

For the first survey, there were 20 questions related to partners' experiences in working with various CCHHS departments. For the second survey, similarly, clients were surveyed, e.g, "Which departments or programs did you have contact with or receive services from? Please check all that may apply."

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Not Available

**Measure 9.1.5 A:**

Provide staff development opportunities regarding performance management.

**Score: Fully Demonstrated (3/3)**

**Site Visitor Comments:****Conformity:**

Example 1, dated May 2015, was entitled "Training Implemented at the Performance Management for Manager's Meeting." It was a PowerPoint presentation prepared by the CCHHS Performance Management Team for the agency's managers. Accompanying materials included a sign-in sheet (5 participants), pre- and post-evaluations and an analysis. The Standardized Performance Measures for the National Public Health Improvement Initiative (NPHII), Obj. 3 Year 3 was provided as a reference.

Example 2 were training modules provided to all staff. These covered QI broadly and touched upon performance management to demonstrate their interrelationship at the organizational level. Whereas the PPT was not dated, attendance logs provided the appropriate timeframe for PHAB requirements.

**Both examples met conformity requirements for this measure.**

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Not Available

**Standard 9.2 – Comments:**

Documentation for Standard 9.2 was good. It closely adhered to PHAB guidelines, suggesting this had served as its foundation.

**Measure 9.2.1 A:**

Establish a quality improvement program based on organizational policies and direction.

**Score: Fully Demonstrated (3/3)**

**Site Visitor Comments:****Conformity:**

The CCHHS Quality Improvement Plan, last revised May 2014, was submitted for documentation. It followed the guidance in its organization and covered all elements adequately. To ensure all components of PHAB's requirements were met, the CCHHS

QI Plan Table of Contents was organized using each of the PHAB bullets as a header. It also provided more information on the Performance Management Team - "The purpose of the CCHHS Performance Management Team (PMT) is to work cohesively with all of the CCHHS Divisions and the Division Managers (DMs) to cultivate a culture of continuous quality improvement within CCHHS, and to guide and provide resources for staff QI projects. A Quality Improvement Plan (QIP) will be developed by the PMT to document this purpose, and guide new and existing staff in obtaining relevant QI training and proper implementation of QI projects." This document met conformity with PHAB guidelines.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Not Available

**Measure 9.2.2 A:**

Implement quality improvement activities.

**Score: Fully Demonstrated (3/3)**

**Site Visitor Comments:****Conformity:**

**RD1:** Example 1, provided evidence of how QI was used by the Program Management Team to improve understanding of the Program Management System by management and represented an administration QI project. The QI project development form made use of the PDCA format. Justification for this project was given, and referencing the aforementioned Performance Management PPT, pre- and post-evaluations were documented. Example 2, using the same QI project form, served to demonstrate a programmatic QI project, specifically the registration process for the Promoting Health Among Teams program. It was dated July 2013. Interim project reports, dated February 2014 & May 2014 were presented. A report to the Board of Health, dated March 2015, and a notice of meeting, dated April 2015, were also provided.

**RD2:** Provided evidence of staff involvement in QI. Given the Performance Management Team's responsibility for overseeing QI efforts, documentation previously provided, to include the scope of this group's efforts, and meeting minutes, were included in Example 1. Staff involvement, per inclusion in this group, was demonstrated. Example 2 used the "Measuring Up" project, again provided in RD1. This was a PMT effort to educate the agency's management team on QI and performance management. All documents for this measure met conformity requirements.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Not Available

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

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### Comments

CCHHS, along with assistance from its partners, identified evidence-based practices to support innovation and creativity in its programs. Limited resources made it very difficult for CCHHS to advance the science of public health with its own research and data. CCHHS had applied evidence-based public health where possible but, due to limited resources and the "lean" nature of its programs, had not been able to contribute much to the evidence base. Perhaps the strongest possible contribution to the evidence base it could make would be around the steps toward building community partnerships for strong public health practice.

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### Standard 10.1 – Comments:

The site visit disclosed that program-specific staff were responsible for identifying evidence-based programs. For example, the Adolescent Health Program works with partners and funders (e.g., members of the Board of Health, staff at the medical school and others) to identify evidence-based practices.

#### **Measure 10.1.1 A:**

Identify and use applicable evidence-based and/or promising practices when implementing new or revised processes, programs and/or interventions.

**Score: Fully Demonstrated (3/3)**

#### **Site Visitor Comments:**

#### **Conformity:**

CCHHS provided two examples of the incorporation of evidence-based practices in a public health process, program, or intervention. The first was a document from the U.S. Office of Adolescent Health, Teen Pregnancy Prevention Resource Center that described two Evidence-Based Programs - Be Proud! Be Responsible! and Promoting Health Among Teens! Comprehensive Abstinence and Safer Sex Intervention. This document was well cited on research showing the evidence-base. A cover sheet showed CCHHS was currently implementing these programs as described by the Office of Adolescent Health. For the second, CCHHS provided documentation (copy of an article published in the Journal of the American Planning Association) on the Safe Routes to School Program, providing its evidence-base. The 2014 Carson City Schools Safe Routes to Schools Walk Audit Report was evidence CCHHS, in partnership with the Western Nevada Safe Routes to School Program, was implementing this program. Walk Audits were conducted in Carson City public elementary schools between September 16 and 24, 2014 (within the past 3 years). This program was the example provided for chronic disease, as it has been associated with prevention of heart disease. All documentation for this measure met conformity requirements.

#### **Areas of Excellence:**

Partnering with community agencies and local experts provided the capacity to identify and implement evidence-based programs and policies that were effective and provided credibility of CCHHS' work.



**Opportunities for Improvement:**

Not Available

**Standard 10.2 – Comments:**

The site visit interviews suggested CCHHS staff promoted recognition and use of research-based practices when working with their community partners. The CCHHS Health Officer disclosed that efforts to build partnerships with the School of Medicine and Public Health experts had thus far not been very successful. Efforts to build these bridges should be redoubled.

**Measure 10.2.1 A:**

Ensure human subjects are protected when the health department is involved in or supports research activities.

**Score: Fully Demonstrated (3/3)****Site Visitor Comments:****Conformity:**

CCHHS provided a copy of its policy, "Human Subjects Research Protection." It described the IRB review as follows: "All individuals at CCHHS seeking to conduct research involving human participant(s), as defined in 45 CFR 46.102 (d)(t) and 21 CFR 50.3 (c)(g), must submit the research proposal to an Institutional Review Board (IRB) prior to the initiation of the study." CCHHS did not have an IRB, and no community IRB was available. If CCHHS were to conduct research in partnership with a graduate student of a university, the university's IRB would serve as IRB for that project. The Western Institutional Review Board would be used as CCHHS' IRB for study review.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Not Available

**Measure 10.2.2 A:**

Maintain access to expertise to analyze current research and its public health implications.

**Score: Fully Demonstrated (3/3)****Site Visitor Comments:****Conformity:**

The CCHHS provided a document that listed expert staff, with degrees and field of expertise, who could analyze research and its public health implications. The list described the training or expertise in selected areas, demonstrating conformity with this measure.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

While this Measure is Fully Demonstrated by the documentation submitted, the Site Visit team identified an opportunity for improvement that goes beyond the Standards and Measures.

An opportunity exists to improve research capacity at CCHHS if it were to establish a working relationship with an academic institution or independent researcher with an advanced degree who could lead and/or supplement its potential research capability.

**Measure 10.2.3 A:**

Communicate research findings, including public health implications.

**Score: Largely Demonstrated (2/3)****Site Visitor Comments:****Conformity:**

The first two examples of communication by which the Department conveyed research findings and public health implications to stakeholders and non-public health system partners, and/or the public, was a meeting agenda for the Carson Agency Action Network (CAAN). According to the Department's narrative, "CAAN membership includes representatives from local churches, social services agencies, schools, and many others that are involved in family services and youth development. The purpose of this presentation was to inform CAAN members as to best practices in adolescent sexual health education." The staff person presented Best Practices in Adolescent Sexual Health, data on evidenced based sexual health programs for teens and preteens, teen pregnancy and prevention and STIs, teen pregnancy rates nationwide and for Carson City, and many other related topics. The second example was an e-news letter from the Safe Routes to School National Partnership forwarded to a school counselor by the Western States SR2S Coordinator, of which the CCHHS was a member. It provided documented evidence supporting this program, specifically reductions in absenteeism when children walk to school.

Each of these examples conveyed research findings to the public, but no distribution of findings was provided to the state health department (as required).

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Not Available

## DOMAIN 11: MAINTAIN ADMINISTRATIVE AND MANAGEMENT CAPACITY

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### Comments

CCHHS was part of Carson City government, and was therefore able to utilize well-established human resource and financial management systems. The organizational structure of CCHHS and its relationship to the other departments within Carson City appeared clear and well documented, and CCHHS staff were well-versed on the functions of each and places where they intersected. During the site visit, the site visit team learned Carson City's Latino population continues to grow. All City and CCHHS staff were required to complete cultural competency training, and some CCHHS staff additionally completed a mini-cultural assessment. Having all CCHHS staff participate in such an assessment may help to better inform their practices in serving clients, conducting outreach to community members and supporting all staff.

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### Standard 11.1 – Comments:

CCHHS was under the administrative umbrella of Carson City, and therefore was able to take advantage of much of the City's infrastructure and rely upon well-established processes and policies. Though this was an advantage, it could also translate into a challenge at times as the Department did not have the autonomy that other public health departments may have. During the site visit, CCHHS staff gave the example of the City adopting a purchasing policy that worked well for the City, but hampered business for the CCHHS. However, the infrastructure was strong, as were the relationships between CCHHS leaders and the City, and CCHHS staff report receiving much support via this integrated relationship.

#### Measure 11.1.1 A:

Maintain policies and procedures regarding health department operations, review policies and procedures regularly, and make them accessible to staff.

**Score: Largely Demonstrated (2/3)**

#### Site Visitor Comments:

#### Conformity:

**RD1:** CCHHS Policy Manual was submitted. It contained sections on Organization and Structure, General Operations, Fiscal, and Communications. All policies in the manual had been either created or reviewed within the past two years and signed/approved by the Director.

**RD2:** Was a scanned version of the CCHHS organizational chart. The Director was at the top of the chart, and Division Managers, all other CCHHS positions, as well as the organization of programs and operations were identified.

**RD3:** Was an agenda, sign-in sheet and meeting minutes from August 2014. These demonstrated a Policy Committee met and reviewed CCHHS' existing policies that were now included in the CCHHS Policy Manual, and the meeting minutes indicated follow-up actions to be taken and by whom. The review and revision of the policies and procedures was added as an agenda item of the CCHHS Managers' Meetings, as indicated by a copy of a May 2015 agenda. No documentation was submitted as

required, however, that described the formal or adopted process to update and revise policies and procedures.

**RD4:** Was a formal, detailed document entitled Description of Methods for Staff Access to Policies. As per the document, the policies could be accessed either through a web-based system, for which all new employees receive a log-in, or via a shared network drive maintained and updated by CCHHS to which all staff had access.

#### **Areas of Excellence:**

The Description of the process for how staff can access policies was very clear, detailed and thorough.

#### **Opportunities for Improvement:**

Formally establishing a process for policy and procedure review and revision may serve the Department well in guaranteeing that it occurs on a regular and defined basis.

#### **Measure 11.1.2 A:**

Maintain written policies regarding confidentiality, including applicable HIPAA requirements.

#### **Score: Largely Demonstrated (2/3)**

#### [Site Visitor Comments:](#)

#### **Conformity:**

**RD1:** CCHHS submitted two policies to demonstrate its process for protecting client confidentiality – a HIPAA Policy and a Confidentiality Policy. The first, a comprehensive HIPAA Privacy Policies and Procedures document, clearly stated the entire CCHHS workforce was responsible for understanding and complying with the federal guidelines for all applicable components of HIPAA as outlined in the policy. It contained detailed implementing procedures, descriptions of what protected health information (PHI) was, authorized uses and disclosures of PHI, and physical and facility safeguards to guarantee data security. Recent changes in the policy were indicated in red font so staff could easily identify them. The second example, the CCHHS General Confidentiality Policy, included additional measures to safeguard client information and to ensure client confidentiality, and was to be read and signed by all employees. Both documents met conformity requirements.

**RD2:** An agenda for a 2014 HIPAA Training and a copy of a slide presentation were submitted to demonstrate CCHHS' two-hour HIPAA and Confidentiality training and content. Training included a video, a quiz and a policy revisions review. Copies of sign-in sheets indicated which staff members were in attendance.

A second example was submitted which included a 2012 agenda for the Clinic Annual Skills Day with 15 minutes dedicated to HIPAA, a sign in sheet with 11 employees in attendance, and a copy of the slides used. The slides posed a "HIPAA Challenge" - a quiz-style presentation where six questions were asked and answered. The final slide stated that what was covered was only a small part of the HIPAA policy and recommended all staff familiarize themselves with CCHHS' policies and procedures. Due to the minimal nature of the presentation, this may not have constituted a staff training on confidentiality policies.

**RD3:** The CCHHS submitted its General Confidentiality Policy, which included a Confidentiality Agreement to be signed by all employees. CCHHS submitted four sign-in sheets from a September 2014 HIPAA & Confidentiality training to demonstrate that Confidentiality Agreements were signed. However, there is no documentation indicating that Agreements were signed by the employees who were in attendance (e.g., a log), and not all CCHHS staff attended the training. During interviews conducted at the site visit, staff reported that a program called Policy Tech, which is implemented by the City, maintains status of those employees who have signed a confidentiality statement. If an employee has not signed one, the employee's supervisor is notified electronically via Policy Tech so that the appropriate corrective action can be taken.

### **Areas of Excellence:**

Not Available

### **Opportunities for Improvement:**

Though the City's Policy Tech was used to track which employees had signed the confidentiality agreement, there appeared to be no mechanism internal to the Department to track the signed agreements. Having such, or a way to receive department-wide reports from Policy Tech, may strengthen the Department's ability to monitor/track.

### **Measure 11.1.3 A:**

Maintain socially, culturally, and linguistically appropriate approaches in health department processes, programs, and interventions, relevant to the population served in its jurisdiction.

### **Score: Largely Demonstrated (2/3)**

### **Site Visitor Comments:**

#### **Conformity:**

**RD1:** CCHHS submitted a copy of its Hearing/Communication Impairment Policy to demonstrate how it has worked to ensure all staff were able to communicate effectively with non-hearing, speech-impaired and Limited English Proficient persons so understanding of information regarding conditions, treatment, rights and payment requirements occurred. The implementing procedures included steps to be taken by CCHHS staff so they were able to meet the needs of clients who were hearing impaired, speech impaired, or did not speak fluent English.

**RD2:** Two examples of culturally appropriate approaches/materials from two different programs were submitted as required. The first was a promotional flyer and an entrance form for a community flu clinic (which also served as a Point of Distribution/Emergency Preparedness exercise) were produced in both English and Spanish, and each contained culturally appropriate pictures. For the second, samples of a brochure promoting an evidence-based teen pregnancy prevention program were provided in English and Spanish.

**RD3:** Materials from a CCHHS "Annual Nursing Skills Day" were submitted for RD3. The agenda indicated one hour was spent on Ethics and Cultural Competence, and a copy of a slide presentation demonstrated the training content and learning objectives. A sign-in sheet indicated ten employees attended. The staff in attendance, however, was limited to clinical staff, so the example is not appropriate for PHAB accreditation.

**RD4:** A copy of a Mini Cultural Assessment (adapted from Schuster, P: Communication: The Key to the Therapeutic Relationship. FA Davis, Philadelphia, 2000) was submitted for RD4. A note indicated the tool was used as part of the Ethics and Cultural Competence training referenced above, but no evidence of the use of the tool or results were provided. In addition, only ten employees attended, so this would not adequately demonstrate an assessment of the health department's competency, and did not entirely meet conformity requirements.

#### **Areas of Excellence:**

Not Available

#### **Opportunities for Improvement:**

Though this documentation met the minimum requirements for RD2, an opportunity for improvement was identified. This measure's documentation could have been enhanced with more culturally appropriate photos on the Spanish version of the teen brochure. The one submitted included the same photos as the brochure in English and did not seem as appropriate for a Spanish speaking population.

For RD4, a department-wide cultural/linguistic competence assessment would likely help to ensure that the Department was working towards improved social, cultural and linguistic competence.

#### **Measure 11.1.4 A:**

Maintain a human resources system.

**Score: Fully Demonstrated (3/3)**

#### **Site Visitor Comments:**

#### **Conformity:**

**RD1:** CCHHS submitted department-specific policies as well as City of Carson policies to meet conformity in this measure. CCHHS policies specifically addressed recruitment, selection, qualification verification and hiring procedures, compensation and benefits, work week definitions, performance reviews, equal opportunity employment, and complaint handling. Carson City Human Resources policies addressed all required components for employees, volunteers and interns. Revision dates of Carson City policies were recorded in the electronic policy review system and could be made available to site visitors upon request.

**RD2:** A copy of a signed labor agreement between Carson City and the Carson City Employees Association was submitted to demonstrate conformity for RD2, and it included, as required, a description of the working relationships between parties.

**RD3:** CCHHS provided a written description of how employees could access Carson City Human Resources policies via a web-based system. All employees were given a username and password at their orientation and could access the system anytime thereafter. As policies were updated or revised, employees received an email notification to review the changed or new policy. All documentation met conformity requirements for this measure.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Not Available

**Measure 11.1.5 A:**

Implement and adhere to the health department's human resources policies and procedures.

**Score: Fully Demonstrated (3/3)**

**Site Visitor Comments:****Conformity:**

**RD1:** CCHHS submitted job descriptions for the positions of Public Health Nurse and Environmental Health Specialist. Though no documentation reflecting the recruitment for the positions was submitted, additional documents demonstrated that qualified applicants were hired to fill the two positions.

**RD2:** Example 1, was evidence to demonstrate its staff retention activities. Results of an Employee Satisfaction Survey conducted in March 2011 were submitted. The survey included questions that assessed employees' opinions regarding training, available resources, accuracy of job descriptions, leadership and overall satisfaction. As its second example, the Department submitted a response summary for a Workforce Development Survey conducted in September 2013 that asked about skill levels, employees' ability to be effective, challenges or barriers to receiving training, and perceptions of management.

**RD3:** A description of how CCHHS staff could access job descriptions was developed by the CCHHS Director. Per the description, the Carson City Human Resources Department utilized NEOGOV, a web-based system, to store all of its job descriptions. This could be accessed 24/7 via the Carson City Human Resources Department website. Job descriptions for a Public Health Nurse and for an Environmental Health Specialist were submitted along with a description of how the job descriptions were accessed.

**RD4:** The CCHHS policies titled "New Hire Process" and "Reference/Qualification Verification" contained implementing procedures that outlined the process used to verify applicant qualifications, including obtaining transcripts, certifications, licenses, and reference checks. In addition, Carson City HR policies referenced the process for conducting required background checks.

**RD5:** The CCHHS Director maintained a spreadsheet documenting qualifications of all staff hired within the last two years had been checked. The submitted spreadsheet was complete. In addition, submitted screenshots from the NEOGOV system indicated that recent hires also passed the initial credential screening process conducted by Carson City HR. All documentation for this measure met conformity requirements.

**Areas of Excellence:**

Not Available



**Opportunities for Improvement:**

Not Available

**Measure 11.1.6 A:**

Use information systems that support the health department mission and workforce by providing infrastructure for data collection/analysis, program management, and communication.

**Score: Fully Demonstrated (3/3)**

**Site Visitor Comments:****Conformity:**

**RD1:** To demonstrate its use of technology to support public health functions, CCHHS submitted screenshots from the web-based Statewide Immunization System it utilizes to monitor immunizations administered in its jurisdiction. In addition, an excerpt from an IT plan written for CCHHS' Environmental Health Services was submitted. The excerpt referenced use of SWEEPS – electronic inspection software that allowed the Department to capture inspection-related data, track complaints, provide billing services and generate permits. Screenshots of SWEEP were also submitted to demonstrate its use.

**RD2:** CCHHS submitted its regularly maintained hardware inventory list that included all of its computers, printers, copiers, satellite phones and radios for RD2.

**RD3:** A software inventory list was submitted and included for RD3, and all relevant software utilized by CCHHS program and its usage (e.g., document processing, medical billing, mosquito surveillance, disease reporting, etc.) was noted. Examples of software included Adobe and Microsoft Office, as well products from ESRI, CDC and WIC.

**All documentation for this measure met conformity requirements.**

Additionally, a visual observation of the site identified conference call technology, standard workspace technology, a computer in the lobby for public use, an electronic sign identifying the site from the street, the capacity to conduct Telehealth services, and an internal phone system that allowed Carson City to send text message alerts to all landlines in the building.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Not Available

**Measure 11.1.7 A:**

Maintain facilities that are clean, safe, accessible, and secure.

**Score: Largely Demonstrated (2/3)**

**Site Visitor Comments:****Conformity:**

**RD1:** To demonstrate it was adhering to state and national requirements for services provided, CCHHS submitted a scanned copy of its CLIA certificate and a certification

from the State of Nevada certifying the CCHHS Community Health Clinic is a registered Exempt Laboratory. Both certificates were current. In addition, appropriate licensure for the Nevada State Public Health Laboratory was submitted, as CCHHS utilized their clinical services as well. However, no Select Agent certification was submitted to demonstrate compliance as required.

**RD2:** CCHHS provided two examples to demonstrate conformity with this measure for RD2. The first consisted of an agenda and minutes from a Carson City Safety Committee meeting where the Safety Manual was reviewed and discussed. A corresponding sign-in sheet indicated the CCHHS Safety Coordinator participated in this meeting. The second was a copy of a Monthly Safety Inspection Checklist completed by the Safety Coordinator. This internally produced document included a checklist and recommendations, and was signed by the Safety Coordinator's supervisor.

**RD3:** CCHHS did not have an ADA compliance report. Instead, the Department submitted a copy of an ADA Checklist for Existing Facilities (version 2.1) completed by CCHHS staff. The checklist included multiple yes/no questions and corresponding possible solutions. Handwritten notes on the checklist indicated that all applicable questions were answered and possible solutions were checked.

**All documentation for this measure met conformity requirements.**

A visual observation of the facilities confirmed a safe, clean, accessible and secure environment. The building was previously a rehab hospital, and because the building was designed as such, accessibility issues were minimal. There was limited access to the second floor of the building, which was shared with a nonprofit that provided substance use treatment services. The only elevator opened into the nonprofit space, so though the elevator could be used, CCHHS staff and guests primarily utilized the stairs. No direct services were provided on the second floor, however, so there was little/no impact on clients.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

While the Measure was scored as Largely Demonstrated by the documentation submitted, we identified an opportunity for improvement that goes beyond the Standard and Measure. The ADA Checklist was completed in its entirety, but to date there were no concrete plans to address issues identified via the checklist. It was understood CCHHS will have to work with the City to address these issues, and this makes it more challenging to develop such plans.

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**Standard 11.2 – Comments:**

CCHHS relied primarily on the City's Finance Department to manage its finances. There was regular communication between the two entities, and Finance Dept. staff contacted CCHHS leadership if finance related issues arose. CCHHS staff participated in grant tracking, and at the site visit, CCHHS staff reported the Department planned to develop an internal finance committee to strengthen its participation in finance management-related matters. CCHHS' work was largely supported with grant funding. CCHHS leaders reported many of the Department's staff participated in grant identification, grant writing and grant proposal reviews – it was a collective effort. They also worked with others in their region and with the State to seek and

secure additional grant funding/investment in public health. In addition, the CCHHS governing entity reported on efforts it had made to identify new funding streams to support local public health efforts.

**Measure 11.2.1 A:**

Comply with external requirements for the receipt of program funding.

**Score: Fully Demonstrated (3/3)****Site Visitor Comments:****Conformity:**

**RD1:** The Carson City Annual Financial Report for Year End June 30, 2013, and for Year End June 30, 2014 were submitted. Both reports included sections on the CCHHS. The reports were produced internally by the Carson City Department of Finance and were audited by an independent firm of certified public accountants. The independent auditor's report was included in each annual report as well.

**RD2:** Two program reports were submitted. The first was a Monthly Progress Report on the CCHHS Adolescent Health Education Program. It included a narrative of progress during the reporting period, a list of activities completed, and a table that indicated scope of work activities, progress to date and documentation submitted. The second was a Quarterly Cumulative Progress Report on the CCHHS activities conducted to develop CDC Public Health Emergency Preparedness (PHEP) capacity that included reporting for quarters one through four of FY 203-2014. The report described progress towards each activity listed in the reporting template and their corresponding objectives.

**All documentation for this measure met conformity requirements.**

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Not Available

**Measure 11.2.2 A:**

Maintain written agreements with entities providing processes, programs and/or interventions delegated or purchased by the public health department.

**Score: Largely Demonstrated (2/3)****Site Visitor Comments:****Conformity:**

Two examples of current contracts/MOUs/MOAs were submitted. The first was a formal Collaborative Agreement between the CCHHS and the Carson Tahoe Regional Healthcare (CTRH). It delegated the responsibility to administer vaccinations provided by the CCHHS to designated groups on behalf of CCHHS in the event of a public health emergency or terrorist threat. This agreement ensured CTRH was able to address the health and safety of its patients, staff, and staff families by disseminating medication to them in the event of an emergency-related mass prophylaxis event. The Agreement did not contain financial provisions as there were none. The second example was a copy of a completed Independent Contractor Agreement, but it is between the City of Carson

and the contracted Health Officer. Though CCHHS is under the umbrella of the City of Carson, there was no indication that the services were purchased directly by CCHHS, therefore this example did not meet conformity requirements.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Not Available

**Measure 11.2.3 A:**

Maintain financial management systems.

**Score: Fully Demonstrated (3/3)**

**Site Visitor Comments:**

**Conformity:**

CCHHS submitted multiple Balance Sheets run from their financial reporting system on May 12, 2015. Each had a Budget column, and collectively they represented the approved FY 2015 CCHHS Budget. The CCHHS provided quarterly financial reports to the Nevada Department of Health and Human Services regarding the Public Health Preparedness Program. Reports for May 2014 and June 2014 were submitted for RD2. Each report included a total monthly expenditure amount and a reimbursement request and worksheet. All documentation for this measure met conformity requirements.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Not Available

**Measure 11.2.4 A:**

Seek resources to support agency infrastructure and processes, programs, and interventions.

**Score: Fully Demonstrated (3/3)**

**Site Visitor Comments:**

**Conformity:**

**RD1:** To demonstrate an attempt to leverage funds, CCHHS provided a copy of a "Partnerships to Improving Community Health" grant application submitted to the CDC in 2014. This funding application was to support a project entitled "Western Nevada Tri-County Partnership to Improve Community Health," which would have worked to improve access to healthy foods, physical activity and chronic disease prevention programs. The application specified funds requested, proposed strategies and project outcomes. The second example was a Personal Responsibility Education Program (PREP) grant application intended to support comprehensive sexual health education for teens. The application included a narrative, proposed scope of work, timeline for deliverables and a budget. The proposal for this pilot project was successful, and

CCHHS was able to increase their teen pregnancy and STD prevention efforts as a result.

**RD2:** CCHHS Director contributed to a white paper entitled “Public Health Chronic Disease Prevention & Health Promotion in Nevada in the Era of the Affordable Care Act: Building Capacity to Meet the Health Needs of Nevadans.” This published paper described chronic disease as a major public health issue; the current inadequate financial, programmatic, and workforce capacity in Nevada; and argued for investments in public health chronic disease prevention. The second example was a July 2013 agenda from a Carson City Board of Health meeting. It demonstrated the CCHHS staff presented on the recent County Health Rankings for Carson City, as compared to other Nevada counties. Minutes from that meeting reflected a discussion on the Carson City teen birth rate. A Carson City Agenda Report from February 2014 demonstrated that CCHHS staff presented a grant application to the Carson City Board of Supervisors and requested approval to apply for funding in order to support enhanced teen pregnancy prevention efforts in Carson City.

**All documentation for this measure met conformity requirements.**

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Not Available

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

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### Comments

Overall, Domain 12's documentation reflected that statutes and administrative codes determined by the State defined the duties and responsibilities of both CCHHS and its governing entity, as the latter pertained to public health. As seen in other Domains, the Health Director was provided the opportunity to regularly present to the Board of Health at its quarterly plus one meetings and was able to provide both education/information as well as requests. This suggested a good working relationship between the agency and its governing entity that was evident during on-site conversations with the representative members of the Board of Health. The Health Officer had been engaged in efforts to improve Board of Health participation in public health efforts during the past few years that were having effect.

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### Standard 12.1 – Comments:

Documentation was appropriate for both measures. The State followed "Dillon's Rule," thereby providing local jurisdictions with statutes and administrative codes to be followed. CCHHS was well-versed in these guidelines and was involved, where possible, with providing public health information to its governing entity as well as State legislators so as to positively impact legislation at all levels.

#### **Measure 12.1.1 A:**

Provide mandated public health operations, programs, and services.

**Score: Fully Demonstrated (3/3)**

#### Site Visitor Comments:

#### **Conformity:**

**RD1:** Example 1, dated November 2013, and downloaded May 2015, was a copy of the Nevada Revised Statutes (NRS) and Nevada Administrative Code (NAC), CH. 441 - Infectious Diseases; Toxic Agents. Example 2, also from the NRS, was CH. 439A - Provision for the Planning of Health Care. Although the first part of this document pertained to healthcare facilities and physicians, the second, specifically the Nevada Administrative Code (NAC) 439 - Administration of Public Health, provided the LHJ authority to conduct activities and enforce public health regulations. Example 3 was NRC & NAC 446 - Food Establishments. Example 4a was the City Municipal Code - Chapter 9 Health and Welfare giving CCHHS authority to perform its public health functions. Last revision of this code was performed 2004. Example 4b was an internal memo indicating the CCHHS Administrator had reviewed the City Municipal Code 02.10.15 and would do so every five years. Her signature was affixed to this memo.

**RD2:** Was the 2013 CCHHS Annual Report. Highlighted was the section on Disease Prevention and Control - Epidemiology, that mentioned the agency and department's responsibility to monitor and address "the 68 conditions that are required by NRS 441A to be reported in Carson City" (see above RD1, Example 1). All documentation met conformity requirements.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Not Available

**Measure 12.1.2 A:**

Maintain current operational definitions and/or statements of the public health governing entity's roles and responsibilities.

**Score: Fully Demonstrated (3/3)**

**Site Visitor Comments:****Conformity:**

**RD1:** Was the NRS, Chapter 439: Administration of Public Health, accessed February 2015. Highlighted was that section pertaining to the County Board of Health and Health Officer, to include membership, duties and powers. RD2 was a memorandum of review, dated February 10, 2015 and signed by the Health Director confirming the Carson City Code of Ordinances was current and in practice. Included was Chapter 9.01 - Carson City Board of Health that provided the same information as RD1. Both documents met conformity requirements.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Not Available

**Standard 12.2 – Comments:**

Documentation was good for this Standard, demonstrating a strong collaborative relationship between CCHHS and its governing entity. It was also evident CCHHS was involved at regional and State levels through its many relationships with community partners, working groups, and coalitions.

**Measure 12.2.1 A:**

Communicate with the governing entity regarding the responsibilities of the public health department.

**Score: Fully Demonstrated (3/3)**

**Site Visitor Comments:****Conformity:**

**RD1:** Examples 1 & 2, were meeting minutes, agendas and supporting documentation from Board of Health meetings held in March and September, 2013, respectively. The first example documented the presentation of CCHHS' first annual report, also provided, for the year 2012. The second example documented a presentation by the Director to the Board of Health that likewise provided an overview of the agency's services. Both documents met conformity requirements.



**Areas of Excellence:**

Documentation and on-site conversations demonstrated an excellent working relationship between the Health Director, the Health Officer, and the Board of Health. This collaboration had positively impacted community members served.

**Opportunities for Improvement:**

Not Available

**Measure 12.2.2 A:**

Communicate with the governing entity regarding the responsibilities of the governing entity.

**Score: Fully Demonstrated (3/3)**

**Site Visitor Comments:****Conformity:**

**RD1:** Example 1 was a PPT presentation given by the Health Director, dated March 2013. This served as an orientation to the Board of Health of the agency, its functions, public health generally, and Board of Health responsibilities. Slide 25/59 encouraged Board of Health members to educate themselves on the community's public health status, review statutes, administrative rules and local policies, participation in local dialogue, and joining NALBOH. Subsequent slides provided Board of Health members with information regarding the first two of these recommendations. Example 2 was the Board of Health agenda, meeting minutes and supporting materials confirming this PPT was delivered. Both documents met conformity requirements.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Not Available

**Standard 12.3 – Comments:**

Documentation was not as strong for this Standard as others in Domain 12. Interpretation of 12.3.2 may have been an issue that was discussed during on-site conversations and being addressed.

**Measure 12.3.1 A:**

Provide the governing entity with information about important public health issues facing the health department and/or the recent actions of the health department.

**Score: Fully Demonstrated (3/3)**

**Site Visitor Comments:****Conformity:**

**RD1:** Example 1, was the agenda and supporting materials for the CC Board of Supervisors and Board of Health meeting, dated July 2013. Minutes indicated the topic

of teen pregnancy, stated to be a focus of CCHHS' CHIP, was briefly discussed in response to a question from a Board of Health member. Further documentation included a Carson City agenda report, dated February 2014, indicating CCHHS was "applying for a grant through the State of Nevada, Division of Public and Behavioral Health to a program that will help teens make healthier and safer choices to protect their health and reduce the incidence of teen pregnancy in the community." Additionally, the pilot project proposal for an educational program for comprehensive sexual health education was given, as well as the Board of Health agenda and supporting materials indicating the CCHHS was pursuing this grant.

Example 2 were meeting minutes, dated February 2013, documenting a review of the Strategic Plan with a Board of Health member; a summary of the strategic planning process, dated May 2013 indicating the Board of Health was a recipient of the draft and was responsible for finalizing and approval (performed March 2013); and a comment indicating a Board of Health member had been part of the process. All documentation met conformity requirements.

#### **Areas of Excellence:**

Not Available

#### **Opportunities for Improvement:**

Not Available

#### **Measure 12.3.2 A:**

Track actions taken by the governing entity.

**Score: Slightly Demonstrated (1/3)**

#### **Site Visitor Comments:**

#### **Conformity:**

**RD1:** For the original documentation submitted for review, RD1, Example 1, were Board of Health meeting minutes and the meeting agenda, dated December 2013. Highlighted was the Health Director's report to the Board, to include a conflict of interest policy for Board members to review and sign. Similarly, Example 2 were meeting minutes and agenda from March 2014 that highlighted the HD's report about CCHHS' current activities, programs and services. Neither example for RD1 met the purpose of the measure, i.e., to demonstrate the agency's review of the governing entity's activities, therefore these documents did not meet conformity.

This measure was therefore reopened, with new documentation submitted for review. The first new document pertained to the development of a Resource Stewardship Task Force that began in the fall of 2014. It was organized by the Health Officer, who served as Board Chair, and included two Supervisors who were also Board members. Its focus was funding issues and the challenges confronting the agency. Emails and subsequent meeting minutes were provided for review. These indicated the activities of the Resource Stewardship Task Force had been reviewed by CCHHS staff.

Example 2 included Board of Health meeting minutes from April 2014 and an accompanying presentation. It referenced the agency's inability to perform its annual POD influenza immunization program due to budget cuts. The accompanying explanation referenced a POD cast and link noting the Mayor's concerns and efforts to

find a solution, given this information had not been captured in the attached minutes. The only reference to any other possible concerns was a highlighted line in the Board of Supervisors' minutes under Public Works stating the Mayor was asking for approval of banking of water rights. This POD cast was not an acceptable form of documentation per PHAB requirements, however, and therefore not reviewed. Additionally, notes from two managers meetings were presented to demonstrate that funding had been obtained to provide the POD as intended. These were, per the accompanying narrative, illustrations of the CCHHS' efforts to address Board concerns. The documents did not state this however, and if that was the intent of the highlighted areas, it was insufficient in explaining how it reflected a review of the Board issues. Finally, no documentation demonstrated that this was done at least on a yearly basis. This was discussed during the on-site review, and it was noted that given the agency's lack of such documentation, the Director had begun such record-keeping. Therefore this second example did not meet conformity.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Per measurement requirements, the CCHHS should initiate a process by which it annually reviews the activities of its governing entity and identifies opportunities, where applicable, to inform/educate the Board of Health to ensure the former is best able to perform its duties and responsibilities. Per on-site conversations, this had been initiated but fell outside of the timeframe for documentation.

**Measure 12.3.3 A:**

Communicate with the governing entity about assessing and improving the performance of the health department.

**Score: Fully Demonstrated (3/3)****Site Visitor Comments:****Conformity:**

**RD1:** Example 1, dated January 2015, were Board of Health meeting agenda, minutes and supplemental materials. The Health Director provided information about the CCHHS Strategic Plan, originally approved by the Board of Health March 2013, noting an update was determined to be necessary per review in 2014. A draft plan was presented and put forth for acceptance by the Board of Health and approved unanimously. Example 2, again Board of Health meeting minutes and supporting materials, dated September 2013, documented a PPT presentation given by the Health Director and staff. It discussed the CCHHS' departments as well as financial information and the agency's efforts for accreditation.

**RD2:** Example 1, were again Board of Health meeting minutes, agenda and supporting documents. Highlighted was the HD's regular report. The accompanying PPT provided an overview of the CCHHS' activities through a variety of its activities, e.g., a general assistance program, its animal adoption program, and its clinical services division. While the optional narrative indicated the presentation reflected efforts of agency improvement, this document did not speak for itself. The final slide did, however, discuss accreditation and QI. Subsequent clarification from the CCHHS stated the focus of this document was to illustrate the number of QI trainings that had been performed.

Example 2 included a presentation on the CCHHS' QI pilot project on its teen sex health education registration form/process given to the Board of Health, as noted by meeting minutes dated April 2015. While signatures were lacking due to the scheduling of the next Board of Health meeting, it was noted the meeting minutes would be available for the site visit review. Meeting minutes with signature were provided upon request. They included an action item indicating this program in the context of agency QI, had been presented to the Board. The presentation, however, did not illustrate program improvement; rather programming. Additional documentation provided upon request supported CCHHS' effort to educate its governing entity on QI efforts. A PPT about the agency's teen pregnancy program and a QI project development form were provided. BoH minutes reflecting their presentation and discussion supported the agency's efforts to inform the BOH.

**These additional materials were appropriate for having the measure meet conformity requirements.**

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Not Available

## Appendix A: Email Content from the Public Health Accreditation Board Announcing Accredited Status

Dear Nicki Aaker,

Congratulations. The Public Health Accreditation Board is pleased to notify you that the PHAB Accreditation Committee, on May 17, 2016, made its decision to confer accreditation to Carson City Health and Human Services.

You will be receiving a certified letter from PHAB formally notifying you of your health department's accreditation. You will also receive materials to support your communication efforts including specific language you should use to announce your accreditation.

Please remember that Carson City Health and Human Services will be required to submit an annual report to PHAB through e-PHAB. The report will:

- Include a statement that the health department continues to be in conformity with the Standards and Measures, Version 1.0.
- Include leadership changes and other changes that may affect the health department's ability to be in conformity with the Standards and Measures, Version 1.0.
- Describe how the health department has addressed areas of improvement noted in the Site Visit Report.
- Be signed by the director of the health department.

As you address areas of improvement noted in the Site Visit Report and prepare for the development of your annual report, the PHAB Accreditation Committee provides the following guidance:

- Consider the three greatest strengths identified in your Site Visit Report in order to build on your department's strengths.
- Consider the three most serious challenges or opportunities for improvement identified in your Site Visit Report in order to address overarching issues.

Guidance from the Accreditation Committee is that your annual report specifically addresses all of the measures that were assessed as Slightly Demonstrated or Not Demonstrated in your Site Visit Report:

- **Measure 1.3.1 A:** Analyze and draw conclusions from public health data
- **Measure 2.1.4 A:** Work collaboratively through established governmental and community partnerships on investigations of reportable/disease outbreaks and environmental public health issues
- **Measure 7.2.1 A:** Convene and/or participate in a collaborative process to establish strategies to improve access to health care services
- **Measure 7.2.2 A:** Collaborate to implement strategies to increase access to health care services
- **Measure 12.3.2 A:** Track actions taken by the governing entity

Again, congratulations on your health department's accreditation.

Sincerely,  
*Kaye Bender, PhD, RN, FAAN*  
President and CEO

**Appendix B: Improvement Plan Template**

Measure	Score	Area for Improvement	Corrective Action	Assigned To	Start Date	Completion Date
1.3.1 A	1	“There appear to be opportunities for improvement in the areas of data collection, analysis, reporting, review and discussion. The documentation submitted did not reflect those activities were conducted by CCHHS as specified in the guidance for this measure. In response to a request for additional documentation, CCHHS responded that, unfortunately, most reports using data specific to their jurisdiction were currently produced by the State health department.”				
2.1.4 A	1	“A previously appointed DA had determined CCHHS could not enter into MOUs/MOAs, thereby preventing them from meeting full conformity for this measure. With the suggestion that a new District Attorney will permit these agreements, CCHHS could, where appropriate, enact MOUs/MOAs to strengthen associations with its partners.”				
7.2.1 A	0	“Advocacy by CCHHS to develop strategies to increase access, in collaboration with its community partners, could accelerate the development of the changes needed to improve access to health care services.”				
7.2.2 A	0	“CCHHS should continue to engage community organizations that participated in the CHA and CHIP to implement the CHIP and close the gaps in healthcare services.”				
12.3.2 A	1	“Per measurement requirements, the CCHHS should initiate a process by which it annually reviews the activities of its governing entity and identifies opportunities, where applicable, to inform/educate the Board of Health to ensure the former is best able to perform its duties and responsibilities. Per on-site conversations, this had been initiated but fell outside of the timeframe for documentation.”				