

Standards for Public Health in Washington State: 2005 Performance Assessment Report Local Health Jurisdictions Report for: Grays Harbor County Public Health and Social Services 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 extensive work in engaging the community, including the Health NOW planning process, the Alcohol, Tobacco and Other Drugs Needs Assessment, PHERP planning, and presentation on PH to Rotary shows the commitment to community involvement.
- The use of assessment capacity as a part of these community efforts facilitates educating partners about the issues of the community.
- The CD program and the CD quality review process is solid.
- The joint letter establishes clear lines of accountability for CD and EH coordination when there are emergencies.

- The procedures and documentation in the Drinking Water and Water Recreation programs, and the performance measures established for the Drinking Water LCDF project are clear and comprehensive.
- The orientation checklists and training logs are good assurance mechanisms for workforce development.

Areas for Improvement

- Consider opportunities to match up EH data with foodborne and waterborne illness data on an ongoing, trended basis.
- Continue to develop BOH engagement in policy issues beyond enforcement.

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.

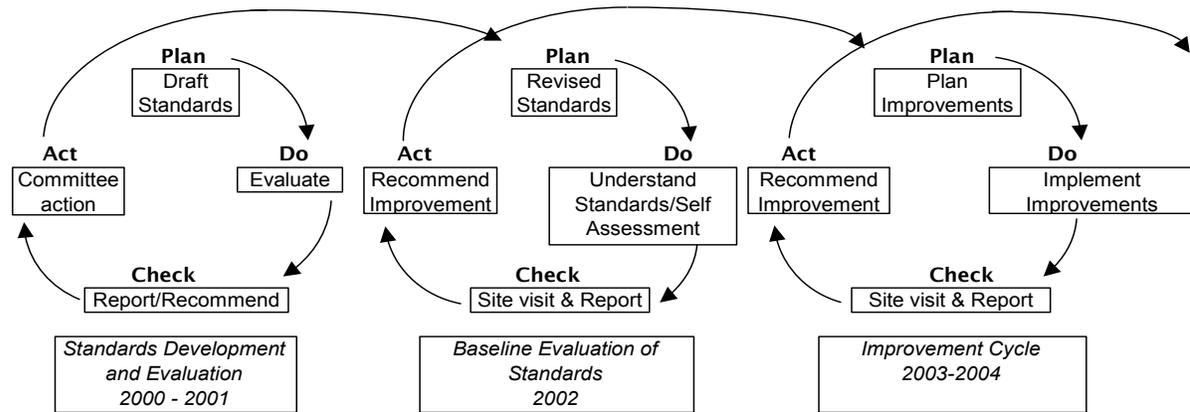
Next, select the areas where you want to improve your performance. All of the information provided in this report is intended to support improvement of your organization’s work on behalf of the citizens in your community and Washington State. After you have had a chance to digest this report and share 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 .

- **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: Grays Harbor County Public Health & Social Services Dept.

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		Tobacco 101 & PH PowerPoint; assessment presentation list	
AS1.2L	0	No documentation provided		
AS1.3L	0	No documentation provided		
AS1.4L	1	EH missing	PH PowerPoint; BOH minutes	
AS1.5L	2		Job Description; Transcripts, training & meeting agendas	

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>
AS2.1L	2		HealthNOW! Task Force mtg summary & Strategic Plan	HealthNOW! Strategic Plan
AS2.2L	0	No documentation provided		

AS2.3L	0	No documentation provided	
AS2.4L	2		HealthNOW! Task Force mtg minutes & Strategic plan
AS2.5L	0	No documentation provided	

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	0	No documentation provided		
AS3.2L	1			
AS3.3L	1			
AS3.4L	2		MSS Staff training in FP Performance Measures, CASAT SubAbuse training materials on evaluation; Immunization staff AFIX training	CASAT SubAbuse training materials on evaluation;
AS3.5L	2		QI activity for TB & communicable disease reporting	

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		Grant Application for PHBG funds related to HealthNOW! Task Force	

AS4.2L	0	No documentation provided
AS4.3L	0	No documentation provided
AS4.4L	2	Communicable disease (TB) QI review documents

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		Confidentiality Policy; data sharing agreement with the hospital	Confidentiality Policy; data sharing agreement with the hospital
AS5.2L	2		Confidentiality Policy; Client Record example of use of procedures	

Score Totals for Topic 1. Understanding Health Issues

	<i>Specific LHM Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHM Totals:</i>
% Demonstrates:	48%	63%	56%
% Partially Demonstrates:	14%	20%	24%
% Does not Demonstrate:	38%	17%	20%

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	1	No documentation that 24/7 has been sent to law enforcement or that public has info on how to report 24/7	24/7 phone list	
CD1.2L	1	No documentation on how new providers are identified or that labs have been provided with 24 hour contact info	Notifiable Conditions Manual & distribution list	
CD1.3L	2		Jan 04 Report to BOH with handout on notifiable conditions	
CD1.4L	2		CD Manual	
CD1.5L	0	No documentation provided		
CD1.6L	2		Jan04 Investigation activity; case example	
CD1.7L	2		Training agendas; documentation of staff attendance	

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	1	No documentation that DOH or local agencies (other than providers) have after hours contact info	Notification of Reportable Conditions to providers & distribution list	

CD2.2L	1	No documentation of communication to public safety officials	Notifiable Conditions Manual; Communication Plan
CD2.3L	2		Notifiable Conditions Manual; Communications Plan

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		Phone Lists for Emergency Response binder	
CD3.2L	2		Epi News fax & provider distribution list	
CD3.3L	2		Notifiable Conditions Manual; case investigation;	
CD3.4L	2		QI Review Manual	QI Review Manual: CD Matrix & Forms (Log Templates)
CD3.5L	2		QI Review Manual	
CD3.6L	2		Training and meeting records	

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		Flu vaccine shortage press release and epi-news notice	

CD4.2L	2	Communications Plan Manual; Notifiable Conditions Manual; Phone Lists for Emergency Response binder
CD4.3L	2	Communication Plan
CD4.4L	2	Training materials and attendance list

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	8	Not applicable		
CD5.2L	8	Not Applicable		
CD5.3L	2		DOH Model materials for Diphtheria	
CD5.4L	8	Not Applicable		
CD5.5L	2		Training & meeting records	
CD5.6L	8	Not Applicable		Post-Investigation Review & 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>
% Demonstrates:	77%	49%	62%
% Partially Demonstrates:	18%	25%	22%
% Does not Demonstrate:	5%	26%	16%

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	0			
EH1.4L	0			

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		Telephone book, night recording to call 911, letter to 911	
EH2.2L	2		GHC Emergency Management Plan, with specific listing of EH duties, PH ERP, post outbreak report, response exercise after action review 2003	Post Investigation Review and Debriefing Tool
EH2.3L	1	No documentation available regarding how public is aware of these services	GHC EMP lists roles of EH in emergency situation	
EH2.4L	2		GHC EMP and PH ERP (including Communication Plan), Incident Command training 2004	Communication Plan pages 1-11, Appendices M and O

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	1		LCDF DW Report for 2004, 2005 DW proposed initiative with targeted improvements	

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	GHC website, links to DOH website for RCW and WAC
EH4.2L	2	
EH4.3L	0	
EH4.4L	2	
EH4.5L	2	

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>
% Demonstrates:	69%	56%	53%
% Partially Demonstrates:	13%	26%	30%
% Does not Demonstrate:	19%	18%	16%

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		Health NOW meeting documentation and strategic plan	
PP1.2L	1	The strategic plan was presented to, but not adopted by the BOH	HealthNOW strategic plan	
PP1.3L	1	Assessment data used to develop plan, no documentation of performance measures and what data will be used to evaluate	HealthNOW strategic plan	

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		HealthNOW strategic plan	
PP2.2L	2		Tobacco strategic planning training, includes environmental assessment and engaging community partners	

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	0	No documentation available		
PP3.2L	2		Alcohol, Tobacco and Other Drugs Community Needs Assessment 05-07	Alcohol, Tobacco and Other Drugs Community Needs Assessment 05-07

PP3.3L	2		Alcohol, Tobacco and Other Drugs Community Needs Assessment 05-07
PP3.4L	0	No documentation available	

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	2			
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		HIV needle exchange proposal, Youth Development Program Proposal	
PP5.2L	0	No documentation available		
PP5.3L	1			
PP5.4L	0			

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>
% Demonstrates:	47%	43%	48%
% Partially Demonstrates:	24%	32%	31%
% Does not Demonstrate:	29%	25%	21%

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>
AC1.1L	0	No documentation provided		
AC1.2L	2		Phone Lists for Emergency Response Binder; referral list given to preg client	
AC1.3L	0	No documentation provided		

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	0	No documentation provided		
AC2.2L	2		Surveillance survey of providers for flu and flu vaccine availability; plan for vaccine availability	
AC2.3L	0	No documentation provided		

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		HealthNOW! Strategic Plan; Community Health Task Force mtg minutes	
AC3.2L	0	No documentation provided		
AC3.3L	8	Not applicable		

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 documentation of results being reported to appropriate entities	TB QI Manual; First Steps QI materials; TB Policy Statement, procedures -CD manual	

AC4.2L 0 No documentation provided

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>
% Demonstrates:	30%	60%	52%
% Partially Demonstrates:	10%	10%	16%
% Does not Demonstrate:	60%	29%	32%

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

Overall Score Totals: Grays Harbor County Public Health & Social Services Dept.

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
% Demonstrates:	57%	54%	55%
% Partially Demonstrates:	16%	24%	25%
% Does not Demonstrate:	27%	23%	20%

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

LHJ: Grays Harbor County Public Health & Social Services Dept.

Program: EH: Drinking Water

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	No documentation available		
AS3.3L	0	No documentation available		

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		GHC website, EH division, flyer mailed to all new Group B systems, copies at front counter	
EH1.2L	2		BOH minutes 4/15/04, presentation on Drinking Water, pilot study of sanitary survey tool kit	
EH1.3L	0	No documentation available		
EH1.4L	0	No documentation available		

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		Group B Project Report, web page print, presentation to BOH on drinking water	
EH3.2L	2	Tracking waterborne illnesses reported from either A or B systems would be an additional piece of data for this program	JPO with DOH regarding testing of water and submission of data, print of data base, water reports and mailing procedures	
EH3.3L	2		LCDF report for 2004, 2005 initiative for improvements	LCDF report for 2004, 2005 initiative for improvements

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		WACs, Public Services complaint process, JOP with DOH enforcement provisions	
EH4.3L	0	No documentation available		
EH4.4L	2		DOH complaint process, GHC complaint form, tracking screen, flow chart	
EH4.5L	2		Training for Qualified Sanitary Survey	

Overall Program Score Totals: EH: Drinking Water

% Demonstrates:	% Partially Demonstrates:	% Does not Demonstrate:
62%	0%	38%

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

LHJ: Grays Harbor County Public Health & Social Services Dept.

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	0	No documentation available		
AS3.3L	0	No documentation available		

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		Website, pamphlet available at counter, some beaches	
EH1.2L	2		Notice regarding Aberdeen workshop on revisions to WAC, impact notice to all pools regarding new WACs	
EH1.3L	0	No documentation available		
EH1.4L	0	No documentation available		

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		BEACH website, accessed from GHC website, with data on monitored beaches	
EH3.2L	2		BEACH quality assurance plan	BEACH quality assurance plan
EH3.3L	0	No documentation available		

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		GHC Water Recreation Facility Procedure Manual	GHC Water Recreation Facility Procedure Manual
EH4.3L	0	No documentation available		
EH4.4L	2		Complaint form and county tracking screen, flow chart	
EH4.5L	2		DOH Workshop on Water Recreation	

Overall Program Score Totals: EH: Water Recreational Safety

% Demonstrates:	% Partially Demonstrates:	% Does not Demonstrate:
54%	0%	46%

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

LHJ: Grays Harbor County Public Health & Social Services Dept.

Program: PP: Tuberculosis

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		Preventive Health BG TB program G&O, performance measures	
AS3.3L	2		TB program reports for 03/04	

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		No documentation available	
PP4.2L	2		TB materials in Spanish, demographics of population, checklist for staff on literature distributed, by type and language	
PP4.3L	2		Preventive Health BG application and annual report 2004	
PP4.4L	2		job descriptions, staff training records	

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	2		Preventive Health BG statement of work and annual report 2004	
PP5.4L	0	This measure focuses on health promotion methods (for example, social marketing) rather than content. No documentation available.		

Overall Program Score Totals: PP: Tuberculosis

% Demonstrates:	% Partially Demonstrates:	% Does not Demonstrate:
75%	0%	25%

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

LHJ: Grays Harbor County Public Health & Social Services Dept.

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	2		MSS Program Requirements and required Performance Measures	
AS3.3L	1	Tobacco and family planning performance measures added, minimal data on performance re: these measures	Outcome data from 2000, 2002, 2003, 2004	

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	No documentation available		
PP4.2L	2		program demographics, first steps orientation and new baby packets in English and Spanish, orientation procedure specifies materials	
PP4.3L	1	Data on tobacco and FP minimally available	First Steps outcome data, staff meeting minutes, staff instructions for collecting outcome data	

PP4.4L

2

job descriptions, staff 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	1	The major health promotion component of the program is tobacco cessation--data not readily available for evaluation	Outcomes data, ConCon report #2 2004, meeting minutes	
PP5.4L	0	This measure focuses on health promotion methods (for example, social marketing) rather than content. No documentation available.		

Overall Program Score Totals: PP: First Steps

% Demonstrates:	% Partially Demonstrates:	% Does not Demonstrate:
38%	38%	25%

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

Grays Harbor County Public Health & Social Services Dept.

1. Understanding Health Issues

<i>Measure</i>	<i>Score</i>	<i>Compliance Demonstration</i>
AS1.1L	2	Demonstrates
AS1.2L	0	Does not demonstrate
AS1.3L	0	Does not demonstrate
AS1.4L	1	Partially demonstrates
AS1.5L	2	Demonstrates
AS2.1L	2	Demonstrates
AS2.2L	0	Does not demonstrate
AS2.3L	0	Does not demonstrate
AS2.4L	2	Demonstrates
AS2.5L	0	Does not demonstrate
AS3.1L	0	Does not demonstrate
AS3.2L	1	Partially demonstrates
AS3.3L	1	Partially demonstrates
AS3.4L	2	Demonstrates
AS3.5L	2	Demonstrates
AS4.1L	2	Demonstrates
AS4.2L	0	Does not demonstrate
AS4.3L	0	Does not demonstrate
AS4.4L	2	Demonstrates
AS5.1L	2	Demonstrates
AS5.2L	2	Demonstrates

2. Protecting People from Disease

<i>Measure</i>	<i>Score</i>	<i>Compliance Demonstration</i>
CD1.1L	1	Partially demonstrates
CD1.2L	1	Partially demonstrates
CD1.3L	2	Demonstrates
CD1.4L	2	Demonstrates
CD1.5L	0	Does not demonstrate

CD1.6L	2	Demonstrates
CD1.7L	2	Demonstrates
CD2.1L	1	Partially demonstrates
CD2.2L	1	Partially demonstrates
CD2.3L	2	Demonstrates
CD3.1L	2	Demonstrates
CD3.2L	2	Demonstrates
CD3.3L	2	Demonstrates
CD3.4L	2	Demonstrates
CD3.5L	2	Demonstrates
CD3.6L	2	Demonstrates
CD4.1L	2	Demonstrates
CD4.2L	2	Demonstrates
CD4.3L	2	Demonstrates
CD4.4L	2	Demonstrates
CD5.1L	8	not applicable
CD5.2L	8	not applicable
CD5.3L	2	Demonstrates
CD5.4L	8	not applicable
CD5.5L	2	Demonstrates
CD5.6L	8	not applicable

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	0	Does not demonstrate
EH1.4L	0	Does not demonstrate
EH2.1L	2	Demonstrates
EH2.2L	2	Demonstrates
EH2.3L	1	Partially demonstrates
EH2.4L	2	Demonstrates

EH3.1L	2	Demonstrates
EH3.2L	2	Demonstrates
EH3.3L	1	Partially demonstrates
EH4.1L	2	Demonstrates
EH4.2L	2	Demonstrates
EH4.3L	0	Does not demonstrate
EH4.4L	2	Demonstrates
EH4.5L	2	Demonstrates

4. Prevention is Best: Promoting Healthy Living

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

5. Helping People Get the Services They Need

<i>Measure</i>	<i>Score</i>	<i>Compliance Demonstration</i>
AC1.1L	0	Does not demonstrate
AC1.2L	2	Demonstrates

AC1.3L	0	Does not demonstrate
AC2.1L	0	Does not demonstrate
AC2.2L	2	Demonstrates
AC2.3L	0	Does not demonstrate
AC3.1L	2	Demonstrates
AC3.2L	0	Does not demonstrate
AC3.3L	8	not applicable
AC4.1L	1	Partially demonstrates
AC4.2L	0	Does not demonstrate