

Local Health Jurisdiction Peer Group Report

DEMONSTRATED PERFORMANCE FOR LHJS BY PEER GROUP

Each local health agency has received a site-specific report as a foundation for continued improvement efforts. The LHJ reports contain separate individual scoring for each of the three selected programs and a single, aggregated score for the measure at the agency-wide level for each of the measures assessed through program review. Also for LHJs, in addition to seeing the scores for each measure at the end of each standard, there is a roll-up of the scores on all applicable, scored measures in the standard (the percent of measures scored as demonstrates, the percent scored as partially demonstrates, the percent scored as does not demonstrate). Next to the roll-up for the standard is a roll-up for peer counties and then a statewide LHJ roll-up for comparison purposes. A summary table showing how LHJs were grouped for the purpose of analysis in this report is shown below and is available along with explanations of the methodology and rationale from the Department of Health’s website www.doh.wa.gov/Data/Guidelines/RuralUrban.htm.

Table 1

Peer Groups for Performance Assessment Analysis

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

PEER GROUPS FOR PERFORMANCE ASSESSMENT ANALYSIS

The method used provides a more textured way of analyzing differences than a simple urban/non-urban split. There is no intent in this improvement-focused effort to compare specific LHJs to one another. However, this roll-up data does provide each LHJ site with performance benchmarks.

- LHJs in all four peer groups demonstrated more than 70% of measures in Standard 1 (assessment activities), Standard 2 (communication with the public and stakeholders), and Standard 4 (monitoring and reporting threats to the public’s health). These three areas indicate a consistently higher level of in specific sites or on lower-performing activities performance than in other standards. Current activi-

ties need to be maintained and improvement targeted in specific sites or on lower-performing activities.

- LHJs in all four peer groups demonstrated more than 50% but less than 70% of measures in Standard 9 (fiscal and management systems) and Standard 10 (human resource systems). These two areas show more consistent levels of performance, but need improvement activities targeted in the LHJs that demonstrate lower performance.
- Several standards had consistently low aggregate performance with 50% or fewer LHJs demonstrating performance. These are Standard 3 (community involvement in review of data and taking action), Standard 8 (program planning and evaluation), and Standard 12 (related to board of health functions, strategic planning, and quality improvement activities). These three areas offer the most urgent need for improvement across all LHJs.
- The remaining standards had mixed performance by peer group as shown in the table below. These are areas of public health practice where the higher performers can provide model practices and improvement ideas to their colleagues in lower-performing LHJs to raise the performance across the state public health system.

Table 2

Standards with Mixed Performance by Peer Group

Peer Group	Standard 5 demonstrated	Standard 6 demonstrated	Standard 7 demonstrated	Standard 11 demonstrated
Urban	55%	63%	68%	69%
Large Town	48%	45%	67%	47%
Mixed Rural	38%	51%	50%	49%
Small Town/ Rural	56%	39%	42%	42%