

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

## Report for: Jefferson County Health and Human Services

### **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 2003 Health of Jefferson County Report and the Report on Family Planning are just two examples of the comprehensive and easily understandable information for the BOH and other community groups. These provide good assessment data for the Healthy Jefferson Steering Committee and BOH priority setting process.
- The 2005 Performance Measure and the 2004 Reports demonstrate good use of monitoring for performance on an annual basis. Encourage the continuing efforts in using the performance measures to help meet goals and objectives.
- The FAQs about public health in Jefferson County on the website are helpful to the public, as are the comprehensive data and information on environmental health and assessment of community health issues.

- The educational materials for the community such as the Guide to Prevention in Jefferson are useful and very readable.
- The MS Access Training database shows a comprehensive training program for LHJ staff.
- The Health Status Indicators for critical health services and the Matrix to Access for the Civic Engagement Project provide good tools for monitoring and improving access to critical health services.

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

- Implement a more consistent threshold/target for performance measures to facilitate comparison of current performance to goal or target, and facilitate gap analysis or identification of opportunities for improvement.
- Develop a quality improvement plan to identify what needs to be accomplished, how it will be accomplished, and how you will be able to measure progress toward goals in current program activities.
- Conduct regular self-audits of CD investigations and of environmental health enforcement actions to assure staff compliance with procedures and protocols.

### ***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

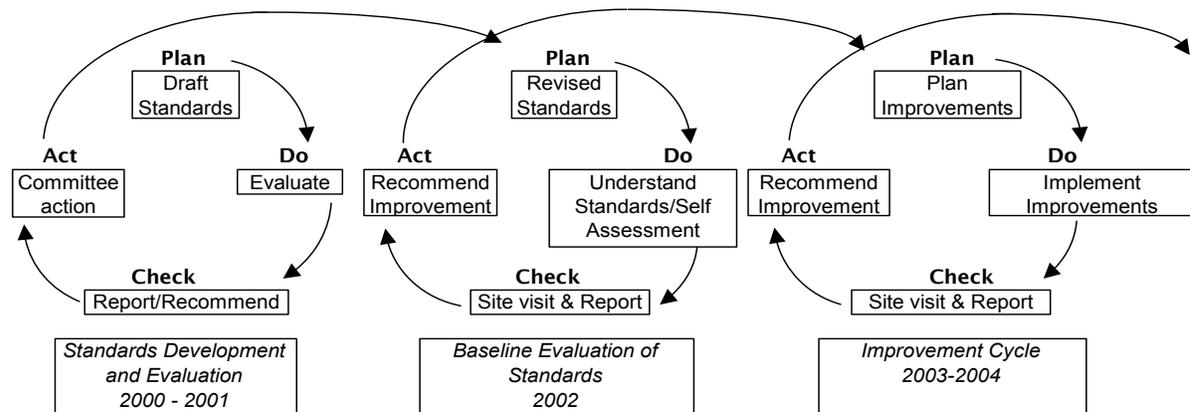
**First, celebrate what you have accomplished.** In the two and a half year period between the 2002 Baseline Evaluation and this performance assessment, it was clear to the site reviewers that improvements had been developed and implemented. Again, thank you for all of your hard work every day, and especially 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/hip/Standards/BestPractices/StandardsExemplaryPractices.htm](http://www.doh.wa.gov/hip/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: Jefferson County Health & Human 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		www.assessnow.info; Statewide HIV Activity Reporting and Evaluation; Jeff Co Public Health website; Health of Jefferson Co report	
AS1.2L	0	No documentation was provided.		
AS1.3L	1	The plans for assessment into action were used as a follow-up from the last PH Assessment, but the resources were not made available to carry through on this plan.	Communicable Disease Performance Measures; Administration Performance Measures; Letter: Materials for BOH, November 2003.	
AS1.4L	1	Not sufficient documentation of standard definitions for data.	Jefferson County Public Health website; Healthy Youth Survey; Behavioral Risk Factors Survey; Board of Health updates; syringe exchange program, communicable disease, STD, family planning report 3-05	
AS1.5L	2		Training log; CHAMP app; database	

**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		Jefferson Co Tobacco P&C 2005-8 Strategic Plan; Health Jefferson Open Houses 1-04; Letter to secretary DSHS; WSIPPR report 10-04
AS2.2L	2		BOH Minutes 2-04, 11-04 & 2-05; Materials for BOH Letter
AS2.3L	0		No documentation was provided.
AS2.4L	1	No evidence of goals and objectives for assessment in documentation. Did not recognize any document that showed how data for established priorities was to be collected and tracked.	Healthy Youth Survey; BRFS Plan; Health of Jefferson County
AS2.5L	2		Healthy Youth Survey; BRFS Plan; Health of Jefferson County

**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		Board of Health Minutes, 3/05; Family Planning Services	
AS3.2L	1			
AS3.3L	1			
AS3.4L	2		Training log	
AS3.5L	1	It is unclear how monitoring data is used to improve program offerings.	2005 Budget; 2003 Health of Jefferson	

**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		Health Jefferson Steering Committee Agenda 2-20-04; Jefferson Co PH website; City Oks funding for nurse program, 7-04	
AS4.2L	2		BOH Agenda 2/21/05; OJJDP grant application	
AS4.3L	1	Documents show how some of the assessment data is used to promote specific programs, but there was no document to show process to recommend these actions or how and when data is collected.	Jefferson Co Prevention Guidelines; Family Planning Services, 1997-2004, Jefferson Co.	
AS4.4L	1	Not sufficient documentation to show how key indicator data are being tracked and used as part of the program evaluation process. Supporting documents address some use of the data for specific activities	Nurse Family Partnership annual report; Family Planning	

**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		Consolidated Contract with WA State DOH; Confidentiality Do's and Don'ts for Jefferson Co Health Employees	
AS5.2L	2		HIV Prevention & Education; SHARE: AHLERS Family Planning Title X data	

## 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>52%</b>	<b>53%</b>	<b>56%</b>
<b>% Partially Demonstrates:</b>	<b>38%</b>	<b>28%</b>	<b>24%</b>
<b>% Does not Demonstrate:</b>	<b>10%</b>	<b>19%</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		Region 2 Duty Officer Manual; Region 2 PH Duty Officer Dispatch letter; Jefferson Co emergency mailing list.	
CD1.2L	1	Information is available on the web site to send an e-mail or for a telephone number for the public to report a CD. There is not, however, a listing in the telephone book to report a CD except to the Health Department	Region 2 liaison workers mouse pad/posters; Excerpt from the orientation package	
CD1.3L	2		Region 2 Newsletter; 2005 Budget Performance Measures; BOH Minutes, 2/19/04	

CD1.4L	2		RDO SOP - 2005, Jefferson Co Health website
CD1.5L	1	No documentation of changes or conclusions in investigation or interventions.	Board of Health Minutes, 2/19/04; Training for local health care providers - 7/13/04
CD1.6L	2		PHIMS - Staff trained 2/05
CD1.7L	2		Monthly Region 2 CD review; Training database listing

**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	Listed on the website; telephone listing not clear for the public. Insiders, including the 911 staff and RDO, have documented procedures.	RDO Manual; RDO beeper schedule and telephone number	
CD2.2L	2		Notifiable Conditions for Medical Providers	
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		Health Care Providers referral list	
CD3.2L	2		Blast FAX list of local providers; Region 2 PH Newsletter	

CD3.3L	1	Jefferson Co uses these as guidelines; local procedures do not include use of emergency biologics or the process for legal authority.	WA St Guidelines for Notifiable Condition Reporting and Surveillance; RDO Manual; Health Alerts; Fax to hospital CD staff
CD3.4L	0	No documentation provided	No documentation provided
CD3.5L	2		BOH STD reports, Immun.. Reports & syringe reports
CD3.6L	2		Resumes; training lists

**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		Health Alerts; Website	
CD4.2L	1	No list of media provided.	Local physician referral list; Jeff Co PH Immun. Phone tree	
CD4.3L	1	No timeframes for communications.	News release development document	
CD4.4L	2		Incident command system personnel list; ECC Operations Manual, AppxC; Training 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			

CD5.2L	8	
CD5.3L	8	
CD5.4L	8	
CD5.5L	2	Training database
CD5.6L	8	

### 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>62%</b>	<b>61%</b>	<b>62%</b>
<b>% Partially Demonstrates:</b>	<b>29%</b>	<b>22%</b>	<b>22%</b>
<b>% Does not Demonstrate:</b>	<b>10%</b>	<b>16%</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	1			
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		Who's Who in JC-2005, Regional Duty Officer--SOP-9/04, 24-hour disaster line for public to call to report event or get information, Script on main JCHHS line	
EH2.2L	1	Difficult to determine if any changes to ERP have been made	JCHHS Emergency Response Plan- 12/03, 11/19/04 handwritten list JPERP	
EH2.3L	1	Unable to identify description of critical EH services in ERP, such as safe food and drinking water, and no documentation of the public's access to these critical EH services in after-action debrief	JCHHS ERP-12/03, County 24 hour phone line for information during a disaster or emergency	
EH2.4L	1	No documentation of all staff receiving training in their role in emergency preparedness	JCHHS ERP-12/03, monthly Epi conference call, Incident Command training-3/03, Oil Spills training-12/04	

**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>
EH4.1L	2		JCHHS website	
EH4.2L	2			
EH4.3L	0			
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>56%</b>	<b>47%</b>	<b>53%</b>
<b>% Partially Demonstrates:</b>	<b>38%</b>	<b>33%</b>	<b>30%</b>
<b>% Does not Demonstrate:</b>	<b>6%</b>	<b>19%</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		4/05 BOH Retreat-Assessment into Action initiatives, Healthy Jefferson Steering Comm. 10/03, 4/04-set priorities, Healthy Jefferson Vision/Priority Goal Options, Guide to Prevention in Jefferson Co.	Healthy Jefferson Vision/Priority Goal Options, Guide to Prevention in Jefferson Co.
PP1.2L	2		4/05 BOH meeting minutes, Healthy Jefferson Steering Comm. minutes-10/03 & 4/04, Healthy Jefferson Vision and Priority Goals Options	4/05 BOH meeting minutes, Healthy Jefferson Steering Comm. minutes-10/03 & 4/04, Healthy Jefferson Vision and Priority Goals Options

PP1.3L	2		2005 Program Goals, Obj., and Performance Measures-- Family Support Programs, Communicable Disease, Targeted Comm. Health Services, and Population and Prevention Programs
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**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		Healthy Jefferson Open House flyer, Healthy Jefferson Steering Comm., Healthy Youth Coalition Programming Comm.1/05 minutes, , Bridge Consortium meeting 1/05	
PP2.2L	1	Unclear how content of Imm. training addresses skill and behaviors for mobilizing the community	Immunization Provider Clinic Site visit 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		2003-2005 Youth Yellow pages, Consumer's Guide to Nicotine Replacement Therapy and Support, Immunization clinic flyer	
PP3.2L	2		3/05 BOH Report on Family Planning Services 1997-2004, AFIX assessment and CASA reports	3/05 BOH Report on Family Planning Services 1997-2004
PP3.3L	2		BOH Family Planning Report - 3/05, Healthy Jefferson Steering Comm- 12/03 minutes, Newspaper articles about cuts in funding	

PP3.4L 2

Catalyst web page: planned activities,  
2005 Budget, Goals, Obj., and  
Performance Measures

**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	2			
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		2005-2008 Tobacco Strategic Plan, Outside Provider agreement for vaccine services, 2005 HIV Intervention Plan	
PP5.2L	1	No documentation of an overall system to organize, develop, distribute, evaluate and update health promotion materials for any other promotion program or for JCHHS	VFC Providers' Immunization Notebook	
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>
<b>% Demonstrates:</b>	<b>65%</b>	<b>48%</b>	<b>48%</b>
<b>% Partially Demonstrates:</b>	<b>29%</b>	<b>31%</b>	<b>31%</b>
<b>% Does not Demonstrate:</b>	<b>6%</b>	<b>20%</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		2003 Health of Jefferson County Report: Access to Healthcare--- BRFSS data; 11/14/03 memo to Healthy Jefferson Steering Comm. regarding Assessment into Action,	
AC1.2L	2		Civic Engagement Project. Jefferson Matrix for Access to Critical Health Services. Health Status Indicators for Critical Access Services for Jefferson Co.	

AC1.3L	2		Health Status Indicators for CHS, Civic Engagement Project- East Jefferson Matrix for Access to CHS, Memo re Access report	Health Status Indicators for CHS, Civic Engagement Project- East Jefferson Matrix for Access to CHS
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**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		Health Status Indicators for CHS, 2003 Health of Jefferson County Report: Access to Healthcare--- BRFSS data	Health Status Indicators for CHS, 2003 Health of Jefferson County Report: Access to Healthcare--- BRFSS data
AC2.2L	2	Information in the East Jefferson Matrix is narrative and qualitative. Assessment of numbers of providers for relevant CHS indicators would provide most quantifiable results on access to CHS.	Civic Engagement Project: Gap Analysis - CHS, East Jefferson Matrix	Civic Engagement Project: Gap Analysis - CHS
AC2.3L	1	BOH agenda indicates intent to discuss access information, but is more than 2 years in the past and therefore does not meet annual requirement to BOH	BOH agenda 3/03	

**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		10/03 Healthy Jefferson Steering Committee priority setting	
AC3.2L	2		Meetings--Access to CHS 2003-2005Hosp CEO/Dir. JCHHS and HO; Joint Board Partnership presentation to Rainier Institute	

AC3.3L	1	Shows analysis of local data, but no documentation of goals and objectives for access to family planning	Family Planning Services 1997-2004 Report to BOH 3/05,
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**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	0	No documentation of QI plan	Reproductive Health CPG	
AC4.2L	0	Documentation does not show any training in QI	Staff meeting minutes-8/04	

**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>64%</b>	<b>47%</b>	<b>52%</b>
<b>% Partially Demonstrates:</b>	<b>18%</b>	<b>19%</b>	<b>16%</b>
<b>% Does not Demonstrate:</b>	<b>18%</b>	<b>34%</b>	<b>32%</b>

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

## Overall Score Totals: Jefferson County Health & Human Services Dept

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
<b>% Demonstrates:</b>	<b>59%</b>	<b>53%</b>	<b>55%</b>
<b>% Partially Demonstrates:</b>	<b>31%</b>	<b>27%</b>	<b>25%</b>
<b>% Does not Demonstrate:</b>	<b>9%</b>	<b>20%</b>	<b>20%</b>

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

# LHJ: Jefferson County Health & Human Services Dept

## 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		2005 Food Program Goals, Obj., Performance Indicators	2005 Food Program Goals, Obj., Performance Indicators
AS3.3L	1	Good demonstration of monitoring performance measures and of data analysis but no documentation of progress toward goals	2004 EH Report- Food Program Performance Measures	2004 EH Report- Food Program Performance Measures

### 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		Food Code Revision brochure, New Rules flyer, Animals in Food Service Establishments, Food Service Classes flyer, JCHD website for EH- Food Safety	
EH1.2L	2		Food Advisory Comm minutes-11/04, 1/05; Workshop- New Food Rules- 1/05 with attendance list, 2/05 with attendance list	

EH1.3L	2		Food Rule rev. 2005--- revised by JC Food Advisory Committee, Sample Policies for Food Establishments revised, Food Workshop changes, 1/05 Food Advisory Committee minutes
EH1.4L	1	No evaluation of workshops or training presented, as Food Worker Class evaluation was not in folder.	New Food Code Revisions, Revised Code Workshops- 1/05 and 2/05, Performance Indicators-Food Program

**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		Website food inspection, newspaper articles for food inspections, New Food Rules flyer	
EH3.2L	2		CD Notifiable Conditions report, Flowchart of Food borne Illness Outbreak Investigation- 3/04, CD Investigation Notes, CuCurbitacin/delicata squash investigation log, Toxic Squash news article-12/04	Flowchart of Food borne Illness Outbreak Investigation- 3/04
EH3.3L	2		Food Advisory Committee minutes, Food Rule Brochure- Jefferson EH revisions, EH Workload Analysis--Food Service Sanitation, 2004 Food Program Report/data on performance, 2005 FSP goals	

**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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EH4.2L	2	Minimal information on type of documentation needed to take enforcement actions	Flowchart for Enforcement-Food Program, Existing Jefferson County Code 8.05.060, Draft Revision to Code Chapter 8.05-Food sanitation
EH4.3L	0	No evidence presented of an evaluation of a selected number of enforcement actions, such as an internal audit of 10-20 food inspections or cases, to determine compliance and the effectiveness of enforcement actions.	No documentation provided
EH4.4L	2		2 examples of food complaint cases, complaint form, Food borne outbreak reporting forms, database log of all food complaints for 2005
EH4.5L	2		9/04 and 2/05 Food Safety DOH workshops-- two staff attending

## Overall Program Score Totals: EH: Food Safety

<b>% Demonstrates:</b>	<b>% Partially Demonstrates:</b>	<b>% Does not Demonstrate:</b>
<b>77%</b>	<b>15%</b>	<b>8%</b>

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

# LHJ: Jefferson County Health & Human Services Dept

## 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	2		JCPH- Planned Performance Measures-2005- OSS	JCPH- Planned Performance Measures-2005- OSS
AS3.3L	2		BOH 7/15/04 minutes with discussion of OSS rule revision, 2004 Report Performance Measures OSS programs, OSS Attachment C-2003 Septic Processing Time Evaluation	OSS Attachment C-2003 Septic Processing Time Evaluation

### 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		County website EnviroStars-6 businesses, JCHHS OSS Program Plan-2004, JCHHS website-EH-OSS Program, News article- 2005 Home	
EH1.2L	2		Invitation to Designer Roundtable-2/04, Notes from 2003 Designer Roundtable, Memo & packet for BOH-1/04	

EH1.3L	1	Unable to verify that all forms of health education information is reviewed annually. No date on newly revised brochure to validate when revised. It is suggested that revision dates be added to all materials to facilitate annual review and updating.	Revisions (12) to website for Wastewater and OSS-7/30/04, Getting Septic Approval on Your Property brochure	
EH1.4L	2	O&M Reporting 1/01-5/03 has breakdown of system problems by planning area to help identify critical components for education	Operations & Monitoring- Reporting 1/01-5/03, Septic System Workshop Evaluations (85) --Results 2003	Operations & Monitoring- Reporting 1/01-5/03

**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		Website OSS FAQs and site and permit data showing status, Permit Processing Time-Report to the BOH	Website OSS FAQs and site and permit data showing status
EH3.2L	2		CD Monthly Report, Region 2 PH for the Peninsulas- Spring 2005, Complaint form and cases, CD Investigation Notes	
EH3.3L	2		Septic system workshop evaluations- 2003 results, 1/04 BOH Septic Permitting report, Latimer Report on Permits System, EH workload analysis, 2005 Goals, Obj., Performance Measures	

**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		Civil Enforcement Ordinance No. 08-0919-02, Policy on Complaint Review/ Enforcement	

EH4.3L	0	No evidence presented of an evaluation of a selected number of enforcement actions, such as an internal audit of 10-20 food inspections or cases, to determine compliance and the effectiveness of enforcement actions.	No documentation provided
EH4.4L	2		Violations log, Complaints log
EH4.5L	0		No documentation provided

## Overall Program Score Totals: EH: Wastewater Management

<b>% Demonstrates:</b>	<b>% Partially Demonstrates:</b>	<b>% Does not Demonstrate:</b>
<b>77%</b>	<b>8%</b>	<b>15%</b>

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

# LHJ: Jefferson County Health & Human Services Dept

## 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	2		AFIX reports, CD 2004 report of performance measures, and 2005 Budget and performance measures	
AS3.3L	2		2004 CD performance measures, 4/05 BOH Retreat 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	2		4/05 BOH Retreat minutes, Guide to Prevention in Jefferson County, Healthy Jefferson Steering Comm. 12/03 & 4/04 minutes	
PP4.2L	1	No information on how to select appropriate materials was presented	2003 Health of Jefferson County Report, Plain Talk about Childhood Immunizations-Spanish, website for vaccine information statements by language, vaccine consent forms-Spanish	

PP4.3L	2	Summary exemption Report by County, 2004 CD Program Report with performance measure data, 2005 CD Program goals and performance
PP4.4L	2	PH nurse II job description, 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	2		2004 CD Program Report, 2005 CD program Performance Measures	
PP5.4L	0		No documentation provided	

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

<b>% Demonstrates:</b>	<b>% Partially Demonstrates:</b>	<b>% Does not Demonstrate:</b>
<b>75%</b>	<b>13%</b>	<b>13%</b>

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

# LHJ: Jefferson County Health & Human 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	1	No documentation of performance measures for NFP or 1st Steps, 2005 document only states one goal	Family Support 2005 Planned Performance Measures, WSIPPR Nurse Family Partnership Review	
AS3.3L	0	No data monitoring, analysis, or reports of progress toward goals for NFP program or First Steps were able to be identified.	WA State Consortium Nurse Home Visit Program - start-2001	

### 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	2		2005 Family Support performance measures, 4/05 BOH minutes, Guide to Prevention in Jefferson County	
PP4.2L	1	No documentation on how to select appropriate materials for staff use was presented	2003 Health of Jefferson County Report, 9 meses para prepararse booklet, Beginnings booklet in Spanish	

PP4.3L	1	Some data related to services presented, but no program evaluation information for program improvement was presented	June 2004 Improving Health by Reducing Adverse Childhood Experiences PowerPoint- re Nurse Family Partnerships
PP4.4L	2		PH nurse II job description, 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		No First Steps related documentation presented	
PP5.4L	0		No documentation provided	

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

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

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

# Jefferson County Health & Human 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	1	Partially demonstrates
AS1.4L	1	Partially demonstrates
AS1.5L	2	Demonstrates
AS2.1L	2	Demonstrates
AS2.2L	2	Demonstrates
AS2.3L	0	Does not demonstrate
AS2.4L	1	Partially 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	1	Partially demonstrates
AS4.1L	2	Demonstrates
AS4.2L	2	Demonstrates
AS4.3L	1	Partially demonstrates
AS4.4L	1	Partially 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	2	Demonstrates
CD1.5L	1	Partially demonstrates

CD1.6L	2	Demonstrates
CD1.7L	2	Demonstrates
CD2.1L	1	Partially demonstrates
CD2.2L	2	Demonstrates
CD2.3L	0	Does not demonstrate
CD3.1L	2	Demonstrates
CD3.2L	2	Demonstrates
CD3.3L	1	Partially demonstrates
CD3.4L	0	Does not demonstrate
CD3.5L	2	Demonstrates
CD3.6L	2	Demonstrates
CD4.1L	2	Demonstrates
CD4.2L	1	Partially demonstrates
CD4.3L	1	Partially demonstrates
CD4.4L	2	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	1	Partially demonstrates
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	2	Demonstrates
EH3.3L	2	Demonstrates
EH4.1L	2	Demonstrates
EH4.2L	2	Demonstrates
EH4.3L	0	Does not demonstrate
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	1	Partially demonstrates
PP3.1L	2	Demonstrates
PP3.2L	2	Demonstrates
PP3.3L	2	Demonstrates
PP3.4L	2	Demonstrates
PP4.1L	2	Demonstrates
PP4.2L	1	Partially demonstrates
PP4.3L	1	Partially demonstrates
PP4.4L	2	Demonstrates
PP5.1L	2	Demonstrates
PP5.2L	1	Partially demonstrates
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	2	Demonstrates
AC1.2L	2	Demonstrates

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