

# Standards for Public Health in Washington State: 2005 Performance Assessment Report Local Health Jurisdictions Report for: Island 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 extensive community collaborations including CHAB, the Healthcare Summit, EHAT, Physical Activity & Nutrition work (especially noteworthy in CHAB is the attention to development of leadership, membership, student participation) demonstrate the commitment to community involvement.
- The strong assessment capacity provides key indicator data and special reports to support community planning efforts.
- The development of the Emergency Response Plan and the CD tabletop exercise provide a good basis for responding to health threats and emergencies.
- The website, another method for communicating with the community, is easy to navigate and comprehensive.

### **Areas for Improvement**

- Use assessment capacity to develop clear goals, objectives and performance measurement data for programs and Access initiatives.
- Develop EH enforcement procedures; consider using the exemplary practice documentation.
- Implement standard tracking method for staff training.

### **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.

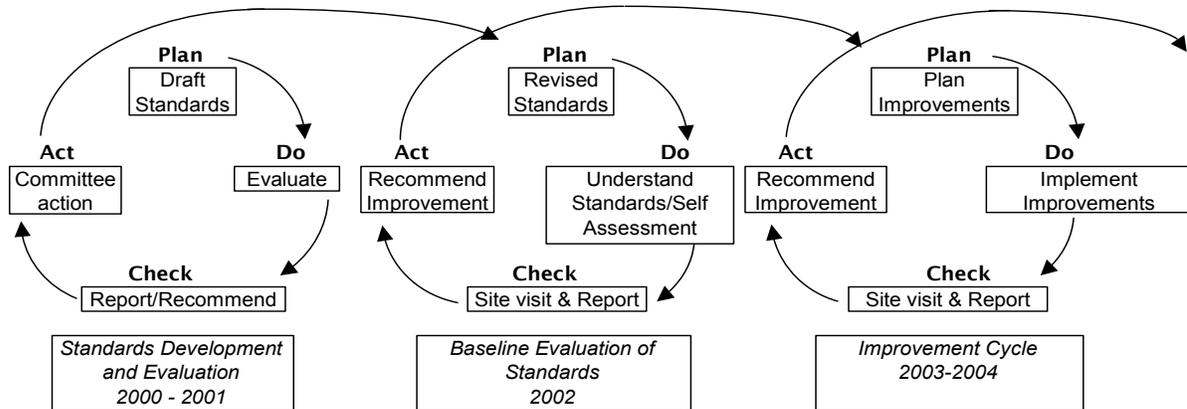
**Next, select the areas where you want to improve your performance.** All of the information provided in this report is intended to support improvement of your organization’s work on behalf of the citizens in your community and Washington State. After you have had a chance to digest this report and 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 a electronic tool kit. This material will be available by year-end 2005 at [www.doh.wa.gov/php/Standards/BestPractices/StandardsExemplaryPractices.htm](http://www.doh.wa.gov/php/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: Island 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		Key Indicator Report; PowerPoint Presentations to United Way, Rotary; ICHD Website main page	Key Indicator Report; PowerPoint Presentations to United Way, Rotary
AS1.2L	2		PowerPoint Presentation to United Way; IC Website main page	
AS1.3L	2		Local Capacity Grant (CDC)-Goals and Objectives; Developing Community Indicators-Presentation at Joint Conference	
AS1.4L	2		Key Indicator Report; Health of Island County-Executive Summary	Key Indicator Report; Health of Island County-Executive Summary
AS1.5L	2		Island County Summary Job Description-Assessment & Community Develop. Supervisor; Training Certificates	

**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		Health of Island County Report; Sexuality Education Presentation on STD Rates & Teen Pregnancy to League of Women Voters	Health of Island County Report (Executive Summary)
AS2.2L	1	No documentation provided on BOH review	Key Indicator Report; Health of Island County-Executive Summary	
AS2.3L	2		Health of Island County Report	Health of Island County Report
AS2.4L	2		Community Health Advisory Board (CHAB)Workplan-Leadership Committee; Early Childhood Support & Parent Education-Special Health Report; Issue Paper on Illegal Dumping and Walkability	CHAB/IC Special Health Report- Early Childhood Support & Parent Education
AS2.5L	2		Key Health Indicator Report	Key Health Indicator Report

**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		CHAB/IC BOH Joint meeting minutes	
AS3.2L	0			
AS3.3L	1			
AS3.4L	0		No documentation provided	

AS3.5L 2

CHAB Work plan-Health Indicators  
Evaluation Task Force; EHAT Issue  
Papers- Dumping & Walkable Island  
County

**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		CHAB meeting minutes- June 2004 through Feb 2005	
AS4.2L	2		CHAB/ICBOH Joint meeting-April 2004; Physical Activity Planning Grant Application	
AS4.3L	2		PowerPoint with Process Model; CHAB/IC Special Health Report-Chronic Disease	PowerPoint with Process Model; CHAB/IC Special Health Report-Chronic Disease
AS4.4L	2		PowerPoint with Process Model; CHAB/IC Special Health Report-Chronic Disease	PowerPoint with Process Model; CHAB/IC Special Health Report-Chronic Disease

**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		ICHD Policy, ICHD-02-03	ICHD Policy, ICHD-02-03
AS5.2L	2		ICHD Policy, ICHD-02-03; Child Profile submission to DOH	ICHD Policy, ICHD-02-03

## 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>63%</b>	<b>56%</b>
<b>% Partially Demonstrates:</b>	<b>10%</b>	<b>20%</b>	<b>24%</b>
<b>% Does not Demonstrate:</b>	<b>10%</b>	<b>17%</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		Island County Public Health & Human Services Website main page; Island County Public Health Alert Notification Plan	
CD1.2L	1	Documentation provided does not include a process or method to identify new providers in the community.	CD Manual; Emergency Response Plan; Island County Public Health Alert Notification Plan	
CD1.3L	2		CHAB/IC BOH Joint Meeting minutes-April 2004; Key Indicators Report	Key Indicators Report

CD1.4L	0		No documentation provided	
CD1.5L	0		No documentation provided	
CD1.6L	2		CD Investigation Screen Print-Yersiniosis, Giardiasis; Salmonellosis	
CD1.7L	1	Participation in table top exercise was not documented	CD Table Top Exercise, March 2004	CD Table Top Exercise, March 2004

**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		Laminated Contact Card; DOH Red Book	
CD2.2L	2		Laminated Contact Card; IC Public Health Alert Notification Plan-agreement with 911	
CD2.3L	0		No documentation provided	

**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		List of IC Health Care Providers from network computer file	
CD3.2L	0		No documentation provided	
CD3.3L	1	No process for exercising legal authority documented.	Investigation Screen prints-case reports; Biologics and CD Manual	

CD3.4L	0	No documentation provided
CD3.5L	0	No documentation provided
CD3.6L	2	Continuing Education, training reports

**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	0	No documentation provided	No documentation provided	
CD4.2L	0		No documentation provided	
CD4.3L	0		No documentation provided	
CD4.4L	1	Notes state that all staff received training in risk communications, but documentation provided did not include information on who was trained.	DOH Media Relations training documents	

**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		N/A	
CD5.2L	8		N/A	
CD5.3L	8		N/A	

CD5.4L	8	N/A	
CD5.5L	2	CD Table Top Exercise-3/04, Training logs	CD Table Top Exercise, March 2004
CD5.6L	8	N/A	

### 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>38%</b>	<b>49%</b>	<b>62%</b>
<b>% Partially Demonstrates:</b>	<b>19%</b>	<b>25%</b>	<b>22%</b>
<b>% Does not Demonstrate:</b>	<b>43%</b>	<b>26%</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	0
EH1.4L	1

**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		ICHD website, ICHD pamphlet	
EH2.2L	1	No information on after action or changes from table tops	Emergency Response Plan 2003	
EH2.3L	1	No information on public education	Emergency Response Plan, Concept of Operations	
EH2.4L	1	No documentation of annual training	Emergency Response Plan	

**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	1			
EH3.3L	0			

**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>
EH4.1L	2		ICHD website, public window of EH office	
EH4.2L	0			
EH4.3L	0			
EH4.4L	0			
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>31%</b>	<b>56%</b>	<b>53%</b>
<b>% Partially Demonstrates:</b>	<b>38%</b>	<b>26%</b>	<b>30%</b>
<b>% Does not Demonstrate:</b>	<b>31%</b>	<b>18%</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		CHAB Early Childhood Task Force Draft: Island County Children's Commission, CHAB minutes	
PP1.2L	1	No information that BOH formally adopted work of these groups	CHAB minutes of joint meeting with BOH, presentations on CHAB projects, EHAT project	
PP1.3L	0	No documentation available		

**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		CHAB brochure, P& P guidelines, meeting minutes, CHAB action team on Chronic Disease PP presentation	CHAB action team on Chronic Disease PP presentation
PP2.2L	2		Training: Techniques for Effective Public Participation	

**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		2004 Family Resource Guide	

PP3.2L	0	No documentation available	
PP3.3L	1	Analysis and presentation does not include service gap analysis, but does include population level	Chronic Disease and Preventive Health Screening PP presentation
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	1			
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		ICPAC update and WHIM minutes, both staffed by ICHD	
PP5.2L	0	No documentation available		
PP5.3L	1			

### 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>41%</b>	<b>43%</b>	<b>48%</b>
<b>% Partially Demonstrates:</b>	<b>35%</b>	<b>32%</b>	<b>31%</b>
<b>% Does not Demonstrate:</b>	<b>24%</b>	<b>25%</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>
AC1.1L	2	Information on mental and dental health services are available for use with community groups.	Key Indicators Report; PowerPoint Presentations to United Way, Rotary	Key Indicators Report; PowerPoint Presentations to United Way, Rotary
AC1.2L	2		List of Health Care Providers in computer network file	

AC1.3L 2

Key Health Indicators Report

Key Health Indicators Report

**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	Data tracking on access to dental and mental health services is documented in report.	PowerPoint presentation to Rotary, United Way	PowerPoint presentation to Rotary, United Way
AC2.2L	2		Key Indicators Report	
AC2.3L	2		IC BOH Special Session meeting minutes-Feb. 2004	

**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		Island County Health Summit Minutes; ICHD Letter to potential dental clinic partners; CHAB presentation (information on mental health issues)	
AC3.2L	0		No documentation provided	
AC3.3L	8		N/A	

**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>
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AC4.1L	0	No documentation provided	No documentation provided
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>
<b>% Demonstrates:</b>	<b>70%</b>	<b>60%</b>	<b>52%</b>
<b>% Partially Demonstrates:</b>	<b>0%</b>	<b>10%</b>	<b>16%</b>
<b>% Does not Demonstrate:</b>	<b>30%</b>	<b>29%</b>	<b>32%</b>

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

## Overall Score Totals: Island County Health Department

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
<b>% Demonstrates:</b>	<b>52%</b>	<b>54%</b>	<b>55%</b>
<b>% Partially Demonstrates:</b>	<b>21%</b>	<b>24%</b>	<b>25%</b>
<b>% Does not Demonstrate:</b>	<b>27%</b>	<b>23%</b>	<b>20%</b>

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

# LHJ: Island County Health Department

## Program: EH: Wastewater Management

### 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		ICHHD website, OSS brochures	
EH1.2L	2		Septic Systems on an Island training	
EH1.3L	0	No documentation available		
EH1.4L	1	The focus of this measure is on education of the public, not EH staff. No documentation available on evaluation of the septic system education offering.	Septic Systems on an Island	

**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		ICHD website, The Health of Island County, Key indicators update 2005	
EH3.2L	0	No documentation available		
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	0	No documentation available		
EH4.3L	0	No documentation available		
EH4.4L	0	No documentation available		
EH4.5L	0	No documentation available		

## Overall Program Score Totals: EH: Wastewater Management

<b>% Demonstrates:</b>	<b>% Partially Demonstrates:</b>	<b>% Does not Demonstrate:</b>
<b>23%</b>	<b>8%</b>	<b>69%</b>

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

# **LHJ: Island 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	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		ICHHD website, Food rule revision brochure, food flyers, new owner packet	
EH1.2L	2		Food Handlers class schedule 2005, new owners packet	
EH1.3L	0	No documentation available		

EH1.4L	1	The focus of this measure is on education provided to others, rather than education of EH staff. No information provided on evaluating updating, changing of educational materials (in light of new food rules).	Food Handler Training
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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		ICHHD website, Health of Island County-Key Indicators Update 2005	
EH3.2L	2		Food borne illness complaint form, CD/PHIMS investigation process, Health of Island County key indicators include composite food/waterborne rates of	
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	0	No documentation available		
EH4.3L	0	No documentation available		
EH4.4L	0	No documentation available		
EH4.5L	2		Food Safety Workshop, Role of EH in Emergency Preparedness and Response food sessions	

## Overall Program Score Totals: EH: Food Safety

<b>% Demonstrates:</b>	<b>% Partially Demonstrates:</b>	<b>% Does not Demonstrate:</b>
<b>38%</b>	<b>8%</b>	<b>54%</b>

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

# LHJ: Island County Health Department

## Program: PP: Immunizations

### 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	2	Would be stronger if other components of the reports also had data as a component of the performance analysis	IMM ConCon reports, which include data on childhood immunization rates, numbers of immunizations	

### 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	1	No information about how to select appropriate materials	Vaccine related materials in Spanish, Tagalog	
PP4.3L	2		IMM ConCon annual report, CASA Diagnostic Reports and follow up letters to PCPs regarding immunization practice improvements	follow up letters to PCPs regarding immunization practice improvements

PP4.4L 2

Resume of Nursing Supervisor/PHN

**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	Adding data to performance measures (e.g., # of newborn packets, MSS and WIC contacts) would make for stronger evaluation capacity if trended over time (Are we getting to more people? Does that make a difference in immunization rates?)	IMM site visit summary, IMM ConCon Reports	
PP5.4L	2		Social marketing training	

**Overall Program Score Totals: PP: Immunizations**

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

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

# **LHJ: Island County Health Department**

## **Program: PP: Nutrition & Physical Activity**

### **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	1	The documentation provides a narrative review of activities and progress on them, but does not provide specific objectives, performance measures or analysis of data	ICPAC update	

### **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	1	Documentation reflects that update was provided to BOH, no documentation regarding adoption of prevention priorities by BOH	ICPAC update 3/24/05	
PP4.2L	0	No documentation available		
PP4.3L	0	No documentation available		

PP4.4L	2	Social marketing training, Joint Health Conference attendance
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**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	No documentation available		
PP5.4L	2		Social marketing training	

**Overall Program Score Totals: PP: Nutrition & Physical Activity**

<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.*

# Island 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	1	Partially demonstrates
AS2.3L	2	Demonstrates
AS2.4L	2	Demonstrates
AS2.5L	2	Demonstrates
AS3.1L	2	Demonstrates
AS3.2L	0	Does not demonstrate
AS3.3L	1	Partially demonstrates
AS3.4L	0	Does not demonstrate
AS3.5L	2	Demonstrates
AS4.1L	2	Demonstrates
AS4.2L	2	Demonstrates
AS4.3L	2	Demonstrates
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	2	Demonstrates
CD1.2L	1	Partially demonstrates
CD1.3L	2	Demonstrates
CD1.4L	0	Does not demonstrate
CD1.5L	0	Does not demonstrate

CD1.6L	2	Demonstrates
CD1.7L	1	Partially demonstrates
CD2.1L	2	Demonstrates
CD2.2L	2	Demonstrates
CD2.3L	0	Does not demonstrate
CD3.1L	2	Demonstrates
CD3.2L	0	Does not demonstrate
CD3.3L	1	Partially demonstrates
CD3.4L	0	Does not demonstrate
CD3.5L	0	Does not demonstrate
CD3.6L	2	Demonstrates
CD4.1L	0	Does not demonstrate
CD4.2L	0	Does not demonstrate
CD4.3L	0	Does not demonstrate
CD4.4L	1	Partially demonstrates
CD5.1L	8	not applicable
CD5.2L	8	not applicable
CD5.3L	8	not applicable
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	1	Partially demonstrates
EH2.1L	2	Demonstrates
EH2.2L	1	Partially demonstrates
EH2.3L	1	Partially demonstrates
EH2.4L	1	Partially demonstrates

EH3.1L	2	Demonstrates
EH3.2L	1	Partially demonstrates
EH3.3L	0	Does not demonstrate
EH4.1L	2	Demonstrates
EH4.2L	0	Does not demonstrate
EH4.3L	0	Does not demonstrate
EH4.4L	0	Does not demonstrate
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	1	Partially demonstrates
PP1.3L	0	Does not demonstrate
PP2.1L	2	Demonstrates
PP2.2L	2	Demonstrates
PP3.1L	2	Demonstrates
PP3.2L	0	Does not demonstrate
PP3.3L	1	Partially demonstrates
PP3.4L	0	Does not demonstrate
PP4.1L	1	Partially demonstrates
PP4.2L	1	Partially 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	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	2	Demonstrates
AC2.3L	2	Demonstrates
AC3.1L	2	Demonstrates
AC3.2L	0	Does not demonstrate
AC3.3L	8	not applicable
AC4.1L	0	Does not demonstrate
AC4.2L	0	Does not demonstrate