

# Standards for Public Health in Washington State: 2005 Performance Assessment Report Local Health Jurisdictions Report for: Wahkiakum County Department of Health and Human Services

## **The Standards and the 2005 Performance Assessment**

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

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

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

## **This Report**

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

### ***Strengths***

- The scope and breadth of the work that is done by a very small staff is impressive.
- The efforts to engage the community (Tobacco Plan, Network Planning) to provide community input to LHJ activities.
- The ability to rise to the challenge of emergent situations (water emergencies, outbreak) is notable.
- The leadership demonstrated in working with the BOCC, Peace Health and the local clinic to keep the primary care capacity available to the community.
- The 2005 EH work plans are very well organized, detailed, and identify performance measures.

- The Tobacco Strategic Plan involved a substantial cross section of the community in the prioritization process.

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

- Build an Epi/CD system and structure, to assure capacity for whatever level of notifiable diseases occur.
- Build assessment capacity, including core indicators and performance measures for programs (use the EH program plans as a template).

### ***The Performance Assessment Approach***

The performance assessment included all 35 local health jurisdictions (LHJs) in the state and 26 Department of Health (DOH) program sites selected by DOH for evaluation. Each site was asked to complete a self-assessment tool and to prepare for an on-site visit by organizing the documentation supporting the self-assessment on each measure.

For this cycle of assessment there were two new aspects that were not part of the 2002 Baseline Evaluation; the selection of specific environmental health and prevention and promotion programs for more in-depth review, and the evaluation of the new Proposed Administrative Standards and Measures. This expansion of the scope of the assessment was addressed through the training and use of internal DOH and LHJ reviewers working under the supervision of the external consultants.

During the site review, an independent consultant and an internal DOH reviewer evaluated the documents and scored each measure. When the reviewer had questions regarding the documentation, an informal interview was conducted with the appropriate manager or staff person. In addition, potential exemplary practice documentation was requested from each site. The on-site reviews concluded with an exit interview in which general strengths and opportunities for improvement were discussed, and feedback on the Standards and assessment process was obtained. All of this information has been compiled into a system-wide report, with recommendations regarding the next steps for the system.

### ***Results of the Site Review***

The attached report is organized to follow the Standards format. The Standards have five topic areas (please note that these are not necessarily synonymous with program areas, there are organization-wide measures to be found in each of them). Within each of these five topic areas, four to five standards are identified for the entire governmental public health system. For each standard, specific measures are described for local health jurisdictions. For LHJs, all measures were applicable; however, some (for example those that required certain actions related to an outbreak) were not applicable if an event had not occurred.

***Program Review Results:*** For the measures that were assessed through program review, the scores for all programs reviewed for the individual measure were aggregated to calculate an “agency-wide” score for the measure. For these measures the LHJ detail shows only the aggregate score for the measure as the detailed comments for these measures are included in the

program reports. Attached to this summary report are four program specific reports with the detailed scoring for each measure evaluated for each program, with related comments.

***Administrative Standards Results:*** For the Administrative Standards, this evaluation cycle was to evaluate the Proposed Administrative Standards and Measures themselves and not to report site specific performance. The results of our evaluation of these standards and measures are at the system level only, therefore, this report does not contain any results for the Proposed Administrative standards.

***Comparability to the 2002 Baseline results:*** Due to the major revisions in the environmental health topic area of standards, and to the program review method of evaluation used for numerous measures, only some of the 2005 results can be compared to the results of the 2002 Baseline. The measures that are considered comparable between the two cycles are:

- All Assessment (AS) measures, except AS 3.2 and AS 3.3, which were evaluated through program review
- All Communicable Disease (CD) measures
- Prevention and Promotion (PP) measures in standards PP1, PP2, and PP3
- All Access (AC) measures

This report provides you with the following information:

- *For all measures:* a table listing all the measures with the performance designation to serve as a quick reference tool in identifying the measures that demonstrated performance, those scored as a partial, and those that did not demonstrate performance against the measure.
- *For each measure* (we have not repeated these in the report in order to reduce the number of pages, but have grouped them under their overarching standard): the *score* assigned by the reviewer:
  - 2 = demonstrates the measure,
  - 1 = partially demonstrates the measure,
  - 0 = does not demonstrate the measure,
  - 8 = not applicable,
  - 9 = not able to rate [did not participate at a topic area level]

*Comments* provide clarification regarding the intent of the measure or the score assigned.

*Documents* lists, in abbreviated form, the documents that were the basis for the score. When multiple documents were provided and some did not demonstrate the measure or there were many more examples than needed, they are not all listed.

*Exemplary documents* lists documents requested for review as potential examples in the exemplary practices compendium.

- *For each topic area:* at the end of each topic area, there is a roll-up of the scores on all *applicable, rated* measures in the topic area (the percent of measures scored as *demonstrates*, the percent scored as *partially demonstrates*, the percent scored as *does not demonstrate*). Next to your roll-up for the topic area is a roll-up for peer counties, and then a statewide roll-up. Your peer counties are identified below, based on the DOH analysis of Dominant Rural

Urban Commuting Area Codes (for detail on this methodology, please go to the DOH website <http://www.doh.wa.gov/Data/Guidelines/RuralUrban.htm> ). There is no intent, in an improvement-focused effort, to compare specific organizations to one another. However, this roll-up data does provide each site reviewed with performance benchmarks.

- *For all topic areas:* the final segment of this part of the report provides you with a roll-up of all topic areas, with the same benchmark data from the peer group and statewide roll-ups.

## Peer Groupings

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

## Next Steps

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

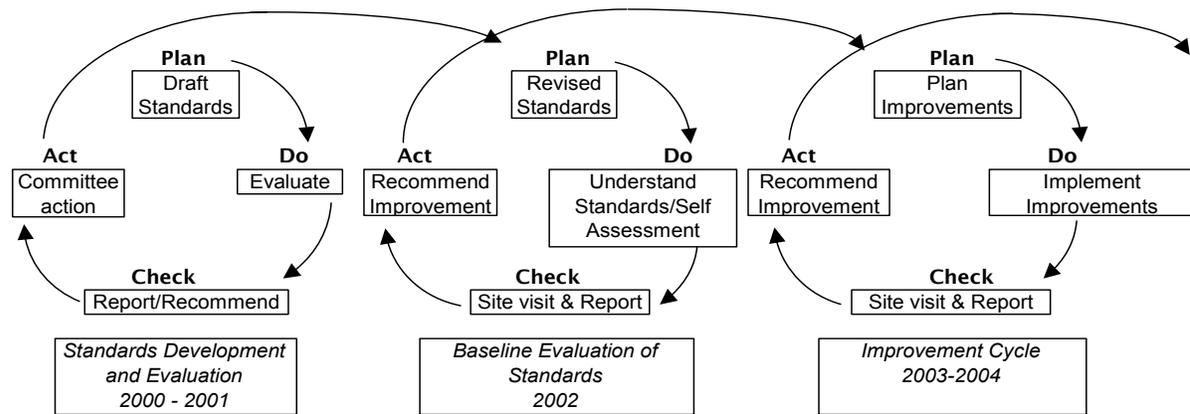
**Next, select the areas where you want to improve your performance.** All of the information provided in this report is intended to support improvement of your organization’s work on behalf of the citizens in your community and Washington State. After you have had a chance to digest this report and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

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

- **Exemplary practices:** The Exemplary Practices Compendium provides you with documentation from many of the LHJs in Washington State. Potential exemplary practice documents were gathered from each of the sites and the very best examples for each measure will be organized into an electronic tool kit. This material will be available by year-end 2005 at [www.doh.wa.gov/hip/Standards/BestPractices/StandardsExemplaryPractices.htm](http://www.doh.wa.gov/hip/Standards/BestPractices/StandardsExemplaryPractices.htm) .

- **Statewide initiatives** projects such as the implementation of the Public Health Issue Management System (PHIMS) for communicable disease and the Assessment in Action project to build assessment capacity at the local level also support improvement of practice and documentation. Based on the recommendations in the system-wide report, the PHIP process will adopt additional statewide initiatives related to the measures.

**Finally, begin preparing now for the next performance assessment.** The assessment process itself has been conducted using quality improvement principles and methods, including the Plan-Do-Check-Act cycle. As shown below, the standards field test in 2000, the baseline in 2002, and this 2005 performance assessment are all part of the cycle of continuous quality improvement. The next cycle is planned for 2006-08, with site visits probably occurring in the spring of 2008.



### Strategies for building on your current performance:

- Save the documentation you have used in this assessment as a good starting point for continuing to identify documentation for demonstrating performance.
- Establish an electronic document library for collecting documentation and facilitating the use of an electronic format for the next assessment. This cycle there were three LHJs that used an electronic format for all their documentation. These sites stated that the electronic preparation was much easier and helpful to the process than making paper copies of the documentation.
- Adopt or adapt as many exemplary practices as possible to improve your performance against the measures. There is no reason to “re-invent the wheel”, when another LHJ may have an excellent process or documentation method that you can start using with less time and effort.
- Participate in regional or state-wide improvement efforts that are identified through PHIP work, or other multi-disciplinary efforts, such as the recent Assessment in Action effort to build capacity for assessment at the local level.
- Identify methods for getting technical assistance from state programs, or from other LHJs that may have targeted the same areas for improvement. Great gains can be made through sharing ideas and resources.

Again, we thank you for all your work in preparing for this 2005 performance assessment, and especially for the terrific work you do in protecting and promoting the health of the citizens of Washington State that we were privileged to review.

# LHJ: Wahkiakum County Dept of Health & Human Services

## Topic: 1. Understanding Health Issues

**Standard 1: Public health assessment skills and tools are in place in all public health jurisdictions and their level is continuously maintained and enhanced.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AS1.1L	1	Documentation was not provided on how the community could access assessment information.	Birth rate analysis, Wahkiakum County Suicide Facts	
AS1.2L	2		Policy- Requesting Data and Technical Assistance	
AS1.3L	2		2005 WCHHS Public Health Priorities, On-Site Sewage 2005 Work Plan	On-Site Sewage 2005 Work Plan
AS1.4L	0	No information was provided that demonstrates regular collection and analysis of data on health issues that affect the community.		
AS1.5L	2		Regional Assessment Meeting Calendar and Agenda, Training Certificate for Certified Assessor's Training for EH Staff, NEHA Agenda, DOH Food Safety Training March 2004, job descriptions PHN and EHS	

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
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AS2.1L	2		CD Advisory/CM Policy Board Roster, DASA Collaborative Assessment for 2003 - 2005 Biennium
AS2.2L	0	No documentation on core set of indicators or that information on health status, communicable disease or environmental health data was presented to BOCC.	
AS2.3L	1	Documentation was not provided to demonstrate that recommendations are made regarding policy development and action.	Policy on Investigation of Emerging Health Issues
AS2.4L	2		2005 Wahkiakum HHS Public Health Priorities
AS2.5L	1	No local core set of indicators is available.	Healthy Youth Data - 1998 and 2002

**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	Documentation did not link activity summaries provided to the BOCC with program goals.	EH Permitting Activities, 2004 EH Services Summary	
AS3.2L	1			
AS3.3L	0			
AS3.4L	2		Training Certificate for Certified Assessor's Training for EH Staff	
AS3.5L	1	No documentation to show how performance monitoring data is used to change and improve programs.	DASA Treatment Reports, WIC Children and Child Profile	

**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		Strategic Plan for Community Tobacco Control	Strategic Plan for Community Tobacco Control
AS4.2L	0	No documentation provided.		
AS4.3L	0	No documentation provided.		
AS4.4L	1	No identified key indicators.	BOCC Meeting 2/7/05 notice	

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AS5.1L	0	No documentation provided for governing the use, sharing and transfer of data within the LHJ and other agencies.		
AS5.2L	1	No policy or protocol for data submission or evidence that documents have been shared according to policy.	FAX Cover Page	

## Score Totals for Topic 1. Understanding Health Issues

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
<b>% Demonstrates:</b>	<b>33%</b>	<b>53%</b>	<b>56%</b>
<b>% Partially Demonstrates:</b>	<b>38%</b>	<b>28%</b>	<b>24%</b>
<b>% Does not Demonstrate:</b>	<b>29%</b>	<b>19%</b>	<b>20%</b>

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

## Topic: 2. Protecting People from Disease

### Standard 1: A surveillance and reporting system is maintained to identify emerging health issues.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
CD1.1L	1	No documentation of distribution of 24 hour phone number to local and state law enforcement.	Phone book	
CD1.2L	2		Notifiable Conditions E-mail 3/31/05	
CD1.3L	1	No consistent set of communicable diseases are tracked.	BOCC Minutes - 3/22/05	
CD1.4L	0	No written protocol for receiving and managing information on notifiable conditions.		

CD1.5L	0	No local set of core indicators. No documentation on analysis of CD information.	
CD1.6L	0	No CD tracking system used.	
CD1.7L	1	Documentation for training on reporting of food borne illness was provided but none for broader training.	DOH Food Safety Training - March 2004

**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		Page from phone book, DOH Blue Book, 24/7 Response Evaluation Tool	
CD2.2L	2		Notifiable Conditions e-mail to providers - 3/31/05, phone book, Public Health and Emergency Preparedness policy 2005-01	
CD2.3L	1	The policy provided provides some details but doesn't include procedures for case investigation or specific roles and responsibilities.	Investigation of Emerging Health Issues	

**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		Wahkiakum County Community Resource Guide, Affordable Health and Dental Care brochure	
CD3.2L	2		Notifiable Condition e-mail to Providers 3/31/05, Clark County Health Alert 1/27/05	

CD3.3L	1	No document for process for exercising legal authority for disease control	DOH Web site for Notifiable Conditions, CDC Web site, Control of CD in Man, Emergency Biologics Locations, Hepatitis Case write-up
CD3.4L	0	No documentation provided.	
CD3.5L	0	No identified key performance indicators.	
CD3.6L	2		Job description for PH Nurse, EH Specialist

**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		E-mail to providers re: Norovirus outbreak - 3/25/05	
CD4.2L	2		Media Contact List	
CD4.3L	1	No documentation for steps to creating clear and accurate public health alerts and media releases.	Wahkiakum County Resolution #049-05	
CD4.4L	1	No documentation provided for training for Health Officer	Agenda for DOH SW Drinking Water Training	

**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	8	Outbreak occurred 3/05. No opportunity for formal evaluation yet.		

CD5.2L	8	Outbreak occurred 3/05. No opportunity for formal evaluation yet.	
CD5.3L	8	Outbreak occurred 3/05 - no opportunity to do revision to protocols.	
CD5.4L	8	Outbreak occurred 3/05. No opportunity to address future goals and objectives yet.	
CD5.5L	2		Food borne illness training - Dave Riggs March 2004, Reproductive Health Conference 2005 - Judy Bright, Epidemiology Table Top - March 29, 2005
CD5.6L	8	Outbreak occurred 3/05. No opportunity to do process improvement yet.	

### Score Totals for Topic 2. Protecting People from Disease

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
<b>% Demonstrates:</b>	<b>43%</b>	<b>61%</b>	<b>62%</b>
<b>% Partially Demonstrates:</b>	<b>33%</b>	<b>22%</b>	<b>22%</b>
<b>% Does not Demonstrate:</b>	<b>24%</b>	<b>16%</b>	<b>16%</b>

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

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

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH1.1L	2			
EH1.2L	2			
EH1.3L	2			
EH1.4L	1			

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH2.1L	2		County critical contact decision tree, hazardous waste procedures, DOH red book, telephone book listing, region IV description of after-hours process	
EH2.2L	1	No full emergency response and/or after action debrief has yet occurred.	Public Health Emergency Response Plan, incorporated by reference in the comprehensive EM Pln. E-mails documented water supply emergencies.	
EH2.3L	1	No emergencies have been debriefed.	PH Emergency Response Plan	
EH2.4L	1	No training documented for the designated Incident Commander	PH Emergency Response Plan, trainings for EH	

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

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

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH4.1L	1	Not clear how local public would find these resources or local requirements	FoodTalk newsletter, DOH websites on food safety and EH	
EH4.2L	2			
EH4.3L	1			
EH4.4L	2			
EH4.5L	2			

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

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
<b>% Demonstrates:</b>	<b>50%</b>	<b>47%</b>	<b>53%</b>
<b>% Partially Demonstrates:</b>	<b>50%</b>	<b>33%</b>	<b>30%</b>
<b>% Does not Demonstrate:</b>	<b>0%</b>	<b>19%</b>	<b>16%</b>

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

### Topic: 4. Prevention is Best: Promoting Healthy Living

**Standard 1: Policies are adopted that support prevention priorities and that reflect consideration of scientifically-based public health literature.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
PP1.1L	2		Tobacco Strategic Plan, MH/DD board minutes, CD Advisory minutes	
PP1.2L	1	Great start on gathering data from the community. Focus was on primary care rather than prevention and health promotion--and no formal priorities have been adopted by the BOH.	Community survey report to BOCC, 4/05	
PP1.3L	0	No priorities have been established, and there is no annual plan driven by data from program evaluation and key indicators.	BOCC presentations on HHS programs	

**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		Tobacco Strategic Plan, Community Mobilization Scorecard	Community Mobilization Scorecard
PP2.2L	0	No documentation available		

**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		Wahkiakum County Community Resource Guide, Affordable health and dental care brochure	
PP3.2L	1	This would have been stronger if it included some of the data and made the linkage to the data clearer, rather than referencing it only.	Network Collaborative Needs Assessment	
PP3.3L	1	Would have needed to review the materials and the minutes to determine if the meetings met the intent of the measure	e-mails scheduling meetings	
PP3.4L	0	The e-mail provided describes a problem solving process, but not a process driven by data via program evaluation. A more formal process with goals, objectives and performance measures is envisioned here.		

**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	0			
PP4.2L	1			
PP4.3L	0			
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		Women's Health Week event	
PP5.2L	0	No documentation provided		
PP5.3L	0			
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>
<b>% Demonstrates:</b>	<b>29%</b>	<b>48%</b>	<b>48%</b>
<b>% Partially Demonstrates:</b>	<b>29%</b>	<b>31%</b>	<b>31%</b>
<b>% Does not Demonstrate:</b>	<b>41%</b>	<b>20%</b>	<b>21%</b>

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

**Topic: 5. Helping People Get the Services They Need**

**Standard 1: Information is collected and made available at both the state and local level to describe the local health system, including existing resources for public health protection, health care providers, facilities, and support services.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AC1.1L	2		Community Survey and focus group report	
AC1.2L	2		Wahkiakum County Community Resource Guide, Affordable Health and Dental Care Brochures	
AC1.3L	2		Community Survey and Focus Group Report	

**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		Community Survey and Focus Group Report	
AC2.2L	2		Community Survey and Focus Group Report	
AC2.3L	2		Community Survey and Focus Group Report	

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AC3.1L	1	Documentation on focus groups with community members was provided. However, no documentation provided that demonstrates community groups and stakeholders were a part of setting goals and taking action.	Community Survey and Focus Group Report, Information on clinic transition	
AC3.2L	2		Information from clinic transition process	
AC3.3L	1	Local data was analyzed however, there is no documentation of goals, objectives and performance measures	Community Survey and Focus Group Report, Community Forums	

**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>
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AC4.1L 2

TRSN Quality Improvement Plan, TRSN QM Meeting Minutes, data reports

AC4.2L 0 No documentation of basic quality improvement 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>
<b>% Demonstrates:</b>	<b>73%</b>	<b>47%</b>	<b>52%</b>
<b>% Partially Demonstrates:</b>	<b>18%</b>	<b>19%</b>	<b>16%</b>
<b>% Does not Demonstrate:</b>	<b>9%</b>	<b>34%</b>	<b>32%</b>

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

## Overall Score Totals: Wahkiakum County Dept of Health & Human Services

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
<b>% Demonstrates:</b>	<b>43%</b>	<b>53%</b>	<b>55%</b>
<b>% Partially Demonstrates:</b>	<b>35%</b>	<b>27%</b>	<b>25%</b>
<b>% Does not Demonstrate:</b>	<b>22%</b>	<b>20%</b>	<b>20%</b>

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

# LHJ: Wahkiakum County Dept of Health & Human Services

## Program: EH: Wastewater Management

### Topic: 1. Understanding Health Issues

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AS3.2L	2		OSS 2005 Work Plan	OSS 2005 Work Plan
AS3.3L	0	No documentation available		

### 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		Brochures on Mound System, Sand Filter System, Septic Tank System	
EH1.2L	2		OSS 2005 Work plan, BOCC minutes of 11/03 and 4/05	
EH1.3L	2		Memo and revised OSS evaluation guideline handout	
EH1.4L	1	No documentation provided regarding training materials and evaluation of the materials themselves	Trott and Burns training calendar and test results	

**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		2004 OSS summary to BOCC, BOCC minutes 4/05, 11/03	
EH3.2L	1	The work plan identifies the need to develop health risk/illness indicators and begin a regular review process of the data	OSS 2005 work plan	
EH3.3L	1	No clear linkage made between installer education/results and the work plan	OSS 2005 Work Plan, Trott/Burns installer education and results	

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH4.2L	2		EH Enforcement Policy, OSS Reutilization Policy, Wahkiakum OSS ordinance, WAC requirements for OSS	EH Enforcement Policy
EH4.3L	1	Not clearly stated that a part of the work plan is to review a sample of enforcement actions as a part of the review and revision process.	OSS 2005 work plan calls for regular review of policies, procedures, guidelines, etc.	
EH4.4L	2		EH Enforcement Procedure, includes clear instructions on steps, documentation, notification of other agencies	
EH4.5L	2		DOL OSS certificate, legal aspects of enforcement, OS WW Training	

## Overall Program Score Totals: EH: Wastewater Management

<b>% Demonstrates:</b>	<b>% Partially Demonstrates:</b>	<b>% Does not Demonstrate:</b>
<b>62%</b>	<b>31%</b>	<b>8%</b>

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

# LHJ: Wahkiakum County Dept of Health & Human Services

## Program: EH: Food Safety

### Topic: 1. Understanding Health Issues

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AS3.2L	2		Food Safety 2005 work plan	Food Safety 2005 work plan
AS3.3L	0	No documentation available		

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

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH1.1L	2		Food Rule Revision, Safe Food Handling Practice, Safe Temperature magnet	
EH1.2L	2		Food Safety 2005 workplan, BOCC minutes 2/05, Chamber of Commerce minutes	
EH1.3L	2		Memo and green paper on food revision	
EH1.4L	1	No documentation provided regarding training materials and evaluation of the materials themselves	Memos for west end FH class and test results	

**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		Food program summary to BOCC, BOCC minutes 2/04	
EH3.2L	2	Work plan calls for tracking of food borne illnesses, identification of key indicators scheduled for 2005. Recent outbreak demonstrated ability to gather, track, and report data.	Food Safety 2005 work plan, Norovirus summary memo and data sheets	
EH3.3L	1	No clear linkage made between FH education/results and the work plan	Food Safety 2005 work plan, west end FH training and test results	

**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 Health Enforcement Procedure, Food Facility Closure Policy, Wahkiakum County Food Ordinance, WAC food service rules	
EH4.3L	1	Work Plan calls for file reviews in the future	Food Safety 2005 work plan	
EH4.4L	2		EH Enforcement Procedure, includes clear instructions on steps, documentation, notification of other agencies	
EH4.5L	2		FDA Food Code Certificate, NEHA Registered Trainer, Legal Aspects of Enforcement	

## Overall Program Score Totals: EH: Food Safety

<b>% Demonstrates:</b>	<b>% Partially Demonstrates:</b>	<b>% Does not Demonstrate:</b>
<b>69%</b>	<b>23%</b>	<b>8%</b>

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

# LHJ: Wahkiakum County Dept of Health & Human Services

## 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	1	The data presented to the BOCC is statewide data. The intent of this measure is to collect and use data from local programs to evaluate program	MSS report to BOCC, outlines goals of the program	
AS3.3L	0	No documentation available on local monitoring/analysis/reporting of data		

### 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	0	No documentation available		
PP4.2L	1	No information on how to select appropriate material	Population data, materials in Spanish	
PP4.3L	0	No documentation available		
PP4.4L	2		Resume of ARNP	

**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	2		Reproductive Health Conference	

**Overall Program Score Totals: PP: First Steps**

<b>% Demonstrates:</b>	<b>% Partially Demonstrates:</b>	<b>% Does not Demonstrate:</b>
<b>25%</b>	<b>25%</b>	<b>50%</b>

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

# LHJ: Wahkiakum County Dept of Health & Human Services

## Program: PP: Immunizations

### Topic: 1. Understanding Health Issues

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AS3.2L	0	No documentation presented on goals, objectives, performance measures and use of data to evaluate program	Memo on future use of CHILD profile	
AS3.3L	0	No documentation available on local monitoring/analysis/reporting of data	e-mails regarding creation of updated CHILD profile data base	

### 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	0	No documentation available		
PP4.2L	1	No information on how to select appropriate material	Population data, materials in English	
PP4.3L	0	No documentation available		
PP4.4L	2		Resume of ARNP	

**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	Documentation provided was for reproductive health conference--not immunization related		

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

<b>% Demonstrates:</b>	<b>% Partially Demonstrates:</b>	<b>% Does not Demonstrate:</b>
<b>13%</b>	<b>13%</b>	<b>75%</b>

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

# Wahkiakum County Dept of Health & Human Services

## 1. Understanding Health Issues

<i>Measure</i>	<i>Score</i>	<i>Compliance Demonstration</i>
AS1.1L	1	Partially demonstrates
AS1.2L	2	Demonstrates
AS1.3L	2	Demonstrates
AS1.4L	0	Does not demonstrate
AS1.5L	2	Demonstrates
AS2.1L	2	Demonstrates
AS2.2L	0	Does not demonstrate
AS2.3L	1	Partially demonstrates
AS2.4L	2	Demonstrates
AS2.5L	1	Partially demonstrates
AS3.1L	1	Partially demonstrates
AS3.2L	1	Partially demonstrates
AS3.3L	0	Does not demonstrate
AS3.4L	2	Demonstrates
AS3.5L	1	Partially demonstrates
AS4.1L	2	Demonstrates
AS4.2L	0	Does not demonstrate
AS4.3L	0	Does not demonstrate
AS4.4L	1	Partially demonstrates
AS5.1L	0	Does not demonstrate
AS5.2L	1	Partially 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	1	Partially demonstrates
CD1.4L	0	Does not demonstrate
CD1.5L	0	Does not demonstrate

CD1.6L	0	Does not demonstrate
CD1.7L	1	Partially demonstrates
CD2.1L	2	Demonstrates
CD2.2L	2	Demonstrates
CD2.3L	1	Partially demonstrates
CD3.1L	2	Demonstrates
CD3.2L	2	Demonstrates
CD3.3L	1	Partially demonstrates
CD3.4L	0	Does not demonstrate
CD3.5L	0	Does not demonstrate
CD3.6L	2	Demonstrates
CD4.1L	2	Demonstrates
CD4.2L	2	Demonstrates
CD4.3L	1	Partially demonstrates
CD4.4L	1	Partially demonstrates
CD5.1L	8	not applicable
CD5.2L	8	not applicable
CD5.3L	8	not applicable
CD5.4L	8	not applicable
CD5.5L	2	Demonstrates
CD5.6L	8	not applicable

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

<i>Measure</i>	<i>Score</i>	<i>Compliance Demonstration</i>
EH1.1L	2	Demonstrates
EH1.2L	2	Demonstrates
EH1.3L	2	Demonstrates
EH1.4L	1	Partially demonstrates
EH2.1L	2	Demonstrates
EH2.2L	1	Partially demonstrates
EH2.3L	1	Partially demonstrates
EH2.4L	1	Partially demonstrates

EH3.1L	2	Demonstrates
EH3.2L	1	Partially demonstrates
EH3.3L	1	Partially demonstrates
EH4.1L	1	Partially 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	1	Partially demonstrates
PP1.3L	0	Does not demonstrate
PP2.1L	2	Demonstrates
PP2.2L	0	Does not demonstrate
PP3.1L	2	Demonstrates
PP3.2L	1	Partially demonstrates
PP3.3L	1	Partially demonstrates
PP3.4L	0	Does not demonstrate
PP4.1L	0	Does not demonstrate
PP4.2L	1	Partially demonstrates
PP4.3L	0	Does not demonstrate
PP4.4L	2	Demonstrates
PP5.1L	2	Demonstrates
PP5.2L	0	Does not demonstrate
PP5.3L	0	Does not demonstrate
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	1	Partially demonstrates
AC3.2L	2	Demonstrates
AC3.3L	1	Partially demonstrates
AC4.1L	2	Demonstrates
AC4.2L	0	Does not demonstrate