

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

## **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 commitment to assessment demonstrated by dedicated staff person, including the county-wide needs assessment report (with United Way), the 5 Area Readiness Assessment, the Core Indicators work, and the Community Assessment Oversight Group.
- The commitment to public health leadership and involvement in the community demonstrated by the amount and extent of work with the community.
- The OSS Study or Permits for Food establishments and the resulting revision to the permit form, the Draft Code Enforcement Procedure, and the Risk Assessment Matrix demonstrate good use of evaluation methods followed up with improvement actions.
- The program goals linked to individual performance work plan in environmental health provides a direct connection to performance measures.

- The website and related links provide comprehensive, useful information for the public and community

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

- Provide the BOCC with reports of program and community health data to inform decision making and policy development with the BOCC.
- Conduct regular self-audits of CD investigations and of environmental health enforcement actions to assure staff compliance with procedures and protocols, including timeliness, appropriate letters sent, etc.
- Establish performance measures directly linked to goals and objectives, conduct data analysis and monitoring of performance measures for outcomes or health status in addition to the currently reported productivity measures. Conduct analysis of program and health status data to provide the ability to compare outcomes to quantitative goals and measures, to identify trends and to provide information for program improvements.
- Consistently document training opportunities for staff, consider developing a training plan to assure skill and knowledge of staff members.

### ***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

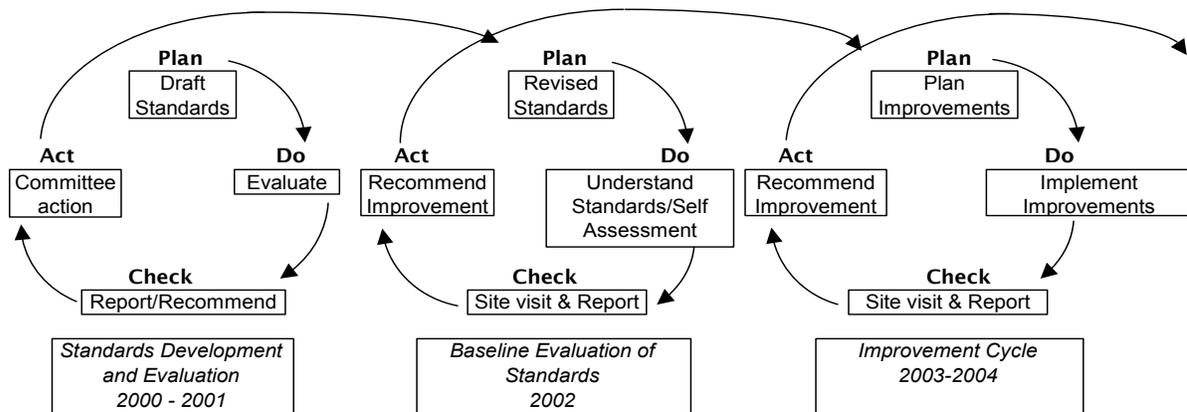
**First, celebrate what you have accomplished.** In the two and a half year period between the 2002 Baseline Evaluation and this performance assessment, it was clear to the site reviewers that improvements had been developed and implemented. Again, thank you for all of your hard work every day, and especially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

## 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		United Way Needs Assessment; County Webpage	County Webpage, Needs assessment
AS1.2L	2		Policy & Data Request Form	
AS1.3L	2		Assessment Work Plan; Assessment Oversight Group Agenda; name of assessment Coordinator	
AS1.4L	2		BOH Agenda & Minutes; Data Dictionary	
AS1.5L	2		NWCPHP Competencies Self-Assessment; Meeting minutes & Training Logs	

**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		Info from Lewis Co Community Health Partnership; Hispanic Survey summaries for Health Center Planning	

AS2.2L	2		BOH minutes 12/04 & PowerPoint
AS2.3L	2		CD Manual; West Nile Virus Plan
AS2.4L	2		Lewis Co Community Health Partnership Obesity & Nutrition Plan
AS2.5L	1	No documentation of continuous monitoring of key indicators for change	List of Key Indicators

**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 indication that the annual report to the BOH included LHJ Program Goals progress statements	BOH 12/04 minutes	
AS3.2L	1			
AS3.3L	0			
AS3.4L	0	training must be in setting program goals and evaluating effectiveness of program performance in achieving those goals	EH Mgr training in building community trust; Food Handler's Class	
AS3.5L	2		EH program materials for onsite systems for food service establishments	

**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>
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AS4.1L	2		List of Community Health Partnership committee members; minutes of July 02 meeting showing recommendations for action
AS4.2L	1	Not clear that the Teen Mother Depression went to the BOH	BOH minutes 2/04 (EH) and 12/04 (Assessment & CD); Teen Mom Depression Project
AS4.3L	1	Documentation describes overview but does not sufficiently identify the data to be used or specific methods, such as flow chart which was not presented. This description was written for this assessment and is not formal policy or procedure.	protocol for review
AS4.4L	1	Key indicators are being tracked but no documentation of related recommendations being used in evaluating goals & objectives.	Mosquito-Borne Disease Response Plan

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AS5.1L	2		Data sharing agreements	
AS5.2L	1	No documentation of actual data sharing that shows evidence of confidentiality procedures.	Data sharing agreement	

## 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>57%</b>	<b>36%</b>	<b>56%</b>
<b>% Partially Demonstrates:</b>	<b>29%</b>	<b>26%</b>	<b>24%</b>
<b>% Does not Demonstrate:</b>	<b>14%</b>	<b>38%</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	1	no documentation what/how info is given to law enforcement or the general public	Provider manual; 911 contact info	
CD1.2L	2		Provider Resource Book; list of providers; Immunization prov list	
CD1.3L	2		Dec 2004 BOH minutes	
CD1.4L	2		CD Procedure Book	

CD1.5L	2		Monthly report of CD indicators; report on evaluation of increase in Chlamydia	PowerPoint on evaluation of increase in Chlamydia
CD1.6L	2		PHIMS	
CD1.7L	0	unclear that conference provided training on reporting CD; needed evidence of two staff attending such training	One staff member attendance at HEP C conf	

**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 info has been distributed to appropriate local agencies e.g. schools, hospitals, law enforcement	Red Book; 24/7 policies; CD manual info on emerg contacts	
CD2.2L	1	no evidence of distribution to public safety officials (e.g. EMS or ER)	Notifiable Conditions Manual for Providers & Mouse Pad	Mouse Pad
CD2.3L	2		Emergency Response & CD Manuals	

**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 providers in CD manual	
CD3.2L	2		PH Info Newsletter; distribution list	
CD3.3L	2		CD Manual; Emergency Biologics; Case Study materials	

CD3.4L	1	Documentation was not a self audit - no sample of cases being reviewed	Region 3 Eval of Notifiable Condition Surveillance System
CD3.5L	2		Surveillance evaluation
CD3.6L	2		Food Safety Training included workshop that highlighted epidemiology/environmental health investigational approach

**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 Alert & related press release	
CD4.2L	1	documentation does not include lists of media; info must be in other locations besides CD manual	CD Manual list of providers	
CD4.3L	1	material provided does not address issues with media such as process to assure accuracy & clarity & timeframes	Media Policy; CD manual	
CD4.4L	2		List of Staff & Agenda of training	

**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	0	Measure requires all outbreaks since Jan 03, evidence of evaluation & recommendations for change	EH Food Program Outbreak	
CD5.2L	0	no documentation of report to the BOH		

CD5.3L	0	documentation not related to CD outbreak	
CD5.4L	0	documentation does not show how indicator effected goals/obj. Goals/Obj not identified	Talking Points on Meningitis
CD5.5L	1	need documentation of more than one staff and more than one issue in training	training of one staff in one area
CD5.6L	0	Documentation provided did not include evaluation, recommendations for process improvement (to include surveillance activities, staff roles, investigation procedures & communication mechanisms).	Food Borne Outbreak Investigation

### 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>50%</b>	<b>52%</b>	<b>62%</b>
<b>% Partially Demonstrates:</b>	<b>27%</b>	<b>25%</b>	<b>22%</b>
<b>% Does not Demonstrate:</b>	<b>23%</b>	<b>23%</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		CD Procedure Book	
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	1	No documentation of link from main # to 911--script?	24/7 Notification Access Plan, and 911 After-hours telephone numbers-11/04 contact sheet	
EH2.2L	1	No after-action debrief documentation presented, such as tabletop debrief or other outbreak debrief	LCPHERP Jan 2004 version,	
EH2.3L	1	No documentation of information to public on how to access critical EH services, test of 24/7 was initiated by Health Officer	LC Comprehensive Emergency management Plan-2000, section .05 Concept of operations, After-action report of test of 24/7 response during business hours	
EH2.4L	1	No documentation of staff training in duties for emergency response	LCPHERP -- 1/2004 revision	

**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		Website, hard copies at main desk	
EH4.2L	2			
EH4.3L	1			
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>
<b>% Demonstrates:</b>	<b>56%</b>	<b>45%</b>	<b>53%</b>
<b>% Partially Demonstrates:</b>	<b>44%</b>	<b>32%</b>	<b>30%</b>
<b>% Does not Demonstrate:</b>	<b>0%</b>	<b>23%</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	1	Documentation shows extensive community involvement, but it is unclear how community groups are involved in selecting priorities	LC Community Alcohol, Tobacco and other Drug Tx and Prevention 3/22/05 minutes, Commu Health Partnership Subcommittee on Obesity/Activity	
PP1.2L	0		No prevention or promotion related documentation provided	
PP1.3L	1	Minimal documentation of goals, objectives or performance measures for prevention or promotion activities or of use of data to develop strategies	Monthly CD report showing Chlamydia, recently developed Key Indicator List, CHC goals statements	

**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	1	CHP has initiated study of Food Environment in Schools, but study hasn't been conducted yet, so no assessment data available	Community Health Partnership 2-22-05, Tobacco community group	
PP2.2L	0	Documentation does not demonstrate training in community mobilization, such as Building Effective Communities or Sustaining Community Involvement workshops	Mass Influenza Vaccines Campaign	

**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		LC website -- disease and injury prevention programs, County provider referral lists, dentist, and for other medical care	
PP3.2L	1	This is an excellent Community assessment stratified by geographic area for substance abuse, alcohol and tobacco, but no gap analysis evident in this documentation.	Community Readiness Assessment interviews and scoring, Chlamydia Study	Community Readiness Assessment
PP3.3L	0		No documentation of distribution to local stakeholders	
PP3.4L	0		No documentation provided	

**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>
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PP4.1L	0
PP4.2L	1
PP4.3L	1
PP4.4L	2

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
PP5.1L	2		Tobacco program activities, including "Smoke-Free Dining" lists and bus signage, 2005 Youth Summit evaluations	
PP5.2L	0		No documentation provided	
PP5.3L	0			
PP5.4L	2			

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

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
<b>% Demonstrates:</b>	<b>24%</b>	<b>38%</b>	<b>48%</b>
<b>% Partially Demonstrates:</b>	<b>35%</b>	<b>32%</b>	<b>31%</b>
<b>% Does not Demonstrate:</b>	<b>41%</b>	<b>30%</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	0		No documentation provided	
AC1.2L	2		CSHCN Resource/Referral List, Medical Services List, Social Services List, Referral form	
AC1.3L	2		6/2002 letter to Community Health Partnership re Access to CHS, HPSA 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		United Way Needs Assessment- Comm leader & Human Services Provider Survey(4/05)	United Way Needs Assessment
AC2.2L	1	Specific gaps in access not well described	United Way Needs Assessment	
AC2.3L	2		BOH presentation on Chlamydia	

**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		CHC Leadership Work Group 6/03 minutes, Teen Parent Depression Coalition	
AC3.2L	0		No documentation provided	
AC3.3L	1	No documentation of results against established goals, objectives or performance measures for access to CHS.	United Way Needs Assessment	

**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 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>45%</b>	<b>28%</b>	<b>52%</b>
<b>% Partially Demonstrates:</b>	<b>18%</b>	<b>17%</b>	<b>16%</b>
<b>% Does not Demonstrate:</b>	<b>36%</b>	<b>55%</b>	<b>32%</b>

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

## Overall Score Totals: Lewis County Public Health

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
<b>% Demonstrates:</b>	<b>47%</b>	<b>41%</b>	<b>55%</b>
<b>% Partially Demonstrates:</b>	<b>31%</b>	<b>27%</b>	<b>25%</b>
<b>% Does not Demonstrate:</b>	<b>22%</b>	<b>32%</b>	<b>20%</b>

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

# LHJ: Lewis County Public Health

## 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		EH Goals for 2004--Goals #2 and #4	EH Goals for 2004--Goals #2 and #4
AS3.3L	0		No documentation provided	

### 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		Chapter 8.40-OSS Systems County Code, Website access to codes, Checklist for Sewage Application flyer 12/04, Land Use Fact sheet, Fats & Grease brochure, Home Owners Users Manual	
EH1.2L	2		Packed Bed Filters- 11/03 workshop for OSS installers, Onsite 101-- 10/04	
EH1.3L	0		No documentation provided	

EH1.4L	1	No documentation of workshop or other training evaluation for effectiveness	Examining Food Establishments for OSS System Permits Study-9/03, Monitoring, Maintenance, & Troubleshooting	Examining Food Establishments for OSS System Permits Study-9/03, Monitoring, Maintenance, & Troubleshooting workshop
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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		LCHD website-- County level data- PH-CD Report link, EpiTrends Newsletter, Health of Washington Report, and EH section	LCHD website
EH3.2L	2	Currently no sewage related illness occurrences	EpiTrends Newsletter, County CD Report, PHIMS database	
EH3.3L	2		Examining Food Establishments-OSS Permits, Briefing Summary- Chief of Staff-10/04, letter to Food Service Operators w/OSS, 10/04 Septic Workshop, Operational Permit modified for Restaurants-11/04	Briefing Summary with Chief of Staff-10/14/04, Operational Permit modified for Restaurants-11/04

**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		Lewis County Code Violation Policy-1/02, Draft Code Enforcement Procedures-4/05,	Draft Code Enforcement Procedures-4/05
EH4.3L	1	Status and priority lists provide a mechanism for review of status of actions, and minutes describe some discussion of performance measures for enforcement, such as timeliness of response to complaints and prioritization of complaints, but no documentation of a sample of cases for compliance with enforcement actions.	Code Violation Policy, Draft Code Enforcement Procedures, Abatement 3/05 minutes-Status & priority lists, and parking lot issues, Weighted Abatement Decision Matrix, Risk Assessment Matrix	Risk Assessment Matrix

EH4.4L	2	Permits Plus database, Complaint intake and tracking database, 4 case file examples
EH4.5L	2	Several EH staff CEU course reports, training requests

## Overall Program Score Totals: EH: Wastewater Management

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

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

# LHJ: Lewis County Public Health

## 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	1	Unable to identify performance measures specific to food program in the documentation presented.	EH Goals for 2004-- Goal #4, Employee Work Plan 2004	Employee Work Plan 2004
AS3.3L	1	No documentation of progress toward goals or data analysis	Summary of Class II & III Food service establishments, Monthly Food Service Inspections, Annual Summary of Food Inspections	

### 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		Special Event Food Establishment Packet, Food Safety at Temporary Events brochure, LCHD website	
EH1.2L	2		Food Code Revision meeting flyer-3/05 with attendance list	

EH1.3L	2	Common Misses and questions to stress-Food Handlers Class, Revised Food Handler's Class based on new Rule Revisions
EH1.4L	2	Food Establishment Inspection Sheet w/ Red "critical components", Inspection sheet infractions, Food Handler class missed questions

**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		Restaurant inspection results and The Chronicle newspaper published results, LCHD website CD report, EpiTrends newsletter	
EH3.2L	2		CD Report, EpiTrends Newsletter, CD Manual and protocols, PHIMS database for tracking food borne illness	
EH3.3L	2		2004 BOH presentation, BOH Food Rule Revision-9/2004 with extensive stakeholder input, Food Handler class evaluation results, Revised Food Handler class PPT	

**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		BOH Resolutions for Ordinance revision, form for variance or appeal	

EH4.3L	1	No documentation of the evaluation of a sample of enforcement actions to determine compliance with and effectiveness of actions, such as reviewing 5 or 10 food establishment inspections with violations and effectiveness of enforcement actions	Example of 1 full case presented and related letter, Food Sanitarians Use of Checklist for Food revised procedure
EH4.4L	2		Completed Food/Living condition complaint form, 3 completed food borne outbreak reporting form, 1 food inspection completed form with notification to appropriate agencies
EH4.5L	2		Several staff CEU Reports 2002-2004, training request forms

### Overall Program Score Totals: EH: Food Safety

<b>% Demonstrates:</b>	<b>% Partially Demonstrates:</b>	<b>% Does not Demonstrate:</b>
<b>77%</b>	<b>23%</b>	<b>0%</b>

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

# LHJ: Lewis County Public Health

## 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	This document is based on relevant research, but does not contain statements of goals, objectives or performance measures and no evidence of description of how data is used to evaluate program	Prenatal Guidelines-Topics by Trimester	
AS3.3L	0		No documentation provided for First Steps	

### 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 provided	
PP4.2L	1	No documentation of training attendees	Demographic data for Lewis Count, materials in Spanish, Training in Cultural Competency	
PP4.3L	0		No documentation provided	

PP4.4L 2

PH Nurse I & II job description, training log with First Steps and other training

**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 provided	
PP5.4L	2		PH Nurse I & II job descriptions, Training logs with numerous sessions	

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

<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.*

# LHJ: Lewis County Public Health

## 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	1	No description of how data is used to evaluate program effectiveness, and no documentation of performance measures	Immu Program visit summary, VFC visit data, AFIX visit data, 2004 Accomplishments & 2005 Goals	
AS3.3L	0		No documentation provided	

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

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
PP4.1L	0		No documentation provided	
PP4.2L	1	No documentation of attendees to Cultural competency course	demographic data file, materials in Spanish, Training in cultural competency	
PP4.3L	1	No documentation of data used for program improvement or of evaluation against performance measures	AFIX Summary report, AFIX visit case files	

PP4.4L 2

PH nurse I & II job descriptions, training logs with Immunization training

**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 provided	
PP5.4L	2		TRAINING logs for several staff	

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

<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.*

# Lewis County Public Health

## 1. Understanding Health Issues

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

## 2. Protecting People from Disease

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

CD1.6L	2	Demonstrates
CD1.7L	0	Does not demonstrate
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	1	Partially demonstrates
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	0	Does not demonstrate
CD5.2L	0	Does not demonstrate
CD5.3L	0	Does not demonstrate
CD5.4L	0	Does not demonstrate
CD5.5L	1	Partially demonstrates
CD5.6L	0	Does not demonstrate

### **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	1	Partially 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	1	Partially demonstrates
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	1	Partially demonstrates
PP1.2L	0	Does not demonstrate
PP1.3L	1	Partially demonstrates
PP2.1L	1	Partially demonstrates
PP2.2L	0	Does not demonstrate
PP3.1L	2	Demonstrates
PP3.2L	1	Partially demonstrates
PP3.3L	0	Does not demonstrate
PP3.4L	0	Does not demonstrate
PP4.1L	0	Does not demonstrate
PP4.2L	1	Partially demonstrates
PP4.3L	1	Partially demonstrates
PP4.4L	2	Demonstrates
PP5.1L	2	Demonstrates
PP5.2L	0	Does not demonstrate
PP5.3L	0	Does not demonstrate
PP5.4L	2	Demonstrates

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