

# Standards for Public Health in Washington State: 2005 Performance Assessment Report Local Health Jurisdictions Report for: San Juan County Department of Health and Community 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 community involvement including the Youth Health Survey, early childhood work, needs assessment activities and the Leadership Visioning retreat shows broad and intentional input from the community.
- The Leadership Visioning work and the development through CDBG of a new facility for MH/SA services reflect a long-range perspective.
- The 2005 budget narrative lays out goals, objectives and performance measures for key program areas.

- The website is a good forum for communicating with the community, including the downloadable EH forms.
- The EH Food Safety Program Plan and enforcement procedures are comprehensive.

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

- Use the EH Year End Report format as a model to do analysis and evaluation of all programs based on the measures laid out in the budget narrative.

### ***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.

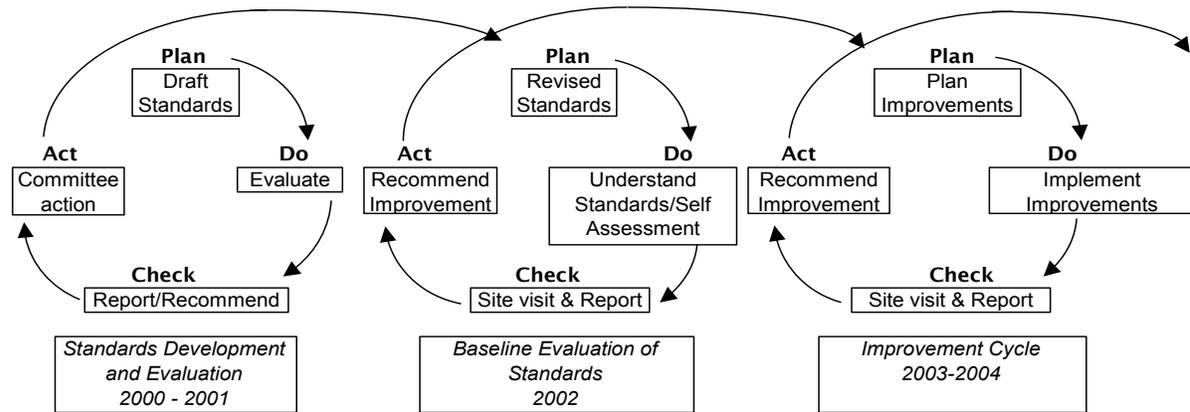
**Next, select the areas where you want to improve your performance.** All of the information provided in this report is intended to support improvement of your organization’s work on behalf of the citizens in your community and Washington State. After you have had a chance to digest this report and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

## 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		San Juan Island Community Assessment (Gates Grant); Compass Health- Feasibility Study; Healthy Youth Survey-Community Forum; WA Kids Count brochure	
AS1.2L	0	No documentation provided on how the public can obtain assistance on assessment issues.	No documentation provided	
AS1.3L	0	Documentation does not address goals & objectives relating to assessment of planning and identification of resources.	San Juan Health & Community Services minutes; Compass Health Project	
AS1.4L	2		Year End Report-Environmental Health Goals /Outcomes, 2004; Results for Selected Personal Health Services Objectives-2004	
AS1.5L	1	Documentation provided does not include training or experience in epidemiology.	Resume of Health Administrator	

**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	San Juan Island Community Assessment; Healthy Youth Survey Community Forum	
AS2.2L	2	2004 Annual Health Officer's Report; Year End Report-Review of Environmental Health Goals/Outcomes, 2004; Status Report On Selected Personal Health Services Performance Measures; BOH Agenda	Year End Report-Review of Environmental Health Goals/Outcomes, 2004
AS2.3L	2	BOH meeting minutes-8/04 and 9/04; 2005 Budget Narrative	
AS2.4L	2	Application for 2005 Initiative-Health Assessment	
AS2.5L	0	No documentation provided	

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AS3.1L	2		BOH meeting minutes-8/04 and 9/04; Year End Report-Review of Environmental Health Goals/Outcomes, 2004; Status Report on Selected Personal Health Services Performance Measures	Year End Report-Review of Environmental Health Goals/Outcomes, 2004
AS3.2L	2			
AS3.3L	1			
AS3.4L	2		WSTC 3/05 training agenda	

AS3.5L	2		Year End Report-Review of Environmental Health Goals/Outcomes, 2004	Year End Report-Review of Environmental Health Goals/Outcomes, 2004
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**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		San Juan Leadership Visioning Retreat Meeting Outcomes	San Juan Leadership Visioning Retreat Meeting Outcomes
AS4.2L	2		Year End Report-Review of Environmental Health Goals/Outcomes, 2004; San Juan County Final Report for Compass Health	Year End Report-Review of Environmental Health Goals/Outcomes, 2004
AS4.3L	2		2005 Annual Budget Narrative with goals & objectives; Year End Report-Review of Environmental Health Goals/Outcomes, 2004	Year End Report-Review of Environmental Health Goals/Outcomes, 2004; 2005 Annual Budget Narrative
AS4.4L	0		No documentation provided	

**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	0		No documentation provided	
AS5.2L	2		Child Profile screen; PHIMS	

## 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>67%</b>	<b>53%</b>	<b>56%</b>
<b>% Partially Demonstrates:</b>	<b>10%</b>	<b>28%</b>	<b>24%</b>
<b>% Does not Demonstrate:</b>	<b>24%</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		Public Health Emergency Response Memo; Telephone pages; After hours contact number on recording	
CD1.2L	1	Memo to Health Care Providers does not include 24-hour contact information.	Memo from Health Officer with notification documents; Newspaper clippings on new providers.	
CD1.3L	2	Updates on CD are included in monthly BOH meetings.	BOH meeting minutes- 3/04, 4/04; Status Report on Personal Health	

CD1.4L	1	Documentation provided does not include process or guidance on providing information to the public.	Emergency Response Plan
CD1.5L	1	Data reported in documentation, but no evidence of analysis.	Annual Communicable Disease Report to BOH
CD1.6L	2		PHIMS
CD1.7L	2		Training log for staff

**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		Telephone book; After hours contact number on recording; DOH Red Book	
CD2.2L	1	Distribution of contact names and phone numbers to health care providers not documented.	Public Health Emergency Response Memo to County Sheriff	
CD2.3L	1	Documentation referenced in self assessment does not demonstrate local response, investigation roles and responsibilities. (DOH notebooks, OHSD notebooks not provided)	Rabies protocol	

**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		Resource Guide; 2005 Health Care Provider list; First Steps Resource Guide-2005	

CD3.2L	1	It was not clear to the reviewer if the information in the emails (regarding lyme disease and rabies) was sent to health care providers.	Health Officer Emails
CD3.3L	1	Documentation does not include decision process or flow chart for management for disease control, or process for exercising legal authority.	Biologics Manual; DOH CD Manual; TB Case Report
CD3.4L	1	Documentation demonstrates one annual self audit.	Year End Report-Review of Environmental Health Goals/Outcomes, 2004
CD3.5L	0		No documentation provided
CD3.6L	2		Public Health Nurse Job Description; training log and certificates

**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		Memos to media, providers, youth camps on Pertussis; Press release	
CD4.2L	2		Emergency Response Plan-list of media; Health Care Provider list	
CD4.3L	1	Documentation does not provide expectations for staff on sharing information, responding to the public and the media.	Emergency Response Plan	
CD4.4L	2		Training log with description of course-4/02; Emergency Response Plan	

**Standard 5: Communicable disease and other health risk responses are routinely evaluated for opportunities for improving public health system response.**

CD5.1L	1	Evaluation of outbreak responses were not provided in documents.	Camp Orkila Outbreak-log; Pertussis Investigation Report
CD5.2L	0		No documentation provided
CD5.3L	0	Measure requires that evaluation findings or model materials initiate a review or revision of local policies	No documentation provided
CD5.4L	0		No documentation provided
CD5.5L	2		Training logs with training agendas
CD5.6L	1	Documentation does not include information on evaluation and its use for process improvement.	DOH Quarterly Cohort Review-TB

### 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>42%</b>	<b>61%</b>	<b>62%</b>
<b>% Partially Demonstrates:</b>	<b>42%</b>	<b>22%</b>	<b>22%</b>
<b>% Does not Demonstrate:</b>	<b>15%</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		Public Health Emergency Response memo to sheriff 12/19/03	
EH2.2L	1	Not clear what changes were made as a result of after action discussion.	Bioterrorism Plan, part of local ERP, after-action for Camp Orkila outbreak	
EH2.3L	0	No documentation available		
EH2.4L	1	Some "fill in locally" components of the plan are still blank, no documentation that staff are trained annually	PH Emergency Response Plan	

**Standard 3: Both environmental health risks and environmental health illnesses are tracked, recorded, and reported.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH3.1L	1			
EH3.2L	1			
EH3.3L	1			

**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		Web page print outs for drinking water, OSS	
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>44%</b>	<b>47%</b>	<b>53%</b>
<b>% Partially Demonstrates:</b>	<b>50%</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		Tobacco Plan packet, including BOH minutes	
PP1.2L	2		BOH presentations from program areas, 2005 budget narrative	
PP1.3L	1	No documentation provided regarding how past performance measurement data is used to develop current objectives and measures	2005 budget narrative, annual program reports	

**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		Early Childhood packet of materials	
PP2.2L	2		Community Based Strategies for Policy Change	

**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		CICC brochure, NBO packet, First Steps resource guide	
PP3.2L	2		SJC Early intervention and Interagency Agreement 03-06, including self assessment action plan and grid	SJC Early intervention and Interagency Agreement 03-06, including self assessment action plan and grid
PP3.3L	0	No documentation available		
PP3.4L	1	This measure focuses on the QI Plan itself--what are the performance measures that are being tracked & trended, what changes need to be made to improve performance, and what improvements in performance can be documented after the changes are made.	Immunization Manual as the result of a QI initiative.	

**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	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		Partners in Child Care packet	
PP5.2L	0	This measure focuses on how you make sure that your health promotion materials, used in teaching and social marketing, are up to date, accurate, and available. It also looks for training people in the community on health promotion topics. No documentation provided that addressed these requirements.		
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>47%</b>	<b>48%</b>	<b>48%</b>
<b>% Partially Demonstrates:</b>	<b>35%</b>	<b>31%</b>	<b>31%</b>
<b>% Does not Demonstrate:</b>	<b>18%</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	1	Documentation provided contains limited information and no analysis of access to CHS.	San Juan Island Needs Assessment; Status Report on Selected Personal Health Services Performance Measures	
AC1.2L	2		Resource Manual	
AC1.3L	1	Documentation provided for assessment of one CHS (mental health) and resulting action.	Compass Health Feasibility & Project	

**Standard 2: Available information is used to analyze trends, which over time, affect access to critical health services.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AC2.1L	0		No documentation provided	
AC2.2L	0	Documentation provided (BOH minutes-6/04 and Memo to media) do not describe tracking and analysis of data.		
AC2.3L	0	BOH minutes provided do not include information regarding access to CHS.		

**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	1	Long range planning by stakeholders includes "having adequate resources". This work is in its beginning stages	San Juan Leadership Visioning Retreat Meeting Outcomes	San Juan Leadership Visioning Retreat Meeting Outcomes
AC3.2L	0	Documentation provided does not describe planning and coordination of CHS delivery.	San Juan County Needs Assessment	
AC3.3L	0	Documentation provided does not address initiative or analysis of data	Children's Dental Service Reports	

**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>9%</b>	<b>47%</b>	<b>52%</b>
<b>% Partially Demonstrates:</b>	<b>27%</b>	<b>19%</b>	<b>16%</b>
<b>% Does not Demonstrate:</b>	<b>64%</b>	<b>34%</b>	<b>32%</b>

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

## Overall Score Totals: San Juan County Dept of Health and Community Services

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
<b>% Demonstrates:</b>	<b>45%</b>	<b>53%</b>	<b>55%</b>
<b>% Partially Demonstrates:</b>	<b>33%</b>	<b>27%</b>	<b>25%</b>
<b>% Does not Demonstrate:</b>	<b>22%</b>	<b>20%</b>	<b>20%</b>

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

# LHJ: San Juan County Dept of Health and Community Services

## 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		Food program plan, 2005 budget narrative, 2004 year end report	
AS3.3L	2		2005 budget narrative, 2004 year end report	

### 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 program plan, sample newsletters	
EH1.2L	2		Materials and attendance lists for 2005 food code presentations	
EH1.3L	2		New food code training materials, newsletter	
EH1.4L	1	No documentation of evaluation by training attendees	Food rule training materials	

**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	1	No documentation regarding how the information is available to community, etc.	BOH reports on inspections, food borne illnesses, Year End Report	
EH3.2L	1	No standard set of indicators or trended data documentation available	Reports to BOH, Year End Report 2004	
EH3.3L	2		BOH report re: BHC, Year End Report 2004 re: BHC	

**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 program plan, EH enforcement procedure	
EH4.3L	1	The food program plan describes an annual self-audit using a tool developed by DOH--this is what this measure envisions. No documentation available regarding audit or findings.	EH Enforcement policy review with draft notes for changes	
EH4.4L	2		Computer log of complaints	
EH4.5L	2		EH staff meeting, initialed enforcement policies, Food Safety conference	

## Overall Program Score Totals: EH: Food Safety

<b>% Demonstrates:</b>	<b>% Partially Demonstrates:</b>	<b>% Does not Demonstrate:</b>
<b>69%</b>	<b>31%</b>	<b>0%</b>

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

# **LHJ: San Juan County Dept of Health and Community Services**

## **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		2005 budget narrative, 2004 year end report	
AS3.3L	2		2005 budget narrative, 2004 year end report	

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

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH1.1L	2		Website, materials in reception area	
EH1.2L	2		OSS meeting agendas and attendance lists	
EH1.3L	0	No documentation available		
EH1.4L	1	No documentation of evaluation by training attendees	OSS workshop agenda	

**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	1	No documentation regarding how the information is available to community, etc.	BOH reports, year end EH report	
EH3.2L	1	No standard set of indicators or trended data documentation available	BOH report on shellfish and failing septic systems	
EH3.3L	0	No documentation available		

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH4.2L	2		EH Enforcement policy	
EH4.3L	0	This measure envisions a self audit of enforcement actions. No documentation available regarding audit or findings.		
EH4.4L	2		Computer log of complaints	
EH4.5L	2		EH Enforcement policy, initialed, Rabies protocol, initialed, WOSSA conference	

## Overall Program Score Totals: EH: Wastewater Management

<b>% Demonstrates:</b>	<b>% Partially Demonstrates:</b>	<b>% Does not Demonstrate:</b>
<b>54%</b>	<b>23%</b>	<b>23%</b>

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

# LHJ: San Juan County Dept of Health and Community Services

## 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		2004 budget narrative, program reports	
AS3.3L	1	The program reports provide numbers, but limited analysis or discussion of what can be determined regarding progress toward goals.	2005 budget narrative, program 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	2		Program plan presentation to BOH, 2005 budget narrative	
PP4.2L	1	No documentation about how to select appropriate materials	Immunization materials in Spanish	
PP4.3L	1	No documentation of evaluation of the program for improvement	BOH program presentation, numbers of vaccinations	
PP4.4L	2		Training logs	

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
PP5.3L	1	No documentation available regarding an evaluation process	BOH program reports, data on activity	
PP5.4L	0	This measure focuses on health promotion methods rather than content, for example social marketing techniques. No documentation available.		

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

<b>% Demonstrates:</b>	<b>% Partially Demonstrates:</b>	<b>% Does not Demonstrate:</b>
<b>38%</b>	<b>50%</b>	<b>13%</b>

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

# LHJ: San Juan County Dept of Health and Community Services

## Program: PP: Child Care

### 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 budget narrative, program reports	
AS3.3L	1	The program reports provide numbers, but limited analysis or discussion of what can be determined regarding progress toward goals.	2005 budget narrative, program 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		BOH presentation 4/05, 2005 budget narrative	
PP4.2L	1	No documentation about how to select appropriate materials	Spanish language health promotion materials	
PP4.3L	1	No documentation of evaluation of the program for improvement	BOH program presentation, numbers of activities	
PP4.4L	2		Training logs	

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
PP5.3L	1	No documentation available regarding an evaluation process	BOH program reports, data on activity	
PP5.4L	0	This measure focuses on health promotion methods rather than content, for example social marketing techniques. No documentation available.		

**Overall Program Score Totals: PP: Child Care**

<b>% Demonstrates:</b>	<b>% Partially Demonstrates:</b>	<b>% Does not Demonstrate:</b>
<b>25%</b>	<b>63%</b>	<b>13%</b>

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

# San Juan County Dept of Health and Community Services

## 1. Understanding Health Issues

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

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

### **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	0	Does not demonstrate
EH2.4L	1	Partially demonstrates

EH3.1L	1	Partially demonstrates
EH3.2L	1	Partially demonstrates
EH3.3L	1	Partially 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	2	Demonstrates
PP1.2L	2	Demonstrates
PP1.3L	1	Partially demonstrates
PP2.1L	2	Demonstrates
PP2.2L	2	Demonstrates
PP3.1L	2	Demonstrates
PP3.2L	2	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	0	Does not demonstrate
PP5.3L	1	Partially demonstrates
PP5.4L	0	Does not demonstrate

#### **5. Helping People Get the Services They Need**

<i>Measure</i>	<i>Score</i>	<i>Compliance Demonstration</i>
AC1.1L	1	Partially demonstrates
AC1.2L	2	Demonstrates

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