

Standards for Public Health in Washington State: 2005 Performance Assessment Report Local Health Jurisdictions Report for: Lincoln 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 linking of the Strategic Plan to the standards and measures provides an excellent basis for taking action and creating improvement in PH performance.
- The commitment to public health leadership and involvement in the community demonstrated by the amount and extent of work with the community is impressive, especially the Community Health Forum work in identifying priorities, the community events such as the Midsummer Night's Dream, and the Mother's Day card with schools and the amount of joint sponsorship with community groups.
- The commitment to assessment with little directed funding, that has facilitated establishing priorities based on data, and the Rural Health Outreach Grant from HRSA.

- The creativity, clarity and comprehensiveness, and reader appeal of many reports and materials, especially the 2004 Annual Report, the 2003 and 2004 Calendars shows excellent use of graphics.
- The comprehensiveness of the Emergency Response Plan and the Emergency Call Screen process provides a clear basis for responding to health emergencies.
- The commitment to staff training and improvement in skill levels and knowledge is demonstrated in the documentation of staff opportunities for education.

Areas for Improvement

- Establish core indicators for CD, EH and PP programs and monitor for performance in these indicators, along with other key program performance measures.
- Improve 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.
- Distinguish operational improvements from strategic initiatives, and develop and implement a QI Plan for the agency.

The Performance Assessment Approach

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

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

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

Results of the Site Review

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

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

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

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

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

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

This report provides you with the following information:

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

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

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

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

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

Peer Groupings

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

Next Steps

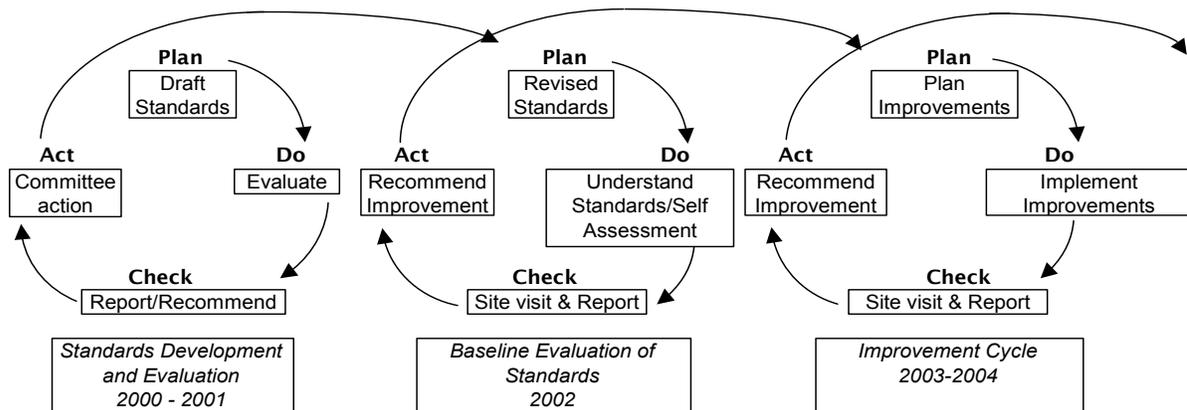
First, celebrate what you have accomplished. In the two and a half year period between the 2002 Baseline Evaluation and this performance assessment, it was clear to the site reviewers that improvements had been developed and implemented. Again, thank you for all of your hard work every day, and especially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

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

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

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

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



Strategies for building on your current performance:

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

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

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

LHJ: Lincoln 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	Excellent community work demonstrated in Community Health Forums Report	Community Health Forums Report 2004; Rural Health Outreach grant Report; Lists of attendees; Ischemic HD brochure to Public	Community Health Forums Report 2004
AS1.2L	0	This measure requires documentation of where/how community can obtain assistance on assessment issues.	No documentation provided	
AS1.3L	2	Strategic plan for assessment includes short term planning goals.	2004/2005 Lincoln County Strategic Plan	2004/2005 Lincoln County Strategic Plan
AS1.4L	1	Documentation provided does not include information on environmental health or standardized definitions/measures.	Community Health Forums Report- with list of attendees	
AS1.5L	2		2004/2005 Lincoln County Strategic Plan; Training log with training agenda and information	2004/2005 Lincoln County Strategic Plan

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	1	Documentation provided does not describe community/stakeholder review of assessment data.	List of Providers & Coalition Members; Letter on Chlamydia; STD Profile-Lincoln County	
AS2.2L	2		2004 BOH Report for Lincoln County	2004 BOH Report for Lincoln County
AS2.3L	1	Documentation provided does not describe a systemic process for identifying changing or emerging health issues or describing the gathering of data with its analysis.	Community Health Forums Report; 2004 Annual Report to BOH	Community Health Forums Report; 2004 Annual Report to BOH
AS2.4L	1	Strategic Plan lacks specific goals and objectives for assessment for changing or emerging health issues.	2004/2005 Lincoln County Strategic Plan; Tobacco Plan	2004/2005 Lincoln County Strategic Plan
AS2.5L	2		2004 Annual Report to BOH; Tobacco Plan	2004 Annual Report to BOH

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		2004 Annual Report to BOH	2004 Annual Report to BOH
AS3.2L	1			
AS3.3L	1			
AS3.4L	0	LCHD uses DOH staff for technical assistance on assessment issues.	No documentation provided	
AS3.5L	0	Documentation provided does not demonstrate quality improvement monitoring.	2004/2005 Lincoln County Strategic Plan	2004/2005 Lincoln County Strategic Plan

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AS4.1L	2		Community Health Forums Report; Rural Health Outreach Grant Report; Budget 2004-assessment position	Community Health Forums Report
AS4.2L	2		2004 Annual Report to BOH; Rural Health Outreach grant Report	2004 Annual Report to BOH
AS4.3L	0		No Documentation provided	
AS4.4L	2		Rural Health Outreach Grant Report; Grant meeting minutes; Tobacco 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 Agreement with DOH	
AS5.2L	2		Website page for Center for Health Statistics, Child Profile	

Score Totals for Topic 1. Understanding Health Issues

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
% Demonstrates :	52%	53%	56%
% Partially Demonstrates :	29%	28%	24%
% Does not Demonstrate:	19%	19%	20%

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

Topic: 2. Protecting People from Disease

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
CD1.1L	2		Listing in telephone book; Alerts & Notification Policy; Notifiable Conditions Card w/24 hour numbers; Region 9 Em. Contact List w/law enforcement	
CD1.2L	1	Documentation provided does not include process for identifying new providers in the community.	Email of 2/05 updated poster (3/05); Notifiable Conditions Contact List to providers and law enforcement (9/04)	
CD1.3L	2		2004 Annual Report to BOH; West Nile Virus update 2005	2004 Annual Report to BOH

CD1.4L	1	Documentation provided does not describe how the general public is informed of notifiable conditions.	Policy 01-Handling Reports of Notifiable Conditions	
CD1.5L	2		2004/2005 Lincoln County Strategic Plan; Chlamydia letter to Providers; 2004 Annual Report to BOH (see Hep C & Chlamydia)	2004/2005 Lincoln County Strategic Plan; 2004 Annual Report to BOH
CD1.6L	2		PHIMS-Screen shot with Case Summary Report by Month; Pertussis Case Report	
CD1.7L	2		Staff Training log	

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		Alert & Notification Policy Sheriff; Region 9 Em. Contact List; DOH Redbook; Phone Book	
CD2.2L	2		Alerts & Notification Policy; Notifiable Conditions Card w/24 hour number and information article to providers; Lincoln County Emergency Contact List	
CD2.3L	2		Emergency Response Plan; Lincoln County Emergency Contact List	

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		Lincoln Hospital Phone Directory; pages from Spokane Regional Health District Telephone List; List Resource Centers-Dental; "2005 Neighbors" booklet	

CD3.2L	2		Epi-Trends with mailing list; Memo to providers re: flu vaccine shortage
CD3.3L	1	Documentation provided does not include contact and decision making information, or process for use of legal authority.	Notifiable Conditions Card; Policy 01-Handling Reports of Notifiable Conditions; Emergency Biologics Locations Manual; Case Report
CD3.4L	0	Measure requires a self-audit to monitor compliance with disease specific protocols.	No documentation provided
CD3.5L	0	Measure requires performance measures for CD.	No documentation provided
CD3.6L	2		Public Nurse Job Description and staff Training Log

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
CD4.1L	2		Memo Re: Flu vaccine shortage	
CD4.2L	1	Documentation provided does not include all providers	2004 Emergency Plan-Media Contact list; Reg. 9 Emergency Contact List	
CD4.3L	1	Measure requires identification of staff to work with media. Documentation does not include process to assure timelines or clarity and accuracy of messages	Emergency Response Plan	
CD4.4L	2		Staff training log and training PowerPoint slides; Emergency Response Plan	

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>
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CD5.1L	8	N/A
CD5.2L	8	N/A
CD5.3L	8	N/A
CD5.4L	8	N/A
CD5.5L	2	Staff training log
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>
% Demonstrates	67%	61%	62%
% Partially Demonstrates	24%	22%	22%
% Does not Demonstrate:	10%	16%	16%

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

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

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH1.1L	2			
EH1.2L	1			
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		LCHD Emergency Call Screen procedure- 3/05, Phone book with EH	LCHD Emergency Call Screen procedure- 3/05
EH2.2L	2		Emergency Response Plan, BRITE after-Action Report- 5/26/04, LCHD Region 9 Tabletop Exercise After-Action Report-- 5/26/04	
EH2.3L	0	After-action reports did not assess the public's access to critical EH services (such as food and clean drinking water) and ERP does not specify or identify critical EH services. No documentation of public education	No documentation provided	
EH2.4L	1	No documentation of attendees so unable to evaluate training in ERP and specific staff roles	Emergency Response Plan, Tabletop exercise	

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		OSS Ordinance, Solid Waste codes, Food WAC	
EH4.2L	2			
EH4.3L	0			
EH4.4L	2			
EH4.5L	0			

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

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
% Demonstrates	44%	47%	53%
% Partially Demonstrates	25%	33%	30%
% Does not Demonstrate:	31%	19%	16%

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

Topic: 4. Prevention is Best: Promoting Healthy Living

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
PP1.1L	1	Documentation shows community involvement in one program, no documentation of prevention and promotion priorities for LC having been selected with community involvement	Tobacco Strategic Planning group roster,	
PP1.2L	0	No documentation of BOH involvement in reviewing or adopting priorities, such as through approval of funding or resolutions	Tobacco Strategic Plan	

PP1.3L	1	No documentation of specific performance measures for programs in Strategic Plan or any other documentation	2004/2005 LCHD Strategic Plan, WIC, Oral Health, and HIV/AIDS program-specific mission, goals and objectives statements, 2003 and 2004
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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		LC Health Coalition -- Community Health Forums Report - 12/04	LC Health Coalition -- Community Health Forums Report - 12/04
PP2.2L	2		Building Successful Coalitions-- several attendees	

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		WIC, Parent and Child Services, and Family Resource Centers brochures, 2005 Neighbors pamphlet, Spokane Community Resource Directory, Guide to Family Services in LC	
PP3.2L	1	Documentation shows evaluation activities, but no results or description of gap was presented.	ITEIP Self-Assessment Tool, LC ICC 1/04 meeting	
PP3.3L	0	No documentation of evaluation results or any gap Information reported to community	LC ICC minutes- 6/04	
PP3.4L	1	It is not clear which activities are related to QI, and which are program activities.	Tobacco Planned Activities Detail Report and numerous completed Strategic Planning Indicators surveys	

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		Healthy Changes Plan, WIC program brochure, The Beat newsletter	
PP5.2L	1	No evidence of system for evaluating and updating health promotion materials	MCH Brochures and Booklets list, LC Child Notes Newsletter with distribution list to providers	
PP5.3L	1			
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>
% Demonstrates :	35%	48%	48%
% Partially Demonstrates :	53%	31%	31%
% Does not Demonstrate:	12%	20%	21%

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

Topic: 5. Helping People Get the Services They Need

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AC1.1L	1	Some access issues identified through Community Health Forums, but documentation provided does not describe tracking and results of the assessment.	Community Health Forums Report 2004	Community Health Forums Report 2004
AC1.2L	2		List of local providers; List of free & low cost clinics; Komen packets; "2005 Neighbors" booklet	

AC1.3L	1	Documentation provided demonstrates some, but limited assessment of capacity gaps.	Community Health Forums Report 2004	Community Health Forums Report 2004
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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	1	Documentation provided does not demonstrate data gathering and tracking of access to CHS, though initial assessment was completed through Community Health Forums.	Rural Health Outreach grant minutes; Community Health Forums Report 2004	Community Health Forums Report 2004
AC2.2L	0	Documentation provided does not demonstrate CHS gap analysis. Initial gathering of information was done through Community Health Forums, however it is not clear to the reviewer what steps will follow and if analysis has been done.	Rural Health Outreach Grant minutes	
AC2.3L	0		No documentation provided	

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AC3.1L	0	Documentation provided does not include information on goal setting and actions related to health care access.	Community Health Forums Report 2004; Rural Health Outreach Grant Report	Community Health Forums Report 2004
AC3.2L	0	Measure requires local planning and implementation to address community access issues.	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>
AC4.1L	1	Documentation provided does not include specific QI plan and tracking (Site report and annual report for immunizations provided.)	2004/2005 Lincoln County Strategic Plan; Immunization QI & reports	2004/2005 Lincoln County Strategic Plan
AC4.2L	0	Reviewer could not determine if training included quality improvement.	Staff training logs	

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

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
% Demonstrates :	10%	47%	52%
% Partially Demonstrates :	40%	19%	16%
% Does not Demonstrate:	50%	34%	32%

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

Overall Score Totals: Lincoln County Health Department

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
% Demonstrates:	46%	53%	55%
% Partially Demonstrates:	33%	27%	25%
% Does not Demonstrate:	21%	20%	20%

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

LHJ: Lincoln 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 provided	
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		LCHE Ordinance #95-01- OSS Disposal, OSS Installation Guidelines, Properly managing Your Septic Tank System, OSS Installers Mailing List	
EH1.2L	0		No documentation provided	
EH1.3L	0		No documentation provided	
EH1.4L	0		No documentation provided	

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		2004 BOH Report for Lincoln County, 2003 BOH Report -- EH data, 2003 PH FTE Distribution -- EH data	2004 BOH Report for Lincoln County
EH3.2L	0		No documentation provided	
EH3.3L	0		No documentation provided	

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		LCHD Ordinance 95-01-- OSS Installation	
EH4.3L	0		No documentation provided	
EH4.4L	2		Last Frontier case write-up with legal enforcement, LCHD EH Complaint form, PHIMS database for waterborne or sewage related illness	
EH4.5L	0		No documentation provided	

Overall Program Score Totals: EH: Wastewater Management

% Demonstrates:	% Partially Demonstrates:	% Does not Demonstrate:
31%	0%	69%

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

LHJ: Lincoln 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	1	No documentation of specific performance measures to evaluate program's goals and objectives. Identifying quantifiable performance measures for each program will improve LCHD's ability to use appropriate data in evaluating program effectiveness.	Food Safety Mission, Goals and Objectives, Food Violation Statistics 1/05-12/05	
AS3.3L	1	Shows monitoring of activities and progress toward some of the program goals and objectives. No evidence of analysis of data in the absence of specific performance measures.	2004 BOH Report -- EH data	

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		Temporary Food Events and Food Rules!! Brochures	
EH1.2L	2		Food Rule Workshop--- 2005 agenda and attendance sheet	
EH1.3L	0		No documentation provided	

EH1.4L	1	No evidence of evaluation of workshops or training sessions	Food Rule Revision workshops and brochures
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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		2003 and 2004 BOH reports	
EH3.2L	2		2004 BOH Report- CD key indicators and 2004 data, PHIMS case write-up for Campylobacter	
EH3.3L	0		No documentation provided	

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH4.2L	2		Food Service P&P, WAC 246-- Food Service permits, etc.; Food Rule Revisions- 2005	
EH4.3L	0		No documentation provided	
EH4.4L	2		LCHE EH Complaint form, 2 complaint investigation write-ups, PHIMS database for food borne illness cases, Food establishment violation reports- 2005	
EH4.5L	0		No documentation provided	

Overall Program Score Totals: EH: Food Safety

% Demonstrates:	% Partially Demonstrates:	% Does not Demonstrate:
46%	23%	31%

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

LHJ: Lincoln 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	2		Immunization Program Mission, Goals and Objectives statement, DOH Immunization Program Site Visit report -- 11/04	
AS3.3L	1	These reports describe how LCHD has met contract requirements and progress toward goals, but do not include monitoring or analysis of performance measures for immunizations, such as actual number of children birth-2 years that are fully immunized.	2004 Immunization Annual Report form-- VFC, Adult, Accountability, and Locally Identified Activities Reports	

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	No documentation of BOH adoption or resolution approval or funding specific prevention priorities.	2004 BOH Report, 2004/2005 Strategic Plan	
PP4.2L	1	No documentation of information on how to select appropriate materials being available or used by staff.	Two examples of education materials in Spanish	

PP4.3L	1	No documentation of type and number of services was presented, or performance measure evaluation	Provider Clinic site visit report,
PP4.4L	2		PH Nurse job posting, training logs for 3 nursing staff

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	No documentation of HP activities tracking or reporting, or of target audience and attendees	Immunization Reports for ConCon-- in VFC, Adult, Accountability, Locally Identified	
PP5.4L	2		Training logs for 3 nursing staff-- 1 with Building skills as a trainer and facilitator training	

Overall Program Score Totals: PP: Immunizations

% Demonstrates:	% Partially Demonstrates:	% Does not Demonstrate:
38%	63%	0%

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

LHJ: Lincoln County Health Department

Program: PP: First Steps

Topic: 1. Understanding Health Issues

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AS3.2L	1	This county has very small numbers of (approximately 20) pregnant mothers, so services for First Steps are linked to WIC, MSS and other services. No documentation of how appropriate data is used to evaluate program effectiveness	Maternity Support Services Mission, goals and Objectives statement with specific targets for service to pregnant mothers	
AS3.3L	1	This documentation contains goals and objectives, some narrative description of progress toward goals, but no specific quantifiable performance measures or data analysis	MCH 2003-2004 Annual report, 2004-2005 Strategic Plan	

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	No documentation of BOH adoption, such as approval action in minutes, resolution or funding action.	2004 BOH report, 2004-2005 Strategic Plan	
PP4.2L	1	No information for selecting appropriate materials being used by staff	First Steps brochure, SIDS brochure, Adventures in Parenting	

PP4.3L	0	WIC program provides referrals to First Steps, but is not being evaluated as part of the First Steps program review.	No documentation provided
PP4.4L	2		PH Nurse job positing, First Steps Coordinators meeting, 2 staff training logs with First Steps courses

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	No documentation of activities tracking or reporting or of target audience or attendees as required by this measure.	MCH Work plan, 2004-2005 Strategic Plan	
PP5.4L	2		Two staff nurses training logs	

Overall Program Score Totals: PP: First Steps

% Demonstrates:	% Partially Demonstrates:	% Does not Demonstrate:
25%	63%	13%

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

Lincoln County Health Department

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	2	Demonstrates
AS1.4L	1	Partially demonstrates
AS1.5L	2	Demonstrates
AS2.1L	1	Partially demonstrates
AS2.2L	2	Demonstrates
AS2.3L	1	Partially demonstrates
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	0	Does not demonstrate
AS3.5L	0	Does not demonstrate
AS4.1L	2	Demonstrates
AS4.2L	2	Demonstrates
AS4.3L	0	Does not demonstrate
AS4.4L	2	Demonstrates
AS5.1L	2	Demonstrates
AS5.2L	2	Demonstrates

2. Protecting People from Disease

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

CD1.6L	2	Demonstrates
CD1.7L	2	Demonstrates
CD2.1L	2	Demonstrates
CD2.2L	2	Demonstrates
CD2.3L	2	Demonstrates
CD3.1L	2	Demonstrates
CD3.2L	2	Demonstrates
CD3.3L	1	Partially demonstrates
CD3.4L	0	Does not demonstrate
CD3.5L	0	Does not demonstrate
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	1	Partially demonstrates
EH1.3L	0	Does not demonstrate
EH1.4L	1	Partially demonstrates
EH2.1L	2	Demonstrates
EH2.2L	2	Demonstrates
EH2.3L	0	Does not demonstrate
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	2	Demonstrates
EH4.3L	0	Does not demonstrate
EH4.4L	2	Demonstrates
EH4.5L	0	Does not demonstrate

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	2	Demonstrates
PP2.2L	2	Demonstrates
PP3.1L	2	Demonstrates
PP3.2L	1	Partially demonstrates
PP3.3L	0	Does not demonstrate
PP3.4L	1	Partially demonstrates
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	1	Partially demonstrates
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	1	Partially demonstrates
AC1.2L	2	Demonstrates

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