Standards for Public Health in Washington State: 2005 Performance Assessment Report Local Health Jurisdictions Report for: Public Health – Seattle and King County

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 work with community members and groups in all areas shows deliberate and intentional involvement of communities in the LHJ's activities.
- The depth and scope of assessment activities facilitates quantifying the work and outcomes related to performance, conducting studies, and looking at the resistance to change.
- The work to establish a core set of indicators for PH-SKC with extensive involvement of the BOH, reflects taking action to address an improvement area from the last performance cycle.
- The extent and quality of programmatic work, including:
    - Chronic Care/Asthma Center
    - West Nile Virus, public education process and presentations to municipalities

- Food Rule Revision
- Healthcare for the Homeless Program
- Outreach activities for the Immunization Program
- Media Policy and Tips
- Child Health Prevention Collaborative
- Town Hall Meeting discussing "What is Public Health?"
- Envision and CD database and reporting system, EpiLog Newsletters
- CD monthly QA audit

- The access, clinic performance and financial reports and monthly financial reporting with revenue and expense charts provide good management decision-making tools.
- The comprehensive orientation, core indicators work and detailed briefings to the BOH is impressive.

Areas for Improvement

- Strengthen the BOH function in relationship to taking action and decision making. Bring the BOH recommendations and health policy decisions for action.
- Collect and analyze program evaluation data more consistently. Build on 2005 to apply outcome measures in addition to the existing productivity measures.
- Apply the clinic QI methods and activities to enhance the CD and EH program evaluation and improvement.
- Improve the consistency of documentation of training through logs and attendance lists.

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

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

Next Steps

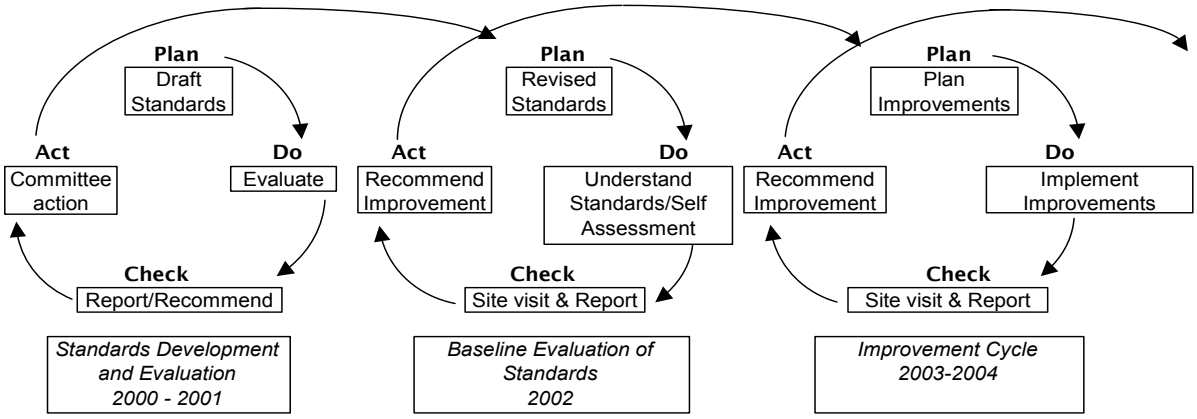
First, celebrate what you have accomplished. In the two and a half year period between the 2002 Baseline Evaluation and this performance assessment, it was clear to the site reviewers that improvements had been developed and implemented. Again, thank you for all of your hard work every day, and especially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

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

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

- ***Exemplary practices:*** The Exemplary Practices Compendium provides you with documentation from many of the LHJs in Washington State. Potential exemplary practice documents were gathered from each of the sites and the very best examples for each measure will be organized into a electronic tool kit. This material will be available by year-end 2005 at www.doh.wa.gov/phip/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: Seattle King 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.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
AS1.1L	2		EPE Data Publication and Reports Web Page, PH Data Watch Oct 2004 and June 2003, Communities County White Center 2003, Newspaper insert	Public Health Data Watch, June 2003, Oct 2004, Communities Count
AS1.2L	2		EPE Website, Data Watch 6/23 and 10/04	
AS1.3L	2		2005 Work plan EPE	2005 Work plan EPE
AS1.4L	2		Core Indicator Report, Vista data analysis screen print, DOH Data Element website, Communities Count White Center, EPE website reference to EpiLog, Epilog	Core Indicator Report
AS1.5L	2		Epi II job description, APHA meeting, Youth Risk Behavior Survey meeting	

Standard 2: Information about environmental threats and community health status is collected, analyzed and disseminated at intervals appropriate for the community.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*

AS2.1L	2		Communities Count, Healthcare for the Homeless Network, 04 Survey Results packet, Meeting summary 5/04, and membership list, Building Health and Human Services in South King County	Building Health and Human Services in South King County
AS2.2L	1	There has been a commendable process of involving the BOH in the development of a new core indicators report. However, there is no report of data relating to the core indicators provided to the BOH within the last year.	BOH Meeting minutes 3/04 and 12/04, including Core Indicators Spreadsheet	
AS2.3L	2		Healthcare for the Homeless Packet (Death Reviews, Letter to Dr. Plough, Health Care Plan 2005-2009)	
AS2.4L	2		2005 Epi Work plan	
AS2.5L	2		Communities Count White Center and EpiLog Newsletter	

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

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
AS3.1L	0	Documentation provided does not demonstrate analysis of specific programs, the goals of those programs, or progress toward achievement of those goals as presented to the BOH.	KC BOH 10/04 and meeting materials	
AS3.2L	1			
AS3.3L	1			
AS3.4L	2		United Way of King County Workshop on Results Based Accountability	United Way of King County Workshop on Results Based Accountability

AS3.5L	2		Columbia Health Center Chronic Care Model/Asthma Care, PHSKC Quality Improvement Program 2001, work plan and report 03, 04	

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

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
AS4.1L	2		Health Care for the Homeless 2004 Survey, Survey Results, Death Review, HCHN letter to Dr. Plough	
AS4.2L	1	Assessment data is the key component of this measure. Documentation regarding Groundwater Protection does not include assessment data to support degradation of groundwater quality.	BOH Proceedings 10/04: Racial Disparities in Infant Mortality and BOH Proceedings 12/04: Groundwater Protection	
AS4.3L	2		Healthcare for the Homeless Network-Policy for Monitoring and Evaluation of HCHN and Planning Council	Healthcare for the Homeless Network-Policy for Monitoring and Evaluation of HCHN and Planning Council Performance
AS4.4L	2		Evaluation of School Based Health Center Clinic and School Nurse Services	

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

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
AS5.1L	2		Data sharing agreement between DOH and PHSKC, Interlocal Data Sharing Agreement with OFM, Standard Business Associate Agreement	

AS5.2L	2		Security Program Policies, Encryption Policy/Procedure, Fax Policy/Procedure	Security Program Policies, Encryption Policy/Procedure, Fax Policy/Procedure

Score Totals for Topic 1. Understanding Health Issues

	Specific LHJ Totals:	*Peer Group Totals:*	*Combined LHJ Totals:*
% Demonstrates:	**76%**	**69%**	**56%**
% Partially Demonstrates:	**19%**	**21%**	**24%**
% Does not Demonstrate:	**5%**	**10%**	**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.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
CD1.1L	2		Qwest phone page, CD/Epi After Hours Message, Sea-King Website, home page; Duty Officer packet,	Duty Officer packet,
CD1.2L	1	No evidence of sending new providers comprehensive information for all notificable conditions	Listserv-PH related Communication & info; Provider Reporting Card, Website for Provider	Provider Reporting Card

CD1.3L	2		BOH 9/17/04 minutes re: immu., flu, and TB with TB PPT presentation; 5/04 BOH minutes,	BOH 9/17/04 minutes re: immu., flu, and TB with TB PPT presentation
CD1.4L	2		3/04 PHSKC- CD Epi and Immu Procedure for Receiving Notifiable Cond., Salmonellosis and Pertussis protocols: Emergency risk communication plan	Emergency risk communication plan
CD1.5L	2		2/04 BOH minutes and meeting packet with CD rates for selected indicators and issues and challenges for immunizations; 3/04 BOH minutes and packet with Draft core indicators	Packet with Draft core indicators, Presentation on issues and challenges for immunization
CD1.6L	2		CD Database screen print	CD Database screen print
CD1.7L	2		2/05 Shigellosis training-- with PPT, 2/04 Notifiable Condition Reporting, 10/04 Influenza, SARS and TB training	Shigellosis training -- with PPT

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.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
CD2.1L	2		Email 8-12-04 with numbers to DOH, 10/03 & 10/04 letter to Nursing and Medical Directors10/03 to school principals and nurses	
CD2.2L	2		Letters 10/03 and 10/04 letters to schools and hospitals, Qwest phone page, Website home page	

CD2.3L	2		Emergency Operations Plan- Section 2- Organization , Prevention Division; Appendix M-contacts;CD Epi Incident Command, Emergency Risk Communications Plan--2/05 Draft	CD Epi Incident Command, Emergency Risk Communications Plan--2/05 Draft

Standard 3: Communicable disease investigation and control procedures are in place and actions documented.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
CD3.1L	2		Frequently Requested Numbers, Hospitals and Lab Resource List, KC Medical Society Roster, Hepatitis Resources list	
CD3.2L	2		April 2004Epi-Log, June 2004 Epi-Log, Nov. 2004 Epi-Log, Listserv- 4 distribution lists- eight messages re: Avian Flu, Health Alert Network- 4-04 re: SARS	Nov. 2004 Epi-Log
CD3.3L	1	No evidence of procedure acquisition of emergency Biologics --- not related to "State-of Emergency" cases	3-05 Disease Investigation Training materials, CDX database reporting form, Pertussis protocol with case, Animal Bite/Rabies protocol(2001) , Involuntary Detention for TB-7/8-04 TB Incident	
CD3.4L	2		1-12/04 Annual report of Performance Statistics Measures, Monthly Reconciliation, Monthly QA Report Protocol and Feb 2005 report,	Monthly QA Report Protocol and Feb 2005 report
CD3.5L	2		Syndromic Surveillance System using chief complaint data, Performance Statistics Measures,	
CD3.6L	2		Disease Investigation Specialist position description & job announcement, Nurse Practitioner job announcement, CD Epi Hepatitis	

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

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
CD4.1L	2		2/04 Avian Flu List serve HealthAlert; 10/04 Faxcast health Alert Flu Vaccine Shortage; Press Release 10/5/04 - flu shot	
CD4.2L	2		KC Exec Office media Directory & Faxcast Protocols	
CD4.3L	2		Communications Team - Media Policy and Media Tips Guide	Communications Team - Media Policy and Media Tips Guide
CD4.4L	2		5 staff Risk Communication Training; Agenda & Meeting notes & PowerPoint	

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

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
CD5.1L	2		Pertussis outbreak Response Eval Summary; July/August 2004 TB Incident (non-compliant patient)	
CD5.2L	2		BOH briefing on TB Program Sept/17/ 04 & BOH minutes	
CD5.3L	2		Summary of Pertussis Outbreak Response Eval 1/8/03; Pertussis Protocol 9/04; Salmonella Protocol	
CD5.4L	2		SARS Investigation Protocol DFT 2/26/04;Focus Area B Work plan	

CD5.5L	2		Immunization & Communicable Disease Update June 2004; CD/EPI Staff Training Log
CD5.6L	2		Pandemic Influenza Preparedness & Response Plan; Quarterly Progress Report - Advanced Practice Center (regarding SARS threat)

Score Totals for Topic 2. Protecting People from Disease

	Specific LHJ Totals:	*Peer Group Totals:*	*Combined LHJ Totals:*
% Demonstrates:	**92%**	**75%**	**62%**
% Partially Demonstrates:	**8%**	**17%**	**22%**
% Does not Demonstrate:	**0%**	**8%**	**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.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
EH1.1L	2			

EH1.2L	2			
EH1.3L	1			
EH1.4L	2			

Standard 2: Services are available throughout the state to respond to environmental events or natural disasters that threaten the public's health.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
EH2.1L	2		Phone book page- 24 hr number, Website- contact information, Duty Officer SOP, Epi-Log newsletter contact info	
EH2.2L	2		PH-SKC Emergency Response Systems Guide, KC Emerg Basic Paln- 2003,Puget Sound Oil Spill after action report- 10/04, TOPOFF 2 After Action Report-- 6/03, Emergency Risk Commu Plan for PH	
EH2.3L	1	Oil Spill after- action report does not include any evaluation of public's access to critical EH services such as clean water, food, etc.	PH-SKC Emergency Operations Plan- 5/04, Website information, Oil Spill After Action debrief	
EH2.4L	2		PHSKC Emerg Response Systems Guide, Key Contacts list, Emergency Preparedness Training log, KC Regional Disaster training exercise	

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

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*

EH3.1L	2			
EH3.2L	2			
EH3.3L	2			

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

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
EH4.1L	2		PHSKC website -- Codes and Regulations directory	
EH4.2L	1			
EH4.3L	1			
EH4.4L	2			
EH4.5L	1			

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

	Specific LHJ Totals:	*Peer Group Totals:*	*Combined LHJ Totals:*
% Demonstrates:	**69%**	**63%**	**53%**
% Partially Demonstrates:	**31%**	**29%**	**30%**
% Does not Demonstrate:	**0%**	**8%**	**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.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
PP1.1L	2		HIV/AIDS Planning Council 04/05 Plan, Healthy Aging Partnership Meeting Minutes with Priorities	
PP1.2L	1	Focus of this measure is on local BOH, not WSBOH. Regarding the Methadone presentation, BOH action was to send a letter to the legislature, but no BOH action directed towards PHSKC priorities.	Briefing on Methadone, BOH meeting proceedings 12/04	
PP1.3L	2		2005 Department Business Plan. ABCD Program Grant Proposal and Report	

Standard 2: Active involvement of community members is sought in addressing prevention priorities.

Measure	Score	Comments	Documents	Exemplary Documents
PP2.1L	2		Kids Get Care Exec Comm. 1/04, KC Health Action Plan Steering Committee 10/03	
PP2.2L	1	Tobacco Cessation Training was focused on skills for individual interventions, not community involvement/mobilization	Tobacco Prevention Program participation in APPEAL leadership training program	

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.

Measure	Score	Comments	Documents	Exemplary Documents
PP3.1L	2		Kids Get Care Website, HIV/AIDS Website and brochure, Diabetic Resource Guide	
PP3.2L	2		Overweight Prevention: Strategic Action Agenda, Meeting Minutes, Inventory comparison	Overweight Prevention: Strategic Action Agenda, Meeting Minutes, Inventory comparison
PP3.3L	2		Children's Preventive Health Care Collaborative Packet	Children's Preventive Health Care Collaborative Packet
PP3.4L	2		TIPS Packet, CHILD Profile Packet	CHILD Profile Focus Groups Executive Summary

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

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
PP4.1L	1			
PP4.2L	2			
PP4.3L	1			
PP4.4L	2			

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

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
PP5.1L	2		Healthy Eating for Healthy Aging Final Report 03/04	
PP5.2L	2		Communication Team Guidelines, Asthma Educational Materials	
PP5.3L	1			
PP5.4L	1			

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

	Specific LHJ Totals:	*Peer Group Totals:*	*Combined LHJ Totals:*
% Demonstrates:	**65%**	**58%**	**48%**
% Partially Demonstrates:	**35%**	**28%**	**31%**
% Does not Demonstrate:	**0%**	**14%**	**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.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
AC1.1L	2		2004 EMS Annual Report with Summary of 2003 EMS Statistics, EMS Advisory Committee - 12/04 minutes	
AC1.2L	2		Website page for Oral Health Program with Commu Clinics, Front Desk manual-CD, Epi and Immu., Where To Turn -- 2002	

AC1.3L	2		Performance & Financial Review of CHCs and PH-SKC clinics- 4/2003,	Performance & Financial Review of CHCs and PH-SKC clinics- 4/2003,

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

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
AC2.1L	2	1998 Health of King County Report is too old to be considered valid documentation for this measure.	Performance and Finance of CHCs and PH clinics report- 2003; Kids Get Care data presentation with Well Child visits and Oral Health access information,	
AC2.2L	2	These two studies provide some qualitative description of gaps in access to CHS. Providing quantitative descriptions of gaps in access to CHS in the future will assist in targeting interventions	PH Data Watch-- Racial disparities in Infant Mortality- 10/04 report; Data Watch: Adolescent Pregnancy, Birth and Abortion-6/03 report	
AC2.3L	2		BOH 7/04 minutes & Presentation on Health Care for the Homeless Network	

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

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
AC3.1L	1	Good documentation of information about local resources and trends for well child visits and oral health, and convening community groups, but no documentation of stakeholder groups setting goals or taking action.	Kids Get Care Exec. Comm. Minutes- 1/04; King County Health Action Plan Steering Comm. Minutes and presentation- 10/03;	
AC3.2L	2		Healthy Aging Partnership meeting minutes, Final Report HEHA - 2004, Kids Get Care Exec. Comm.- 1/04, King County Health Action Plan- 10/03	

AC3.3L	2		Advanced Access Documentation- Improve PH clinic wait times, Combined Center Immunization project 2005; 11/04 Draft Community Health Div. Balanced Scorecard objectives, measures & targets	

Standard 4: Quality measures that address the capacity, process for delivery and outcomes of critical health services are established, monitored, and reported.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
AC4.1L	2	Data reports show tracking and reporting of a few of the QI performance measures. The link between measures and data reports could be strengthened and performance goals more clearly identified.	PHSKC Community Health Services Balanced Scorecard- 2/05; White Center Client Satisfaction Results- Q4/01-Q1/05, First Weeks of Advanced Access - FP Clinic- 7/04-1/05 monthly data	
AC4.2L	2		Fundamentals of Process Improvement and Facilitating Effective Teams- 10-2004 training agendas, PPTs and participant logs	

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

	Specific LHJ Totals:	*Peer Group Totals:*	*Combined LHJ Totals:*
% Demonstrates:	91%	69%	52%
% Partially Demonstrates:	9%	15%	16%
% Does not Demonstrate:	0%	16%	32%

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

Overall Score Totals: Seattle King County Public Health

	Specific LHJ Totals:	*Peer Group Totals:*	*Combined LHJ Totals:*
% Demonstrates:	79%	68%	55%
% Partially Demonstrates:	20%	22%	25%
% Does not Demonstrate:	1%	10%	20%

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

LHJ: Seattle King County Public Health

Program: EH: Food Safety

Topic: 1. Understanding Health Issues

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

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
AS3.2L	1	2005 work plan does not contain specific objectives or performance measures, no description of how appropriate data is used for evaluating program effectiveness, or how these activities are based on relevant research	2005 Work plan-Food and Facilities section	
AS3.3L	1	Report shows productivity targets for inspections and comparison to the target, but no analysis of progress toward goals	YTD Downtown Service Center productivity -- January 04	

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

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

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
EH1.1L	2		Website for Food Protection Program, Menu Review Newsletter- 2/05, Guidelines for Temporary Food Service Establishments- 6/03	
EH1.2L	2		Food Safety Advisory Council 11-04 minutes and roster	

EH1.3L	1	Documentation indicates some revision to food safety information, but several fact sheets shown in EH 1.1 are dated 91 and 93, and do not indicate annual review	Food Advisory Council 11-04 minutes, DOH website for Food Rules Revised	
EH1.4L	2		Food Rule Revision presentation with critical components, Preliminary program Evaluation of Food Handlers Program, Food Worker card class evaluation	Food Rule Revision presentation with critical components, Preliminary program Evaluation of Food Handlers Program

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

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
EH3.1L	2		Website for Food Protection Program, Examples of Food Inspection Reports, Epi-Log April 2004 regarding reported cases and Food borne Illness Primer for Physicians	Epi-Log April 2004 regarding reported cases
EH3.2L	2		Epi-Log Newsletters with monthly Hepatitis, E.coli and Salmonella data; Food Rule Revisions, CD Food borne Illness Complaint database and weekly reports, Food borne Illness Protocols	CD Food borne Illness Complaint database and weekly reports, Food borne Illness Protocols
EH3.3L	2		Preliminary Evaluation of Food Handlers Program	

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

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
EH4.2L	2		Food Program Enforcement and Related P&Ps with example forms	
EH4.3L	0	No documentation of reviewing selected enforcement actions for food safety, such as food disposal actions	Envision Database tracking system	

EH4.4L	2	Envision database tracking system
EH4.5L	2	Training Logs for the Envision database, Food Rule Revisions presentation & PPT

Overall Program Score Totals: EH: Food Safety

% Demonstrates:	% Partially Demonstrates:	% Does not Demonstrate:
69%	**23%**	**8%**

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

LHJ: Seattle King County Public Health

Program: EH: Zoonotics

Topic: 1. Understanding Health Issues

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

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
AS3.2L	1	No evidence of a systematic process that uses appropriate data to evaluate program effectiveness or written performance measures.	LCDF- 2004 Report-	
AS3.3L	1	No documentation of program goals, or of reporting progress toward goals. Analysis limited to dead bird bar chart.	Program Direct Activities by Service Type Report- 2004, KC Dead Bird Report-2003/2004	

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

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

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
EH1.1L	2		Zoonotics Website, WNV brochures and flyers, WNV video, and poster	
EH1.2L	2		WNV Interagency Work Group Table top Exercise- 6/04, WNV PPT for Interagency Group meeting, 5/04 letter to UW PH Informatics Dept.	

EH1.3L	2		9/04 WNV Interagency Work Group minutes indicating needed changes to WNV information, Revised website to include special precautions	
EH1.4L	2		WNV Phased Response Guidelines for KC-9/03, Management Practices for Mosquito Control, WNV Educ materials, and 4-04 Training for Municipalities packet	Management Practices for Mosquito Control, WNV Educ materials, and 4-04 Training for Municipalities packet

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

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
EH3.1L	2	EH information, including maps and surveillance data, are presented, although how the surveillance data is made available to community groups was not clearly identified.	WNV letter to municipalities, Website and response Plan packet	
EH3.2L	2		Canine leptospirosis report, Epi-Log article- 11/04 and article for newsletter; 2003 mosquito surveillance report from tracking system, Avian Mortality report	
EH3.3L	2		WNV Interagency Work Group minutes 9-04-- discussion of needed changes in education materials	

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

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
EH4.2L	1	No documentation of procedure description for management of rabies or any type of documentation needed to take enforcement action	Title 8 Rule/Reg for Rabies	

EH4.3L	1	No documentation of review of a selected number of cases with enforcement actions to evaluate the effectiveness of those actions.	Envision enforcement tracking system
EH4.4L	2		Envision database system
EH4.5L	1	Envision training relates to ability to document EH cases and enforcement actions, but does not demonstrate training on the specific enforcement procedures for specific types of violations, such as animal bites or dead bird testing.	Envision Training agenda- 2/05,

Overall Program Score Totals: EH: Zoonotics

% Demonstrates:	% Partially Demonstrates:	% Does not Demonstrate:
62%	**38%**	**0%**

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

LHJ: Seattle King County Public Health

Program: PP: First Steps

Topic: 1. Understanding Health Issues

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

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
AS3.2L	2		First Steps Packet	
AS3.3L	2		First Steps Packet	

Topic: 4. Prevention is Best: Promoting Healthy Living

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

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
PP4.1L	1	Documentation does not demonstrate adoption of overall priorities by BOH, or specific action in regard to First Steps	BOH Meeting 10/04, Presentation Materials on First Steps	
PP4.2L	2		Materials in various languages. Guidelines for Evaluation of Health Education materials from the HEM website, Communications Team Education Materials/Rep Policy	Guidelines for Evaluation of Health Education materials from the HEM website, Communications Team Education Materials/Rep Policy

PP4.3L	1	Documentation provided data, mainly in terms of staff productivity and completeness of charts. There was no documentation of information gathered from other sources or use of data to evaluate the program for the purposes of program improvement.	First Steps Packet	
PP4.4L	2		First Steps Packet, documentation of attendance at training	

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

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
PP5.3L	0	Documentation was provided for WIC breastfeeding activities and Kids Get Care--but, the focus here is on the First Steps program. It is clear that all of these efforts benefit similar populations, but it is unclear how these activities specifically link to First Steps	No First Steps documentation provided	
PP5.4L	2		First Steps Training of Trainers, Tobacco Cessation Training Guidebook	

Overall Program Score Totals: PP: First Steps

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

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

LHJ: Seattle King County Public Health

Program: PP: Immunizations

Topic: 1. Understanding Health Issues

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

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
AS3.2L	2		Immunization Packet	Immunization Packet
AS3.3L	2		Immunization Packet	

Topic: 4. Prevention is Best: Promoting Healthy Living

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

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
PP4.1L	1	Documentation does not demonstrate adoption of overall priorities by BOH, or specific action in regard to Immunizations. Meeting proceedings do not indicate BOH action on letter to Sen. Murray.	Immunization Business plan, PP presentation to BOH, BOH minutes 3/18/05, letter to Sen. Murray	
PP4.2L	2		Immunizations Packet, Communications Team Education Materials Policy	
PP4.3L	2		Immunization Packet	VCF Site Visit Letter and Guide

PP4.4L	2		Immunization Packet	

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

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
PP5.3L	2		Immunization Packet	
PP5.4L	0	The documentation provided re: the CHC Course on Vaccine-Preventable Disease was appropriate for meeting the measure on training in prevention, early intervention and outreach, but did not contain information on specific health promotion methods	No health promotion documentation provided	

Overall Program Score Totals: PP: Immunizations

% Demonstrates:	% Partially Demonstrates:	% Does not Demonstrate:
75%	**13%**	**13%**

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

Seattle King County Public Health

1. Understanding Health Issues

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

2. Protecting People from Disease

Measure	*Score*	*Compliance Demonstration*
CD1.1L	2	Demonstrates
CD1.2L	1	Partially demonstrates
CD1.3L	2	Demonstrates
CD1.4L	2	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	2	Demonstrates
CD3.5L	2	Demonstrates
CD3.6L	2	Demonstrates
CD4.1L	2	Demonstrates
CD4.2L	2	Demonstrates
CD4.3L	2	Demonstrates
CD4.4L	2	Demonstrates
CD5.1L	2	Demonstrates
CD5.2L	2	Demonstrates
CD5.3L	2	Demonstrates
CD5.4L	2	Demonstrates
CD5.5L	2	Demonstrates
CD5.6L	2	Demonstrates

3. Assuring a Safe, Healthy Environment for People

Measure	*Score*	*Compliance Demonstration*
EH1.1L	2	Demonstrates
EH1.2L	2	Demonstrates
EH1.3L	1	Partially demonstrates
EH1.4L	2	Demonstrates
EH2.1L	2	Demonstrates
EH2.2L	2	Demonstrates
EH2.3L	1	Partially demonstrates
EH2.4L	2	Demonstrates

EH3.1L	2	Demonstrates
EH3.2L	2	Demonstrates
EH3.3L	2	Demonstrates
EH4.1L	2	Demonstrates
EH4.2L	1	Partially demonstrates
EH4.3L	1	Partially demonstrates
EH4.4L	2	Demonstrates
EH4.5L	1	Partially demonstrates

4. Prevention is Best: Promoting Healthy Living

Measure	*Score*	*Compliance Demonstration*
PP1.1L	2	Demonstrates
PP1.2L	1	Partially demonstrates
PP1.3L	2	Demonstrates
PP2.1L	2	Demonstrates
PP2.2L	1	Partially demonstrates
PP3.1L	2	Demonstrates
PP3.2L	2	Demonstrates
PP3.3L	2	Demonstrates
PP3.4L	2	Demonstrates
PP4.1L	1	Partially demonstrates
PP4.2L	2	Demonstrates
PP4.3L	1	Partially demonstrates
PP4.4L	2	Demonstrates
PP5.1L	2	Demonstrates
PP5.2L	2	Demonstrates
PP5.3L	1	Partially demonstrates
PP5.4L	1	Partially demonstrates

5. Helping People Get the Services They Need

Measure	*Score*	*Compliance Demonstration*
AC1.1L	2	Demonstrates
AC1.2L	2	Demonstrates

AC1.3L	2	Demonstrates
AC2.1L	2	Demonstrates
AC2.2L	2	Demonstrates
AC2.3L	2	Demonstrates
AC3.1L	1	Partially demonstrates
AC3.2L	2	Demonstrates
AC3.3L	2	Demonstrates
AC4.1L	2	Demonstrates
AC4.2L	2	Demonstrates