

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

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 extensive prioritization process that engaged the BOH provided a detailed review of programs against mandates, the standards, and other criteria, and resulted in useful press coverage of what PH does, and how the financing is stretched.
- The strategic plan and use of scorecards to manage programs and set performance goals for individual employees, including training, planning, 2004 reports, translated to staff performance evaluations).
- The Health Statistics and Assessment Team, linkage on website for community provider resources and information for the community.
- The information technology policies and job descriptions are clear and thorough.

- The SnoLink system with all of the job descriptions, HR policies, program policies, contracts and other information are easily accessible to employees.
- The Community involvement in review of data and in planning for programs, including:
 - The CD and Bioterrorism manual for providers in the community;
 - The Epi Reports, key indicators, Flowcharts for CD and the format for communication;
 - The year-end reports of key indicators with years of trended data, and
 - The interdisciplinary work of the Partners in Child Care Program
- Thirteen years of clean audit reports and a congratulatory letter from the State Auditor.

Areas for Improvement

- Strengthen the use of data and reports on performance by using the after action and evaluation results to intentionally link to program improvements or training curricula and improvements.
- Implement tracking of training provided to staff via a database.
- Complete the reworking of the media policies.
- Standardize the evaluation format used for training provided to others to the Likert scale used by TB, summarize and track for purposes of evaluation.
- Develop a clear QI plan that is separate from the strategic plan, more focused on current operations. The balanced scorecard could feed into it and provide a more consistent use of trended data over time.

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.

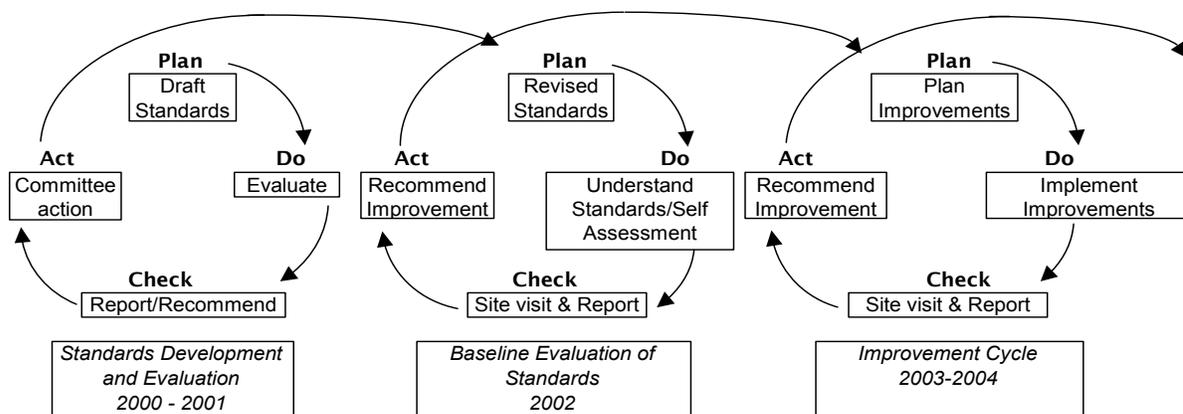
Next, select the areas where you want to improve your performance. All of the information provided in this report is intended to support improvement of your organization’s work on behalf of the citizens in your community and Washington State. After you have had a chance to digest this report and share 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/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: Snohomish Health District

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		Website publications (News Releases/Newsletters) & reports (BRFSS/PRAMS/Access to PCPs, data and statistics); BRFSS distribution letter and summary, HSA mailing list	BRFSS distribution letter and synopsis
AS1.2L	2		BRFSS cover letter to community and report, Community Colleague cover letter and Synopsis, 3/22/05 email	
AS1.3L	2		Four Health Statistics/Assessment staff member 2005 PE forms with individual performance measures, Balanced Scorecard Administration Division- HSA program	
AS1.4L	2		EpiNews & Reports, Jan-2005 BRFSS Synopsis & report, Birth Data Quality Technical Notes	Birth Data Quality Technical Notes
AS1.5L	2		Health Statistics and Assessment Manager & Research Analysis job descriptions & resumes, HS&A Training Log for staff	

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AS2.1L	2		Asthma Alliance of Snohomish County Roster, 3/03 Planning meeting presentation with Asthma Data and emerging issues, 2/04 Oral Health Summit presentation with data	
AS2.2L	2		10-12/04 BOH Report from Community Health Division & Nurse Family Partnership, 6-8/04 Tobacco and Injury report, All BOH agendas showing CD and EH monthly reports	
AS2.3L	2		PiCC Program Scorecard, Helping Kids Breathe Easier Grant Project Final report-7/04, HO letter 8/03 regarding Immunizations and Pertussis	
AS2.4L	2		Charter of the Central planning Committee, Balanced Scorecard for Admin Division-HSA program, Strategic Plan - Crosscutting Strategy for information and emerging health issues	Charter of the Central planning Committee
AS2.5L	2		Monthly CD & EH reports to the BOH, Healthy People 2010 Goals	

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		CH Division Reporting BOH schedule, CH Report 6.b.(2), Nurse Family Partnership Report, Tobacco and Injury Prevention Program Report-6-8/04	

AS3.2L	2		
AS3.3L	1		
AS3.4L	1	This measure addresses training in program-level evaluation, and not on individual staff performance as addressed in AD 2.6. Balanced Scorecard training limited to a few concepts and no evidence of evaluation process or how to apply to program evaluations	Individual Staff performance evaluation training session for supervisors, Balanced Scorecard Training PPT
AS3.5L	1	2-03 Memo Partners in Child Care (PiCC) productivity levels with monitoring data. No evidence of how the monitoring results or class evaluations are used to improve educational offerings.	8-02 PiCC Process Task/timeline, 2-03 Memo on PiCC productivity levels, 2005 PiCC Class Description Brochure

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		2002 BOH meeting minutes regarding arsenic in drinking water,	
AS4.2L	2		March 2005 Monthly Report to BOH regarding obesity, Wellness Community Mobilization summary - 3/05 - obesity specific goals/actions, 2002 arsenic in drinking water BOH activities	
AS4.3L	2		Health Statistics and Assessments Balanced Scorecard activities and measures	
AS4.4L	2		Local Capacity Development Funds Form with data, 2004 Water and Wastewater Balanced Scorecard, 2004 TB Control Balanced Scorecard	

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		MOU between SHD and DSHS/OCPP and Head Start, with exhibit A	
AS5.2L	1	No evidence of data reports shared with other agencies showing use of confidentiality procedures	Faxing Protected Health Information Policy and Procedure 10-04, 2 fax cover sheets, TIMS Database Security-warning information	

Score Totals for Topic 1. Understanding Health Issues

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
% Demonstrates:	81%	69%	56%
% Partially Demonstrates:	19%	22%	24%
% Does not Demonstrate:	0%	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.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
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CD1.1L	2		Communicable Disease & Bioterrorism Illness Surveillance Reference & Resource Manual -Emergency/24 hour phone #, letter to law enforcement and others 2004(CD 2.1)	
CD1.2L	2		Communicable Disease & Bioterrorism Illness Surveillance Reference and Resource Manual for H. C. Providers, List of contacts/schedule of clinics for 2004 visits	Communicable Disease & Bioterrorism Illness Surveillance Reference and Resource Manual for H. C. Providers
CD1.3L	2		BOH Health Officer Monthly Report- Jan-Dec 2004, Communicable Disease Report, Dec. 2004	Communicable Disease Report, Dec. 2004
CD1.4L	2		CD Protocol Manual, CD Outbreak Plan for staff roles and responsibilities in an outbreak	CD Outbreak Plan for staff roles and responsibilities
CD1.5L	1	no evidence of annual evaluation and resulting conclusions, changes, etc	BOH Health Officer Monthly Report Jan-Dec. 2004, CD 2004 Summary of reported cases	
CD1.6L	2		Tuberculosis Control 2004 Suspect Log, RVCT Form	
CD1.7L	0		no documentation provided	

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		Current listing from phone book, letter to DOH, hospitals, and others 3/04	

CD2.2L	2		Notifiable conditions Poster, mouse pad listing conditions, "Emergency Phone Number for Public Health" letter to EMS and others 3/04	
CD2.3L	2		Communicable Disease Outbreak Plan-updated 4/01/05, Disease Investigation Flow Chart for Partners in	Disease Investigation Flow Chart for Partners in Child Care

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		Lists of Medical Resources, Community Health Center brochure, copy of 2003 "Where to Turn" & requisition for 2005 copies	
CD3.2L	2		Copies of Epi News quarterly reports and Mailing lists to providers, 3/05	
CD3.3L	2		CD Procedures Manual (Animal Bites example) TB Suspect Investigation Timeline, Checklist for LTBI and MultiMed completion, HO Order to Obtain Blood HIV Testing 9/04	
CD3.4L	1	No evidence of an evaluation of timeliness	Check list for LTBI and Multimedia Completion 12/99, Cohort review form 7/04	Cohort review form 7/04
CD3.5L	2		Summary of reported CD cases 2004, Graphic description of key disease monitoring	
CD3.6L	2		Job Descriptions of PiCC Public Health Nurse, and Environmental Health Specialists	

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
CD4.1L	2		Health Alert to Providers, Measles- 04/04, Pertusis 5/03, Press Release-Measles 4/04	
CD4.2L	2		Current listing of media contacts, Distribution of Epi News to provider list(CD3.2L) and List of HC Providers (CD 1.2L)	
CD4.3L	2		Procedures for Responding to Media Requests, Media Encounter Form, Contacts for News Releases, Media Contact Form, Policy for Media Interviews	Procedures for Responding to Media Requests,
CD4.4L	2		Media training in 2004, 14 staff members attending	

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
CD5.1L	2		Letter to Child Care Dir 1/05, CD Investigation Guidelines for Child Care Providers-draft, Memo to child care center outlining investigation 12/04, El Paraiso Mexican Grill Food borne Outbreak 4/02	CD Investigation Guidelines for Child Care Providers-draft
CD5.2L	2		BOH Health Officer Reports to include Meningococcal Disease Prophylaxis- Child care Report 10/04, HIV AIDS 4/04	

CD5.3L	2		TB Protocol adopted by DOH, email from Dr. Spitters, Face sheet of updates, TB protocols 2004, Correspondence & backup DOH 2003 doc. Incidence data on Methicillin Resistant Staph Aureus(MRSA)	TB protocols 2004,
CD5.4L	1	No apparent evidence of CD goals and objectives as result of outbreaks	Communicable Disease Investigation Guidelines for Child Care Providers-draft 1/05, Food borne Illness Team Debrief 4/04, Influenza Vaccine Crisis 11/04	
CD5.5L	1	Documentation for only one CD staff provided	Epi Road Show 3/31/05	
CD5.6L	2		TB protocol revised and adopted 2004, CD Investigation Guidelines for Child Care Providers Draft, Vaccine Crisis/IMS Implementation 11/2004, After Action Rpt FB Illness Outbreak Team Debrief 4/02	Vaccine Crisis/IMS Implementation 11/2004

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:	81%	75%	62%
% Partially Demonstrates:	15%	17%	22%
% Does not Demonstrate:	4%	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.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH1.1L	2			
EH1.2L	2			
EH1.3L	2			
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		Phone book page with main LHJ number, After-hours 911 instructions, World Class Communications- Account for SHD with instructions, Email from World Class Communications with after hours phone numbers	
EH2.2L	1	No documentation of discussion or conclusions regarding the response plan or EH investigation protocols and whether any changes may be needed to the plan or protocols.	Disaster Preparation and Response Plan- SHD- may 2002; Norwalk-like Outbreak April 2002 Summary	
EH2.3L	1	No documentation of after-action debrief or resulting changes to the flood related information or procedure	Emergency Flood Sanitation Policy and Procedure- revised 10-03, News Release for Emergency Flood Sanitation- 12/04,	

EH2.4L	1	Limited documentation of specific roles for LHJ staff in Disaster Preparation and Response Plan	SHD Disaster Preparation and Response Plan, Incident Management Training-Sept. through Dec 2004
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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			
EH3.2L	2			
EH3.3L	2			

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH4.1L	2		SHD Sanitary Code Notebook, Water and Wastewater codes and program policies, and forms and documents available at front counter; Online versions available through SHD Sanitary Code website	
EH4.2L	2			
EH4.3L	1			
EH4.4L	1			
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>
% Demonstrates:	63%	63%	53%
% Partially Demonstrates:	38%	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.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
PP1.1L	2		BOH memos, minutes, Binder of materials for 4/04 prioritization retreat, final list of priorities	Binder of materials for 4/04 prioritization retreat
PP1.2L	2		Binder for BOH prioritization retreat	
PP1.3L	2		CH Division scorecard, PiCC scorecard, local capacity development fund report	

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
PP2.1L	1	The materials provided do not identify the community partners that are a part of the PSBP	Partnership for Science-Based Prevention vision/mission/phases, minutes 3/05	
PP2.2L	2		Training log: CADCA Volunteer Recruitment/Retention and Facilitating Nonprofit Collaboration	

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		Screen print from website, browse of website	
PP3.2L	0		No documents available to demonstrate compliance	
PP3.3L	0		No documents available to demonstrate compliance	
PP3.4L	0		No documents available to demonstrate compliance	

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
PP4.1L	2			

PP4.2L	1
PP4.3L	2
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		Basic Tobacco Intervention Skills training agenda, list of trainings, Tobacco Cessation in Your Practice	
PP5.2L	1	Great tobacco materials and training, however, measure focuses on an overall system of organizing, evaluating, updating and developing health promotion materials.	Tobacco Cessation Resources pamphlets, brochure, related materials booklet, table of train the trainer activities	
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:	59%	58%	48%
% Partially Demonstrates:	24%	28%	31%
% Does not Demonstrate:	18%	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.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AC1.1L	2		Access to Primary Care Providers in Snohomish Co. MCH Oral Health Con Con Activity Plan, Progress Rpt.-includes HPSA for Dental providers	
AC1.2L	2		Where to Turn Booklet of Community Services, 2003 (order in for 2005), Client referral by PHN to dental program	

AC1.3L	0	no documentation provided
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Standard 2: Available information is used to analyze trends, which over time, affect access to critical health services.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AC2.1L	2		MCH Oral Health Con Con Activity Plan-Progress Report, and Final Report 2003-2004, Access to Primary Care Providers in Snohomish County, 2003	
AC2.2L	2		Child Profile-Linked Developmental Screening Pilot , Executive Summary 9/2004, MCH Oral Health Con Con Activity Plan, Progress Report and Final Report	Child Profile-Linked Developmental Screening Pilot , Executive Summary 9/2004,
AC2.3L	2		Access to Baby and Child Dentistry, January 2005, Access to PC Providers -Report to BOH 9/04	

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AC3.1L	2		Snohomish Co. Medical Society Minutes 5/03-discussion of HPSA Survey Process, Press Release, 9/04, Access to Primary Care Providers in Snohomish Co.	
AC3.2L	0		no documentation provided	
AC3.3L	8		NA-no documentation provided as initiatives have not been selected	

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	2		Immunization Outside Provider Agreement for Vaccine, Immunization Program Provider Clinic Site Visit Tool, 5/03, MCH Oral Health ConCon Activity Plan, Progress Rpt.	Immunization Program Provider Clinic Site Visit Tool, 5/03
AC4.2L	0	This measure requires training in quality improvement measurement and tools, not on program content	NCAST Reliability Instruction Plans 2005	

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:	70%	69%	52%
% Partially Demonstrates:	0%	15%	16%
% Does not Demonstrate:	30%	16%	32%

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

Overall Score Totals: Snohomish Health District

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
% Demonstrates:	72%	67%	55%
% Partially Demonstrates:	20%	22%	25%
% Does not Demonstrate:	8%	10%	20%

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

LHJ: Snohomish Health District

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		Balance Scorecard Process Memo and Guidelines, 2004 and 2005 Water and Wastewater sections, SHD Prioritization Process documents, County Priorities of Government Process, Health & Vulnerabilities Request	Balance Scorecard Process Guidelines, 2004 and 2005 Water and Wastewater sections, Health & Vulnerabilities Request
AS3.3L	2		2004 Water and Wastewater Balanced Scorecard Report, BOH minutes for Jan., Feb., and May 2004, and April 2004 BOH Retreat	

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		Flyers and brochures available online, Permit process for Onsite Sewage, Disposal Pumper List and Tank Maint. Handout	

EH1.2L	2	Sept. 2004 BOH minutes and Alternative Systems for OSS PPT, Database listing "Requests for Service" and case files of assistance	
EH1.3L	2	Informational materials database-Wastewater section-with Pumpers List, Emergency Flood Sanitation flyer, and Landscaping Tips for OSSDS	Informational materials database-Wastewater section
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		EH Division Current Activity Reporting - reported monthly to BOH, Request for Public Records process if community member requested information	
EH3.2L	2		Health Statistics -Water related CD information online; EpiNews & Reports-Q4,2004	EpiNews & Reports-Q4,2004
EH3.3L	2		2004 Water Balanced Scorecard report, and BOH minutes-9-04 and April 2004 Retreat process	2004 Water Balanced Scorecard report

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		Enforcement Procedure Guidelines--OSS disposal systems with sample forms, various sanitary codes,	

EH4.3L	1	No documentation of a sample of OSS or other cases being evaluated for effectiveness of enforcement actions	2004 Balanced Scorecard Report - indicates evaluation for timeliness	
EH4.4L	2		Complaint tracking database-FilemakerPro; Field Investigation Reports- Service Record section	
EH4.5L	2		EH Training Log for all EH employees	EH Training Log for all EH employees

Overall Program Score Totals: EH: Wastewater Management

% Demonstrates:	% Partially Demonstrates:	% Does not Demonstrate:
85%	8%	8%

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

LHJ: Snohomish Health District

Program: EH: Drinking Water

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		Balanced Scorecard Process Memo and Guidelines, 2004 Scorecard Report, 2005 performance measures	
AS3.3L	2		2004 Balanced Scorecard Report and 2004 Initiative Report--Local Capacity Development Funds	

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		Adequate Water Supply for Building Permit, Newsletter for Small System Operators- June 2003, Hard copy and online sanitation codes	
EH1.2L	2		BOH development and implementation of Local Drinking Water Rules for Arsenic- Jan-July 2002, Community Meeting re: Rimrock	

EH1.3L	2		Informational materials Database with Bac-T- Water sampling Fact Sheet-6/04,Bac-T-Report, Inor5ganic-Understanding Your Water Test Report
EH1.4L	1	No documentation of evaluating training sessions for effectiveness	Activities for LCDF- 2004 Initiative Report Protection of Potable Public Water Supplies

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		EH Monthly Report to BOH, Request for Public Records process	
EH3.2L	2		Health Statistics --online EH related illness, including giardiasis, EpiNews and Reports Newsletter- Q4, 2004	
EH3.3L	2		Balanced Scorecard Process and Report	

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		Adequate Water Supply for Building Permit flyer, Sanitary Codes	
EH4.3L	0		No documentation provided	
EH4.4L	1	Unable to identify investigation, any enforcement actions or reporting to other agencies	FileMaster Pro Complaint Tracking system	

Overall Program Score Totals: EH: Drinking Water

% Demonstrates:	% Partially Demonstrates:	% Does not Demonstrate:
77%	15%	8%

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

LHJ: Snohomish Health District

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		PiCC program scorecard, End of Year numbers, Guide to Health and Safety	PiCC program scorecard, End of Year numbers, Guide to Health and Safety
AS3.3L	2		PiCC End of Year Numbers, 2005 Local Capacity Development Initiative Report	

Topic: 4. Prevention is Best: Promoting Healthy Living

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
PP4.1L	2		SHD Administration minutes, BOH Meeting minutes, EPA Final Grant Report	EPA Final Grant Report
PP4.2L	1	Information about how to obtain materials from the Resource Library is described in the Procedure Manual. Did not find information regarding how materials are selected for inclusion (reviewed for appropriateness) in the Resource Library.	Census 2000, 2004 Report Access to PCPs, PiCC Procedure Manual 2005	

PP4.3L	2	PiCC End of Year Numbers, Scorecard, 2005 Local Capacity Development Report, program memos, CD investigation guidelines draft	CD Investigation Guidelines for Child Care Providers
PP4.4L	2	Position descriptions, resume, copies of trainings attended, organizational chart	

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	The connection between class evaluations and improvement of program or curriculum is implied, would be better if there were summary analysis of evaluations, with recommended changes directly described	Training Classes Activity Report 2004, class description and schedule brochure, training evaluations, memos to staff discussing classes and process for revising curriculum	
PP5.4L	2		Purchase orders for training and descriptions of training attended	

Overall Program Score Totals: PP: Child Care

% Demonstrates:	% Partially Demonstrates:	% Does not Demonstrate:
75%	25%	0%

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

LHJ: Snohomish Health District

Program: PP: Tuberculosis

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		TB scorecard, 2005 Snohomish County priority package submittal which includes references to research and standards of practice, listing of resources	
AS3.3L	1	No evidence of completed analysis of scorecard report, DOH report is statewide although it appears that the conference call reviewed county level data	cohort review forms and DOH quarterly cohort review session (statewide data), 2004 scorecard	

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		Prioritization Questions for TB/Refugee Health, BOH Priority listing from retreat, with TB/Refugee Health in top group	
PP4.2L	2		2004 Training: Translated and Cross-Cultural Health Information on the Web, Medline Guide to Web Surfing, materials in 3 languages, TB Epi Profile 2003, training agenda/reader friendly tips	

PP4.3L	2	TB scorecard, 2005 Areas for Growth in TB/Refugee, TB and Homelessness
PP4.4L	2	RN job description, agenda for WSPHA, 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	Terrific presentation material and evaluation, with list of attendees. However, no information provided about other health promotion activities or summary listing, numbers of attendees, etc.	PP presentation to Refugee Resettlement, bilingual, also bilingual evaluation form	
PP5.4L	2		Hep C Conference, Tobacco Use and Prevention Conference	

Overall Program Score Totals: PP: Tuberculosis

% Demonstrates:	% Partially Demonstrates:	% Does not Demonstrate:
75%	25%	0%

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

Snohomish Health District

1. Understanding Health Issues

<i>Measure</i>	<i>Score</i>	<i>Compliance Demonstration</i>
AS1.1L	2	Demonstrates
AS1.2L	2	Demonstrates
AS1.3L	2	Demonstrates
AS1.4L	2	Demonstrates
AS1.5L	2	Demonstrates
AS2.1L	2	Demonstrates
AS2.2L	2	Demonstrates
AS2.3L	2	Demonstrates
AS2.4L	2	Demonstrates
AS2.5L	2	Demonstrates
AS3.1L	2	Demonstrates
AS3.2L	2	Demonstrates
AS3.3L	1	Partially demonstrates
AS3.4L	1	Partially demonstrates
AS3.5L	1	Partially demonstrates
AS4.1L	2	Demonstrates
AS4.2L	2	Demonstrates
AS4.3L	2	Demonstrates
AS4.4L	2	Demonstrates
AS5.1L	2	Demonstrates
AS5.2L	1	Partially demonstrates

2. Protecting People from Disease

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

CD1.6L	2	Demonstrates
CD1.7L	0	Does not demonstrate
CD2.1L	2	Demonstrates
CD2.2L	2	Demonstrates
CD2.3L	2	Demonstrates
CD3.1L	2	Demonstrates
CD3.2L	2	Demonstrates
CD3.3L	2	Demonstrates
CD3.4L	1	Partially demonstrates
CD3.5L	2	Demonstrates
CD3.6L	2	Demonstrates
CD4.1L	2	Demonstrates
CD4.2L	2	Demonstrates
CD4.3L	2	Demonstrates
CD4.4L	2	Demonstrates
CD5.1L	2	Demonstrates
CD5.2L	2	Demonstrates
CD5.3L	2	Demonstrates
CD5.4L	1	Partially demonstrates
CD5.5L	1	Partially demonstrates
CD5.6L	2	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	2	Demonstrates
EH1.4L	1	Partially demonstrates
EH2.1L	2	Demonstrates
EH2.2L	1	Partially demonstrates
EH2.3L	1	Partially demonstrates
EH2.4L	1	Partially demonstrates

EH3.1L	2	Demonstrates
EH3.2L	2	Demonstrates
EH3.3L	2	Demonstrates
EH4.1L	2	Demonstrates
EH4.2L	2	Demonstrates
EH4.3L	1	Partially demonstrates
EH4.4L	1	Partially 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	2	Demonstrates
PP2.1L	1	Partially demonstrates
PP2.2L	2	Demonstrates
PP3.1L	2	Demonstrates
PP3.2L	0	Does not demonstrate
PP3.3L	0	Does not demonstrate
PP3.4L	0	Does not demonstrate
PP4.1L	2	Demonstrates
PP4.2L	1	Partially demonstrates
PP4.3L	2	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	2	Demonstrates
AC1.2L	2	Demonstrates

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