

# Standards for Public Health in Washington State: 2005 Performance Assessment Report Local Health Jurisdictions Report for: Cowlitz County Health Department

## **The Standards and the 2005 Performance Assessment**

Thank you for participating in the performance assessment of the Standards for Public Health in Washington State. The intent of the Standards is to provide an overarching measurement framework for the many services, programs, legislation, and state and local administrative codes that affect public health. The Washington State Standards for Public Health Performance address all 10 Public Health Essential Services and crosswalk directly to the Centers for Disease Control and Prevention (CDC) Standards for Performance.

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

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

## **This Report**

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

### ***Strengths***

- The overall progress on a number of activities over the last three years shows that a lot of hard work has been completed.
- The development of the Strategic Plan, with the “tweaked” logic model format, crosswalk to the standards provides clear areas of focus and programmatic level of detail.
- The development of the Health Indicators Template will gather core indicator data across the organization for tracking and decision making.
- The Protocol Project documents practice in a wide array of areas (notable examples include the HAN protocol, Investigation of Emerging Health Issues, the Public Health Policy Development protocol, the Requesting Data and TA protocol, and the Outbreak Investigation protocol).

- The Food Safety Hep A project has continued over a number of years, with the active involvement of the Food Advisory Committee.
- The surveys to food and water recreational establishments regarding customer satisfaction with EH services provides good program evaluation information.
- The partnership with Pathways 2020 supports access to dental services and a free clinic.
- The outbreak after action and documentation of lessons learned is clear and should be helpful in revising protocols.
- The many presentations made with well-prepared PowerPoint materials for giving community members information.

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

- Clarify how the Strategic Plan, Annual Report and Health Indicators will tie together.
- Clarify who receives presentations, if possible through the sign in list of attendees going into the presentation files.
- Take the work on strategic planning and health indicators down to the program level, developing goals, objectives and performance measures. Document review of the data and actions resulting from the review. Develop a full QI plan.

### ***The Performance Assessment Approach***

The performance assessment included all 35 local health jurisdictions (LHJs) in the state and 26 Department of Health (DOH) program sites selected by DOH for evaluation. Each site was asked to complete a self-assessment tool and to prepare for an on-site visit by organizing the documentation supporting the self-assessment on each measure.

For this cycle of assessment there were two new aspects that were not part of the 2002 Baseline Evaluation; the selection of specific environmental health and prevention and promotion programs for more in-depth review, and the evaluation of the new Proposed Administrative Standards and Measures. This expansion of the scope of the assessment was addressed through the training and use of internal DOH and LHJ reviewers working under the supervision of the external consultants.

During the site review, an independent consultant and an internal DOH reviewer evaluated the documents and scored each measure. When the reviewer had questions regarding the documentation, an informal interview was conducted with the appropriate manager or staff person. In addition, potential exemplary practice documentation was requested from each site. The on-site reviews concluded with an exit interview in which general strengths and opportunities for improvement were discussed, and feedback on the Standards and assessment process was obtained. All of this information has been compiled into a system-wide report, with recommendations regarding the next steps for the system.

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

The attached report is organized to follow the Standards format. The Standards have five topic areas (please note that these are not necessarily synonymous with program areas, there are

organization-wide measures to be found in each of them). Within each of these five topic areas, four to five standards are identified for the entire governmental public health system. For each standard, specific measures are described for local health jurisdictions. For LHJs, all measures were applicable; however, some (for example those that required certain actions related to an outbreak) were not applicable if an event had not occurred.

**Program Review Results:** For the measures that were assessed through program review, the scores for all programs reviewed for the individual measure were aggregated to calculate an “agency-wide” score for the measure. For these measures the LHJ detail shows only the aggregate score for the measure as the detailed comments for these measures are included in the program reports. Attached to this summary report are four program specific reports with the detailed scoring for each measure evaluated for each program, with related comments.

**Administrative Standards Results:** For the Administrative Standards, this evaluation cycle was to evaluate the Proposed Administrative Standards and Measures themselves and not to report site specific performance. The results of our evaluation of these standards and measures are at the system level only, therefore, this report does not contain any results for the Proposed Administrative standards.

**Comparability to the 2002 Baseline results:** Due to the major revisions in the environmental health topic area of standards, and to the program review method of evaluation used for numerous measures, only some of the 2005 results can be compared to the results of the 2002 Baseline. The measures that are considered comparable between the two cycles are:

- All Assessment (AS) measures, except AS 3.2 and AS 3.3, which were evaluated through program review
- All Communicable Disease (CD) measures
- Prevention and Promotion (PP) measures in standards PP1, PP2, and PP3
- All Access (AC) measures

This report provides you with the following information:

- *For all measures:* a table listing all the measures with the performance designation to serve as a quick reference tool in identifying the measures that demonstrated performance, those scored as a partial, and those that did not demonstrate performance against the measure.
- *For each measure* (we have not repeated these in the report in order to reduce the number of pages, but have grouped them under their overarching standard): the *score* assigned by the reviewer:
  - 2 = demonstrates the measure,
  - 1 = partially demonstrates the measure,
  - 0 = does not demonstrate the measure,
  - 8 = not applicable,
  - 9 = not able to rate [did not participate at a topic area level]

*Comments* provide clarification regarding the intent of the measure or the score assigned.

*Documents* lists, in abbreviated form, the documents that were the basis for the score. When multiple documents were provided and some did not demonstrate the measure or there were many more examples than needed, they are not all listed.

*Exemplary documents* lists documents requested for review as potential examples in the exemplary practices compendium.

- *For each topic area:* at the end of each topic area, there is a roll-up of the scores on all *applicable, rated* measures in the topic area (the percent of measures scored as *demonstrates*, the percent scored as *partially demonstrates*, the percent scored as *does not demonstrate*). Next to your roll-up for the topic area is a roll-up for peer counties, and then a statewide roll-up. Your peer counties are identified below, based on the DOH analysis of Dominant Rural Urban Commuting Area Codes (for detail on this methodology, please go to the DOH website <http://www.doh.wa.gov/Data/Guidelines/RuralUrban.htm> ). There is no intent, in an improvement-focused effort, to compare specific organizations to one another. However, this roll-up data does provide each site reviewed with performance benchmarks.
- *For all topic areas:* the final segment of this part of the report provides you with a roll-up of all topic areas, with the same benchmark data from the peer group and statewide roll-ups.

## Peer Groupings

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

## Next Steps

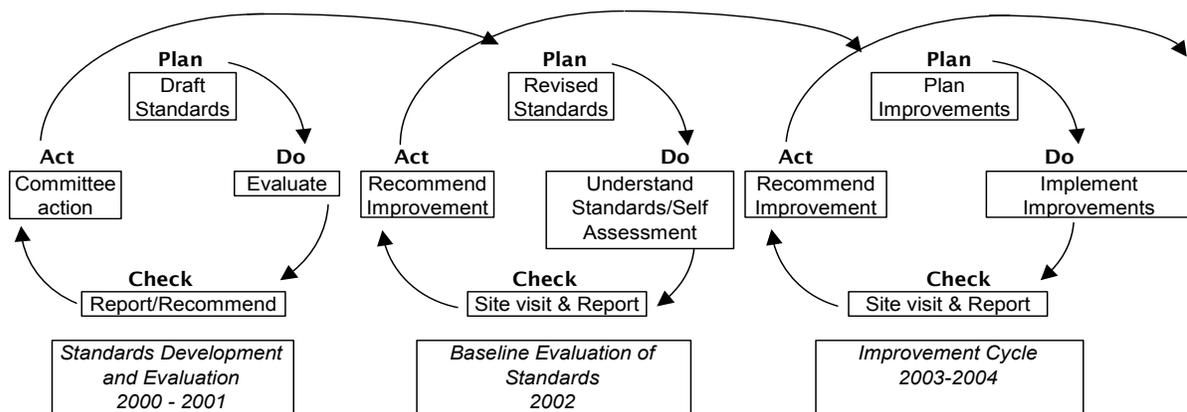
**First, celebrate what you have accomplished.** In the two and a half year period between the 2002 Baseline Evaluation and this performance assessment, it was clear to the site reviewers that improvements had been developed and implemented. Again, thank you for all of your hard work every day, and especially in preparing for the site reviews.

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

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

- **Exemplary practices:** The Exemplary Practices Compendium provides you with documentation from many of the LHJs in Washington State. Potential exemplary practice documents were gathered from each of the sites and the very best examples for each measure will be organized into an electronic tool kit. This material will be available by year-end 2005 at [www.doh.wa.gov/phil/Standards/BestPractices/StandardsExemplaryPractices.htm](http://www.doh.wa.gov/phil/Standards/BestPractices/StandardsExemplaryPractices.htm).
- **Statewide initiatives** projects such as the implementation of the Public Health Issue Management System (PHIMS) for communicable disease and the Assessment in Action project to build assessment capacity at the local level also support improvement of practice and documentation. Based on the recommendations in the system-wide report, the PHIP process will adopt additional statewide initiatives related to the measures.

**Finally, begin preparing now for the next performance assessment.** The assessment process itself has been conducted using quality improvement principles and methods, including the Plan-Do-Check-Act cycle. As shown below, the standards field test in 2000, the baseline in 2002, and this 2005 performance assessment are all part of the cycle of continuous quality improvement. The next cycle is planned for 2006-08, with site visits probably occurring in the spring of 2008.



**Strategies for building on your current performance:**

- Save the documentation you have used in this assessment as a good starting point for continuing to identify documentation for demonstrating performance.
- Establish an electronic document library for collecting documentation and facilitating the use of an electronic format for the next assessment. This cycle there were three LHJs that used an electronic format for all their documentation. These sites stated that the electronic preparation was much easier and helpful to the process than making paper copies of the documentation.
- Adopt or adapt as many exemplary practices as possible to improve your performance against the measures. There is no reason to “re-invent the wheel”, when another LHJ may have an excellent process or documentation method that you can start using with less time and effort.

- Participate in regional or state-wide improvement efforts that are identified through PHIP work, or other multi-disciplinary efforts, such as the recent Assessment in Action effort to build capacity for assessment at the local level.
- Identify methods for getting technical assistance from state programs, or from other LHJs that may have targeted the same areas for improvement. Great gains can be made through sharing ideas and resources.

Again, we thank you for all your work in preparing for this 2005 performance assessment, and especially for the terrific work you do in protecting and promoting the health of the citizens of Washington State that we were privileged to review.

# LHJ: Cowlitz County Health Department

## Topic: 1. Understanding Health Issues

**Standard 1: Public health assessment skills and tools are in place in all public health jurisdictions and their level is continuously maintained and enhanced.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AS1.1L	2		2003 CCHD Annual Report of Activities, 2004 CC Community Report Card	2004 CC Community Report Card
AS1.2L	2		Cowlitz County Health Dept. web page, Requesting Data and Technical Asst. Protocol	Requesting Data and Technical Asst. Protocol
AS1.3L	2		2003-2005 CCHD Strategic Plan	
AS1.4L	2		2003 CCHD Annual report of Activities, 2004 CC Community Report Card, Core Health Indicators Data Dictionary	
AS1.5L	2		Epidemiologist - Assess Coord. Job Description, Curriculum Vitae - Epidemiologist, Training Log Database Report	

**Standard 2: Information about environmental threats and community health status is collected, analyzed and disseminated at intervals appropriate for the community.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
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AS2.1L	2		PHAC Roster, Community Health Improvement PPT, Public Health Adv. Committee Meeting Minutes	
AS2.2L	2	Documentation did not demonstrate that a report was given to the BOH that included data on the local core set of indicators.	2003 CCHD Annual Report of Activities, Health Indicators Template, 2004 CC Comm Report Card	
AS2.3L	2		STI Workgroup Plan 2004-2005, Investigation of Emerging Health Issues Protocol, Public Health Policy Protocol	Investigation of Emerging Health Issues Protocol, Public Health Policy Protocol
AS2.4L	2		Issues Logs, 2003-2005 Strategic Plan	
AS2.5L	2		Data (Health Indicators) Template, 2004 CC Community Report Card	

**Standard 3: Public health programs results are evaluated to document effectiveness.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AS3.1L	2		2003 CCHD Annual Report of Activities, 2003 Annual Report Presentation, Cowlitz Co. BOCC Minutes - 4/27/04.	
AS3.2L	1			
AS3.3L	1			
AS3.4L	2		Training Log Database Report	
AS3.5L	2		Health Indicators Template, 2003-2005 Strategic Plan	

**Standard 4: Health Policy Decisions are guided by health assessment information, with involvement of representative community members.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AS4.1L	2		Pathways 2020 Community Assessment Work Group Meeting Minutes, Pathways 2020 August 2004 Data/MAPP Presentation	
AS4.2L	2		2004 CC Community Report Card, Agenda Summary - BOCC approval to submit grant application,	
AS4.3L	2		Public Health Policy Protocol	
AS4.4L	1	Documentation of STI evaluation is good but doesn't appear to link to a specific key indicator. The key (core) indicators are specific to rates of disease.	Health Indicators Template, STI Work plan	

**Standard 5: Health data is handled so that confidentiality is protected and health information systems are secure.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AS5.1L	2		Requesting Data and Technical Asst. Protocol, Confidentiality Protocol	
AS5.2L	1	No documentation for data submitted to other agencies that demonstrated evidence of use of confidentiality procedures.	Confidentiality Protocol	

## Score Totals for Topic 1. Understanding Health Issues

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
<b>% Demonstrates:</b>	<b>81%</b>	<b>69%</b>	<b>56%</b>
<b>% Partially Demonstrates:</b>	<b>19%</b>	<b>21%</b>	<b>24%</b>
<b>% Does not Demonstrate:</b>	<b>0%</b>	<b>10%</b>	<b>20%</b>

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

## Topic: 2. Protecting People from Disease

### Standard 1: A surveillance and reporting system is maintained to identify emerging health issues.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
CD1.1L	2		Cowlitz County - Notifiable Conditions Reporting, Phone Book page, web page,	
CD1.2L	1	No documentation that demonstrates all providers were given notifiable conditions information within the last 12 months	HAN Protocol	HAN Protocol
CD1.3L	2		BOCC minutes - July 22, 2004, 2003 CCHD Annual Report of Activities	

CD1.4L	2		CD Manual, Draft Communications Protocol
CD1.5L	1	Core indicators are reviewed annually however, there is no documentation that shows that the implications for changes in investigation, intervention or education efforts were identified.	Health Indicators Template
CD1.6L	2		Documentation of Disease Tracking - Case Report
CD1.7L	2		Training Log Database Report

**Standard 2: Response plans delineate roles and responsibilities in the event of communicable disease outbreaks and other health risks that threaten the health of people.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
CD2.1L	2		Emergency Response Team Card and Distribution List, DOH Blue Book - emergency phone numbers, Phone Book page,	
CD2.2L	2		Notifiable Conditions Instructions, Automated phone line script, Notifiable conditions web page.	
CD2.3L	2		Outbreak Investigation and Management Protocol	Outbreak Investigation and Management Protocol

**Standard 3: Communicable disease investigation and control procedures are in place and actions documented.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
CD3.1L	2		Low Cost Health and Dental Care Brochure, HAN Address Book	

CD3.2L	1	No documentation provided that shows distribution list of information to providers. Newsletter doesn't contain list of reportable conditions.	CD Reporter Newsletter	
CD3.3L	1	No documentation was provided for legal authority for disease control.	CD Manuals, Emergency Biologics Manual, Documentation of Disease Tracking	
CD3.4L	1	Self audit doesn't appear to monitor compliance with disease specific protocols such as steps in case investigations, contacting potential partners or people exposed.	PHIMS Audit Results	
CD3.5L	2		Process Measures for CD Control	Process Measures for CD Control
CD3.6L	2		Epidemiologist job description, curriculum vitae, training log	

**Standard 4: Urgent public health messages are communicated quickly and clearly and actions documented.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
CD4.1L	2		#2004-11 Influenza Finding and Order with Health Alert, Influenza Media Release	
CD4.2L	2		HAN Address Book	
CD4.3L	1	The communications protocol is still in draft format. It should include the steps for creating and distributing clear and accurate public health alerts and media releases.	Draft Communications Protocol	
CD4.4L	1	There are two staff who have risk communication training, however, there is no documentation of training for the agency director or the health officer.	Training logs, Organizational Chart	

**Standard 5: Communicable disease and other health risk responses are routinely evaluated for opportunities for improving public health system response.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
CD5.1L	2		Post-Investigation and Debriefing Tool, List of Outbreaks	Post-Investigation and Debriefing Tool
CD5.2L	2		Post-Investigation and Debriefing Tool, Workshop minutes	
CD5.3L	2		Post-Investigation and Debriefing Tool, Outbreak Investigation and Management Protocol	
CD5.4L	2		Post-Investigation and Debriefing Tool, Issues Log, 2003-2005 Strategic Plan	
CD5.5L	2		Training Logs	
CD5.6L	2		Post-Investigation and Debriefing Tool, Issues Log, 2003 - 2005 Strategic Plan, Outbreak Investigation and Debriefing Tool	

**Score Totals for Topic 2. Protecting People from Disease**

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
<b>% Demonstrates:</b>	<b>73%</b>	<b>75%</b>	<b>62%</b>
<b>% Partially Demonstrates:</b>	<b>27%</b>	<b>17%</b>	<b>22%</b>
<b>% Does not Demonstrate:</b>	<b>0%</b>	<b>8%</b>	<b>16%</b>

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

**Topic: 3. Assuring a Safe, Healthy Environment for People**

**Standard 1: Environmental health education is a planned component of public health programs.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH1.1L	2			
EH1.2L	2			
EH1.3L	2			
EH1.4L	2			

**Standard 2: Services are available throughout the state to respond to environmental events or natural disasters that threaten the public's health.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH2.1L	2	Note that the phone book listing does not specifically list EH	Web pages, phone scripts, 911 contact list, phone line flow chart, phone book listing	
EH2.2L	2		CCHD Emergency Response plan, Salmonella debrief, workforce ICS org chart, EF8, outbreak checklist and post investigation review and briefing tool	outbreak checklist and post investigation review and briefing tool
EH2.3L	2		Web pages, fact sheets	fact sheets
EH2.4L	2		CCHD Emergency Response Plan, Org Chart and Phone Tree, training logs, communications protocol	

**Standard 3: Both environmental health risks and environmental health illnesses are tracked, recorded, and reported.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH3.1L	2			
EH3.2L	2			
EH3.3L	2			

**Standard 4: Compliance with public health regulations is sought through enforcement actions.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
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EH4.1L	2	Web Pages, 2004 mailing of WAC to Pool Operators, Policy Book available at EH desk
EH4.2L	1	
EH4.3L	1	
EH4.4L	2	
EH4.5L	1	

**Score Totals for Topic 3. Assuring a Safe, Healthy Environment for People**

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
<b>% Demonstrates:</b>	<b>81%</b>	<b>63%</b>	<b>53%</b>
<b>% Partially Demonstrates:</b>	<b>19%</b>	<b>29%</b>	<b>30%</b>
<b>% Does not Demonstrate:</b>	<b>0%</b>	<b>8%</b>	<b>16%</b>

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

**Topic: 4. Prevention is Best: Promoting Healthy Living**

**Standard 1: Policies are adopted that support prevention priorities and that reflect consideration of scientifically-based public health literature.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
PP1.1L	2		Pathways 2020 Priority Areas, Community Assessment Workgroup minutes, 10/04 presentation by Dr. Cundiff at St. John Medical Center	Pathways 2020 Priority Areas, 10/04 presentation by Dr. Cundiff at St. John Medical Center
PP1.2L	2		BOH presentation 1/25/05, BOH minutes 1/25/05, Pathways 2020 minutes 3/05	
PP1.3L	2		2003-2005 Strategic Plan, Federal funding acceptance letter and grant application	

**Standard 2: Active involvement of community members is sought in addressing prevention priorities.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
PP2.1L	2		Pathways 2020 Presentation and Priority Areas, PH Advisory Committee Presentation and minutes	
PP2.2L	2		Meeting Facilitation Training, Bridge Building Training, NCBI Training	

**Standard 3: Access to high quality prevention services for individuals, families, and communities is encouraged and enhanced by disseminating information about available services and by engaging in and supporting collaborative partnerships.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
PP3.1L	2		Phone Line Flow Chart, Phone Script, Web Pages	

PP3.2L	1	Not clear how the immunization report or flu supply assessment are used in priority setting.	Immunization Survey Report w/ recommendations, distributed to providers, Flu Vaccine Supply Assessment
PP3.3L	2		Flu Forum, with results of flu vaccine supply assessment, Immunization Survey with distribution list
PP3.4L	1	The documentation doesn't articulate the program improvement that is being developed based on the data gathered in the survey or overview of STI	STI Workgroup Survey Results, Overview of STI in Cowlitz, Presentation to Kelso School District Health Curriculum Committee

**Standard 4: Prevention, early intervention and outreach services are provided directly or through contracts.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
PP4.1L	0			
PP4.2L	1			
PP4.3L	1			
PP4.4L	2			

**Standard 5: Health promotion activities are provided directly or through contracts.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
PP5.1L	2		BFNEP Contract Report	

PP5.2L	1	The documentation from BFNEP provides good examples of materials and train the trainer approaches. This measure looks for an overall system to assure that all health promotion materials are evaluated, updated and organized for distribution, which was not evident in the documentation.	Health Education training documentation, program procedures, planning calendar
PP5.4L	2		

**Score Totals for Topic 4. Prevention is Best: Promoting Healthy Living**

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
<b>% Demonstrates:</b>	<b>63%</b>	<b>58%</b>	<b>48%</b>
<b>% Partially Demonstrates:</b>	<b>31%</b>	<b>28%</b>	<b>31%</b>
<b>% Does not Demonstrate:</b>	<b>6%</b>	<b>14%</b>	<b>21%</b>

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

**Topic: 5. Helping People Get the Services They Need**

**Standard 1: Information is collected and made available at both the state and local level to describe the local health system, including existing resources for public health protection, health care providers, facilities, and support services.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
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AC1.1L	2	Oral Health Coalition Meeting Minutes, Cowlitz Free Medical Clinic Business Plan
AC1.2L	2	Low Cost Health and Dental Care Brochure
AC1.3L	2	Cowlitz Free Medical Clinic Business Plan and Update

**Standard 2: Available information is used to analyze trends, which over time, affect access to critical health services.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AC2.1L	2		Mental Health HPSA Survey, Dental provider survey letter, Health Indicators Template	
AC2.2L	1	There is document about the current level of access for Spanish speaking individuals but no data about the needed access.	Final Prenatal Survey re Spanish Speakers	
AC2.3L	2		Cowlitz Free Medical Clinic Business Plan, BOCC Workshop minutes	

**Standard 3: Plans to reduce specific gaps in access to critical health services are developed and implemented through collaborative efforts.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AC3.1L	2		CHP Meeting Minutes, Cowlitz Free Medical Clinic Business Plan	
AC3.2L	2		Cowlitz Free Medical Clinic Business Plan, CHP Meeting Minutes	

AC3.3L 2

2003-2005 Strategic Plan, Oral Health  
Distribution Packet, Oral Health Meeting  
Minutes, Dental Activities

**Standard 4: Quality measures that address the capacity, process for delivery and outcomes of critical health services are established, monitored, and reported.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AC4.1L	1	No quality improvement plan with quality-based performance or outcome measures was provided.	Provider Clinic Site Visit Tool	
AC4.2L	1	Many staff have taken program evaluation training which is one component of quality improvement. Several staff have taken a course in quality improvement in HIV/AIDS counseling. Basic quality improvement training would be beneficial.	Training Logs	

**Score Totals for Topic 5. Helping People Get the Services They Need**

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
<b>% Demonstrates:</b>	<b>73%</b>	<b>69%</b>	<b>52%</b>
<b>% Partially Demonstrates:</b>	<b>27%</b>	<b>15%</b>	<b>16%</b>
<b>% Does not Demonstrate:</b>	<b>0%</b>	<b>16%</b>	<b>32%</b>

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

## Overall Score Totals: Cowlitz County Health Department

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
<b>% Demonstrates:</b>	<b>74%</b>	<b>68%</b>	<b>55%</b>
<b>% Partially Demonstrates:</b>	<b>24%</b>	<b>22%</b>	<b>25%</b>
<b>% Does not Demonstrate:</b>	<b>1%</b>	<b>10%</b>	<b>20%</b>

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

# LHJ: Cowlitz County Health Department

## Program: EH: Food Safety

### Topic: 1. Understanding Health Issues

#### Standard 3: Public health programs results are evaluated to document effectiveness.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AS3.2L	2		Food Advisory Committee Roster, Data Template, Food Handler HepA Vac Log, FH HepA Narrative, Enforcement protocol evaluation plan, 2005 work plan	
AS3.3L	2		Food Handler Hep A Vac Log, narrative, Food Advisory Committee minutes	

### Topic: 3. Assuring a Safe, Healthy Environment for People

#### Standard 1: Environmental health education is a planned component of public health programs.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH1.1L	2		Web page, phone scripts, notification of regulation changes, news release, health issue planning calendar	
EH1.2L	2		Food Advisory Committee minutes, news release application for membership, PH Advisory Committee, survey of FSE, Community Report Card	

EH1.3L	2	Web page, Food Advisory minutes, Hand Washing video added to FH training, temporary food permit packet
EH1.4L	2	Food Advisory minutes, expanded FH contract, FH evaluation format and brief summary of comments

**Standard 3: Both environmental health risks and environmental health illnesses are tracked, recorded, and reported.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH3.1L	2		2003 Annual Report, Web pages, Data Request Form/Protocol, Health Indicators Template	Health Indicators Template-specific listing of EH measures
EH3.2L	2		CD Protocol, Phone log, provider notification, Health indicator Template, phone line flow and script	
EH3.3L	2		Consumer survey/summary, FH testing survey/summary, review of DOH Factors of FB w/ FAC, re-inspection summary, strategic plan	

**Standard 4: Compliance with public health regulations is sought through enforcement actions.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH4.2L	2		Food Enforcement Protocol	Food Enforcement Protocol
EH4.3L	2		Food Enforcement Protocol, Audit Report w/ action plan	
EH4.4L	2		Complaint database, complaint form, inspection posting book	

## Overall Program Score Totals: EH: Food Safety

<b>% Demonstrates:</b>	<b>% Partially Demonstrates:</b>	<b>% Does not Demonstrate:</b>
<b>100%</b>	<b>0%</b>	<b>0%</b>

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

# LHJ: Cowlitz County Health Department

## Program: EH: Water Recreational Safety

### Topic: 1. Understanding Health Issues

#### Standard 3: Public health programs results are evaluated to document effectiveness.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AS3.2L	2		Water Rec Training evaluation, 2005 work plan	
AS3.3L	1	The 2005 work plan will provide the basis for future measurement.	Water Recreation Evaluation/closure report	

### Topic: 3. Assuring a Safe, Healthy Environment for People

#### Standard 1: Environmental health education is a planned component of public health programs.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH1.1L	2		Web page, phone script, distribution of new rules and regulations, strategic plan, workplan, Water quality standards, training agenda, attendance and	
EH1.2L	2		Pool training, customer survey, community report card	
EH1.3L	2		Disinfection handout, web page, pool and spa inspection checklist and rules, 2005 work plan	

EH1.4L	2		Water recreation evaluation and closure report, training agenda and evaluation
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**Standard 3: Both environmental health risks and environmental health illnesses are tracked, recorded, and reported.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH3.1L	2		annual report, web page, data request form, communicable disease report on webpage, health indicators template	
EH3.2L	2		CD protocols, phone log, provider notification, health indicator template, annual report	
EH3.3L	2		Consumer survey and summary, training evaluation, overall evaluation and closure report 2004, strategic planning presentation	

**Standard 4: Compliance with public health regulations is sought through enforcement actions.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH4.2L	1	Full protocol not available, according to protocol project book, still in draft form	Appendices for Water Recreation Enforcement Protocol	
EH4.3L	0	Documentation for water recreation audit not found		
EH4.4L	2		Complaint data base, complaint form, inspection posting book	
EH4.5L	0	No documentation provided specific to water		

## Overall Program Score Totals: EH: Water Recreational Safety

<b>% Demonstrates:</b>	<b>% Partially Demonstrates:</b>	<b>% Does not Demonstrate:</b>
<b>69%</b>	<b>15%</b>	<b>15%</b>

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

# LHJ: Cowlitz County Health Department

## Program: PP: First Steps

### Topic: 1. Understanding Health Issues

#### Standard 3: Public health programs results are evaluated to document effectiveness.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AS3.2L	1	Work plan does not identify short term goals or performance measures, so it is not clear how health indicators template links to or is used to evaluate program effectiveness.	IMSS/ICM work plan, health indicators template.	
AS3.3L	1	It is not clear how the data relates to the programs goals or progress toward goals, since performance measures are not articulated in the work plan. The intent to review and analyze the data may be a start towards tying the health indicator data and pro	MSS work plan, e-mail regarding meeting, update on activities, referrals and encounters report	

### Topic: 4. Prevention is Best: Promoting Healthy Living

#### Standard 4: Prevention, early intervention and outreach services are provided directly or through contracts.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
PP4.1L	0	Presentation of Annual Report to BOH includes future work, but no action or priority setting by BOH was documented.		
PP4.2L	2		First Steps Packet, Data Template, On the Move Nutrition Packet, BFNEP program algorithm	BFNEP program algorithm

PP4.3L	1	It was not clear from the documentation how the MSS data is used to evaluate the program for program improvement. The Hispanic Health Fair documentation includes data and recommendations for improvement, but is not specific to First Steps.	MSS chart forms, MSS report
PP4.4L	2		Training logs

**Standard 5: Health promotion activities are provided directly or through contracts.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
PP5.3L	0	MSS work plan does not specify performance measures, so it is not clear how the KIPHS reports relate to program goals, objectives, etc. Note also that this measure focuses on health promotion (population based efforts) as distinct from prevention/early intervention		
PP5.4L	2		Training logs-Introduction to Social Marketing, Training for HCV Support Group Facilitators	

**Overall Program Score Totals: PP: First Steps**

<b>% Demonstrates:</b>	<b>% Partially Demonstrates:</b>	<b>% Does not Demonstrate:</b>
<b>38%</b>	<b>38%</b>	<b>25%</b>

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

# LHJ: Cowlitz County Health Department

## Program: PP: Child Care

### Topic: 1. Understanding Health Issues

#### Standard 3: Public health programs results are evaluated to document effectiveness.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AS3.2L	0	This measure focused on goals, objectives, performance measures and the use of data to evaluate program effectiveness. No documentation was provided that addressed these.	Working Agreement with CCR&R	
AS3.3L	0	No documentation provided		

### Topic: 4. Prevention is Best: Promoting Healthy Living

#### Standard 4: Prevention, early intervention and outreach services are provided directly or through contracts.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
PP4.1L	0	Presentation of Annual Report to BOH includes future work, but no action or priority setting by BOH was documented.		
PP4.2L	1	Documentation does not include information on how to select appropriate materials	On the Move Nutrition Packet	
PP4.3L	1	This measure focuses on use of the data collected to evaluate against performance measures and for program improvement. No documentation provided regarding this step.	Childcare Encounter Forms, Blood borne Pathogens training flyer, certificate, roster	

PP4.4L 2 Training logs

**Standard 5: Health promotion activities are provided directly or through contracts.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
PP5.3L	0	Training documentation provided on blood borne pathogens, but not clear how this related to program's goals and objectives, or if there was an evaluation process for the training itself.		
PP5.4L	2		Training logs	

**Overall Program Score Totals: PP: Child Care**

<b>% Demonstrates:</b>	<b>% Partially Demonstrates:</b>	<b>% Does not Demonstrate:</b>
<b>25%</b>	<b>25%</b>	<b>50%</b>

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

# Cowlitz County Health Department

## 1. Understanding Health Issues

<i>Measure</i>	<i>Score</i>	<i>Compliance Demonstration</i>
AS1.1L	2	Demonstrates
AS1.2L	2	Demonstrates
AS1.3L	2	Demonstrates
AS1.4L	2	Demonstrates
AS1.5L	2	Demonstrates
AS2.1L	2	Demonstrates
AS2.2L	2	Demonstrates
AS2.3L	2	Demonstrates
AS2.4L	2	Demonstrates
AS2.5L	2	Demonstrates
AS3.1L	2	Demonstrates
AS3.2L	1	Partially demonstrates
AS3.3L	1	Partially demonstrates
AS3.4L	2	Demonstrates
AS3.5L	2	Demonstrates
AS4.1L	2	Demonstrates
AS4.2L	2	Demonstrates
AS4.3L	2	Demonstrates
AS4.4L	1	Partially demonstrates
AS5.1L	2	Demonstrates
AS5.2L	1	Partially demonstrates

## 2. Protecting People from Disease

<i>Measure</i>	<i>Score</i>	<i>Compliance Demonstration</i>
CD1.1L	2	Demonstrates
CD1.2L	1	Partially demonstrates
CD1.3L	2	Demonstrates
CD1.4L	2	Demonstrates
CD1.5L	1	Partially demonstrates

CD1.6L	2	Demonstrates
CD1.7L	2	Demonstrates
CD2.1L	2	Demonstrates
CD2.2L	2	Demonstrates
CD2.3L	2	Demonstrates
CD3.1L	2	Demonstrates
CD3.2L	1	Partially demonstrates
CD3.3L	1	Partially demonstrates
CD3.4L	1	Partially demonstrates
CD3.5L	2	Demonstrates
CD3.6L	2	Demonstrates
CD4.1L	2	Demonstrates
CD4.2L	2	Demonstrates
CD4.3L	1	Partially demonstrates
CD4.4L	1	Partially demonstrates
CD5.1L	2	Demonstrates
CD5.2L	2	Demonstrates
CD5.3L	2	Demonstrates
CD5.4L	2	Demonstrates
CD5.5L	2	Demonstrates
CD5.6L	2	Demonstrates

### **3. Assuring a Safe, Healthy Environment for People**

<i>Measure</i>	<i>Score</i>	<i>Compliance Demonstration</i>
EH1.1L	2	Demonstrates
EH1.2L	2	Demonstrates
EH1.3L	2	Demonstrates
EH1.4L	2	Demonstrates
EH2.1L	2	Demonstrates
EH2.2L	2	Demonstrates
EH2.3L	2	Demonstrates
EH2.4L	2	Demonstrates

EH3.1L	2	Demonstrates
EH3.2L	2	Demonstrates
EH3.3L	2	Demonstrates
EH4.1L	2	Demonstrates
EH4.2L	1	Partially demonstrates
EH4.3L	1	Partially demonstrates
EH4.4L	2	Demonstrates
EH4.5L	1	Partially demonstrates

#### **4. Prevention is Best: Promoting Healthy Living**

<i>Measure</i>	<i>Score</i>	<i>Compliance Demonstration</i>
PP1.1L	2	Demonstrates
PP1.2L	2	Demonstrates
PP1.3L	2	Demonstrates
PP2.1L	2	Demonstrates
PP2.2L	2	Demonstrates
PP3.1L	2	Demonstrates
PP3.2L	1	Partially demonstrates
PP3.3L	2	Demonstrates
PP3.4L	1	Partially demonstrates
PP4.1L	0	Does not demonstrate
PP4.2L	1	Partially demonstrates
PP4.3L	1	Partially demonstrates
PP4.4L	2	Demonstrates
PP5.1L	2	Demonstrates
PP5.2L	1	Partially demonstrates
PP5.4L	2	Demonstrates

#### **5. Helping People Get the Services They Need**

<i>Measure</i>	<i>Score</i>	<i>Compliance Demonstration</i>
AC1.1L	2	Demonstrates
AC1.2L	2	Demonstrates
AC1.3L	2	Demonstrates

AC2.1L	2	Demonstrates
AC2.2L	1	Partially demonstrates
AC2.3L	2	Demonstrates
AC3.1L	2	Demonstrates
AC3.2L	2	Demonstrates
AC3.3L	2	Demonstrates
AC4.1L	1	Partially demonstrates
AC4.2L	1	Partially demonstrates