



National Public Health Performance Standards

Local Assessment Instrument



NACCHO
National Association of County & City Health Officials



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Acknowledgments

The National Public Health Performance Standards (NPHPS) Local Public Health System Assessment Instrument (Local Instrument) was supported by funds from the Centers for Disease Control and Prevention (CDC), Office for State, Tribal, Local, and Territorial Support under grant #3U38HM000449-05S1. The content of this guide is the opinion of the authors and does not necessarily represent the official position of or endorsement by CDC.

The NPHPS materials were developed collaboratively by several national partner organizations, including the following: CDC; the American Public Health Association (APHA); the Association of State and Territorial Health Officials (ASTHO); the National Association of County and City Health Officials (NACCHO); the National Association of Local Boards of Health (NALBOH); the National Network of Public Health Institutes (NNPHI); and the Public Health Foundation (PHF). We thank the staff of these organizations for lending their time and expertise in creating this guide. This local version of the NPHPS Local Public Health System Assessment Instrument was developed by NACCHO, the Local NPHPS Reengineering Workgroup, and CDC.

We also want to extend our deep appreciation to the many state, local, and board of health representatives who provided their input on the original instrument and its subsequent iterations. Feedback has resulted in a more valuable tool for all NPHPS Instrument users.

We will periodically update the Local Instrument as sites gain experience in using it and its supporting documents. Additional comments and suggestions for improving the document, and quotes, tips, or descriptions to enrich its content are always welcome. Please send all comments to performancestandards@naccho.org.



Introduction

Thank you for using the NPHPS (Performance Standards) Local Public Health System Performance Assessment Instrument (Local Instrument). This assessment focuses on the local public health system (LPHS) or all entities that contribute to the delivery of public health services within a local area.

LPHSs are a network of entities with differing roles, relationships, and interactions whose activities combined contribute to the health and well-being of the community. The 10 Essential Public Health Services (Essential Services) provide the framework for the Local Instrument by describing the public health activities that should be undertaken in all local communities. Figure 1 shows the Essential Services within the context of the three core public health functions of Assessment, Policy Development, and Assurance.

The Performance Standards related to each Essential Service describe an **optimal level of performance** and capacity to which all LPHSs should aspire. Therefore, the Local Instrument provides every LPHS, regardless of the level of sophistication, with benchmarks by which the system can be assessed to help identify strengths, weaknesses, and short- and long-term improvement opportunities.

Additionally, the standards stimulate **continuous quality improvement** by serving as a guide for learning about activities throughout the system and determining how to make improvements to enhance system performance.

Completing the Local Instrument should be done by a broad set of LPHS partners with leadership from one to three organizations or a broad-based coalition. Figure 2 depicts the various entities that might comprise an LPHS. Suggested participants in the assessment from across the LPHS are described in the Instrument and its accompanying materials. LPHS partners who complete the Instrument ensure that the contributions of all entities are considered and recognized when the partners assess how the Essential Services are provided. Dialogue sparked by assessment questions helps the community identify the components, activities, competencies, and capacities of their LPHS.

Figure 1. The 10 Essential Public Health Services

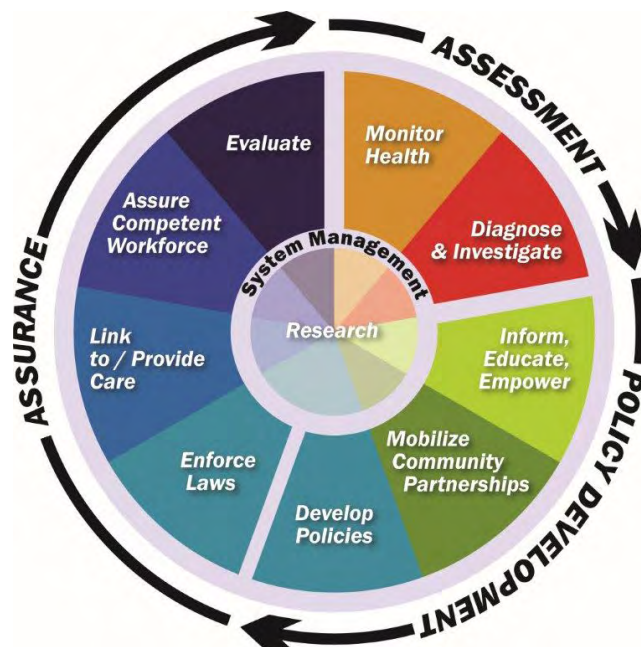
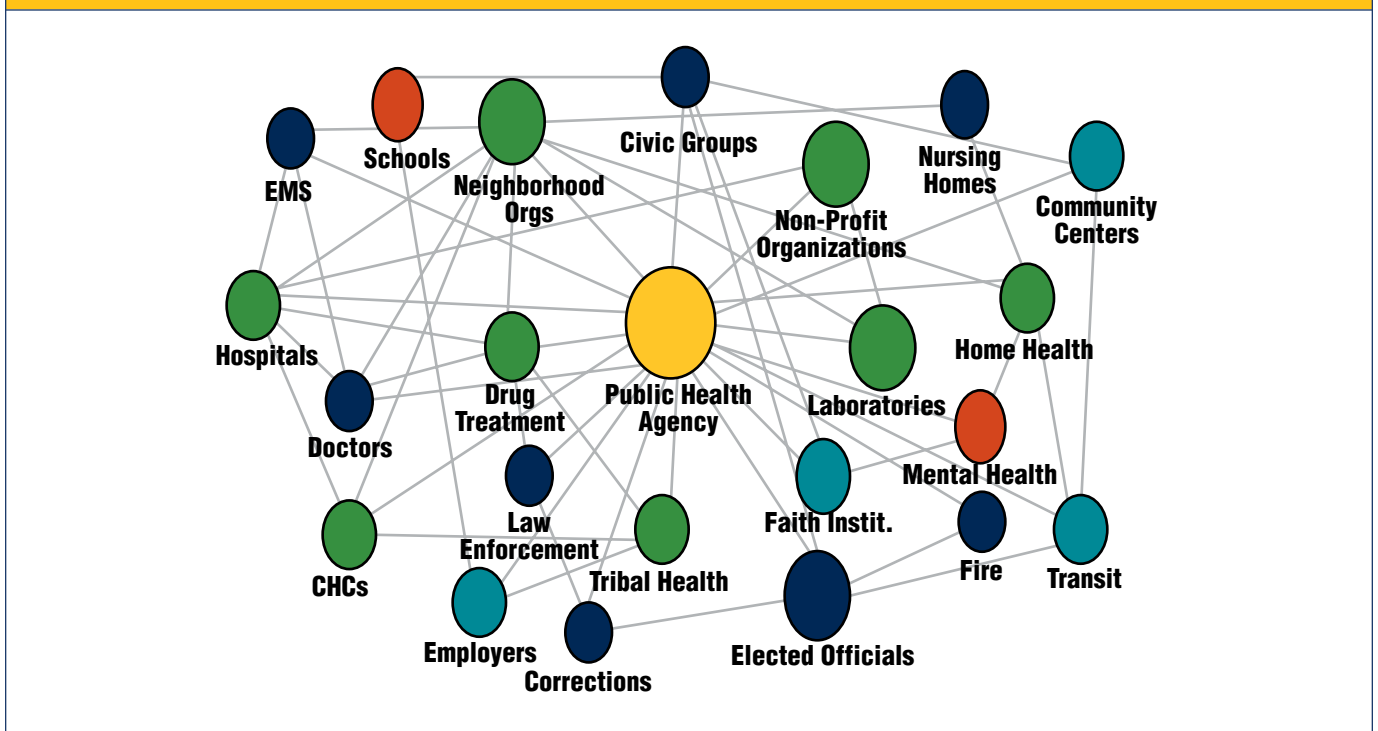


Figure 2. The Public Health System



The Local Instrument is a valuable tool for identifying areas for system improvement, strengthening local partnerships, and assuring that a strong system is in place for effective delivery of day-to-day public health services and response to public health emergencies. Communities that have completed the Local Instrument report that it accomplished the following:

- Improved organizational and community communication and collaboration by bringing a broad spectrum of partners to the same table.
- Educated participants about public health and how activities are interconnected.
- Strengthened the diverse network of partners within state and LPHSs.
- Identified strengths and weaknesses to be addressed in quality improvement efforts.
- Provided a baseline measure of performance to use in preparing for voluntary national public health department accreditation.
- Established a model for performance to which public health systems can aspire.

Completing the Performance Standards assessment of an LPHS can answer questions such as:

- Which partner organizations are contributing to the delivery of public health services in our community?
- What services/activities are being provided?
- How well is the system doing?

Identifying system strengths and weaknesses may then be used to improve and better coordinate public health activities at the community level. In addition, the results provide a better understanding of the LPHS's performance. Most importantly, the results may inform policy and resource decisions leading to an improved LPHS.



Using the Local Instrument

The Local Instrument is intended to be used in conjunction with the NPHPS Local Implementation Guide and NPHPS Local Facilitator Guide. Please see the Implementation Guide for more details on the format of the Local Instrument and how to plan and conduct a Performance Standards assessment in an LPHS using this Local Instrument and the Local Facilitator Guide.

Local Instrument Format

The **10 Essential Services** provide the framework for the instrument, so there are 10 sections or “chapters”—one for each Essential Service. Each Essential Service contains two to four **Model Standards**; each Model Standard contains two to six **Performance Measures (questions)** which are accompanied by more detailed **Discussion Questions**.

In the Local Instrument, each **Essential Service** begins by listing the core question(s) that help describe what the LPHS gains from the Essential Service activities. For example:

What is going on in our community?
Do we know how healthy we are?

Following the question(s) is a bulleted list of related activities for the **Essential Service** and the types of partner organizations generally involved in such activities. The list of partner organizations can provide guidance on who to invite to participate in the Performance Standards assessment and also serve as a checklist during the assessment to determine which partners are involved in the activity at the local level.

The following elements comprise each section of the Local Instrument:

- **Essential Services** list activities and common public health system partners engaged in the activities for the particular Essential Service.
- **Model Standards** represent the major components or practice areas of the Essential Service. Generally, there are two to four Model Standards for each Essential Service.
- **Discussion Questions** describe different considerations and facets of activities that relate to a Model Standard. They allow LPHS partners to thoroughly explore their system’s performance related to a Model Standard.
- **Performance Measures** determine the level at which the system performs related to the Model Standard via a specific score that is based on LPHS partners’ consensus. These measures are essentially the assessment questions to which participants respond.
- **Discussion Notes** capture important factors from the discussion, including strengths, weaknesses, and short- and long-term improvement opportunities for a Model Standard.
- **Summary Notes** contain details, additional ideas, or synthesis across Discussion Notes that apply to the Essential Service as a whole. These notes may be helpful and applicable to some or all of the Model Standards in an Essential Service.

In addition to assessing performance of the Essential Services, the Local Instrument includes the following **two optional and supplemental questionnaires**:

- 1. Priority of Model Standards Questionnaire**—This questionnaire asks sites to consider the priority of each Model Standard to their LPHS, using a scale of 1 to 10. Responses are analyzed so that sites may consider prioritized Model Standards in relation to their local Performance Measure scores. Although this is an optional questionnaire, communities are highly encouraged to complete this to help them identify and prioritize improvement opportunities.
- 2. Local Health Department Contribution Questionnaire**—In this questionnaire, participants are asked to think about each Model Standard as a whole and use a four-point scale to assess the local health department's direct contribution to achieving each Model Standard. This is also an optional tool in the Local Instrument. Completing the questionnaire is useful for understanding the local health department's role specifically and can serve as an important input into the local health department's own strategic planning efforts.

Completing the Assessment

Given that the Local Instrument is intended to be completed by a broad group of LPHS partners, significant planning is necessary for how this will be structured, who will be involved, and when and where this will occur. The Local Implementation Guide provides both a basic overview of the details that should be considered and more specific and detailed guidance and tips for completing the assessment and using its results to achieve improvements in LPHS performance. See the Local Implementation Guide for this information so that the Local Instrument's utility can be maximized through a high-quality assessment process. The Local Instrument is designed for each Essential Service section to be able to stand-alone, because each facilitator may only be facilitating discussion and voting for one or a few Essential Services.

The formal assessment process concludes with submitting the Local Instrument assessment data to the Public Health Foundation to receive a comprehensive report. Detailed guidance on how to submit the data, the format of the Final Assessment report, and how to use the report findings for action planning can be found in the Local Implementation Guide. It is important to remember that completing the Local Instrument is a means to an end rather than an end in itself. The results of the assessment should inform and result in action to improve LPHS performance.



Essential Service 1: Monitor Health Status to Identify Community Health Problems

What is going on in our community?

Do we know how healthy we are?

Monitoring health status to identify community health problems encompasses the following:

- Assessing, accurately and continually, the community's health status.
- Identifying threats to health.
- Determining health service needs.
- Paying attention to the health needs of groups that are at higher risk than the total population.
- Identifying community assets and resources that support the public health system in promoting health and improving quality of life.
- Using appropriate methods and technology to interpret and communicate data to diverse audiences.
- Collaborating with other stakeholders, including private providers and health benefit plans, to manage multi-sectorial integrated information systems.

Partners gathered to discuss the performance of the local public health system (LPHS) in monitoring health status for identifying community health problems include, but are not limited to:

- The local health department or other governmental public health agency.
- The local board of health or other local governing entity.
- University or academic institutions.
- Public health laboratories.
- Healthcare systems.
- Hospitals.
- Managed care organizations.
- Local chapter of national health-related group (e.g., March of Dimes).
- State health department.
- Community-based organizations.
- Epidemiologists.
- Environmental health data experts.
- Emergency preparedness teams.
- The general public.
- Community health planners.

Model Standard 1.1: Population-Based Community Health Assessment

The LPHS completes a detailed community health assessment (CHA) to allow an overall look at the community’s health. A CHA identifies and describes factors that affect the health of a population and pinpoints factors that determine the availability of resources within the community to adequately address health concerns. This provides the foundation for improving and promoting the health of the community and should be completed at least every three years. Data included in the CHA are accurate, reliable, and interpreted according to the evidence base for public health practice. CHA data and information are shared, displayed, and updated continually according to the needs of the community.

By completing a CHA, a community receives an in-depth picture or understanding of its health. From the CHA, the community can identify the most vulnerable populations and related health inequities, prioritize health issues, identify best practices to address health issues, allocate resources where they are most needed, and provide a basis for collaborative efforts to promote the public’s health. The CHA also tracks the health of a community over time and compares local measures to other local, state, and national benchmarks.

To accomplish this, members of the LPHS work together to:

- Assess the health of the community regularly.
- Continuously update the CHA with current information.
- Promote the use of the CHA among community members and partners.

Discussion Questions for Model Standard 1.1	
<p>Awareness</p> <p>(a) Was everyone aware of the assessment?</p> <p>(b) Does everyone have access to the CHA?</p> <p>Involvement</p> <p>(a) How many of you have participated in the assessment?</p> <p>Frequency</p> <p>(a) How often is the CHA completed?</p> <p>(b) How often do updates to the CHA occur?</p>	<p>Quality and Comprehensiveness</p> <p>(a) Which data sets are included in the CHA?</p> <p>(b) How is the CHA used to monitor progress toward:</p> <ul style="list-style-type: none"> • Local health priorities? • State health priorities? • <i>Healthy People 2020</i> national objectives? <p>(c) How well does the CHA examine data over time to track trends?</p> <p>(d) How are the data helping identify health inequities?</p> <p>Usability</p> <p>(a) How accessible to the general public are the CHA results?</p> <p>(b) How is the CHA distributed to the community?</p> <p>(c) How is the CHA used to inform health policy and planning decisions?</p>

Performance Measures for Model Standard 1.1

At what level does the LPHS...

1.1.1 Conduct regular CHAs?

No Activity	Minimal	Moderate	Significant	Optimal
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

1.1.2 Update the CHA with current information continuously?

No Activity	Minimal	Moderate	Significant	Optimal
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

1.1.3 Promote the use of the CHA among community members and partners?

No Activity	Minimal	Moderate	Significant	Optimal
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Discussion Notes for Model Standard 1.1

Strengths	Weaknesses	Short-Term Improvement Opportunities	Long-Term Improvement Opportunities

Model Standard 1.2: Current Technology to Manage and Communicate Population Health Data

The LPHS provides the public with a clear picture of the current health of the community. Health problems are looked at over time and trends related to age, gender, race, ethnicity, and geographic distribution. Data are shown in clear ways, including graphs, charts, and maps, while the confidential health information of individuals is protected. Software tools are used to understand where health problems occur, allowing the community to plan efforts to lessen the problems and to target resources where they are most needed. The CHA is available in both hard copy and online, and is regularly updated. Links to other sources of information are provided on Web sites.

To accomplish this, members of the LPHS work together to:

- Use the best available technology and methods to combine and show data on the public's health.
- Analyze health data, including geographic information, to see where health problems exist.
- Use computer software to create charts, graphs, and maps which show trends over time and compare data for different population groups.

Discussion Questions for Model Standard 1.2	
<p>Awareness</p> <p>(a) What technology is available to LPHS partners to support health profile databases?</p>	<p>Quality and Comprehensiveness</p> <p>(a) How does the LPHS use technology to support CHA databases?</p> <p>(b) At what level does the LPHS have access to and include geocoded health data?</p> <p>(c) At what level within the community are the data available?</p> <p>(d) How does the LPHS use geographic information systems (GIS)?</p> <p>(e) How does the LPHS use computer-generated graphics?</p>

Performance Measures for Model Standard 1.2

At what level does the LPHS...

1.2.1 Use the best available technology and methods to display data on the public’s health?

No Activity	Minimal	Moderate	Significant	Optimal
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

1.2.2 Analyze health data, including geographic information, to see where health problems exist?

No Activity	Minimal	Moderate	Significant	Optimal
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

1.2.3 Use computer software to create charts, graphs, and maps to display complex public health data (trends over time, sub-population analyses, etc.)?

No Activity	Minimal	Moderate	Significant	Optimal
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Discussion Notes for Model Standard 1.2

Strengths	Weaknesses	Short-Term Improvement Opportunities	Long-Term Improvement Opportunities

Model Standard 1.3: Maintaining Population Health Registries

The LPHS collects data on health-related events for use in population health registries. These registries allow more understanding of major health concerns, such as birth defects and cancer, and tracking of some healthcare delivery services, such as vaccination records. Registries also allow the LPHS to give timely information to at-risk populations. The LPHS ensures accurate and timely reporting of all the information needed for health registries.

Population health registry data are collected by the LPHS according to standards, so that they can be compared with other data from private, local, state, regional, and national sources. With many partners working together to contribute complete data, population registries provide information for policy decisions, program implementation, and population research.

To accomplish this, members of the LPHS work together to:

- Collect data on specific health concerns to provide to population health registries in a timely manner and consistent with current standards.
- Use information from population health registries in CHAs or other analyses.

Discussion Questions for Model Standard 1.3	
<p>Involvement</p> <p>(a) Which population health registries are contributed to and/or maintained within the LPHS?</p> <p>(b) What partners contribute to and/or maintain population health registries?</p> <p>Frequency</p> <p>(a) How often are the data used by the LPHS for such activities? Have they been used in the past year?</p>	<p>Quality</p> <p>(a) What specific standards are in place for data collection?</p> <p>(b) What established processes are there for reporting health events to the registries? Are they followed?</p> <p>(c) What, if any, systems are in place to ensure accurate, timely, and unduplicated reporting?</p> <p>Usability</p> <p>(a) How are population health registries used by the LPHS?</p>

Performance Measures for Model Standard 1.3

At what level does the LPHS...

1.3.1 Collect timely data consistent with current standards on specific health concerns in order to provide the data to population health registries?

- No Activity
- Minimal
- Moderate
- Significant
- Optimal

1.3.2 Use information from population health registries in CHAs or other analyses?

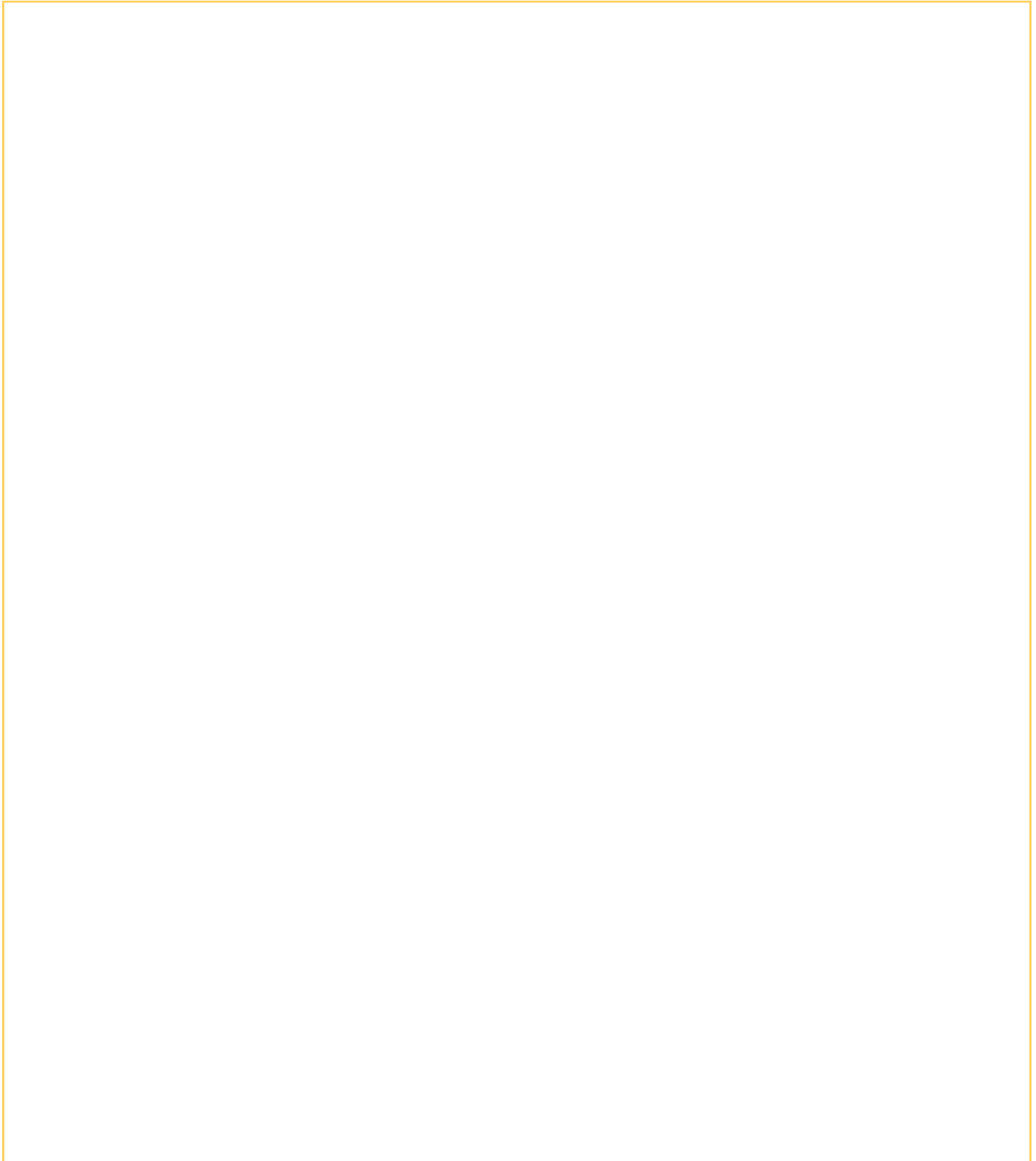
- No Activity
- Minimal
- Moderate
- Significant
- Optimal

Discussion Notes for Model Standard 1.3

Strengths	Weaknesses	Short-Term Improvement Opportunities	Long-Term Improvement Opportunities

Essential Service 1 Summary Notes

Use the space below to record notes on details, additional ideas, or synthesis across discussion notes that apply to the Essential Service as a whole. These notes may be helpful and applicable to some or all of the Model Standards in this Essential Service.





Essential Service 2: Diagnose and Investigate Health Problems and Health Hazards

Are we ready to respond to health problems or health hazards in our county?

How quickly do we find out about problems?

How effective is our response?

Diagnosing and investigating health problems and health hazards in the community encompass the following:

- Accessing a public health laboratory capable of conducting rapid screening and high-volume testing.
- Establishing active infectious disease epidemiology programs.
- Creating technical capacity for epidemiologic investigation of disease outbreaks and patterns of the following: (a) infectious and chronic diseases, (b) injuries, and (c) other adverse health behaviors and conditions.

Partners gathered to discuss the performance of the local public health system (LPHS) in diagnosing and investigating health problems and health hazards include, but are not limited to:

- The local health department or other governmental public health agency.
- The local board of health or other local governing entity.
- Hospitals.
- Long-term care facilities.
- Preschool and day care programs.
- Public and private schools.
- Colleges and universities.
- Employers.
- Managed care organizations.
- Primary care clinics, including Federally Qualified Health Centers (FQHCs).
- Physicians.
- Public safety and emergency response organizations.
- Public health laboratories.

Model Standard 2.1: Identifying and Monitoring Health Threats

The LPHS conducts surveillance to watch for outbreaks of disease, disasters, and emergencies (both natural and manmade), and other emerging threats to public health. Surveillance data include information on reportable diseases, potential disasters and emergencies, or emerging threats. The LPHS uses surveillance data to notice changes or patterns right away, determine the factors that influence these patterns, investigate the potential dangers, and find ways to lessen the effect on public health. The best available science and technologies are used to understand the problems, determine the most appropriate solutions, and prepare for and respond to identified public health threats. To ensure the most effective and efficient surveillance, the LPHS connects its surveillance systems with state and national systems. To provide a complete monitoring of health events, all parts of the system work together to collect data and report findings.

To accomplish this, members of the LPHS work together to:

- Participate in a comprehensive surveillance system with national, state, and local partners to identify, monitor, and share information and understand emerging health problems and threats.
- Provide and collect timely and complete information on reportable diseases, potential disasters and emergencies, and emerging threats (natural and manmade).
- Ensure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise.

Discussion Questions for Model Standard 2.1	
<p>Awareness</p> <p>(a) How many of you are aware of the LPHS contributions to surveillance system(s) designed to monitor health problems and identify health threats?</p> <p>Frequency</p> <p>(a) What is the time frame for submitting reportable disease information to the state or the LPHS?</p>	<p>Quality and Comprehensiveness</p> <p>(a) Which data sets are included in the surveillance system?</p> <p>(b) How well is the surveillance system integrated with national and/or state surveillance systems?</p> <p>(c) Is the surveillance system compliant with national and/or state health information exchange guidelines?</p> <p>(d) What types of resources are available to support health problem and health hazard surveillance and investigation activities within the LPHS?</p> <p>Usability</p> <p>(a) How does the LPHS use the surveillance system(s) to monitor changes in the occurrence of health problems and hazards?</p>

Performance Measures for Model Standard 2.1

At what level does the LPHS...

2.1.1 Participate in a comprehensive surveillance system with national, state, and local partners to identify, monitor, and share information and understand emerging health problems and threats?

- No Activity
- Minimal
- Moderate
- Significant
- Optimal

2.1.2 Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies, and emerging threats (natural and manmade)?

- No Activity
- Minimal
- Moderate
- Significant
- Optimal

2.1.3 Ensure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise?

- No Activity
- Minimal
- Moderate
- Significant
- Optimal

Discussion Notes for Model Standard 2.1

Strengths	Weaknesses	Short-Term Improvement Opportunities	Long-Term Improvement Opportunities

Model Standard 2.2: Investigating and Responding to Public Health Threats and Emergencies

The LPHS stays ready to handle possible threats to public health. As a threat develops—such as an outbreak of a communicable disease, a natural disaster, or a biological, chemical, nuclear, or other environmental event—a team of LPHS professionals works closely together to collect and understand related data. Many partners support the response, with communication networks already in place among health-related organizations, public safety, rapid response teams, the media, and the public. In a public health emergency, a jurisdictional Emergency Response Coordinator leads LPHS partners in the local investigation and response. The response to an emergent event is in accordance with current emergency operations coordination guidelines.

To accomplish this, members of the LPHS work together to:

- Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case finding, contact tracing, and source identification and containment.
- Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and manmade disasters.
- Designate a jurisdictional Emergency Response Coordinator.
- Rapidly and effectively respond to public health emergencies according to emergency operations coordination guidelines.
- Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or nuclear public health emergencies.
- Evaluate emergency response exercises and incidents for effectiveness and opportunities for improvement (e.g., using hot washes, After Action Reports, and Improvement Plans).

Discussion Questions for Model Standard 2.2

Involvement

- Who is the LPHS designee serving as the Emergency Response Coordinator within the jurisdiction?
- How does the Emergency Response Coordinator coordinate emergency activities within the LPHS?
- Does the LPHS maintain a current list of personnel with the technical expertise to respond to natural and intentional emergencies and disasters?
- How does the LPHS ensure a timely response from emergency personnel, including sufficient numbers of trained professionals?
- How does the LPHS mobilize volunteers during a disaster?

Quality and Comprehensiveness

- How does the LPHS use written processes and standards for implementing a program of case finding, contact tracing, source identification, and containment for communicable diseases or toxic exposures?
- How are LPHS personnel prepared to rapidly respond to natural and intentional disasters?

Usability

- How does the LPHS evaluate public health emergency response incidents for effectiveness and opportunities for improvement (e.g., After Action Reports, Improvement Plans)?
- How are the findings used to improve emergency plans and response?

Performance Measures for Model Standard 2.2

At what level does the LPHS...

2.2.1 Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case finding, contact tracing, and source identification and containment?

No Activity Minimal Moderate Significant Optimal

2.2.2 Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?

No Activity Minimal Moderate Significant Optimal

2.2.3 Designate a jurisdictional Emergency Response Coordinator?

No Activity Minimal Moderate Significant Optimal

2.2.4 Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?

No Activity Minimal Moderate Significant Optimal

2.2.5 Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies?

No Activity Minimal Moderate Significant Optimal

2.2.6 Evaluate incidents for effectiveness and opportunities for improvement (such as After Action Reports, Improvement Plans, etc.)?

No Activity Minimal Moderate Significant Optimal

Discussion Notes for Model Standard 2.2

Strengths	Weaknesses	Short-Term Improvement Opportunities	Long-Term Improvement Opportunities

Model Standard 2.3: Laboratory Support for Investigating Health Threats

The LPHS has the ability to produce timely and accurate laboratory results for public health concerns. Whether a laboratory is public or private, the LPHS sees that the correct testing is done and that the results are made available on time. Any laboratory used by public health meets all licensing and credentialing standards.

To accomplish this, members of the LPHS work together to:

- Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring.
- Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards.
- Use only licensed or credentialed laboratories.
- Maintain a written list of rules related to laboratories, for handling samples (including receiving, collecting, labeling, storing, transporting, and delivering), determining who is in charge of the samples at what point, and reporting the results.

Discussion Questions for Model Standard 2.3

Quality and Comprehensiveness

- (a) Where does the LPHS maintain ready access to laboratories able to meet routine diagnostic and surveillance needs including analysis of clinical and environmental specimens?
- (b) How does the LPHS use laboratory services to support time-sensitive investigations of public health threats, hazards, and emergencies?
- (c) What mechanisms are in place to ensure the laboratories used are all licensed and/or credentialed?
- (d) What current guidelines or protocols are in place for the handling of laboratory samples?
- (e) Are the current procedures able to stand up in a court of law, (e.g., chain of custody, coordination with law enforcement officials, Health Insurance Portability and Accountability Act (HIPAA)?) if the health event is part of a criminal act?

Performance Measures for Model Standard 2.3

At what level does the LPHS...

2.3.1 Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring?

- No Activity
- Minimal
- Moderate
- Significant
- Optimal

2.3.2 Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?

- No Activity
- Minimal
- Moderate
- Significant
- Optimal

2.3.3 Use only licensed or credentialed laboratories?

- No Activity
- Minimal
- Moderate
- Significant
- Optimal

2.3.4 Maintain a written list of rules related to laboratories, for handling samples (including collecting, labeling, storing, transporting, and delivering), determining who is in charge of the samples at what point, and reporting the results?

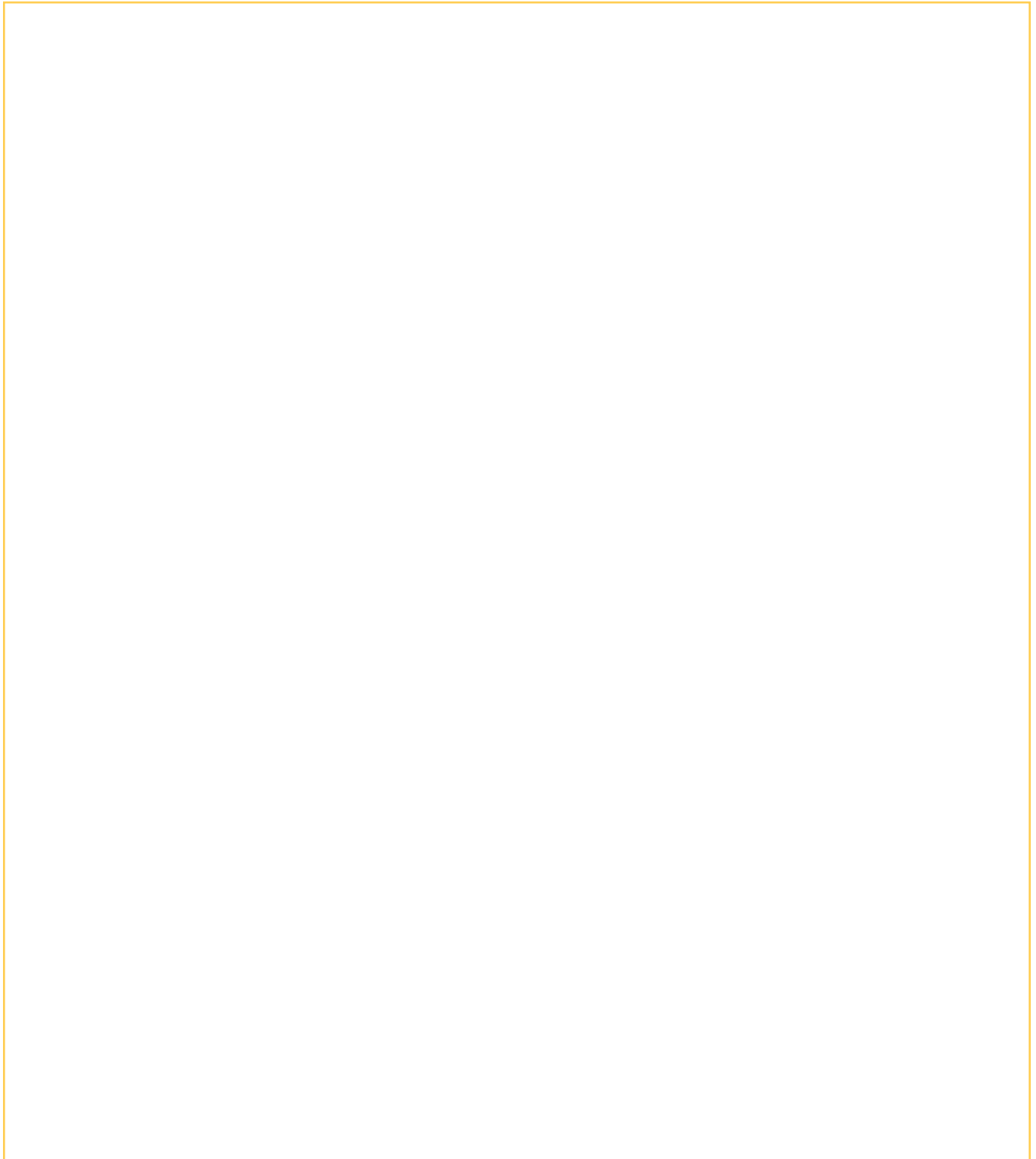
- No Activity
- Minimal
- Moderate
- Significant
- Optimal

Discussion Notes for Model Standard 2.3

Strengths	Weaknesses	Short-Term Improvement Opportunities	Long-Term Improvement Opportunities

Essential Service 2 Summary Notes

Use the space below to record notes on details, additional ideas, or synthesis across discussion notes that apply to the Essential Service as a whole. These notes may be helpful and applicable to some or all of the Model Standards in this Essential Service.





Essential Service 3: Inform, Educate, and Empower People about Health Issues

How well do we keep all segments of our community informed about health issues?

Informing, educating, and empowering people about health issues encompass the following:

- Creating community development activities.
- Establishing social marketing and targeted media public communication.
- Providing accessible health information resources at community levels.
- Collaborating with personal healthcare providers to reinforce health promotion messages and programs.
- Working with joint health education programs with schools, churches, worksites, and others.

Partners gathered to discuss the performance of the local public health system (LPHS) in informing, educating, and empowering people about health issues include:

- The local health department or other governmental public health agency.
- The local board of health or other local governing entity.
- Hospitals.
- Public and private schools.
- Colleges and universities.
- Health educators.
- Local businesses and employers.
- Managed care organizations.
- Faith-based organizations.
- Non-profit organizations/advocacy groups.
- Civic organizations.
- Neighborhood organizations.
- Other community/grassroots organizations.
- Public Information Officers.
- Media.

Model Standard 3.1: Health Education and Promotion

The LPHS designs and puts in place health promotion and health education activities to create environments that support health. These promotional and educational activities are coordinated throughout the LPHS to address risk and protective factors at the individual, interpersonal, community, and societal levels. The LPHS includes the community in identifying needs, setting priorities, and planning health promotional and educational activities. The LPHS plans for different reading abilities, language skills, and access to materials.

To accomplish this, members of the LPHS work together to:

- Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies.
- Coordinate health promotion and health education activities at the individual, interpersonal, community, and societal levels.
- Engage the community in setting priorities, developing plans, and implementing health education and health promotion activities.

Discussion Questions for Model Standard 3.1	
<p>Involvement</p> <p>(a) How many of you provide information on community health to the general public, policymakers, and public and private stakeholders?</p> <p>(b) How do your organizations work together to plan, conduct, and implement health education and promotion activities?</p> <p>(c) How do your organizations work with others beyond your usual LPHS partners on specific health promotion activities (e.g., supermarkets and nutrition interventions)?</p> <p>(d) How do LPHS entities work with community advocates and local media outlets to publicize health promotion activities (e.g., campaigns about the public health effects of laws, media campaigns)?</p>	<p>Quality and Comprehensiveness</p> <p>(a) Are the health education and health promotion campaigns based on sound theory, evidence of effectiveness, and/or best practice?</p> <p>(b) How do organizations in the LPHS support healthy behavior?</p> <p>(c) How do organizations in the LPHS tailor campaigns for populations with higher risk of negative health outcomes?</p> <p>(d) How do organizations in the LPHS design campaigns to reach populations in specific settings?</p> <p>(e) How are the health education programs and health promotion campaigns evaluated?</p> <p>Usability</p> <p>(a) How are evaluation results used to revise and strengthen the programs?</p>

Performance Measures for Model Standard 3.1

At what level does the LPHS...

3.1.1 Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?

- No Activity
- Minimal
- Moderate
- Significant
- Optimal

3.1.2 Coordinate health promotion and health education activities at the individual, interpersonal, community, and societal levels?

- No Activity
- Minimal
- Moderate
- Significant
- Optimal

3.1.3 Engage the community throughout the process of setting priorities, developing plans, and implementing health education and health promotion activities?

- No Activity
- Minimal
- Moderate
- Significant
- Optimal

Discussion Notes for Model Standard 3.1

Strengths	Weaknesses	Short-Term Improvement Opportunities	Long-Term Improvement Opportunities

Model Standard 3.2: Health Communication

The LPHS uses health communication strategies to contribute to healthy living and healthy communities that include the following: increasing awareness of risks to health; ways to reduce health risk factors and increase health protective factors; promoting healthy behaviors; advocating organizational and community changes to support healthy living; increasing demand and support for health services; building a culture where health is valued; and creating support for health policies, programs, and practices. Health communication efforts use a broad range of strategies, including print, radio, television, the Internet, media campaigns, social marketing, entertainment education, and interactive media. The LPHS reaches out to the community through efforts ranging from one-on-one conversations to small group communication, to communications within organizations and the community, and to mass media approaches. The LPHS works with many groups to understand the best ways to present health messages in each community setting and to find ways to cover the costs.

To accomplish this, members of the LPHS work together to:

- Develop health communication plans for media and public relations and for sharing information among LPHS organizations.
- Use relationships with different media providers (e.g., print, radio, television, and the Internet) to share health information, matching the message with the target audience.
- Identify and train spokespersons on public health issues.

Discussion Questions for Model Standard 3.2	
<p>Involvement</p> <p>(a) How many of your organizations have developed health communication plans?</p> <p>(b) How do your organizations work collaboratively to link the communication plans to one another?</p> <p>Usability</p> <p>(a) What policies and procedures are in place to coordinate responses and public announcements related to public health issues?</p>	<p>Quality and Comprehensiveness</p> <p>(a) Do the communications plans include policies and procedures for creating, approving, sharing, and disseminating information with partners and key stakeholders?</p> <p>(b) How are different sectors of the population identified in order to create targeted public health messages for various audiences?</p> <p>(c) How does the LPHS coordinate with local media to develop information or features on health issues?</p> <p>(d) What mechanism is are in place to document and respond to public inquiries?</p> <p>(e) Who, if anyone, has been designated as Public Information Officers (PIOs) to provide important health information and answers to public and media inquiries?</p> <p>(f) How are designated spokespersons trained in providing accurate, timely, and appropriate information on public health issues for different audiences?</p>

Performance Measures for Model Standard 3.2

At what level does the LPHS...

3.2.1 Develop health communication plans for media and public relations and for sharing information among LPHS organizations?

No Activity Minimal Moderate Significant Optimal

3.2.2 Use relationships with different media providers (e.g., print, radio, television, the Internet) to share health information, matching the message with the target audience?

No Activity Minimal Moderate Significant Optimal

3.2.3 Identify and train spokespersons on public health issues?

No Activity Minimal Moderate Significant Optimal

Discussion Notes for Model Standard 3.2

Strengths	Weaknesses	Short-Term Improvement Opportunities	Long-Term Improvement Opportunities

Model Standard 3.3: Risk Communication

The LPHS uses health risk communications strategies to allow individuals, groups, organizations, or an entire community to make optimal decisions about their health and well-being in emergency events. The LPHS recognizes a designated Public Information Officer (PIO) for emergency public information and warning. The LPHS organizations work together to identify potential risks (crisis or emergency) that may affect the community and develop plans to effectively and efficiently communicate information about these risks. The plans include pre-event, event, and post-event communication strategies for different types of emergencies.

To accomplish this, members of the LPHS work together to:

- Develop an emergency communications plan for each stage of an emergency to allow for the effective creation and dissemination of information.
- Make sure that systems and mechanisms are in place and enough resources are available for a rapid emergency communication response.
- Provide crisis and emergency communication training for employees and volunteers.

Discussion Questions for Model Standard 3.3	
<p>Involvement</p> <p>(a) Who is involved in or aware of the LPHS emergency communications plans?</p> <p>(b) How do multiple agencies coordinate emergency communication planning within the LPHS?</p> <p>Quality and Comprehensiveness</p> <p>(a) Can the emergency communication plans be adapted to different types of emergencies (e.g., disease outbreaks, natural disasters, bioterrorism)?</p> <p>(b) Do the plans include established lines of authority, reporting, and responsibilities for emergency communications teams in accordance with the National Incident Management System (NIMS)?</p> <p>(c) How do the plans alert communities, including special populations, about possible health threats or disease outbreaks?</p>	<p>(d) How do the plans provide information from emergency operation center situation reports, health alerts, and meeting notes to stakeholders, partners, and the community?</p> <p>(e) What type of technology is in place to ensure rapid communication response? (e.g., local Health Alert Network, reverse 911 warning system, local public service announcements (PSAs), broadcast text, email, and fax, social networks, etc.)</p> <p>(f) What staff persons are available to develop or adapt emergency communications materials and to provide communications for all stakeholders and partners in the event of an emergency?</p> <p>(g) What type of crisis and emergency communications training is available within the LPHS for new and current staff?</p> <p>(h) How does the LPHS maintain a directory of emergency contact information for media liaisons, partners, stakeholders, and Public Information Officers?</p>

Performance Measures for Model Standard 3.3

At what level does the LPHS...

3.3.1 Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?

- No Activity
- Minimal
- Moderate
- Significant
- Optimal

3.3.2 Make sure resources are available for a rapid emergency communication response?

- No Activity
- Minimal
- Moderate
- Significant
- Optimal

3.3.3 Provide risk communication training for employees and volunteers?

- No Activity
- Minimal
- Moderate
- Significant
- Optimal

Discussion Notes for Model Standard 3.3

Strengths	Weaknesses	Short-Term Improvement Opportunities	Long-Term Improvement Opportunities

Essential Service 3 Summary Notes

Use the space below to record notes on details, additional ideas, or synthesis across discussion notes that apply to the Essential Service as a whole. These notes may be helpful and applicable to some or all of the Model Standards in this Essential Service.





Essential Service 4: Mobilize Community Partnerships to Identify and Solve Health Problems

How well do we truly engage people in local health issues?

Mobilizing community partnerships to identify and solve health problems encompasses the following:

- Convening and facilitating partnerships among groups and associations (including those not typically considered to be health related).
- Undertaking defined health improvement planning process and health projects, including preventive, screening, rehabilitation, and support programs.
- Building a coalition to draw on the full range of potential human and material resources to improve community health.

Partners gathered to discuss the performance of the local public health system (LPHS) in mobilizing community partnerships to identify and solve health problems include, but is not limited to:

- | | |
|--|--|
| <input type="checkbox"/> The local health department or other governmental public health agency. | <input type="checkbox"/> Other community/grassroots organizations. |
| <input type="checkbox"/> The local board of health or other local governing entity. | <input type="checkbox"/> Public Information Officers. |
| <input type="checkbox"/> Hospitals and clinics. | <input type="checkbox"/> Media. |
| <input type="checkbox"/> Public and private schools. | <input type="checkbox"/> Community members. |
| <input type="checkbox"/> Colleges and universities. | <input type="checkbox"/> Substance abuse or mental health organizations. |
| <input type="checkbox"/> Health educators. | <input type="checkbox"/> City and county governmental agencies. |
| <input type="checkbox"/> Local businesses and employers. | <input type="checkbox"/> Ministerial alliances. |
| <input type="checkbox"/> Managed care organizations. | <input type="checkbox"/> United Way. |
| <input type="checkbox"/> Faith-based organizations. | <input type="checkbox"/> Worksite wellness councils. |
| <input type="checkbox"/> Non-profit organizations/advocacy groups. | <input type="checkbox"/> Local chambers of commerce. |
| <input type="checkbox"/> Civic organizations. | <input type="checkbox"/> State and federal programs. |
| <input type="checkbox"/> Neighborhood organizations. | <input type="checkbox"/> Health-related coalition leaders. |

Model Standard 4.1: Constituency Development

The LPHS actively identifies and involves community partners—the individuals and organizations (constituents) with opportunities to contribute to the health of communities. These stakeholders may include health, transportation, housing, environmental, and non-health related groups, and community members. The LPHS manages the process of establishing collaborative relationships among these and other potential partners. Groups within the LPHS communicate well with one another, resulting in a coordinated, effective approach to public health, so that the benefits of public health are understood and shared throughout the community.

To accomplish this, members of the LPHS work together to:

- Follow an established process for identifying key constituents related to overall public health interests and particular health concerns.
- Encourage constituents to participate in CHA, planning, and improvement efforts.
- Maintain a complete and current directory of community organizations.
- Create forums for communication of public health issues.

Discussion Questions for Model Standard 4.1	
<p>Awareness</p> <p>(a) How is awareness regarding the importance of public health issues developed with the community-at-large and organizations within the LPHS?</p> <p>Involvement</p> <p>(a) What organizations are active parts of the LPHS?</p> <p>(b) How are new individuals/groups identified for constituency building?</p> <p>(c) How are constituents encouraged to participate in improving community health?</p> <p>(d) How are community members engaged to improve health?</p>	<p>Quality and Comprehensiveness</p> <p>(a) Does the LPHS maintain a current and accessible directory of organizations that comprise it?</p> <p>(b) What is the LPHS' process for identifying key constituents or stakeholders?</p> <p>(c) How does the LPHS maintain names and contact information for individuals and key constituent groups?</p> <p>Usability</p> <p>(a) How accessible is the directory of LPHS organizations?</p> <p>(b) How does the LPHS create forums for communication of public health issues?</p>

Performance Measures for Model Standard 4.1

At what level does the LPHS...

4.1.1 Maintain a complete and current directory of community organizations?

No Activity Minimal Moderate Significant Optimal

4.1.2 Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?

No Activity Minimal Moderate Significant Optimal

4.1.3 Encourage constituents to participate in activities to improve community health?

No Activity Minimal Moderate Significant Optimal

4.1.4 Create forums for communication of public health issues?

No Activity Minimal Moderate Significant Optimal

Discussion Notes for Model Standard 4.1

Strengths	Weaknesses	Short-Term Improvement Opportunities	Long-Term Improvement Opportunities

Model Standard 4.2: Community Partnerships

The LPHS encourages individuals and groups to work together so that community health may be improved. Public, private, and voluntary groups—through many different levels of information sharing, activity coordination, resource sharing, and in-depth collaborations—strategically align their interests to achieve a common purpose. By sharing responsibilities, resources, and rewards, community partnerships allow each member to share its expertise with others and strengthen the LPHS as a whole. A community group follows a collaborative, dynamic, and inclusive approach to community health improvement; it may exist as a formal partnership, such as a community health planning council, or as a less formal community group.

To accomplish this, members of the LPHS work together to:

- Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community.
- Establish a broad-based community health improvement committee.
- Assess how well community partnerships and strategic alliances are working to improve community health.

Discussion Questions for Model Standard 4.2	
<p>Involvement</p> <p>(a) What types of partnerships exist in the community to maximize public health improvement activities?</p> <p>(b) How do organizations within these partnerships interact?</p> <p>(c) If there is a broad-based community health improvement committee, what does the committee do?</p>	<p>Quality and Comprehensiveness</p> <p>(a) In what types of activities does the LPHS engage?</p> <p>(b) How does the LPHS review the effectiveness of community partnerships and strategic alliances?</p>

Performance Measures for Model Standard 4.2

At what level does the LPHS...

4.2.1 Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?

No Activity Minimal Moderate Significant Optimal

4.2.2 Establish a broad-based community health improvement committee?

No Activity Minimal Moderate Significant Optimal

4.2.3 Assess how well community partnerships and strategic alliances are working to improve community health?

No Activity Minimal Moderate Significant Optimal

Discussion Notes for Model Standard 4.2

Strengths	Weaknesses	Short-Term Improvement Opportunities	Long-Term Improvement Opportunities

Essential Service 4 Summary Notes

Use the space below to record notes on details, additional ideas, or synthesis across discussion notes that apply to the Essential Service as a whole. These notes may be helpful and applicable to some or all of the Model Standards in this Essential Service.





Essential Service 5: Develop Policies and Plans That Support Individual and Community Health Efforts

What local policies in both the government and private sector promote health in my community?

How well are we setting healthy local policies?

Developing policies and plans that support individual and community health efforts encompasses the following:

- Ensuring leadership development at all levels of public health.
- Ensuring systematic community-level and state-level planning for health improvement in all jurisdictions.
- Developing and tracking measurable health objectives from the (CHIP) as a part of a continuous quality improvement plan.
- Establishing joint evaluation with the medical healthcare system to define consistent policies regarding prevention and treatment services.
- Developing policy and legislation to guide the practice of public health.

Partners gathered to discuss the performance of the local public health system (LPHS) in developing policies and plans that support individual and community health efforts include, but are not limited to:

- | | |
|--|---|
| <input type="checkbox"/> The local health department or other governmental public health agency. | <input type="checkbox"/> Non-profit organizations/advocacy groups. |
| <input type="checkbox"/> The local board of health or other local governing entity. | <input type="checkbox"/> Civic organizations. |
| <input type="checkbox"/> Hospitals. | <input type="checkbox"/> Neighborhood organizations and other community/grassroots organizations. |
| <input type="checkbox"/> Health officer/public health director. | <input type="checkbox"/> Media. |
| <input type="checkbox"/> Elected officials and policymakers. | <input type="checkbox"/> Indian Health Service. |
| <input type="checkbox"/> Public health attorneys. | <input type="checkbox"/> Community development organizations. |
| <input type="checkbox"/> Community health planners. | <input type="checkbox"/> Community residents. |
| <input type="checkbox"/> Law enforcement agencies and emergency services personnel. | <input type="checkbox"/> Department of transportation. |
| <input type="checkbox"/> Healthcare providers. | <input type="checkbox"/> City planners. |
| <input type="checkbox"/> Colleges and universities. | <input type="checkbox"/> Mental health and substance abuse organizations. |
| <input type="checkbox"/> Local businesses and employers. | <input type="checkbox"/> Departments of Parks and Recreation. |
| <input type="checkbox"/> Managed care organizations. | <input type="checkbox"/> Local foundations. |
| <input type="checkbox"/> Faith-based organizations. | <input type="checkbox"/> Public interest law groups. |
| | <input type="checkbox"/> Professional associations. |

Model Standard 5.1: Governmental Presence at the Local Level

The LPHS includes a local health department (which could also be another governmental entity dedicated to public health). The LPHS works with the community to make sure a strong local health department exists and that it is doing its part in providing 10 Essential Public Health Services. The local health department may be a regional health agency with more than one local area (e.g., city, county, etc.) under its jurisdiction. The local health department is accredited through the Public Health Accreditation Board’s (PHAB’s) voluntary, national public health department accreditation program.

To accomplish this, members of the LPHS work together to:

- Support the work of the local health department to make sure the 10 Essential Public Health Services are provided.
- See that the local health department is accredited through PHAB’s national voluntary public health department accreditation program.
- Ensure that the local health department has enough resources to do its part in providing essential public health services.

Discussion Questions for Model Standard 5.1	
<p>Involvement</p> <p>(a) What type of governmental local public health presence (i.e., local health department) within the LPHS is available to <i>ensure</i> the provision of the 10 Essential Public Health Services to the community?</p> <p>(b) How is the local health department being supported to prepare for and obtain voluntary, national public health department accreditation?</p> <p>Frequency</p> <p>(a) How often does the LPHS ensure that the local health department has enough resources to do its part in providing the 10 Essential Public Health Services?</p>	<p>Quality and Comprehensiveness</p> <p>(a) How does the local health department document its statutory, chartered, and/or legal responsibilities?</p> <p>(b) How does the local health department assess its functions against national standards for public health departments as defined by the Public Health Accreditation Board (PHAB)?</p> <p>(c) What types of services does the local health department provide?</p> <p>(d) How does the LPHS ensure the availability of resources for the local health department’s contributions to the 10 Essential Public Health Services?</p> <p>(e) How does the local health department work with the state health department (or public health agency) and other state partners to ensure the provision of public health services?</p>

Performance Measures for Standard 5.1

At what level does the LPHS...

5.1.1 Support the work of the local health department (or other governmental local public health entity) to make sure the 10 Essential Public Health Services are provided?

- No Activity
- Minimal
- Moderate
- Significant
- Optimal

5.1.2 See that the local health department is accredited through the PHAB's voluntary, national public health department accreditation program?

- No Activity
- Minimal
- Moderate
- Significant
- Optimal

5.1.3 Ensure that the local health department has enough resources to do its part in providing essential public health services?

- No Activity
- Minimal
- Moderate
- Significant
- Optimal

Discussion Notes for Model Standard 5.1

Strengths	Weaknesses	Short-Term Improvement Opportunities	Long-Term Improvement Opportunities

Model Standard 5.2: Public Health Policy Development

The LPHS develops policies that will prevent, protect, or promote the public’s health. Public health problems, possible solutions, and community values are used to inform the policies and any proposed actions, which may include new laws or changes to existing laws. Additionally, current or proposed policies that have the potential to affect the public’s health are carefully reviewed for consistency with public health policy through health impact assessments (HIAs).

The LPHS and its ability to make informed decisions are strengthened by community member input. The LPHS, together with community members, works to identify gaps in current policies and needs for new policies to improve the public’s health. The LPHS educates the community about policies to improve public health and serves as a resource to elected officials who establish and maintain public health policies.

To accomplish this, members of the LPHS work together to:

- Contribute to new or modified public health policies by engaging in activities that inform the policy development process and facilitate community involvement.
- Alert policymakers and the community of the possible public health impacts (both intended and unintended) from current and/or proposed policies.
- Review existing policies at least every three to five years.

Discussion Questions for Model Standard 5.2	
<p>Awareness</p> <p>(a) How does the LPHS alert policymakers and the general public of public health impacts from current and/or proposed policies?</p> <p>Involvement</p> <p>(a) How does the LPHS contribute to the development of public health policies?</p> <p>(b) How does the LPHS engage constituents in identifying and analyzing issues?</p> <p>(c) How does the LPHS engage in conducting health impact assessments (HIAs)?</p> <p>(d) Within the past year, how has the LPHS been involved in activities that influenced or informed the public health policy process?</p>	<p>Quality and Comprehensiveness</p> <p>(a) How does the LPHS support prevention and protection policies related to health inequities within the community?</p> <p>(b) How does the LPHS work together to see that public health considerations become a part of all policies?</p> <p>Frequency</p> <p>(a) Does the LPHS conduct reviews of public health policies at least every three to five years?</p> <p>(b) How often are HIAs developed and used?</p>

Performance Measures for Model Standard 5.2

At what level does the LPHS...

5.2.1 Contribute to public health policies by engaging in activities that inform the policy development process?

- No Activity
- Minimal
- Moderate
- Significant
- Optimal

5.2.2 Alert policymakers and the community of the possible public health effects (both intended and unintended) from current and/or proposed policies?

- No Activity
- Minimal
- Moderate
- Significant
- Optimal

5.2.3 Review existing policies at least every three to five years?

- No Activity
- Minimal
- Moderate
- Significant
- Optimal

Discussion Notes for Model Standard 5.2

Strengths	Weaknesses	Short-Term Improvement Opportunities	Long-Term Improvement Opportunities

Model Standard 5.3: Community Health Improvement Process and Strategic Planning

The LPHS seeks to improve community health by looking at it from many sides, such as environmental health, healthcare services, business, economic, housing, land use, health equity, and other concerns that affect public health. The LPHS leads a community-wide effort to improve community health by gathering information on health problems, identifying the community’s strengths and weaknesses, setting goals, and increasing overall awareness of and interest in improving the health of the community. This community health improvement process provides ways to develop a community-owned community health improvement plan (CHIP) that will lead to a healthier community. With the community health improvement effort in mind, each organization in the LPHS makes an effort to include strategies related to community health improvement goals in their own organizational strategic plans.

To accomplish this, members of the LPHS work together to:

- Establish a CHIP, with broad-based and diverse participation that uses information from a community health (needs) assessment, including the perceptions of community members.
- Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps.
- Connect organizational strategic plans with the CHIP.

Discussion Questions for Model Standard 5.3	
<p>Awareness</p> <p>(a) What CHA and planning tools are used by the LPHS (e.g., Mobilizing for Action Through Planning and Partnerships (MAPP), Protocol for Assessing Community Excellence in Environmental Health (PACE EH))?</p> <p>Involvement</p> <p>(a) What organizations are involved in CHA and improvement planning processes?</p> <p>Frequency</p> <p>(a) Does the LPHS have plans to revisit CHA and improvement planning processes in three to five years?</p>	<p>Quality and Comprehensiveness</p> <p>(a) What types of activities are involved in CHA and improvement planning processes?</p> <p>(b) Does the process result in the development of a CHIP?</p> <p>(c) How is the CHIP linked to a state health improvement plan?</p> <p>(d) How are the strategic plans of LPHS partner organizations, including the local health department, aligned with the CHIP?</p> <p>Usability</p> <p>(a) How has the LPHS developed strategies to address community health objectives?</p> <p>(b) How are the individuals or organizations accountable for implementing the identified strategies?</p>

Performance Measures for Model Standard 5.3

At what level does the LPHS...

5.3.1 Establish a CHIP, with broad-based diverse participation, that uses information from the CHA, including the perceptions of community members?

No Activity Minimal Moderate Significant Optimal

5.3.2 Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?

No Activity Minimal Moderate Significant Optimal

5.3.3 Connect organizational strategic plans with the CHIP?

No Activity Minimal Moderate Significant Optimal

Discussion Notes for Model Standard 5.3

Strengths	Weaknesses	Short-Term Improvement Opportunities	Long-Term Improvement Opportunities

Model Standard 5.4: Planning for Public Health Emergencies

The LPHS adopts an emergency preparedness and response plan that describes what each organization in the system should be ready to do in a public health emergency. The plan describes community interventions necessary to prepare, mitigate, respond, and recover from all types of emergencies, including both natural and intentional disasters. The plan also looks at challenges of possible events, such as biological, chemical, or nuclear events. Practicing for possible events takes place through regular exercises or drills. A workgroup sees that the necessary organizations and resources are included in the planning and practicing for all types of emergencies. The workgroup uses national standards (e.g., CDC’s Public Health Emergency Preparedness Capabilities) to advance local preparedness planning efforts.

To accomplish this, members of the LPHS work together to:

- Support a workgroup to develop and maintain preparedness and response plans.
- Develop a plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed.
- Test the plan through regular drills and revise the plan as needed, at least every two years.

Discussion Questions for Model Standard 5.4	
<p>Involvement</p> <p>(a) Which LPHS organizations participate in a task force or coalition of community partners to develop and maintain local and/or regional emergency preparedness and response plans?</p> <p>Frequency</p> <p>(a) How often is the All-Hazards Emergency Preparedness and Response Plan reviewed and, if appropriate, revised?</p>	<p>Quality and Comprehensiveness</p> <p>(a) Does the LPHS have an All-Hazards Emergency Preparedness and Response Plan? What is included?</p> <p>(b) Does the plan follow national standards?</p> <p>(c) How does the LPHS test the plan through simulations or “mock events”?</p> <p>Usability</p> <p>(a) How is the plan evaluated? Are opportunities for improvement identified and implemented?</p>

Performance Measures for Model Standard 5.4

At what level does the LPHS...

5.4.1 Support a workgroup to develop and maintain emergency preparedness and response plans?

No Activity Minimal Moderate Significant Optimal

5.4.2 Develop an emergency preparedness and response plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed?

No Activity Minimal Moderate Significant Optimal

5.4.3 Test the plan through regular drills and revise the plan as needed, at least every two years?

No Activity Minimal Moderate Significant Optimal

Discussion Notes for Model Standard 5.4

Strengths	Weaknesses	Short-Term Improvement Opportunities	Long-Term Improvement Opportunities

Essential Service 5 Summary Notes

Use the space below to record notes on details, additional ideas, or synthesis across discussion notes that apply to the Essential Service as a whole. These notes may be helpful and applicable to some or all of the Model Standards in this Essential Service.





Essential Service 6: Enforce Laws and Regulations That Protect Health and Ensure Safety

When we enforce health regulations are we technically competent, fair, and effective?

Enforcing laws and regulations that protect health and ensure safety encompasses the following:

- Enforcing sanitary codes, especially in the food industry.
- Protecting drinking water supplies.
- Enforcing clean air standards.
- Initiating animal control activities.
- Following-up hazards, preventable injuries, and exposure-related diseases identified in occupational and community settings.
- Monitoring quality of medical services (e.g., laboratories, nursing homes, and home healthcare providers).
- Reviewing new drug, biologic, and medical device applications.

Partners gathered to discuss the performance of the local public health system (LPHS) in developing policies and plans that support individual and community health efforts include:

- | | |
|--|---|
| <input type="checkbox"/> The local health department or other governmental public health agency. | <input type="checkbox"/> Media. |
| <input type="checkbox"/> The local board of health or other local governing entity. | <input type="checkbox"/> Public and private schools. |
| <input type="checkbox"/> Hospitals. | <input type="checkbox"/> Animal control authorities. |
| <input type="checkbox"/> Health officer/public health director. | <input type="checkbox"/> Fire department. |
| <input type="checkbox"/> Public health attorneys. | <input type="checkbox"/> District attorney and public defender. |
| <input type="checkbox"/> Law enforcement agencies and emergency services personnel | <input type="checkbox"/> Environmental health agencies. |
| <input type="checkbox"/> Healthcare providers. | <input type="checkbox"/> Waste management facilities. |
| <input type="checkbox"/> Local businesses and employers. | <input type="checkbox"/> Department of transportation. |
| <input type="checkbox"/> Managed care organizations. | <input type="checkbox"/> City planner. |
| <input type="checkbox"/> Non-profit organizations/advocacy groups (e.g., youth, human rights, etc.). | <input type="checkbox"/> Corrections facilities. |
| <input type="checkbox"/> Civic and neighborhood organizations. | <input type="checkbox"/> Public housing. |
| <input type="checkbox"/> Other community/grassroots organizations (e.g., tattoo shops, tanning booths, anti-vaccine coalitions, utilities, environmental advocacy groups, etc.). | <input type="checkbox"/> State licensing boards. |
| | <input type="checkbox"/> Civil and human rights groups. |
| | <input type="checkbox"/> Oil and gas industry representatives. |
| | <input type="checkbox"/> Elected officials. |
| | <input type="checkbox"/> Economists. |

Model Standard 6.1: Reviewing and Evaluating Laws, Regulations, and Ordinances

The LPHS reviews existing laws, regulations, and ordinances related to public health, including laws that prevent health problems, promote, and protect public health. The LPHS looks at federal, state, and local laws to understand the authority provided to the system and the potential impact of laws, regulations, and ordinances on the health of the community. The LPHS also looks at any challenges involved in complying with laws, regulations, or ordinances, whether community members have any opinions or concerns, and whether any laws, regulations, or ordinances need to be updated.

To accomplish this, members of the LPHS work together to:

- Identify public health issues that can and should be addressed through laws, regulations, or ordinances.
- Stay up-to-date with current laws, regulations, and ordinances that prevent, promote, or protect public health on the federal, state, and local levels.
- Review existing public health laws, regulations, and ordinances at least once every three to five years.
- Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances.
- Involve the local public health governing entity and other local government in reviewing and developing laws, regulations, or ordinances related to public health.

Discussion Questions for Model Standard 6.1	
<p>Awareness</p> <p>(a) What has the LPHS identified that can best be addressed through laws, regulations, and ordinances?</p> <p>Frequency</p> <p>(a) Are the reviews conducted at least once every three to five years?</p>	<p>Quality and Comprehensiveness</p> <p>(a) How do LPHS organizations stay-up-to-date regarding federal, state, and local laws; regulations; and ordinances that protect public health?</p> <p>(b) Do governmental entities within the LPHS have access to legal counsel to assist with the review of laws, regulations, and ordinances related to the public’s health?</p> <p>Usability</p> <p>(a) How are laws, regulations, and ordinances that protect the public’s health reviewed by the LPHS ensure appropriate compliance?</p>

Performance Measures for Model Standard 6.1

At what level does the LPHS...

6.1.1 Identify public health issues that can be addressed through laws, regulations, or ordinances?

No Activity Minimal Moderate Significant Optimal

6.1.2 Stay up-to-date with current laws, regulations, and ordinances that prevent health problems or that promote or protect public health on the federal, state, and local levels?

No Activity Minimal Moderate Significant Optimal

6.1.3 Review existing public health laws, regulations, and ordinances at least once every three to five years?

No Activity Minimal Moderate Significant Optimal

6.1.4 Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?

No Activity Minimal Moderate Significant Optimal

Discussion Notes for Model Standard 6.1

Strengths	Weaknesses	Short-Term Improvement Opportunities	Long-Term Improvement Opportunities

Model Standard 6.2: Involvement in Improving Laws, Regulations, and Ordinances

The LPHS works to change existing laws, regulations, or ordinances—or to create new ones—when they have determined that changes or additions would better prevent health problems or protect or promote public health. To promote public health, the LPHS helps to draft the new or revised legislation, regulations, or ordinances; takes part in public hearings; and talks with lawmakers and regulatory officials.

To accomplish this, members of the LPHS work together to:

- Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances.
- Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote public health.
- Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances.
- Evaluate the effects of policies, laws, regulations, and ordinances.

Discussion Questions for Model Standard 6.2	
<p>Awareness</p> <p>(a) What examples are there of identified local public health issues that are not adequately addressed through existing laws, regulations, and ordinances?</p> <p>Involvement</p> <p>(a) How have LPHS organizations provided technical guidance or support to legislative, regulatory, or advocacy groups drafting proposed legislation, regulations, or ordinances?</p>	<p>Frequency</p> <p>(a) How have LPHS organizations participated in developing or modifying laws, regulations, or ordinances for those public health issues in the past three to five years?</p>

Performance Measures for Model Standard 6.2

At what level does the LPHS...

6.2.1 Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?

- No Activity
- Minimal
- Moderate
- Significant
- Optimal

6.2.2 Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote public health?

- No Activity
- Minimal
- Moderate
- Significant
- Optimal

6.2.3 Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?

- No Activity
- Minimal
- Moderate
- Significant
- Optimal

Discussion Notes for Model Standard 6.2

Strengths	Weaknesses	Short-Term Improvement Opportunities	Long-Term Improvement Opportunities

Model Standard 6.3: Enforcing Laws, Regulations, and Ordinances

The LPHS sees that public health laws, regulations, and ordinances are followed. The LPHS knows which governmental agency or other organization has the authority to enforce any given public health-related requirement within its community, supports all organizations tasked with enforcement responsibilities, and ensures that the enforcement is conducted within the law. The LPHS has sufficient authority to respond in an emergency event. The LPHS also makes sure that individuals and organizations understand the requirements of relevant laws, regulation, and ordinances. The LPHS communicates the reasons for legislation and the importance of compliance.

To accomplish this, members of the LPHS work together to:

- Identify organizations that have the authority to enforce public health laws, regulations, and ordinances.
- Ensure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies.
- Ensure that all enforcement activities related to public health codes are done within the law.
- Inform and educate individuals and organizations about relevant laws, regulations, and ordinances.
- Evaluate how well local organizations comply with public health laws.

Discussion Questions for Model Standard 6.3	
<p>Awareness</p> <p>(a) What authority does the local health department (i.e., governmental public health entity) within the LPHS have to enforce laws, regulations, or ordinances related to the public’s health?</p> <p>(b) How are the roles and responsibilities related to the authority documented?</p> <p>Involvement</p> <p>(a) Does the LPHS provide information to the individuals and organizations that are required to comply with certain laws, regulations, or ordinances?</p> <p>Frequency</p> <p>(a) How often does the LPHS assess the compliance of institutions and businesses with laws, regulations, and ordinances?</p>	<p>Quality and Comprehensiveness</p> <p>(a) How are those responsible for enforcement activities trained on compliance and enforcement?</p> <p>(b) How is the local health department empowered through laws and regulations to implement necessary community interventions in the event of a public health emergency?</p> <p>(c) How does the LPHS ensure that all enforcement activities are conducted in accordance with laws, regulations, and ordinances?</p> <p>(d) How has the LPHS assessed the compliance of institutions and businesses in the community (e.g., schools, food establishments, day care facilities) with laws, regulations, and ordinances designed to promote and protect public health?</p> <p>(e) What information is gathered?</p> <p>Usability</p> <p>(a) Is dissemination of information on public health laws, regulations, and ordinances integrated with other public health activities (e.g., health education, communicable disease control, health assessment, planning)?</p>

Performance Measures for Standard 6.3

At what level does the LPHS...

6.3.1 Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?

- No Activity
- Minimal
- Moderate
- Significant
- Optimal

6.3.2 Ensure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies?

- No Activity
- Minimal
- Moderate
- Significant
- Optimal

6.3.3 Ensure that all enforcement activities related to public health codes are done within the law?

- No Activity
- Minimal
- Moderate
- Significant
- Optimal

6.3.4 Educate individuals and organizations about relevant laws, regulations, and ordinances?

- No Activity
- Minimal
- Moderate
- Significant
- Optimal

6.3.5 Evaluate how well local organizations comply with public health laws?

- No Activity
- Minimal
- Moderate
- Significant
- Optimal

Discussion Notes for Model Standard 6.3

Strengths	Weaknesses	Short-Term Improvement Opportunities	Long-Term Improvement Opportunities

Essential Service 6 Summary Notes

Use the space below to record notes on details, additional ideas, or synthesis across discussion notes that apply to the Essential Service as a whole. These notes may be helpful and applicable to some or all of the Model Standards in this Essential Service.





Essential Service 7: Link People to Needed Personal Health Services and Assure the Provision of Healthcare When Otherwise Unavailable

Are people in my community receiving the health services they need?

Linking people to needed personal health services and assuring the provision of healthcare when otherwise unavailable (sometimes referred to as outreach or enabling services) encompass the following:

- Ensuring effective entry for socially disadvantaged and other vulnerable persons into a coordinated system of clinical care.
- Providing culturally and linguistically appropriate materials and staff to ensure linkage to services for special population groups.
- Ensuring ongoing care management.
- Ensuring transportation services.
- Orchestrating targeted health education/promotion/disease prevention to vulnerable population groups.

Partners gathered to discuss the performance of the local public health system (LPHS) in linking people to needed personal health services and ensuring the provision of healthcare when otherwise unavailable include:

- | | |
|--|--|
| <input type="checkbox"/> The local health department or other governmental public health agency. | <input type="checkbox"/> Federally Qualified Health Centers, community health centers, or look-alikes. |
| <input type="checkbox"/> The local board of health or other local governing entity. | <input type="checkbox"/> Law enforcement agencies. |
| <input type="checkbox"/> Hospitals. | <input type="checkbox"/> Elected officials. |
| <input type="checkbox"/> Health service providers. | <input type="checkbox"/> Tribal and cultural leaders. |
| <input type="checkbox"/> Health service recipients. | <input type="checkbox"/> United Way. |
| <input type="checkbox"/> Managed care organizations. | <input type="checkbox"/> Public assistance programs (e.g., public housing). |
| <input type="checkbox"/> Non-profit organizations/advocacy groups. | <input type="checkbox"/> Lesbian, gay, bisexual, transgender (LGBT) organizations. |
| <input type="checkbox"/> Nursing homes. | <input type="checkbox"/> Social services. |
| <input type="checkbox"/> Department of Veterans' Affairs. | <input type="checkbox"/> Public and private schools. |
| <input type="checkbox"/> Faith-based organizations. | <input type="checkbox"/> Colleges and universities. |
| <input type="checkbox"/> Mental health and substance abuse organizations. | <input type="checkbox"/> Employment assistance organizations. |
| <input type="checkbox"/> Department of transportation and other transportation services. | |

Model Standard 7.1: Identifying Personal Health Service Needs of Populations

The LPHS identifies the personal health service needs of the community and identifies the barriers to receiving these services, especially among particular groups that may have particular difficulty accessing personal health services. The LPHS has defined roles and responsibilities for the local health department (or other governmental public health entity) and other partners (e.g., hospitals, managed care providers, and other community health agencies) in relation to overcoming these barriers and providing services.

To accomplish this, members of the LPHS work together to:

- Identify groups of people in the community who have trouble accessing or connecting to personal health services.
- Identify all personal health service needs and unmet needs throughout the community.
- Define roles and responsibilities for partners to respond to the unmet needs of the community
- Understand the reasons that people do not get the health services and healthcare they need.

Discussion Questions for Model Standard 7.1	
<p>Awareness</p> <p>(a) What does the LPHS do to understand which personal health services are used by populations who may experience barriers to care?</p>	<p>Quality and Comprehensiveness</p> <p>(a) How does the LPHS identify populations that may experience barriers to personal health services?</p> <p>(b) Which populations are taken into account?</p> <p>(c) How has the LPHS identified the personal health service needs of populations in its jurisdiction, including the needs of populations who may experience barriers to care?</p> <p>(d) Which types of personal health services has the LPHS assessed?</p>

Performance Measures for Model Standard 7.1

At what level does the LPHS...

7.1.1 Identify groups of people in the community who have trouble accessing or connecting to personal health services?

- No Activity Minimal Moderate Significant Optimal
-

7.1.2 Identify all personal health service needs and unmet needs throughout the community?

- No Activity Minimal Moderate Significant Optimal
-

7.1.3 Defines partner roles and responsibilities to respond to the unmet needs of the community?

- No Activity Minimal Moderate Significant Optimal
-

7.1.4 Understand the reasons that people do not get the care they need?

- No Activity Minimal Moderate Significant Optimal
-

Discussion Notes for Model Standard 7.1

Strengths	Weaknesses	Short-Term Improvement Opportunities	Long-Term Improvement Opportunities

Model Standard 7.2: Ensuring People Are Linked to Personal Health Services

The LPHS partners work together to meet the diverse needs of all populations. Partners see that persons are signed up for all benefits available to them and know where to refer people with unmet personal health service needs. The LPHS develops working relationships between public health, primary care, oral health, social services, mental health systems, and organizations that are not traditionally part of the personal health service system, such as housing, transportation, and grassroots organizations.

To accomplish this, members of the LPHS work together to:

- Connect (or link) people to organizations that can provide the personal health services they may need.
- Help people access personal health services, in a way that takes into account the unique needs of different populations.
- Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs).
- Coordinate the delivery of personal health and social services so that everyone has access to the care they need.

Discussion Questions for Model Standard 7.2	
<p>Involvement</p> <p>(a) How does the LPHS coordinate the delivery of personal health and social services to optimize access to services for populations who may encounter barriers to care?</p> <p>Usability</p> <p>(a) How does the LPHS coordinate the delivery of personal health and social services to optimize access to services for populations who may encounter barriers to care?</p>	<p>Quality and Comprehensiveness</p> <p>(a) How does the LPHS link populations to needed personal health services?</p> <p>(b) How does the LPHS ensure the provision of services to populations who may encounter barriers to care?</p> <p>(c) How does the LPHS provide assistance to vulnerable populations in accessing needed health services?</p> <p>(d) What types of initiatives does the LPHS have available to enroll eligible individuals in public benefit programs, such as Medicaid and/or other medical or prescription assistance programs?</p>

Performance Measures for Model Standard 7.2

At what level does the LPHS...

7.2.1 Connect or link people to organizations that can provide the personal health services they may need?

- No Activity
- Minimal
- Moderate
- Significant
- Optimal

7.2.2 Help people access personal health services in a way that takes into account the unique needs of different populations?

- No Activity
- Minimal
- Moderate
- Significant
- Optimal

7.2.3 Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs)?

- No Activity
- Minimal
- Moderate
- Significant
- Optimal

7.2.4 Coordinate the delivery of personal health and social services so that everyone in the community has access to the care they need?

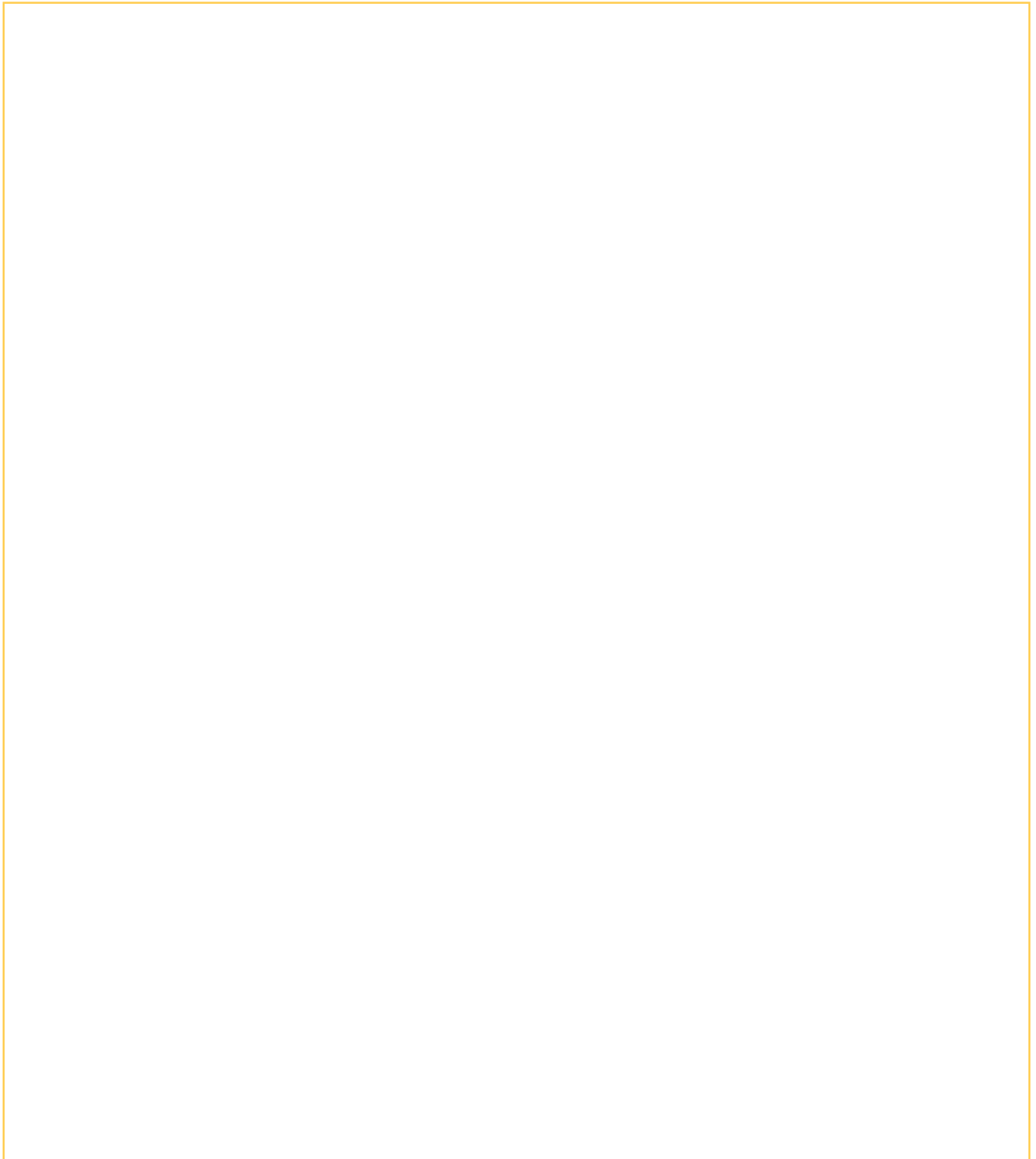
- No Activity
- Minimal
- Moderate
- Significant
- Optimal

Discussion Notes for Model Standard 7.2

Strengths	Weaknesses	Short-Term Improvement Opportunities	Long-Term Improvement Opportunities

Essential Service 7 Summary Notes

Use the space below to record notes on details, additional ideas, or synthesis across discussion notes that apply to the Essential Service as a whole. These notes may be helpful and applicable to some or all of the Model Standards in this Essential Service.





Essential Service 8: Assure a Competent Public Health and Personal Healthcare Workforce

Do we have competent public health staff?

Do we have competent healthcare staff?

How can we be sure that our staff stays current?

Ensuring a competent public and personal healthcare workforce encompasses the following:

- Educating, training, and assessing personnel (including volunteers and other lay community health workers) to meet community needs for public and personal health services.
- Establishing efficient processes for professionals to acquire licensure.
- Adopting continuous quality improvement and lifelong learning programs.
- Establishing active partnerships with professional training programs to ensure community-relevant learning experiences for all students.
- Continuing education in management and leadership development programs for those charged with administrative/executive roles.

Partners gathered to discuss the performance of the local public health system (LPHS) in ensuring a competent public and personal healthcare workforce include:

- The local health department or other governmental public health agency.
- The local board of health or other local governing entity.
- Hospitals.
- Colleges and universities.
- Employers.
- Managed care organizations.
- Foundations.
- Human resources departments.
- Advocacy organizations.
- Federally Qualified Health Centers or community health centers.
- Professional associations.
- Local chambers of commerce.
- Emergency Medical Services.
- Public Health Training Centers.

Model Standard 8.1: Workforce Assessment, Planning, and Development

The LPHS assesses the local public health workforce—all who contribute to providing the 10 Essential Public Health Services for the community. Workforce assessment looks at what knowledge, skills, and abilities the local public health workforce needs and the numbers and kinds of jobs the system should have to adequately prevent health problems and protect and promote health in the community. The LPHS also looks at the training that the workforce needs to keep its knowledge, skills, and abilities up to date. After the workforce assessment determines the number and types of positions the local public health workforce should include, the LPHS identifies gaps and works on plans to fill those gaps.

To accomplish this, members of the LPHS work together to:

- Assess over time the numbers and types of LPHS jobs in the public or private sector and the knowledge, skills, and abilities that they require.
- Review the information from the workforce assessment and use it to find and address gaps in the local public health workforce.
- Provide information from the workforce assessment to other community organizations and groups, including governing bodies and public and private agencies, for use in their organizational planning.

Discussion Questions for Model Standard 8.1	
<p>Awareness</p> <p>(a) What type of public health workforce assessments have been conducted within the community?</p> <p>Frequency</p> <p>(a) Within the past three years, has an assessment of the LPHS workforce been conducted?</p>	<p>Quality and Comprehensiveness</p> <p>(a) What components were included in the workforce assessment?</p> <p>(b) Whether or not a formal assessment has been conducted, have shortfalls and/or gaps within the LPHS workforce been identified? If so, what are they?</p> <p>(c) How have the organizations within the LPHS implemented plans for addressing these shortfalls or gaps?</p> <p>(d) Is there a formal process to evaluate the effectiveness of plans to address workforce gaps?</p> <p>Usability</p> <p>(a) How is the knowledge from the workforce assessment used to develop plans to address workforce gaps?</p> <p>(b) How are results from formal or informal workforce assessments and/or gap analyses shared with LPHS organizations for use in strategic or operational plans?</p>

Performance Measures for Model Standard 8.1

At what level does the LPHS...

8.1.1 Complete a workforce assessment, a process to track the numbers and types of LPHS jobs—both public and private sector—and the associated knowledge, skills, and abilities required of the jobs?

- No Activity
- Minimal
- Moderate
- Significant
- Optimal

8.1.2 Review the information from the workforce assessment and use it to identify and address gaps in the LPHS workforce?

- No Activity
- Minimal
- Moderate
- Significant
- Optimal

8.1.3 Provide information from the workforce assessment to other community organizations and groups, including governing bodies and public and private agencies, for use in their organizational planning?

- No Activity
- Minimal
- Moderate
- Significant
- Optimal

Discussion Notes for Model Standard 8.1

Strengths	Weaknesses	Short-Term Improvement Opportunities	Long-Term Improvement Opportunities

Model Standard 8.2: Public Health Workforce Standards

The LPHS maintains standards to see that workforce members are qualified to do their jobs, with the certificates, licenses, and education that are required by law or by local, state, or federal guidance. Information about the knowledge, skills, and abilities that are needed to provide the 10 Essential Public Health Services are used in personnel systems, so that position descriptions, hiring, and performance evaluations of workers are based on public health competencies.

To accomplish this, members of the LPHS work together to:

- Ensure that all members of the local public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and meet all legal obligations.
- Develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the 10 Essential Public Health Services.
- Base the hiring and performance review of members of the local public health workforce in public health competencies.

Discussion Questions for Model Standard 8.2

Quality and Comprehensiveness

- (a) What types of guidelines, licensure, and/or certification requirements are required for positions within the LPHS organizations that deliver the 10 Essential Public Health Services?
- (b) How do organizations within the LPHS make sure they comply with those guidelines, licensure, and/or certification requirements?
- (c) Do most or all organizations within the LPHS have written job standards and/or position descriptions for all personnel delivering the 10 Essential Public Health Services? Are these job standards tied to public health competencies?
- (d) Do most or all organizations within the LPHS conduct annual performance evaluations?
- (e) What type of performance evaluations are conducted within LPHS organizations?

Performance Measures for Model Standard 8.2

At what level does the LPHS...

8.2.1 Ensure that all members of the local public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and comply with legal requirements?

No Activity	Minimal	Moderate	Significant	Optimal
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8.2.2 Develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the 10 Essential Public Health Services?

No Activity	Minimal	Moderate	Significant	Optimal
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8.2.3 Base the hiring and performance review of members of the public health workforce in public health competencies?

No Activity	Minimal	Moderate	Significant	Optimal
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Discussion Notes for Model Standard 8.2

Strengths	Weaknesses	Short-Term Improvement Opportunities	Long-Term Improvement Opportunities

Model Standard 8.3: Life-Long Learning through Continuing Education, Training, and Mentoring

The LPHS encourages lifelong learning for the local public health workforce. Both formal and informal opportunities in education and training are available to the workforce, including workshops, seminars, conferences, and online learning. Experienced staff persons are available to coach and advise newer employees. Interested workforce members have the chance to work with academic and research institutions, particularly those connected with schools of public health, public administration, and population health. As the academic community and the local public health workforce collaborate, the LPHS is strengthened.

The LPHS trains its workforce to recognize and address the unique culture, language, and health literacy of diverse consumers and communities and to respect all members of the community. The LPHS also educates its workforce about the many factors that can influence health, including interpersonal relationships, social surroundings, physical environment, and individual characteristics (such as economic status, genetics, behavioral risk factors, and healthcare).

To accomplish this, members of the LPHS work together to:

- Identify education and training needs and encourage the workforce to participate in available education and training.
- Provide ways for workers to develop core skills related to the 10 Essential Public Health Services.
- Develop incentives for workforce training, such as tuition reimbursement, time off for attending class, and pay increases.
- Create and support collaborations between organizations within the LPHS for training and education (e.g., practice and academic collaborations between public health workforce members and/or healthcare professionals and the faculty and students of academic institutions). Continually train the public health workforce to deliver services in a culturally competent manner and understand social determinants of health.

Discussion Questions for Model Standard 8.3	
<p>Involvement</p> <p>(a) What type of opportunities are there for interaction between staff of LPHS organizations and faculty from academic and research institutions, particularly those connected with schools of public health?</p> <p>Usability</p> <p>(a) Do organizations within the LPHS dedicate resources, such as a budget and personnel, for training and education?</p>	<p>Quality and Comprehensiveness</p> <p>(a) How does the LPHS identify education and training needs for workforce development? What types of workforce development opportunities are encouraged and/or provided?</p> <p>(b) How are updates and refresher courses delivered within the LPHS for key public health issues (e.g., HIPAA, non-discrimination, and emergency preparedness)?</p> <p>(c) How does the LPHS provide opportunities for all personnel to develop core public health competencies?</p> <p>(d) How comprehensive are the training opportunities?</p> <p>(e) What types of incentives are provided to the workforce to participate in educational and training experiences?</p>

Performance Measures for Model Standard 8.3

At what level does the LPHS...

8.3.1 Identify education and training needs and encourage the public health workforce to participate in available education and training?

No Activity Minimal Moderate Significant Optimal

8.3.2 Provide ways for public health workers to develop core skills related to the 10 Essential Public Health Services?

No Activity Minimal Moderate Significant Optimal

8.3.3 Develop incentives for workforce training, such as tuition reimbursement, time off for attending class, and pay increases?

No Activity Minimal Moderate Significant Optimal

8.3.4 Create and support collaborations between organizations within the LPHS for training and education?

No Activity Minimal Moderate Significant Optimal

8.3.5 Continually train the public health workforce to deliver services in a culturally competent manner and understand the social determinants of health?

No Activity Minimal Moderate Significant Optimal

Discussion Notes for Model Standard 8.3

Strengths	Weaknesses	Short-Term Improvement Opportunities	Long-Term Improvement Opportunities

Model Standard 8.4: Public Health Leadership Development

Leadership within the LPHS is demonstrated by organizations and individuals that are committed to improving the health of the community. Leaders work to continually develop the LPHS, create a shared vision of community health, find ways to achieve the vision, and ensure that local public health services are delivered. Leadership may come from the local health department, from other governmental agencies, non-profits, the private sector, or from several LPHS partners. The LPHS encourages the development of leaders that represent the diversity of the community and respect community values.

To accomplish this, members of the LPHS work together to:

- Provide access to formal and informal leadership development opportunities for employees at all organizational levels.
- Create a shared vision of community health and the LPHS, welcoming all leaders and community members to work together.
- Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources.
- Provide opportunities for the development of leaders that reflect the diversity of the community.

Discussion Questions for Model Standard 8.4	
<p>Awareness</p> <p>(a) Have leaders within the LPHS and community collaborated to create a shared vision for the community?</p> <p>(b) How have leaders within the LPHS and community collaborated for participatory decision-making?</p> <p>Involvement</p> <p>(a) How does the LPHS recruit and retain new leaders who represent the diversity of the community?</p>	<p>Quality and Comprehensiveness</p> <p>(a) How do organizations within the LPHS promote the development of leadership skills?</p> <p>(b) How do organizations across the LPHS communicate to ensure informed participation in decision-making? (e.g., community forums, email lists)?</p> <p>(c) How does the LPHS provide leadership opportunities for individuals and/or organizations in areas where their expertise or experience can provide insight, direction, or resources?</p> <p>Usability</p> <p>(a) How are coaching and mentoring used within the LPHS to develop community leadership?</p>

Performance Measures for Model Standard 8.4

At what level does the LPHS...

8.4.1 Provide access to formal and informal leadership development opportunities for employees at all organizational levels?

No Activity Minimal Moderate Significant Optimal

8.4.2 Create a shared vision of community health and the LPHS, welcoming all leaders and community members to work together?

No Activity Minimal Moderate Significant Optimal

8.4.3 Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?

No Activity Minimal Moderate Significant Optimal

8.4.4 Provide opportunities for the development of leaders who represent the diversity of the community?

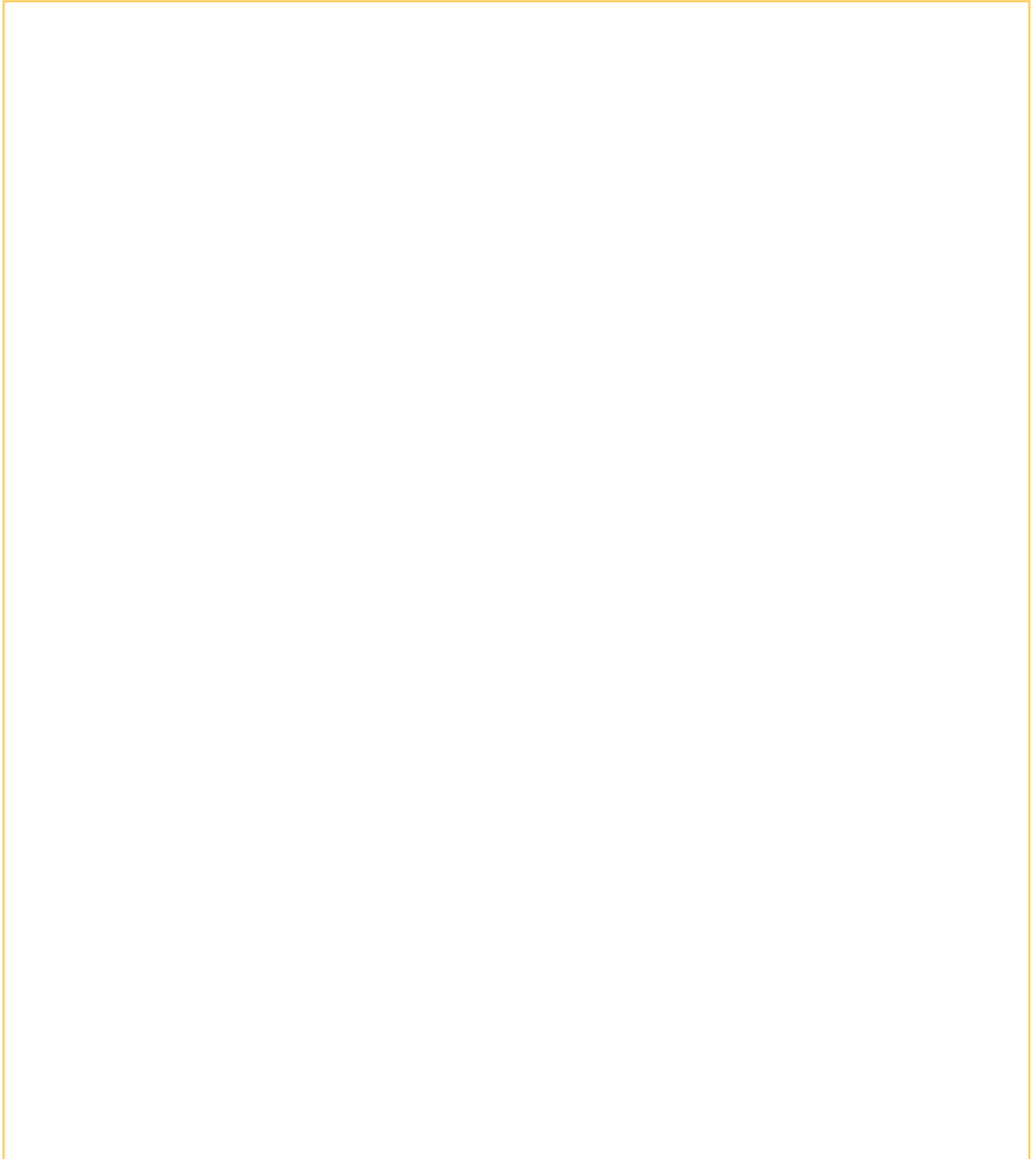
No Activity Minimal Moderate Significant Optimal

Discussion Notes for Model Standard 8.4

Strengths	Weaknesses	Short-Term Improvement Opportunities	Long-Term Improvement Opportunities

Essential Service 8 Summary Notes

Use the space below to record notes on details, additional ideas, or synthesis across discussion notes that apply to the Essential Service as a whole. These notes may be helpful and applicable to some or all of the Model Standards in this Essential Service.





Essential Service 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

Are we meeting the needs of the population we serve?

Are we doing things right?

Are we doing the right things?

Evaluating effectiveness, accessibility, and quality of personal and population-based health services encompasses the following:

- Assessing program effectiveness through monitoring and evaluating implementation, outcomes, and effect.
- Providing information necessary for allocating resources and reshaping programs.

Partners gathered to discuss the performance of the local public health system (LPHS) in evaluating effectiveness, accessibility, and quality of personal and population-based health services include:

- The local health department or other governmental public health agency.
- The local board of health or other local governing entity.
- Hospitals.
- Service providers.
- Service recipients.
- Managed care organizations.
- Non-profit organizations/advocacy groups.
- Consultants.
- Public and private schools.
- Faith-based organizations.
- Foundations.
- Federally Qualified Health Centers or community health centers.

Model Standard 9.1: Evaluating Population-Based Health Services

The LPHS evaluates population-based health services, which are aimed at disease prevention and health promotion for the entire community. Many different types of population-based health services are evaluated for their quality and effectiveness in targeting underlying risks. The LPHS uses nationally recognized resources to set goals for their work and identify best practices for specific types of preventive services (e.g., *Healthy People 2020* or *The Guide to Community Preventive Services*). The LPHS uses data to evaluate whether population-based services are meeting the needs of the community and the satisfaction of those they are serving. Based on the evaluation, the LPHS may make changes and may reallocate resources to improve population-based health services.

To accomplish this, members of the LPHS work together to:

- Evaluate how well population-based health services are working, including whether the goals that were set for programs and services were achieved.
- Assess whether community members, including vulnerable populations, are receiving services and are satisfied with the approaches to promoting health and preventing disease, illness, and injury.
- Identify gaps in providing population-based health services.
- Use evaluation findings to improve plans and services.

Discussion Questions for Model Standard 9.1	
<p>Frequency</p> <p>(a) How often is each of the population-based health services evaluated?</p> <p>Quality and Comprehensiveness</p> <p>(a) How does the LPHS evaluate population-based health services?</p> <p>(b) What are the service elements to be evaluated?</p> <p>(c) How does the LPHS determine community satisfaction with population-based health services?</p>	<p>Usability</p> <p>(a) How are the results of population-based health services evaluations used by LPHS organizations in developing strategic and operational plans?</p> <p>(b) How does the LPHS identify gaps in health service delivery?</p> <p>(c) Do evaluations look at the extent to which program goals are achieved for population-based health services (i.e., access, quality, and effectiveness of population-based health services)?</p>

Performance Measures for Model Standard 9.1

At what level does the LPHS...

9.1.1 Evaluate how well population-based health services are working, including whether the goals that were set for programs and services were achieved?

- No Activity
- Minimal
- Moderate
- Significant
- Optimal

9.1.2 Assess whether community members, including vulnerable populations, are satisfied with the approaches taken toward promoting health and preventing disease, illness, and injury?

- No Activity
- Minimal
- Moderate
- Significant
- Optimal

9.1.3 Identify gaps in the provision of population-based health services?

- No Activity
- Minimal
- Moderate
- Significant
- Optimal

9.1.4 Use evaluation findings to improve plans, processes, and services?

- No Activity
- Minimal
- Moderate
- Significant
- Optimal

Discussion Notes for Model Standard 9.1			
Strengths	Weaknesses	Short-Term Improvement Opportunities	Long-Term Improvement Opportunities

Model Standard 9.2: Evaluating Personal Health Services

The LPHS regularly evaluates the accessibility, quality, and effectiveness of personal health services. These services range from preventive care, such as mammograms or other preventive screenings or tests, to hospital care, to care at the end of life. The LPHS sees that the personal health services in the area match the needs of the community, with available and effective care for all ages and groups of people. The LPHS works with communities to measure satisfaction with personal health services through multiple methods, including surveys with persons who have received care and others who might have needed care or who may need care in the future. The LPHS uses findings from the evaluation to improve services and program delivery, using technological solutions, such as electronic health records, when indicated, and modifying organizational strategic plans, as needed.

To accomplish this, members of the LPHS work together to:

- Evaluate the accessibility, quality, and effectiveness of personal health services.
- Compare the quality of personal health services to established guidelines.
- Measure satisfaction with personal health services.
- Use technology, like the Internet or electronic health records, to improve quality of care or communication among healthcare providers.
- Use evaluation findings to improve services and program delivery and modify organizational strategic plans, as needed.

Discussion Questions for Model Standard 9.2	
<p>Awareness</p> <p>(a) How have organizations within the LPHS evaluated personal health services for the community? What has been evaluated in the past?</p> <p>Usability</p> <p>(a) How is information technology used by the LPHS to ensure quality of personal health services?</p> <p>(b) How is information technology used to facilitate communication among healthcare providers (e.g., Health Information Exchange or Regional Health Information Organizations) and improve quality of care?</p> <p>(c) How are the results of the evaluation used by organizations in the LPHS in developing strategic and operational plans?</p>	<p>Quality and Comprehensiveness</p> <p>(a) Which personal health services in the community are evaluated against established clinical standards (e.g., The Joint Commission, State licensure, Healthcare Effectiveness Data and Information Set (HEDIS))?</p> <p>(b) How is client satisfaction with personal health services determined? What opportunities are there for clients to comment on the effectiveness of health services? Do the clients who provide input represent past, current, and potential users of services?</p> <p>Frequency</p> <p>(a) How often are accessibility, quality, and effectiveness of personal health services evaluated?</p>

Performance Measures for Model Standard 9.2

At what level does the LPHS...

9.2.1 Evaluate the accessibility, quality, and effectiveness of personal health services?

No Activity Minimal Moderate Significant Optimal

9.2.2 Compare the quality of personal health services to established guidelines?

No Activity Minimal Moderate Significant Optimal

9.2.3 Measure user satisfaction with personal health services?

No Activity Minimal Moderate Significant Optimal

9.2.4 Use technology, like the Internet or electronic health records, to improve quality of care?

No Activity Minimal Moderate Significant Optimal

9.2.5 Use evaluation findings to improve services and program delivery?

No Activity Minimal Moderate Significant Optimal

Discussion Notes for Model Standard 9.2

Strengths	Weaknesses	Short-Term Improvement Opportunities	Long-Term Improvement Opportunities

Model Standard 9.3: Evaluating the Local Public Health System

The LPHS evaluates itself to see how well it is working as a whole. Representatives from all groups (public, private, and voluntary) that provide all or some of the 10 Essential Public Health Services gather to conduct a systems evaluation. Together, using guidelines (such as this Local Instrument) that describe a model LPHS, participants evaluate LPHS activities and identify areas of the LPHS that need improvement. The results of the evaluation are also used during a community health improvement process.

To accomplish this, members of the LPHS work together to:

- Identify all public, private, and voluntary organizations that contribute to providing the 10 Essential Public Health Services.
- Evaluate how well the LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing to the delivery of the 10 Essential Public Health Services.
- Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services.
- Use results from the evaluation process to improve the LPHS.

Discussion Questions for Model Standard 9.3	
<p>Awareness</p> <p>(a) Have all the community organizations or entities that contribute to the delivery of the 10 Essential Public Health Services been identified as part of the community’s LPHS?</p> <p>Frequency</p> <p>(a) Is a comprehensive evaluation of the LPHS, such as this assessment, conducted every three to five years?</p>	<p>Quality and Comprehensiveness</p> <p>(a) Has a partnership assessment been conducted that evaluates the relationships among organizations that comprise the LPHS?</p> <p>(b) How is the exchange of information among the organizations in the LPHS assessed?</p> <p>(c) How are linkage mechanisms among the providers of population-based services and personal health services assessed (e.g., referral systems, memoranda of understanding)?</p> <p>Usability</p> <p>(a) How is the use of resources (e.g., staff, communication systems) to support the coordination among LPHS organizations assessed?</p> <p>(b) How does the LPHS use results from the evaluation process to guide community health improvements?</p>

Performance Measures for Model Standard 9.3

At what level does the LPHS...

9.3.1 Identify all public, private, and voluntary organizations that contribute to the delivery of the 10 Essential Public Health Services?

- No Activity
- Minimal
- Moderate
- Significant
- Optimal

9.3.2 Evaluate how well LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing to the delivery of the 10 Essential Public Health Services?

- No Activity
- Minimal
- Moderate
- Significant
- Optimal

9.3.3 Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?

- No Activity
- Minimal
- Moderate
- Significant
- Optimal

9.3.4 Use results from the evaluation process to improve the LPHS?

- No Activity
- Minimal
- Moderate
- Significant
- Optimal

Discussion Notes for Model Standard 9.3

Strengths	Weaknesses	Short-Term Improvement Opportunities	Long-Term Improvement Opportunities

Essential Service 9 Summary Notes

Use the space below to record notes on details, additional ideas, or synthesis across discussion notes that apply to the Essential Service as a whole. These notes may be helpful and applicable to some or all of the Model Standards in this Essential Service.





Essential Service 10: Research for New Insights and Innovative Solutions to Health Problems

Are we discovering and using new ways to get the job done?

Researching new insights and innovative solutions to health problems encompasses the following:

- Establishing full continuum of innovation, ranging from practical field-based efforts to fostering change in public health practice to more academic efforts that encourage new directions in scientific research.
- Continually linking with institutions of higher learning and research.
- Creating internal capacity to mount timely epidemiologic and economic analyses and conduct health services research.

Partners gathered to discuss the performance of the local public health system (LPHS) in researching new insights and innovative solutions to health problems may include:

- The local health department or other governmental public health agency.
- The local board of health or other local governing entity.
- Hospitals.
- Colleges and universities.
- Employers.
- Managed care organizations.
- Foundations.
- Human resources departments.
- Advocacy organizations.

Model Standard 10.1: Fostering Innovation

LPHS organizations try new and creative ways to improve public health practice. In both academic and practice settings, such as universities and local health departments, new approaches are studied to see how well they work.

To accomplish this, members of the LPHS work together to:

- Provide staff with the time and resources to pilot test or conduct studies that test new solutions to public health problems and see how well they actually work.
- Suggest ideas about what currently needs to be studied in public health to organizations that conduct research.
- Keep up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health.
- Encourage community participation in research, including deciding what will be studied, conducting research, and sharing results.

Discussion Questions for Model Standard 10.1	
<p>Frequency</p> <p>(a) During the past two years, have LPHS organizations proposed one or more public health issues for inclusion in a research organization’s agenda?</p> <p>Usability</p> <p>(a) How do LPHS organizations encourage community participation in developing or conducting research?</p> <p>(b) How do LPHS organizations document and share results, lessons learned, and success stories?</p>	<p>Quality and Comprehensiveness</p> <p>(a) How do LPHS organizations encourage staff to develop new solutions to health problems in the community?</p> <p>(b) How do LPHS organizations provide time and/or resources for staff to pilot test or conduct studies to determine new solutions?</p> <p>(c) How do LPHS organizations identify and stay current with best practices?</p> <p>(d) How do LPHS organizations evaluate innovation, document success, and build an evidence base?</p>

Performance Measures for Model Standard 10.1

At what level does the LPHS...

10.1.1 Provide staff with the time and resources to pilot test or conduct studies to test new solutions to public health problems and see how well they actually work?

No Activity Minimal Moderate Significant Optimal

10.1.2 Suggest ideas about what currently needs to be studied in public health to organizations that conduct research?

No Activity Minimal Moderate Significant Optimal

10.1.3 Keep up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health?

No Activity Minimal Moderate Significant Optimal

10.1.4 Encourage community participation in research, including deciding what will be studied, conducting research, and sharing results?

No Activity Minimal Moderate Significant Optimal

Discussion Notes for Model Standard 10.1

Strengths	Weaknesses	Short-Term Improvement Opportunities	Long-Term Improvement Opportunities

Model Standard 10.2: Linking with Institutions of Higher Learning and/or Research

The LPHS establishes relationships with colleges, universities, and other research organizations. The LPHS is strengthened by ongoing communication between academic institutions and LPHS organizations. They freely share information and best practices and set up formal or informal arrangements to work together. The LPHS connects with other research organizations, such as federal and state agencies, associations, private research organizations, and research departments or divisions of business firms. The LPHS does community-based participatory research that includes community members and those organizations representing community members as full partners from selection of the topic of study, to design, to sharing of findings. The LPHS works with one or more colleges, universities, or other research organizations to co-sponsor continuing education programs.

To accomplish this, members of the LPHS work together to:

- Develop relationships with colleges, universities, or other research organizations to create formal and informal arrangements to work together.
- Partner with colleges, universities, or other research organizations to conduct public health research, including community-based participatory research.
- Encourage colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education.

Discussion Questions for Model Standard 10.2	
<p>Awareness</p> <p>(a) Do any of your organizations or others within the LPHS have relationships with institutions of higher learning and/or research organizations?</p>	<p>Quality and Comprehensiveness</p> <p>(a) Does any LPHS organization partner with at least one institution of higher learning and/or research organization to conduct research related to the public health? What are the results of these efforts, if any?</p> <p>(b) How does the LPHS encourage collaboration between the academic and practice communities?</p>

Performance Measures for Model Standard 10.2

At what level does the LPHS...

10.2.1 Develop relationships with colleges, universities, or other research organizations, with a free flow of information, to create formal and informal arrangements to work together?

- No Activity
- Minimal
- Moderate
- Significant
- Optimal

10.2.2 Partner with colleges, universities, or other research organizations to conduct public health research, including community-based participatory research?

- No Activity
- Minimal
- Moderate
- Significant
- Optimal

10.2.3 Encourage colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education?

- No Activity
- Minimal
- Moderate
- Significant
- Optimal

Discussion Notes for Model Standard 10.2

Strengths	Weaknesses	Short-Term Improvement Opportunities	Long-Term Improvement Opportunities

Model Standard 10.3: Capacity to Initiate or Participate in Research

The LPHS takes part in research to help improve the performance of the LPHS. This research includes examining how well LPHS organizations provide the 10 Essential Public Health Services in the community (public health systems and services research) and studying what influences healthcare quality and service delivery in the community (health services research). The LPHS has access to researchers with the knowledge and skills to design and conduct health-related studies, supports their work with funding and data systems, and provides ways to share findings. Research capacity includes access to libraries and information technology, the ability to analyze complex data, and ways to share research findings with the community and use them to improve public health practice.

To accomplish this, members of the LPHS work together to:

- Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies.
- Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources.
- Share findings with public health colleagues and the community broadly, through journals, Web sites, community meetings, etc.
- Evaluate public health systems' research efforts throughout all stages of work from planning to effect on local public health practice.

Discussion Questions for Model Standard 10.3	
<p>Awareness</p> <p>(a) Does the LPHS have access to research support (either on staff or through other organizations)?</p> <p>Usability</p> <p>(a) How is the LPHS sharing findings from its research?</p>	<p>Quality and Comprehensiveness</p> <p>(a) What types of research expertise and/or experience are available to the LPHS?</p> <p>(b) What types of resources are available within the LPHS to facilitate research?</p> <p>(c) How does the LPHS evaluate its research activities?</p>

Performance Measures for Model Standard 10.3

At what level does the LPHS...

10.3.1 Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies?

- No Activity
- Minimal
- Moderate
- Significant
- Optimal

10.3.2 Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?

- No Activity
- Minimal
- Moderate
- Significant
- Optimal

10.3.3 Share findings with public health colleagues and the community broadly, through journals, Web sites, community meetings, etc.?

- No Activity
- Minimal
- Moderate
- Significant
- Optimal

10.3.4 Evaluate public health systems research efforts throughout all stages of work from planning to effect on local public health practice?

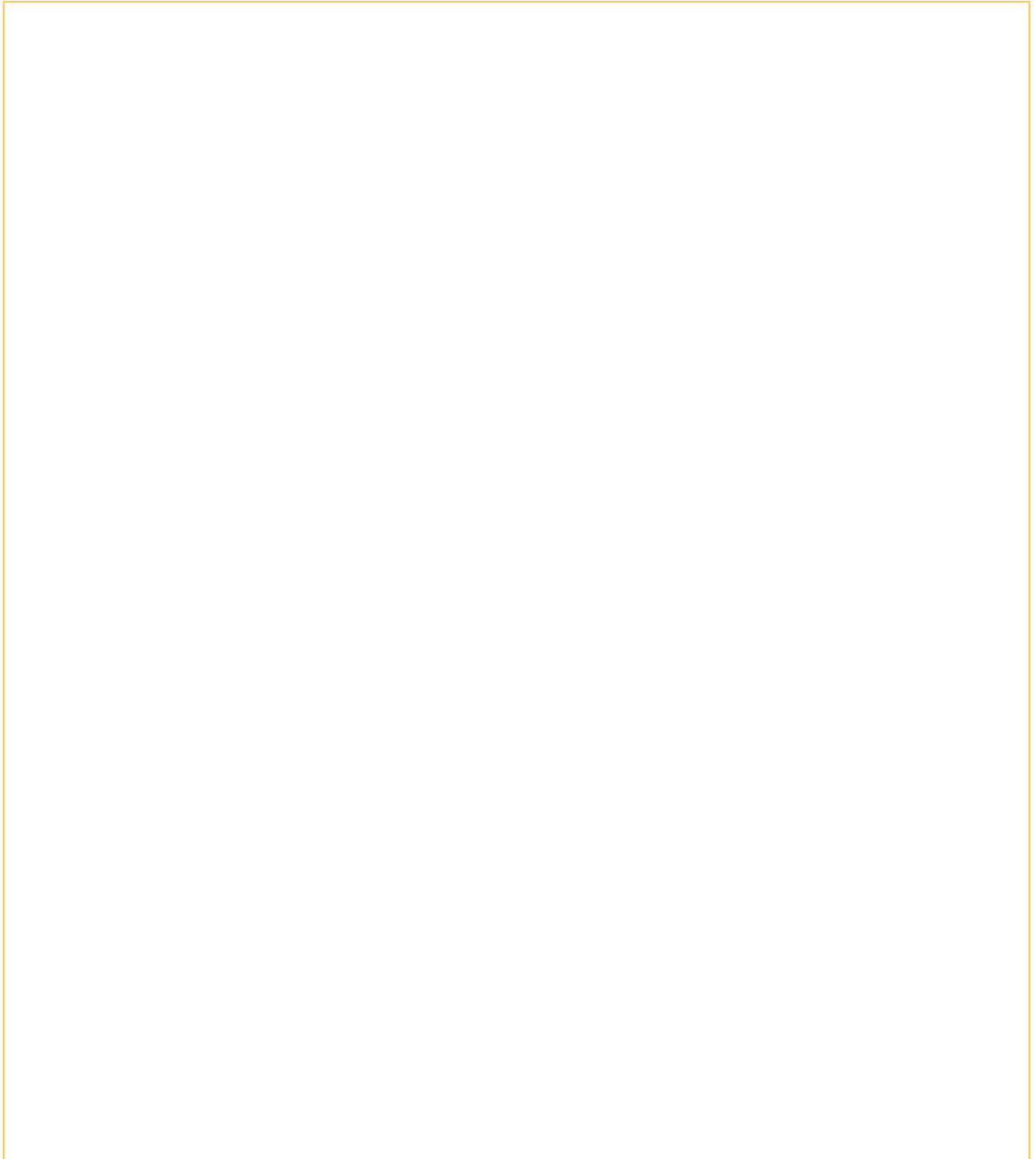
- No Activity
- Minimal
- Moderate
- Significant
- Optimal

Discussion Notes for Model Standard 10.3

Strengths	Weaknesses	Short-Term Improvement Opportunities	Long-Term Improvement Opportunities

Essential Service 10 Summary Notes

Use the space below to record notes on details, additional ideas, or synthesis across discussion notes that apply to the Essential Service as a whole. These notes may be helpful and applicable to some or all of the Model Standards in this Essential Service.





National Public Health Performance Standards Local Public Health System Assessment— Priority of Model Standards Questionnaire (optional)

Overview

This questionnaire is made available so that sites may consider the priority of each Model Standard to their system. Sites choosing to complete this optional supplemental questionnaire will receive an additional component to their reports that will depict their performance scores in relation to how they have prioritized Model Standards. This information may serve to catalyze or strengthen the performance improvement activities resulting from the assessment process.

Instructions

Using a scale of 1 to 10 (with 1 being the lowest and 10 being the highest), please rate the priority of each Model Standard without regard to performance scores or rank order. In considering this questionnaire, the following questions may be helpful for participants. Example A: “On a scale of 1 to 10, what is the priority of this Model Standard to our local public health system?” Example B: “On a scale of 1 to 10, how important is it to improve our performance in this activity (e.g., through a quality improvement process, increased emphasis or resources)?” Sites may complete this questionnaire in a single group, either at the same time of the assessment or shortly thereafter, so that there is a consistent approach to responding to the questions across the Model Standards.

Essential Service #1—Monitor health status to identify community health problems		Response
On a scale of 1 to 10, what is the priority of each Model Standard to our LPHS?		
P1.1	Population-Based Community Health Assessment	
P1.2	Current Technology to Manage and Communicate Population Health Data	
P1.3	Maintaining Population Health Registries	

Essential Service #2—Diagnose and investigate health problems and health hazards		Response
On a scale of 1 to 10, what is the priority of each Model Standard to our LPHS?		
P2.1	Identifying and Monitoring Health Threats	
P2.2	Investigating and Responding to Public Health Threats and Emergencies	
P2.3	Laboratory Support for Investigating Health Threats	

Essential Service #3—Inform, educate, and empower people about health issues		Response
On a scale of 1 to 10, what is the priority of each Model Standard to our LPHS?		
P3.1	Health Education and Promotion	
P3.2	Health Communication	
P3.3	Risk Communication	

Essential Service #4—Mobilize community partnerships to identify and solve health problems		Response
On a scale of 1 to 10, what is the priority of each Model Standard to our LPHS?		
P4.1	Constituency Development	
P4.2	Community Partnerships	

Essential Service #5—Develop policies and plans that support individual and community health efforts		Response
On a scale of 1 to 10, what is the priority of each Model Standard to our LPHS?		
P5.1	Governmental Presence at the Local Level	
P5.2	Public Health Policy Development	
P5.3	Community Health Improvement Process and Strategic Planning	
P5.4	Plan for Public Health Emergencies	

Essential Service #6—Enforce laws and regulations that protect health and ensure safety		Response
On a scale of 1 to 10, what is the priority of each Model Standard to our LPHS?		
P6.1	Reviewing and Evaluating Laws, Regulations, and Ordinances	
P6.2	Involvement in Improving Laws, Regulations, and Ordinances	
P6.3	Enforcing Laws, Regulations, and Ordinances	

Essential Service #7—Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable		Response
On a scale of 1 to 10, what is the priority of each Model Standard to our LPHS?		
P7.1	Identifying Personal Health Service Needs of Populations	
P7.2	Ensuring People are Linked to Personal Health Services	

Essential Service #8—Assure a competent public health and personal healthcare workforce		Response
On a scale of 1 to 10, what is the priority of each Model Standard to our LPHS?		
P8.1	Workforce Assessment, Planning, and Development	
P8.2	Public Health Workforce Standards	
P8.3	Life-Long Learning through Continuing Education, Training, and Mentoring	
P8.4	Public Health Leadership Development	

Essential Service #9—Evaluate effectiveness, accessibility, and quality of personal and population-based health services		Response
On a scale of 1 to 10, what is the priority of each Model Standard to our LPHS?		
P9.1	Evaluating Population-based Health Services	
P9.2	Evaluating Personal Health Services	
P9.3	Evaluating the Local Public Health System	

Essential Service #10—Research for new insights and innovative solutions to health problems		Response
On a scale of 1 to 10, what is the priority of each Model Standard to our LPHS?		
P10.1	Fostering Innovation	
P10.2	Linking with Institutions of Higher Learning and/or Research	
P10.3	Capacity to Initiate or Participate in Research	



National Public Health Performance Standards Local Public Health System Assessment— Local Health Department Contribution Questionnaire (optional)

Overview

This optional and supplemental questionnaire is made available so that sites may consider the contribution that the local health department has to each Model Standard. This information may serve to catalyze or strengthen the performance improvement activities resulting from the assessment process.

Instructions

Using a similar scale used to assess the Model Standards in the core Local Instrument, use the following scale:

- 0—for no contribution to the Model Standard
- 25—for agency contribution of 0–25%
- 50—for agency contribution of 26–50%
- 75—for agency contribution of 51–75%
- 100—for agency contribution of 76–100%

Sites may complete this questionnaire in a single group, either at the same time of the assessment or shortly thereafter, so that there is a consistent approach to responding to the questions across the Model Standards.

Essential Service #1—Monitor health status to identify community health problems		Response
How much of each Model standard is achieved through the direct contribution of the local health department?		
L1.1	Population-based Community Health Assessment	
L1.2	Current Technology to Manage and Communicate Population Health Data	
L1.3	Maintaining Population Health Registries	

Essential Service #2—Diagnose and investigate health problems and health hazards		Response
How much of each Model standard is achieved through the direct contribution of the local health department?		
L2.1	Identifying and Monitoring Health Threats	
L2.2	Investigating and Responding to Public Health Threats and Emergencies	
L2.3	Laboratory Support for Investigating Health Threats	

Essential Service #3—Inform, educate, and empower people about health issues		Response
How much of each Model standard is achieved through the direct contribution of the local health department?		
L3.1	Health Education and Promotion	
L3.2	Health Communication	
L3.3	Risk Communication	

Essential Service #4—Mobilize community partnerships to identify and solve health problems		Response
How much of each Model standard is achieved through the direct contribution of the local health department?		
L4.1	Constituency Development	
L4.2	Community Partnerships	

Essential Service #5—Develop policies and plans that support individual and community health efforts		Response
How much of each Model standard is achieved through the direct contribution of the local health department?		
L5.1	Governmental Presence at the Local Level	
L5.2	Public Health Policy Development	
L5.3	Community Health Improvement Process and Strategic Planning	
L5.4	Planning for Public Health Emergencies	

Essential Service #6—Enforce laws and regulations that protect health and ensure safety		Response
How much of each Model standard is achieved through the direct contribution of the local health department?		
L6.1	Reviewing and Evaluating Laws, Regulations and Ordinances	
L6.2	Involvement in Improving Laws, Regulations, and Ordinances	
L6.3	Enforcing Laws, Regulations, and Ordinances	

Essential Service #7—Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable		Response
How much of each Model standard is achieved through the direct contribution of the local health department?		
L7.1	Identifying Personal Health Service Needs of Populations	
L7.2	Ensuring People are Linked to Personal Health Services	

Essential Service #8—Assure a competent public health and personal healthcare workforce		Response
How much of each Model standard is achieved through the direct contribution of the local health department?		
L8.1	Workforce Assessment, Planning, and Development	
L8.2	Public Health Workforce Standards	
L8.3	Life-Long Learning through Continuing Education, Training, and Mentoring	
L8.4	Public Health Leadership Development	

Essential Service #9—Evaluate effectiveness, accessibility, and quality of personal and population-based health services		Response
How much of each Model standard is achieved through the direct contribution of the local health department?		
L9.1	Evaluating Population-based Health Services	
L9.2	Evaluating Personal Health Services	
L9.3	Evaluating the Local Public Health System	

Essential Service #10—Research for new insights and innovative solutions to health problems		Response
How much of each Model standard is achieved through the direct contribution of the local health department?		
L10.1	Fostering Innovation	
L10.2	Linking with Institutions of Higher Learning and/or Research	
L10.3	Capacity to Initiate or Participate in Research	



We will periodically update the NPHPS materials as sites gain experience in using them. Additional comments and suggestions for improving the document, and quotes, tips, or descriptions to enrich its content are always welcome. Please send all comments to performancestandards@naccho.org.