

Standards for Public Health in Washington State: 2005 Performance Assessment Report Local Health Jurisdictions Report for: Spokane Regional 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 strong role of assessment in the organization, reflected in the data driven Strategic Plan, priority setting, Spokane Counts, the logic model/evaluation training activities, the Access Report and PowerPoint presentation to the Chamber Wye River process, and the Standards training log.
- The training in evaluation, and the Logic Model, now at the point of establishing performance measures—not yet able to have data collection, but the deliberate and systematic effort is apparent and is a good mechanism for improvement.
- The clear attention to the 2002 Standards Report and specific projects to address areas needing improvement, especially the actions on access activities reflecting work in an area needing improvement from 2002 baseline cycle.

- The well-designed public reports and materials, with many examples and review of all public materials and evaluation of their readability and accuracy, etc., shows a systematic process for keeping materials current.
- The First Steps TERM project documented the full QI cycle of the gap analysis (oral health issues for Medicaid moms), researched the science (impact of oral disease on birth weight and term), designed the intervention (nurse oral health screening, referrals to willing dental clinics, educational and self care materials), obtained the funding (foundation grant), and documented the results (oral disease identified and treated, birth outcomes).
- The staff discussion on the Communicable Disease Report seeking to identify cause for current health status such as asking “Why? What could we do differently to improve our CD outcomes?”
- The Food Safety Partners Program including the evolution of the program, focus and incentives to promote food safety is well-designed and comprehensive.
- The process to document high-risk food inspections to flag systematically where additional issues may be involved is a good example of self-audits to improve processes.
- The IT processes, in draft, look good, as do the HIPAA Manual, training, and privacy.

Areas for Improvement

- Continue the transition to the Logic Model, with evaluation of programs using the outcomes data to establish performance measures, collect and analyze the data (example of food safety training).
- Look for more opportunities to take data to the BOH as the basis for policy decisions and to strengthen the opportunities to ground BOH decisions in data.
- Develop and implement QI plan that is separate from the strategic plan, more focused on current operations, reflecting the evaluation and results of current work processes.

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

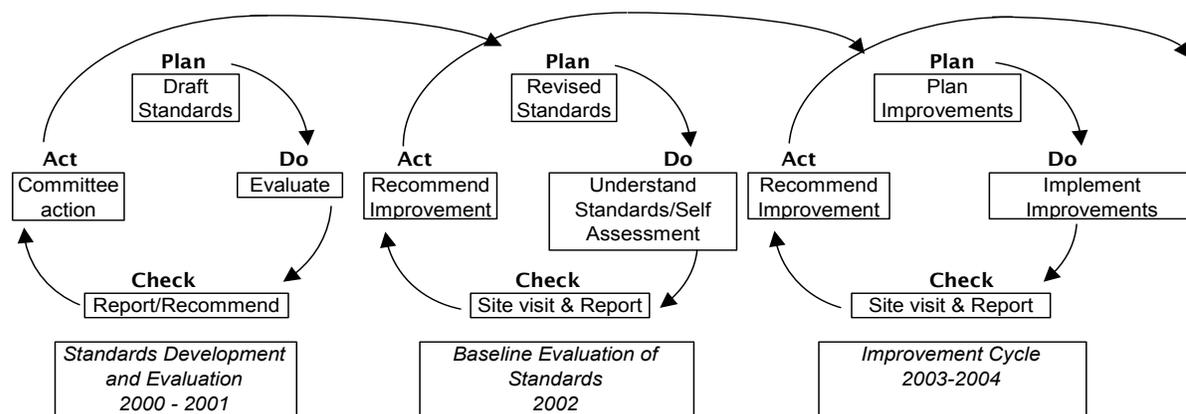
improvements had been developed and implemented. Again, thank you for all of your hard work every day, and especially in preparing for the site reviews.

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.
- **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: Spokane Regional 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		Spokane counts, newspaper insert, website screen page	Spokane Counts
AS1.2L	2		SRHD Guide to Programs and Services, Website screens	SRHD Guide to Programs and Services
AS1.3L	2		04/05 Assessment Projects updates, 05 work plan	SRHD 2005 Work plan
AS1.4L	2		Spokane Counts, 03 Morbidity Report	
AS1.5L	2		Position descriptions, standards training log, regional assessment meetings	Standards Training Log

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		Spokane Counts	
AS2.2L	2		Spokane Counts, BOH minutes 1/2004	

AS2.3L	2		2004 Strategic Planning, page 9, 2005 work plan	2004 Strategic Plan
AS2.4L	2		04/05 assessment project updates, 05 work plan	
AS2.5L	2		Spokane Counts, 2005-2009 SRHD Strategic Work plan	2005-2009 SRHD Strategic Work plan

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	1	State of Spokane's Health lays out priorities for the future, so progress cannot yet be reported, and the 2004 Division Highlights describe a great deal of work, but not the relationship to past program goals	State of Spokane's Health 2005, Policy Agenda, BOH minutes 1/05	State of Spokane's Health 2005, Policy Agenda
AS3.2L	1			
AS3.3L	1			
AS3.4L	2		Outcome-Based Evaluation training materials (2004), Basic Statistics (2004), Connecting the Dots (2002), staff sign in sheets	Outcome-Based Evaluation training materials
AS3.5L	1	SRHD has taken major steps to bring program evaluation into the work of the organization--the training, logic models, and newsletter overview of the process are very impressive. It is too early in the process to see performance data analysis and its use in improving programs.	Suicide Prevention Logic Model 2004, Action Plan 2005, 3/30/05 e-mail, March/April 2005 Newsletter	Suicide Prevention Logic Model 2004, Action Plan 2005, 3/30/05 e-mail, March/April 2005

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		Spokane Chamber Health Industry Network, Wye River and Healthy Spokane meeting agendas and minutes, Assessment of Health Care System 4/04	Assessment of Health Care System 4/04 (book and slides)
AS4.2L	2	Note that the 2005 State of Spokane's Health does not include assessment data, nor was there documentation of a presentation on data to the BOH in 1/05 when the report was presented to them	State of Spokane's Health 2004, BOH minutes 1/04	
AS4.3L	2		2004 Strategic Planning notebook	
AS4.4L	2		Communicable Disease Statistics 6/04, report review minutes 04, 05 epi unit review and work plan	Communicable Disease Statistics 6/04

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		CHILD profile information sharing agreement, SRHD Assessment/Epi Center Protocol Manual	SRHD Assessment/Epi Center Protocol Manual
AS5.2L	2		CHILD profile, Medicaid and Medicare electronic submission documents	

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>
CD1.1L	2		Phonebook listing; SRHD Emergency Contact Data for External Release with distribution list	
CD1.2L	2		EPIGRAM newsletter, Mar 2005; Public Health Liaison position description and quarterly report; Physician list; Communicable Disease Manual; Specialized manuals for veterinarians, nursing homes, etc.	

CD1.3L	2	The State of Spokane's Health, 2003; Board of Health meeting minutes: March 25, 2004; December 2, 2004	
CD1.4L	2	SRHD Rabies Control Policy; Communicable Disease Procedure Manual, April 2005	
CD1.5L	2	Communicable Disease Statistics, 1999-2003 Spokane County, June 2004; Communicable Disease report review meeting minutes, September-December 2004; Influenza and Pneumonia; 2005 Epidemiology Work plan	Communicable Disease Statistics, 1999-2003 Spokane County
CD1.6L	2	Timeline Analysis Procedure; Confidential Chronic Hepatitis B/C Case Report; PHIMS Case Report (blank)	
CD1.7L	2	Son of CD meeting minutes: July 7, 2004, Feb 16, 2005; Standards training log	Standards training log

Standard 2: Response plans delineate roles and responsibilities in the event of communicable disease outbreaks and other health risks that threaten the health of people.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
CD2.1L	2		Phonebook listing; SHRD Emergency Contact Data for External Release with distribution; DOH Redbook	
CD2.2L	2		Communicable Disease Manual Phone list	
CD2.3L	2		SHRD Communicable Disease Procedure Manual, 4/05; SRHD Emergency Preparedness & Response Plan	SHRD Communicable Disease Procedure Manual, 4/05; SRHD Emergency Preparedness & Response Plan

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	Excellent community resource information	Community Resource Flyer; WIC Resource Referral List; Spokane Community Resource Directory	Spokane Community Resource Directory
CD3.2L	2		Epigram Monthly Newsletter, Aug 2004; Enteric Illness Press Release, Nov 19, 2004	
CD3.3L	2		Communicable Disease Procedure Manual, April 2005; Public Health Emergency Preparedness and Response Plan, July 6, 2004; Timeliness Analysis Report	
CD3.4L	2		Timeliness Analysis Report	
CD3.5L	2		Communicable Disease Procedure Manual, April 2005	
CD3.6L	2		Position Descriptions; Standard Training logs	

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		Pertussis Health Alert, 8/18/04; Influenza Health Alert	
CD4.2L	2		Fax/email distribution list for providers; Media contact list; CD Procedure Manual	

CD4.3L	2	SRHD Employee Handbook, p 72; SRHD Media Training Guide, 11/8/01, pp 6-8
CD4.4L	2	Crisis and Emergency Communications Workshops attendance lists, 2/04-2/05; Risk Comm

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		Communicable Disease Statistics, 1999-2003 Spokane County Morbidity Report, June 2004; Pertussis Debrief; Sewage Treatment Plant incident debrief	
CD5.2L	2		Board of Health meeting minutes, Dec 2004	
CD5.3L	2		Communicable Disease Procedure Manual, April 2005	
CD5.4L	1	No documentation of issues identified in outbreak evaluations and the Epi Unit planning summary goals and objectives. Performance for this measure could be shown by making the link between evaluation and outbreak debriefing results and subsequent goals and objectives.	2005 Epidemiology Unit review	
CD5.5L	2		CD Training logs, 2005; Standard Training log	
CD5.6L	2		2005 Epidemiology Unit Review; 2005 Epidemiology Work plan; Pertussis debrief	

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:	96%	75%	62%
% Partially Demonstrates:	4%	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.

<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	2			

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		Spokane Phone Book SRHD page, Internal EH Emergency phone list, Emergency EH Recall Procedure	
EH2.2L	2		SRHD Emergency Preparedness & Response Plan- 7/04; 10-04 Flu Clinic After-Action Review Meeting, Issues and Recommended Actions for Response Improvement table in Flu Vaccine Shortage Report	
EH2.3L	1	After Action report includes review of the public's access to vaccination services and recommendations for change. There was no evidence of any information or outreach to the public on how to access the vaccine clinics during the shortage.	2004 Flu Vaccine Shortage Response After Action Report, SRHD Emergency Response Plan - 7-04	
EH2.4L	2		SRHD Emergency Response Plan- 7/04, SNS Tabletop Exercise-- 3/04, Pandemic Influenza Planning -- 10/04, employee certificate for PH Emergency Preparedness & 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 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		SRHD Website EH links to codes and ordinances, Food Rules Brochure	
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>
% Demonstrates:	75%	63%	53%
% Partially Demonstrates:	25%	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	The tobacco materials provided under 2.1 provides a clearer picture of a priority setting process	2003 Tobacco Survey results, Tobacco Strategic Plan 2005-2008, list of meeting attendees, Priority Strategies	
PP1.2L	2		Spokane Counts, BOH minutes 1/03, 1/05, BOH retreat minutes 2/05	
PP1.3L	2		2005 State of Spokane's Health, 2004 Strategic Planning, Priority 3	

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		2003 Tobacco Survey results, Tobacco Strategic Plan 2005-2008, list of meeting attendees, Priority Strategies	
PP2.2L	0	Documents provided focused on ERT training and emergency preparedness--the focus of this training is on methods of activating community participation in prevention and health promotion activities		

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		SRHD website, Community Resource Directory, Community Resource Flyer	
PP3.2L	2		SRHD First Steps Annual Report	
PP3.3L	2		TERM Project, PP presentation to Fall Conference	
PP3.4L	2		SRHD Annual Report 2004, TERM project	

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	1			
PP4.4L	1			

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		SRHD 2004 First Steps Annual Report, Tobacco Cessation component	
PP5.2L	2		SRHD annual review of public material (criteria), Flu Facts training for providers	SRHD annual review of public material (criteria)
PP5.3L	1			
PP5.4L	1			

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:	65%	58%	48%
% Partially Demonstrates:	29%	28%	31%
% Does not Demonstrate:	6%	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		Health Care System Inventory, An Assessment of the Health Care System	Health Care System Inventory, An Assessment of the Health Care System
AC1.2L	2	Is a very comprehensive document for resource activities	Spokane Community Resource Directory, Client visit form including referral	Spokane Community Resource Directory

AC1.3L	2	PowerPoint presentation at May 24, 2004 meeting was particularly helpful.	Wye River Group and Healthy Spokane meeting agendas and minutes, with Health Care System - Access Issues Indicator Report	Health Care System - Access Issues Indicator Report
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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		Health Care System Inventory, Jan 2005; An Assessment of the Health Care System, April 2004	
AC2.2L	2		Health Care System Inventory, Jan 2005; An Assessment of the Health Care System, April 2004	
AC2.3L	2		Health Care System Inventory, Jan 2005; An Assessment of the Health Care System; April 2004; State of Spokane's Health 2004 - Improvement through Partnership; Board of Health meeting minutes, May 27	

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		TERM Project, Power Point presentation; Abstract for WSPHA; TERM Dental Provider list; TERM Final Report 2004	
AC3.2L	2		TERM Final Report 2004; TERM Dental Provider list	

AC3.3L 2

2004 Strategic Plan Data driven Decisions for Policy Development and Change; Priority 8: Improve Access to Critical Health Services and Care Coordination work plan; Executive Team meeting minutes

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.	No documentation provided.	
AC4.2L	2		Recognizing Diversity in a Multigenerational Workplace; Delivering Customer Services to Diverse Audiences; Attendance sheets; Food Program Meeting Minutes, 7/8/04	

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

	<i>Specific LHHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHHJ Totals:</i>
% Demonstrates:	91%	69%	52%
% Partially Demonstrates:	0%	15%	16%
% Does not Demonstrate:	9%	16%	32%

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

Overall Score Totals: Spokane Regional Health District

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
% Demonstrates:	82%	67%	55%
% Partially Demonstrates:	15%	22%	25%
% Does not Demonstrate:	2%	10%	20%

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

LHJ: Spokane Regional Health District

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	The Logic Model effort with training and program specific process, impact and population-based outcomes is an excellent framework for establishing goals, objectives, and performance measures. The Logic Model does not currently describe performance measures	Program Logic Model Outputs and Process Outcomes, 2003 Food Program Activities and Objectives summary	
AS3.3L	2	Area Work Plans for 2004 show planned numbers of inspections, and manual tallies of monthly totals of activities provides comparisons to plan. Food Program meeting minutes describe priority setting for individual staff based on actual activities.	Area Work Plans - 2004, Monthly Calendars of planned activities, Various Food Program Meeting minutes, Food Program "Bean Counting" Monthly totals for Jan-June-04	

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		SRHD Website- Food Safety section, Temporary Food Events brochure-7/03, Food Rule Brochure- rev. 2005	
EH1.2L	2		SRHD Food Advisory Committee- 8/03, Food Safety Workshop Brochure	

EH1.3L	2	Educational Materials Review Log, Temporary Food Events- 7/03	
EH1.4L	2	Food Safety Partners packet with numerous brochures, workshop flyers and materials, including forms;3-05 workshop evals summary, 5-04 Food Advisory discussion of workshop evals	Food Safety Partners packet with numerous brochures, workshop flyers and 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	Some EH key indicators for health risk and illness are evident in Spokane Counts report, no evidence of trended data was provided or a system to assure trended data is shared with appropriate agencies.	Spokane Counts Report, and Spokane Counts Newspaper insert - page 7 EH Safe Food and Water graph, SRHD Website with State of Spokane's Health-2004 & 2005, Food Advisory workshop eval data	
EH3.2L	2		Spokane Counts- page 42 & 43- EH Food and Waterborne Diseases, 1999-2003 Spokane County--CD Statistics- E. coli and Salmonellosis	1999-2003 Spokane County--CD Statistics- E. coli and Salmonellosis
EH3.3L	2		BOH minutes- 12/04 regarding espresso stands, BOH Resolution #05-03	

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 Procedure for Enforcement of Food Service Rules and Regulations with Clarification -4/03	

EH4.3L	2	2nd Re-inspection review process- 2005, Compliance verification site visit process- 2005, Revised Hold Order for Food Service Establishments	2nd Re-inspection review process- 2005, Compliance verification site visit process- 2005
EH4.4L	2	Food Program Complaint log and Request for Information form, Access database inspection report example from initial inspection to 1st re-inspection to 2nd re-inspection.	
EH4.5L	2	5-04, 12-04 and 3-05 Enforcement Procedure training logs	

Overall Program Score Totals: EH: Food Safety

% Demonstrates:	% Partially Demonstrates:	% Does not Demonstrate:
92%	8%	0%

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

LHJ: Spokane Regional 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	1	The Logic Model effort with training and program specific process, impact and population-based outcomes is an excellent framework for establishing goals, objectives, and performance measures. Currently, there is no evidence of specific performance measure	Liquid Waste Program Logic Model, 2003 Work Plan- Liquid Waste Program, 3-02 Application of Treatment Standards 1 and 2	
AS3.3L	1	The State of Spokane reports provide some annual data of total number of activities. No evidence of how these data compare to goals or analysis of performance measures to report progress toward	Total number of Liquid Waste packets sent -- 12/99-9-02; Improvement through Partnership-1/04- liquid waste program accomplishments, Input to 2005 State of Spokane Health 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		SRHD website on Waste/Septic information, The Truth about Septic System Additives brochure- 9/02, Checklist for Application to Install an OSS flyer - 1-04	

EH1.2L	2	2/03 BOH agenda and minutes- pg. 7- Changes to OSS regs Resolution, 3-03 BOH minutes with approval of resolution, WSU class outline- 2/05- Septics, Wells and Meth Houses
EH1.3L	2	Educational Materials Review Log, The Truth About Septic Systems Additives brochure
EH1.4L	2	On-Site Septic Systems presentation, Septics, Wells and Meth Houses- 11/04 course evaluation summary

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	Spokane Counts report insert contains EH data, and was distributed with the newspaper, 2004 State of Spokane Health reported to the BOH	Spokane Counts Report and Newspaper Insert showing EH data, 2004 State of Spokane Health report,	
EH3.2L	1	Some EH key indicators for health risk and illness are evident in Spokane Counts report, no evidence of trended data was provided or a system to assure trended data is shared with appropriate agencies.	Spokane Counts report, Procedure for Liquid Waste Complaints, Access complaint database	
EH3.3L	2		BOH minutes 12-04 regarding Espresso stands, 3-05 BOH agenda for approval of BOH Resolution #05-03	

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		Septic Tank Abandonment policy- 2005, Building Permit Application Approval-- 3/05	

EH4.3L	1	Several examples of revised LW procedures are present. There is no documentation of an evaluation of selected enforcement procedures, such as an audit or review of inspection reports, to determine compliance with procedures.	6-04 Early Release and Stamp Requirements SOP, 1/26/05 Liquid Waste meeting minutes, 3-15-05 LW meeting minutes
EH4.4L	2		Access database example of report, Complaint form
EH4.5L	2		4-02 On-Site Wastewater course certificate, 3-02 Design & Installation of Subsurface Drip Systems

Overall Program Score Totals: EH: Wastewater Management

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

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

LHJ: Spokane Regional Health District

Program: PP: First Steps

Topic: 1. Understanding Health Issues

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AS3.2L	0		No documentation provided for this measure	
AS3.3L	2		MSS-FP performance measures, data for 04	

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		State of Spokane's Health 2005, priority initiatives, BOH retreat minutes 2/05, Guide to Programs and Services	
PP4.2L	1	No documentation provided on how to select appropriate materials for use in the program	Spokane counts, race and demographic data, pamphlets in Russian and Spanish, DVD	
PP4.3L	2		SRHD First Steps Annual Report. TERM project, tobacco cessation and family planning measures	

PP4.4L 2

Job descriptions, training logs, training agenda/materials

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

Measure *Score* *Comments*

Documents

Exemplary Documents

PP5.3L 2

SRHD First Steps Annual Report 2004, Family Planning and Tobacco Cessation measures

PP5.4L 2

First Steps Tobacco Cessation Training

Overall Program Score Totals: PP: First Steps

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

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

LHJ: Spokane Regional Health District

Program: PP: Immunizations

Topic: 1. Understanding Health Issues

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AS3.2L	2		Immunization 2004 ConCon Report, 2005 ConCon requirements, 04 DOH visit report	
AS3.3L	1	Performance measures are more process focused than measurable data to be analyzed. Consider adding more quantitative approaches for program performance.	2004 Annual Immunization report, 2004 DOH Site Visit Summary 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		BOH Retreat minutes 2/05, 2005 Guide to Programs and Services	
PP4.2L	1	No documentation provided on how to select appropriate materials for use in the program	Spokane Counts racial and ethnic data, immunization materials in multiple languages	
PP4.3L	0		No documentation was provided for this measure	

PP4.4L	1	Training documentation and job description for Clinic Services employee did not specifically reference skills and training regarding prevention, early intervention or outreach services. WIC staff documents not utilized as the focus is on the Immunization	Job description PHN in clinic services
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Standard 5: Health promotion activities are provided directly or through contracts.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
PP5.3L	0		No documentation provided for this measure	
PP5.4L	0		No documentation provided specific to Immunization staff training	

Overall Program Score Totals: PP: Immunizations

% Demonstrates:	% Partially Demonstrates:	% Does not Demonstrate:
25%	38%	38%

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

Spokane Regional 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	1	Partially demonstrates
AS3.2L	1	Partially demonstrates
AS3.3L	1	Partially demonstrates
AS3.4L	2	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	2	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	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	2	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	1	Partially demonstrates
CD5.5L	2	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	2	Demonstrates
EH2.1L	2	Demonstrates
EH2.2L	2	Demonstrates
EH2.3L	1	Partially demonstrates
EH2.4L	2	Demonstrates

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

4. Prevention is Best: Promoting Healthy Living

<i>Measure</i>	<i>Score</i>	<i>Compliance Demonstration</i>
PP1.1L	2	Demonstrates
PP1.2L	2	Demonstrates
PP1.3L	2	Demonstrates
PP2.1L	2	Demonstrates
PP2.2L	0	Does not demonstrate
PP3.1L	2	Demonstrates
PP3.2L	2	Demonstrates
PP3.3L	2	Demonstrates
PP3.4L	2	Demonstrates
PP4.1L	2	Demonstrates
PP4.2L	1	Partially demonstrates
PP4.3L	1	Partially demonstrates
PP4.4L	1	Partially 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

<i>Measure</i>	<i>Score</i>	<i>Compliance Demonstration</i>
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	2	Demonstrates
AC3.2L	2	Demonstrates
AC3.3L	2	Demonstrates
AC4.1L	0	Does not demonstrate
AC4.2L	2	Demonstrates