

Standards for Public Health in Washington State: 2005 Performance Assessment Report Local Health Jurisdictions Report for: Thurston County Public Health and Social Services Department

The Standards and the 2005 Performance Assessment

Thank you for participating in the performance assessment of the Standards for Public Health in Washington State. The intent of the Standards is to provide an overarching measurement framework for the many services, programs, legislation, and state and local administrative codes that affect public health. The Washington State Standards for Public Health Performance address all 10 Public Health Essential Services and crosswalk directly to the Centers for Disease Control and Prevention (CDC) Standards for Performance.

The Washington standards and measures exemplify the national goals for public health performance measurement and development of standards—quality improvement, accountability, and science. Points to remember when looking at the reports include:

- The Standards articulate a higher level of performance, often described as stretch standards, not a description of the system as it is performing currently.
- The Standards reflect an improvement cycle; results of the performance assessment should be used to target areas for improvement.

This Report

The site reviews again demonstrated the incredible commitment, creativity and hard work of the people in the public health system. This report is specific to your local health jurisdiction and is intended to give you feedback about the materials you provided as a demonstration of how you met each measure. However, before describing the details that are in the report, we want to summarize overall observations regarding your organization’s strengths and opportunities for improvement as observed during the site review.

Strengths

- The assessment materials are well organized and focus on the requirements of the specific measure.
- The ability to collect and analyze data and for consultation and technical assistance that the Assessment Team staff give TCHD.
- The TCHD Website and references to numerous data sources and reports are a “gold mine of information for LHJ management and for the community.
- The Data Users materials and group training sessions provide a basic level of understanding and expectations for staff and community members.

- The Youth Survey and Report provides comprehensive information on a key health issue.
- The planning document for the Epi/Assessment program and staff describes a good methodology and process for identifying assessment needs for goals and objectives.
- The clear communication evidenced in presentations to the Board of Commissioners and Board of Health demonstrates a good use of providing information.
- The BOH processes for proposing and approving agenda items and preparing presentations to the BOH are clear and comprehensive.
- The Strategies to Improve Access Report and process provide a good communication, plan, and interventions to address opportunities to improve access.
- The Communicable Disease Manual, Provider Notifiable Conditions Manual, and Notification Procedures Manual are comprehensive and provide evidence for numerous performance measures.
- The Emergency Response Plan and the Employee Emergency Response Handbook, and all the training sessions clearly describe staff roles in an emergency and coordination with other agencies.
- The Steps Evaluation Report and the 2005 Statement of Work contains 2004 performance measures, progress toward goals, and 2005 performance measures.
- The Sustaining Prevention Training materials and activities for internal staff and community members and the Health Education Materials Assessment process provides a good mechanism for evaluating educational materials on a regular basis.

Areas for Improvement

- Expand documentation of Board of Health recommendations and actions from the briefing sessions to provide evidence of BOH decisions and actions.
- Assure that program evaluation results, and outbreak and after-action debriefings are used to revise policies and procedures or educational materials, as appropriate.
- Initiate quality improvement planning for programs and activities where evaluation results indicate that improvement is needed.

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

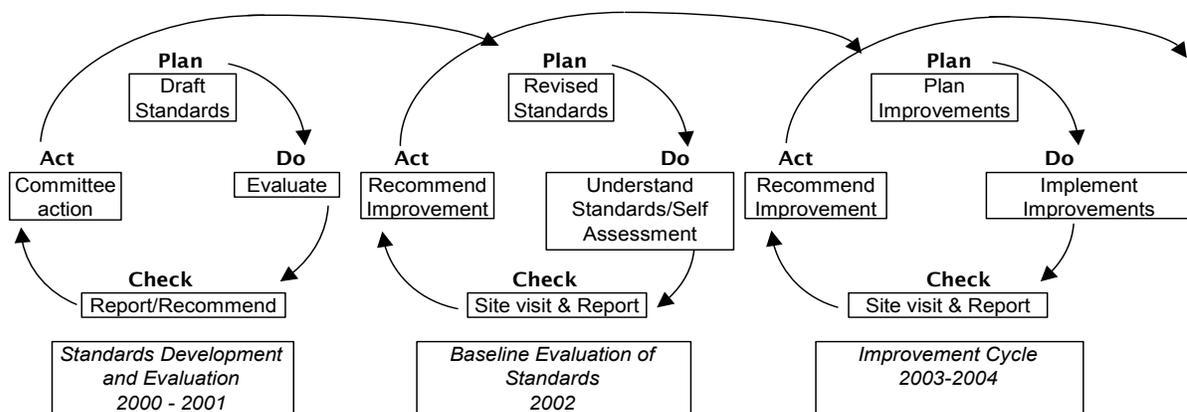
First, celebrate what you have accomplished. In the two and a half year period between the 2002 Baseline Evaluation and this performance assessment, it was clear to the site reviewers that improvements had been developed and implemented. Again, thank you for all of your hard work every day, and especially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

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		Thurston Co. Data Tidbit1/05, Cover Diabetes BFRSS tidbit, HY Survey 2002 Report, 2005-2007 Thurston/Mason Counties Chemical Dependency Assessment Report, Webpage for T-M Chemical Dep Rpt, 2005	HY Survey 2002 Report, 2005-2007 Thurston/Mason Counties Chemical Dependency Assessment Report,
AS1.2L	2		DOH Center Health Statistics Webpage /L HJ Contacts Webpage 2/05 Data Sources Pub Online HD site, 2005 County Level Data Online Publication-Public Service list Web / contact, Cov ltr HY Survey 2002	
AS1.3L	2		Epidemiology, Assessment and Planning Section Work plan 2005, State of TC Children's Report with task list, 3/05, Things to Think About for Epidemiology Team Development-Matrix Mgmt 2004	Things to Think About for Epidemiology Team Development-Matrix Mgmt 2004
AS1.4L	2		BRFSS, WA 2003 Data Excel & Codebook 2003, DOH Hosp Discharge Data, HY Mapping, DOH Data Guidelines Analysis & Use, Data Sources Pub.online by site/ ct level data Public Sources, CD Assess Rpt 2005-07	DOH Data Guidelines for Analysis and Use, doh.wa.gov/data/guidelines/confintguide.htm

AS1.5L 2

Job Description for Epidemiologist,
Resumes of key staff, Staff Training
Records, EPI Road show, Focus Grp Staff
Trg, ARCVIEW GIS Mapping

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

Measure *Score* *Comments*
AS2.1L 2

Documents
Healthy Youth Survey 2004 Workgroup
Agenda, Healthy Youth Survey & BRFSS
PPT. Data Users Forum Invitation to
community groups and agenda, sign-in
sheet of participants

Exemplary Documents
Healthy Youth Survey &
BRFSS PPT.

AS2.2L 2

Chemical Dependency Report
Overview,2003. T/M CD Assessment
Report 2005, BOH Chemical Dependency
Needs Assessment PPT.3/05, BOH/BOCC
Presentation West Nile Virus Year, 2004
Update 5/2004, BOH min.3/04

AS2.3L 2

CD Rpt Overview-Data Matrix Rpt Dev
2003 , BOH CD Needs Assess
PPT,Prevention Priorities Notes & Final
05-07 Bi.Rpt -CD, Hospitalization Data
Collection RCW Webpage, Vista PHw
overview webpage

Prevention Priorities Notes &
Final 05-07 Bi.Rpt -CD

AS2.4L 2

Workplace Health Promotion Assessment
Project 2005. Epi, Assessment, & Planning
5 yr Workplan, Things to Think About for
Epi T, TC State of the Children Report (task
list for development of) Workplace

AS2.5L	2		TC HY Survey 2002, Findings Rpt, HY Topic Sheet update w/ 2004, HY Survey 2004 Workgroup Invite, Agenda, & Products, Family Policy Council, Network Data Request 3/05, Child Abuse & Neglect data 3/05	Child Abuse & Neglect data report 3/05
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Standard 3: Public health programs results are evaluated to document effectiveness.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AS3.1L	2		BOH minutes 10/04-STEPS, 7/04-Immunization, 1/05 STEPS Diabetes Campaign, BOH 9/04 Chemical Dependency Tx & Prev.05-07 guidelines	Chemical Dependency Tx & Prev.05-07 guidelines for report to BOH on progress
AS3.2L	1			
AS3.3L	1			
AS3.4L	2		Resume for key staff, training log for Program Evaluation and Outcome Measurement Training attended by staff	
AS3.5L	2		Steps Consortium Meeting 10/04, Access to Baby & Child Dentistry (ABCD) Program PPt Project Monitoring Summary Report for Year 1	Access to Baby & Child Dentistry (ABCD) Program PPt, Project Monitoring Summary Report for Year 1

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>
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AS4.1L	2	Strategies to Improve Access to Care-Task Force list of Community participants, HY Survey 2004 Workgroup, Topic Discussion, Feedback & Report Template	
AS4.2L	2	BOH Chemical Dependency Needs Assessment PPT 3/05, BOH Min. 3/04 CD, BOH minutes 5/05 HIV Case/Behavior Endangering the Public Response	
AS4.3L	2	Steps to Healthier US Project Year 1, Annual Plans for Asthma, Diabetes, & Obesity, Project Monitoring Summary Report for Year 1 Steps, Consortium Mtg Notes, ABCD Program Evaluation Plan, ABCD PPT	ABCD Program Evaluation Plan with Data Collection Card and Database Printout 2004
AS4.4L	2	Steps Healthier US Year 1 Annual Plans for Asthma, Diabetes, Obesity, ABCD Program Evaluation Plan, Project Monitoring Summary Report for Year 1, Access to Baby & Child Dentistry (ABCD) Program PPT	ABCD Program Evaluation Plan with Data Collection Card

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AS5.1L	2		Data Sharing Agreements for HY Survey ,HD developed agreements, Policy 11-200, 201,202 Protecting Confidentiality Client Health, Safeguarding documents, Disclosing Protected Info, DOH data sharing	Data Sharing Agreements for HY Survey
AS5.2L	2		Data Sharing Agreement for HY Survey Database (School District identified), Permission Acknowledgement Email of Superintendent for release of HY data	Data Sharing Agreement for HY Survey Database

Score Totals for Topic 1. Understanding Health Issues

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
% Demonstrates:	90%	69%	56%
% Partially Demonstrates:	10%	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	1	No evidence of law enforcement having been notified of the 24 hour contact number	Phone book page, Website -- 24 hour number, 24/7 Notification and Activation Access Plan, Administrator on call flow chart	24/7 Notification and Activation Access Plan
CD1.2L	2		CD Provider Resource Manual with mouse pad, CD Notebook distribution list indicating new providers and date of distribution to new providers, WA State Notifiable Conditions Notebook for hospitals, lab	CD Provider Resource Manual with mouse pad

CD1.3L	2	Evidence would be stronger if data report used at 3-04 BOH meeting were included in the documentation.	BOH 3-04, BOH 9-04, Behavior Endangering the Public PPT, Mosquito-borne Disease Plan presentation	
CD1.4L	2		CD Policy & Procedure Manual,	CD Policy & Procedure Manual
CD1.5L	1	No evidence of implications for investigation, intervention, or educational efforts.	Region 3 Notifiable Conditions Summaries- 1-05 and 2-05	
CD1.6L	2		PHIMS User manual,	
CD1.7L	2		Epi Road Show- Spring 2005 and Fall 2004-- 2-3 staff attending each	

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		DOH website Health Dept. List-2005, Epi 3/4-05 Newsletter and distribution email to schools, WA State NC Reporting Information Manual-- distributed to Hospitals, Labs, Urgent Care, etc.	WA State NC Reporting Information Manual-- distributed to Hospitals, Labs, Urgent Care
CD2.2L	1	No evidence of information provided to safety officials	NC Reporting and Resource Notebook, Communicable Disease Update-3/05, EpiInfo newsletter,	
CD2.3L	2		CD Policy and Procedure Manual- 11/2004, Administrator On-Call, PH Emergency response Plan Manual- 11/03 version	PH Emergency response Plan Manual- 11/03 version

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>
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CD3.1L	2	List of Clinics Referral List, HIV/AIDS	
CD3.2L	2	EpiInfo Newsletter-3/4-05, Faxing Checklist for Alerts, CD Update- 3/05	
CD3.3L	2	Administrator On-Call, CD Policy and Procedure manual, 2 cases of PHIMS documented CD investigations show timeliness and investigation steps	
CD3.4L	2	Evaluation of Notifiable Surveillance System-Reg 3 & Thurston	Evaluation of Notifiable Surveillance System-Reg 3 & Thurston
CD3.5L	2	Evaluation of Notifiable Surveillance System- Part II for Meningitis and Campylobacteriosis	
CD3.6L	2	Personal Health Program manager job description, CH Nurse II job description, Training log for Principles of Epi, Certificate for Flu Prevention,	

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		Communicable Disease Updates regarding Flu vaccine and Influenza, News Release- April 30, 2004 regarding West Nile Virus	
CD4.2L	2		Notifiable Conditions Reporter database, Media Contact List and Provider List from CD P&P Manual	Notifiable Conditions Reporter database

CD4.3L	1	No evidence of timeframes for communications in policies or other documentation.	Tsk-04 Issuing PH Alerts from CD Manual, PIO responsibilities from PH Emergency Response Plan, Plan A- 3/04 BEP flow sheet
CD4.4L	2		Agenda and log for "How to Keep Control of the Story", WAPHTN list for Risk Communication, An Overview of Risk Communication PPT

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	1	No documentation of debriefing meetings or who involved in after action debriefs such as providers, or hospitals	BOH min.- 4/ 5-04, Behavior Endangering the Public: HIV-Update and After Action Report- 9/04, BEP-PH Response: 3-4/04, Lessons Learned BEP-2004, Giardia Outbreak Hx, Revised protocol	
CD5.2L	2		May 04 BOH minutes, BEP- PH Response: 3-4/04	
CD5.3L	2		PRO-02 Handling Reports: BEP, 2-2005, POL-02 Handling HIV Counseling and Testing	POL-02 Handling HIV Counseling and Testing
CD5.4L	0		No documentation provided	
CD5.5L	2		HIV Training certificate, HIV Prevention Counseling, Zoonotic Disease, West Nile Virus, CD Responders Workshop,	
CD5.6L	2		BEP-HIV:Update and After Action Report-9-04, Thurston County Case: BEP the Public presentation by Dr. Yu	

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:	77%	75%	62%
% Partially Demonstrates:	19%	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	1			
EH1.4L	1			

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH2.1L	2	Thurston Co. EMS notifications all go through 911 for emergencies. Main phone # has message to go to 911, and 911 has LHJ administrator on call phone numbers	Phone Book, After Hours list to selected community and 911, Website, Administrator On Call process and numbers	
EH2.2L	2	Interview with EH managers indicated that drought threat was only event that has occurred in last 3 years	PH Emergency Response Plan--11-03, Comprehensive Emergency Management Plan, including solid waste, water, Disaster Policy Advisory group--- Drought and Wildfire Issues- 3-05	
EH2.3L	1	No documentation of public information on how to access critical services or of after action debrief.	Employee Emergency Procedures Handbook, Disaster Advisory Group-- Drought and Wildfire, BOH 2-04, 5-04, 9-04 minutes	Employee Emergency Procedures Handbook
EH2.4L	2		Employee Emergency handbook, PH Emergency Response Plan, Incident Command Training Roster, All Department training on Emergency Preparedness, Biological Weapons Tabletop Training	All Department training on Emergency Preparedness

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		EH Codes website, TCPH website, Food Safety Web page	
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:	56%	63%	53%
% Partially Demonstrates:	44%	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		Steps to a Healthier US ConCon requirements, STEPS Consortium Retreat minutes and attendance sheet, BOH 9-13-04 minutes, 10-4-04 BOH minutes	
PP1.2L	2		BOH 9-04 minutes, Chemical Dependency Needs Assessment PPT presented to the Board, BOH minutes 1-2005 re Diabetes and counter card, 2-7-05 BOH minutes re Access to Care Strategies	Chemical Dependency Needs Assessment PPT presented to the Board

PP1.3L	2		Steps to a Healthier US Annual Action Plan for Asthma, Diabetes and Obesity, Healthysteps- Project Monitoring Summary Report for Year 1, Community Plan for Tobacco Prevention and Control-2005	Steps to a Healthier US Annual Action Plan for Asthma, Diabetes and Obesity, Healthysteps- Project Monitoring Summary Report for Year 1,
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Standard 2: Active involvement of community members is sought in addressing prevention priorities.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
PP2.1L	2		Thurston Data Task Force Charter with Concept paper, Invitations to multiple community meetings for Data Users, Healthy Youth Survey 2004 Workgroup with Invitation, agenda;	
PP2.2L	2		Facilitating Effective mtgs, Habits of Successful Coalitions training 2-05, Sustaining Prevention through Effective Consortium Work - 1-05 and sign-in sheet,	Sustaining Prevention through Effective Consortium Work - 1-05

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		Thurston Co. Community Services List 2004, Chemical Dependency Treatment webpages, developmental Disabilities webpage,	
PP3.2L	2		Home Visitation Implementation Plan 2002, Strategic Plan for Tobacco Prevention and Control, ABCD Program (Measuring Results) presentation to BOH	Home Visitation Implementation Plan 2002

PP3.3L	2		Healthsteps Project monitoring Summary Report for Year 1, Steps Consortium Meeting Notes 10-04, ABCD Program (Measuring Results) PPT to BOH 2004,	Healthsteps Project monitoring Summary Report for Year 1
PP3.4L	0		No documentation provided	

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
PP4.1L	1			
PP4.2L	1			
PP4.3L	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		Steps to a Healthier US ConCon requirements, Tobacco Prevention and Control 2003-204 ConCon	
PP5.2L	2		Health Education Materials and Assessment Report- 10-03, Steps-- Asthma plan Master home Environmentalist section and training sign-in list, Key message sheet for West Nile Virus	Health Education Materials and Assessment Report- 10-03

PP5.3L	1
PP5.4L	0

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

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
% Demonstrates:	71%	58%	48%
% Partially Demonstrates:	18%	28%	31%
% Does not Demonstrate:	12%	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		Strategies to Improve Access to Care Report, February 2005	Strategies to Improve Access to Care Report, February 2005

AC1.2L	2	Thurston County Community Services List, Fall 2004	Thurston County Community Services List, Fall 2004
AC1.3L	2	Strategies to Improve Access to Care, 2005	

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 Safety Net Profile, 2003, Primary Care Provider Profile 2000, 2002	Health Safety Net Profile, 2003
AC2.2L	2		Strategies to Improve Access to Care, February 2005	
AC2.3L	2		BOH Minutes, February 2005, BOH Agenda item December 2004, BOH Chemical Dependency Needs Assessment PowerPoint, March 2005	Chemical Dependency Needs Assessment PowerPoint, March 2005

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		Strategies to Improve Access, February 2005, Thurston County Community Health Task Force Minutes, 11/03-3/05	
AC3.2L	2		Strategies to Improve Access to Care, February, 2005, Are We Meeting the Standards? May 2004	

AC3.3L 2

Strategies to Improve Access to Care,
Feb. 2005, Thurston County Project
Access, June, 2004

Thurston County Project
Access, June, 2004

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	
AC4.2L	2		Job description for Epidemiologist, resumes for key staff, training logs of program evaluation, focus group training, Epi Road Show, Outcome Measurement Training	

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:	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: Thurston County Public Health and Social Services Dept

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
% Demonstrates:	77%	67%	55%
% Partially Demonstrates:	19%	22%	25%
% Does not Demonstrate:	4%	10%	20%

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

LHJ: Thurston County Public Health and Social Services Dept

Program: EH: Zoonotics

Topic: 1. Understanding Health Issues

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AS3.2L	0		No documentation provided	
AS3.3L	1	No documentation of performance measures. Data are monthly incidence of activities.	Progress report- January & February 2005- Vector Program, West Nile Virus Work Group- 11/03	

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

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH1.1L	2		Website print-out of Vector Program and West Nile Virus (WNV), WNV Fact Sheet, WNV News Release- 4-04, Permit for Mosquito Control	
EH1.2L	2		Mosquito-borne Disease Response Plan- PPT to BOH-5-2003, WNV presentation to the BOH, Neighborhood Presentation PPT, Rabies Compendium information	
EH1.3L	0		No documentation provided	

EH1.4L	0		No documentation provided
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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	1	No health risk or illness data apparent in documentation that was provided.	Website information on vector program and WNV	
EH3.2L	1	No documentation of trended data for vector program,	Notifiable Conditions Summaries- 1-2/05 (includes Rabies), PHIMS database, Dead Bird Report Form,	
EH3.3L	2		Mosquito-borne Disease Response Plan PPT, 5-2003 BOH minutes, WNV Work Group minutes 11-04	

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		Handling Humans Exposed to Bats and Mammals that have Bitten People Protocol-8-2004, Animal Services PH Order form, CD P&P Manual	
EH4.3L	0	Unclear if animal bite cases or other type of zoonotic or vector related cases with enforcement actions had occurred in last year that could have been evaluated for effectiveness of enforcement.	No documentation provided	
EH4.4L	2		PHIMS database	
EH4.5L	2		Zoonotic Training, Mosquito ID	

Overall Program Score Totals: EH: Zoonotics

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

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

LHJ: Thurston County Public Health and Social Services Dept

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		On-Site Sewage System Operation and Maintenance Program	
AS3.3L	1	No documentation of recording of monitoring data or any data analysis.	OSS System Operation and Maintenance G&O, Groundwater Staff meeting minutes 3-04, O&M Risk Based Operation and Maintenance Proposal	

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

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH1.1L	2		Website information on OSS and Water resource protection, Your OSS System brochure, ATU workshop information	
EH1.2L	2		Septic Planning Report 2004-Workshop List, Web based Henderson Inlet OSS program & public meeting dates, Risk Based Public Information/Outreach Outline-2004-5 & info sheet, Oversight Comm 3-05	

EH1.3L	1	Examples presented show revision of some educational materials, but unable to determine if all forms of educational information are reviewed annually and then updated if needed.	OSS 2004 Display Log with change recommendation, ATU workshop for homeowners, Publication Tracking Sheet
EH1.4L	2		ATU Workshop, Your OSS system Brochure, Septic Sense workshop evaluations

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		Water Quality & Pollution Source ID data reports online at website, Bacteriologic Contamination Source ID report	
EH3.2L	1	Documentation does not show evidence of trended data.	Notifiable Conditions Summaries 1-3, 2005; PHIMS giardia screen print	
EH3.3L	2		Nisqually Reach Pollution Final Report, Advisory Committee Report 11-04 with Ranking for Inspection frequency and Inspection type	

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		Priorities for Sewage Compliance, Solid Waste Enforcement and Hazardous Waste Compliance, Article 1 Of Sanitary Code	
EH4.3L	1	Memo indicates recent, limited evaluation of enforcement actions. Does not appear to be an annual or systematic evaluation process	Evaluation of Enforcement Actions Memo-3-05, Priorities for Sewage Compliance, Sewage Complaint and Investigation packet	

EH4.4L 2

Open Complaint database, Sewage
Complaint and Investigation packet

EH4.5L 2

Onsite Rules training, Staff meeting with
Violation Training materials

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: Thurston County Public Health and Social Services Dept

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	0		No documentation provided	
AS3.3L	0		No documentation provided	

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 8-11-03 minutes, Prevention Programs PPT presentation, BOH minutes 9-04 re: TB and TB Control Summary7-04 , State funding allocation for TB	
PP4.2L	1	No documentation of information for staff on how to select TB materials.	TB Grand Rounds presentation for St. Peter's Hosp.--PPT Tuberculosis A Local Problem, TB materials in English, Spanish, and Vietnamese	
PP4.3L	2		TCHD TB Case database, Summary of TB in Thurston Co.-2004	

PP4.4L 2

CH Nurse II, CH Program Assistant, CH Nurse Supervisor job descriptions; Epi Road Show Training-2005, Annual TB Meeting- 10-04

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	
PP5.4L	0		No documentation provided	

Overall Program Score Totals: PP: Tuberculosis

% Demonstrates:	% Partially Demonstrates:	% Does not Demonstrate:
38%	13%	50%

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

LHJ: Thurston County Public Health and Social Services Dept

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		Pilot Evaluation Report-Healthy Child Care WA-- 10-03, Healthy Child Care WA- Statement of Work-7-04 to 12-04	Pilot Evaluation Report-Healthy Child Care WA-- 10-03, Healthy Child Care WA- Statement of Work-7-04 to 12-04
AS3.3L	2		Pilot Evaluation Report--Healthy Child Care WA- 10-03	

Topic: 4. Prevention is Best: Promoting Healthy Living

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
PP4.1L	1	Documentation does not demonstrate BOH (CCB) adoption of Child Care program as a prevention priority or even specific focus (agenda item) for Child Care.	BOH 8-11-03 minutes and Prevention Programs PPT presentation	
PP4.2L	2		Child Care Training and Resource Kit, includes information on selecting appropriate materials, various educational brochures and flyers in English and Spanish	Child Care Training and Resource Kit,

PP4.3L	2	Pilot Evaluation report - WA Child Care, and WA Child Care Statement of Work - 6/04-12/04
PP4.4L	2	Education and Outreach Specialists I, II, and III; Teaching Adults--- Classroom Management Strategies, Healthy Child Care WA training

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	2		Healthy Child Care WA -- Statement of Work- 2004, Facilitate a safe, healthy child care environment for all children-- 2003 Local Capacity Development Funds	
PP5.4L	0		No documentation provided	

Overall Program Score Totals: PP: Child Care

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

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

Thurston County Public Health and Social Services Dept

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	1	Partially demonstrates
AS3.3L	1	Partially demonstrates
AS3.4L	2	Demonstrates
AS3.5L	2	Demonstrates
AS4.1L	2	Demonstrates
AS4.2L	2	Demonstrates
AS4.3L	2	Demonstrates
AS4.4L	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	1	Partially demonstrates
CD1.2L	2	Demonstrates
CD1.3L	2	Demonstrates
CD1.4L	2	Demonstrates
CD1.5L	1	Partially demonstrates

CD1.6L	2	Demonstrates
CD1.7L	2	Demonstrates
CD2.1L	2	Demonstrates
CD2.2L	1	Partially demonstrates
CD2.3L	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	1	Partially demonstrates
CD4.4L	2	Demonstrates
CD5.1L	1	Partially demonstrates
CD5.2L	2	Demonstrates
CD5.3L	2	Demonstrates
CD5.4L	0	Does not demonstrate
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	1	Partially demonstrates
EH1.4L	1	Partially 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	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	2	Demonstrates
PP2.2L	2	Demonstrates
PP3.1L	2	Demonstrates
PP3.2L	2	Demonstrates
PP3.3L	2	Demonstrates
PP3.4L	0	Does not demonstrate
PP4.1L	1	Partially demonstrates
PP4.2L	1	Partially demonstrates
PP4.3L	2	Demonstrates
PP4.4L	2	Demonstrates
PP5.1L	2	Demonstrates
PP5.2L	2	Demonstrates
PP5.3L	1	Partially demonstrates
PP5.4L	0	Does not demonstrate

5. Helping People Get the Services They Need

<i>Measure</i>	<i>Score</i>	<i>Compliance Demonstration</i>
AC1.1L	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