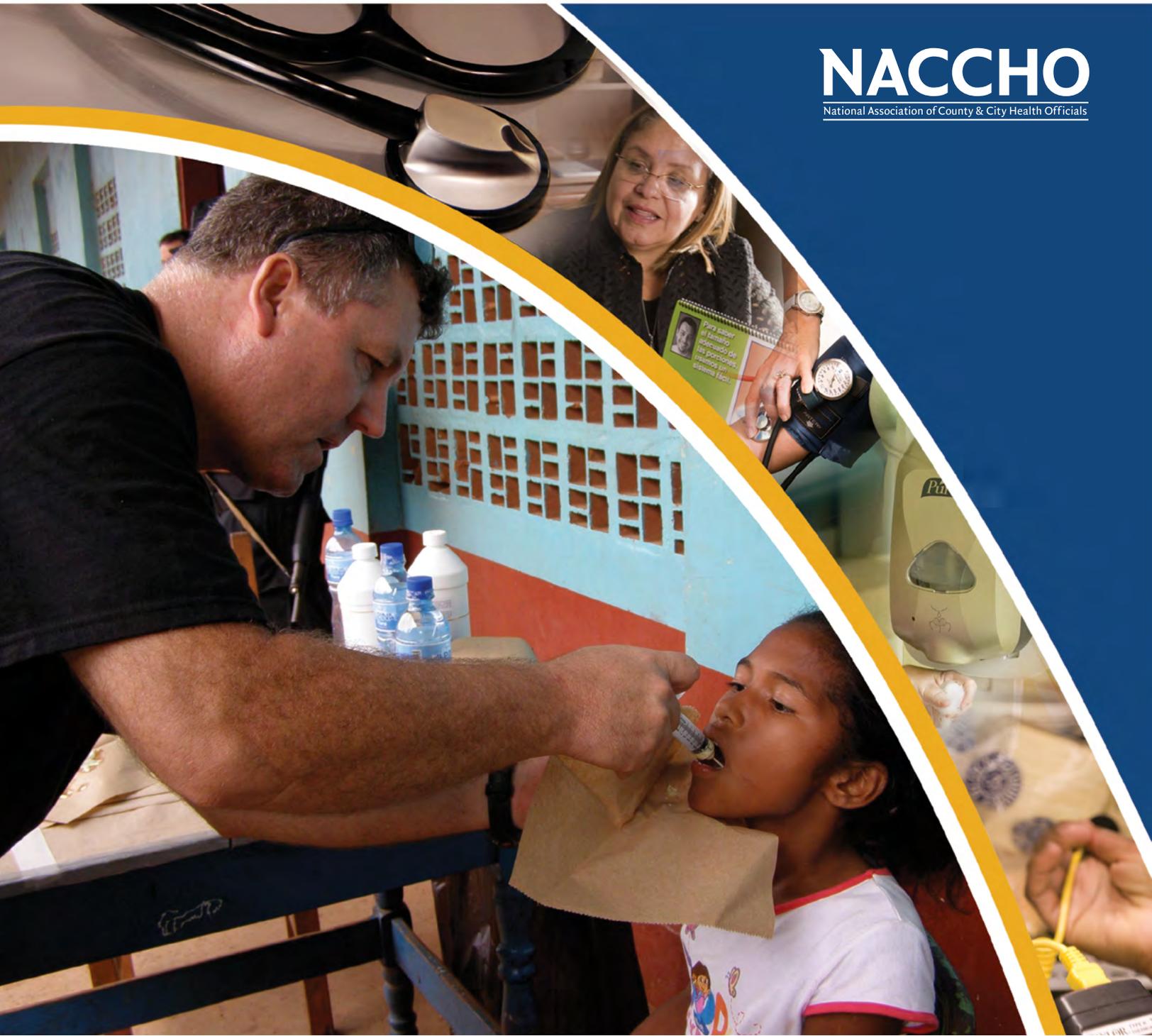




# National Public Health Performance Standards

## Local Implementation Guide

**NACCHO**  
National Association of County & City Health Officials





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The NPHPS Implementation Guide was developed collaboratively by several national partner organizations. The NPHPS partner organizations are 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 Implementation Guide 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 User Guide and its subsequent iterations. Feedback has resulted in a more valuable guide for all NPHPS Instrument users.

We will periodically update the Implementation Guide as sites gain experience in using the Local NPHPS Instrument. Additional comments and suggestions for improving the document, quotes, tips, and descriptions to enrich its content are always welcome. Please send all comments to [performancestandards@naccho.org](mailto:performancestandards@naccho.org).



# Introduction

Welcome to the National Public Health Performance Standards (NPHPS). The Performance Standards exist to improve the quality of public health practice and the performance of public health systems throughout the country. The Performance Standards were developed by a national partnership initiative for state and LPHS (LPHS) and for public health governing bodies based on the 10 Essential Public Health Services (see Appendix A for additional information on a national health improvement framework and the 10 Essential Public Health Services). The Performance Standards address questions such as:

- What are the components, activities, competencies, and capacities of our public health system?
- How well are the 10 Essential Public Health Services being provided in our system?

The Performance Standards focus on the overall public health system, rather than a single organization. A public health system includes all public, private, and voluntary entities that contribute to public health activities within a given area. The Performance Standards set a benchmark for all these entities to contribute to the delivery of the 10 Essential Public Health Services (Essential Services).

Additionally, the Performance Standards describe an optimal level of performance rather than provide minimum expectations. This ensures that the Performance Standards may be used for continuous quality improvement by serving as a guide for learning about public health activities throughout the system and determining how to make improvements. All communities have areas upon which they can improve their performance. The Performance Standards assist communities in identifying unique assets and areas to improve.

The Performance Standards are intended to be assessed by a broad set of public health system partners. The dialogue that occurs among partners in answering these questions provides a better understanding of the public health system's performance and identifies strengths, weaknesses, and opportunities for improvement within the system. This information can facilitate informed, effective policy and resource decisions to improve the public health system.

The Performance Standards partnership includes three instruments that were originally developed between 1997–2001 under the leadership of CDC (see Appendix B for more detailed Performance Standards history and background information). This Implementation Guide supplements the third revision of these materials. Through working groups and field test activities, hundreds of representatives from the Performance Standards national partner organizations assisted in developing, reviewing, testing, and refining these instruments to ensure they are practice-oriented and user-friendly.

## The Three Assessment Tools

Three Performance Standards tools, known as instruments, focus on different levels of the public health system:

- **The State Public Health System Performance Assessment Instrument (State Instrument)** focuses on the state public health system and includes state public health agencies and other partners that contribute to public health services at the state level. This instrument was developed and updated under the leadership of the Association of State and Territorial Health Officials (ASTHO) and CDC.
- **The LPHS Performance Assessment Instrument (Local Instrument)** focuses on the LPHS or all entities that contribute to the delivery of public health services within a local area. This instrument was developed and updated under the leadership of the National Association of County and City Health Officials (NACCHO) and CDC.
- **The Public Health Governing Entity System Performance Instrument (Governance Instrument)** focuses on the governing body ultimately accountable for public health at the local level. Such governing bodies may include boards of health or county commissioners. This instrument was developed and updated under the leadership of the National Association of Local Boards of Health (NALBOH) and CDC.

## The Implementation Guide

This Implementation Guide is focused on using the NPHPS Local Assessment Instrument (Local Instrument) to assess the performance of LPHS. It accompanies the Local Instrument and the Local Facilitator Guide.

This guide is intended to provide users with practical guidance, helpful tips, and sample tools for planning, implementing, and using results from the Local Instrument to improve LPHS performance. This Implementation Guide provides an introduction to the Performance Standards and then provides guidance and tools to complete an assessment and take action. It is set up to be useful for those looking for at-a-glance information and for those who are seeking in-depth implementation guidance. Examples and templates are provided and referenced throughout the guide and many can be customized by users. It is intended to be a valuable resource that helps users complete the Local Instrument and best use the Facilitator Guide and complete a successful Performance Standards assessment.

The guide is intended to assist in planning and completing the Local Instrument in a process that is ideally developed by and conducted with community members and representatives from the LPHS, and that results in performance improvement action. A series of guide appendices provide additional background information, and examples of tools, implementation techniques, and performance improvement resources. Additional resources may be found on NACCHO's Performance Standards Web site at: [www.naccho.org/performancestandards](http://www.naccho.org/performancestandards).

## The Purpose of the Local Instrument

The Performance Standards describe an optimal level of performance and capacity to which all public health systems 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 areas of strengths, weaknesses, and short- and long-term improvement opportunities.

The Local Instrument is a valuable tool for identifying areas for system improvement, strengthening local partnerships, and ensuring that a strong system is in place for effective delivery of day-to-day public health services and response to public health emergencies. Local 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 the interconnectedness of activities.
- Strengthened the diverse network of partners within state and LPHS.
- 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 Local Instrument should be done by a broad set of LPHS partners with leadership from one to three organizations or a broad-based coalition. Appendix C provides a list of potential participants.

In addition, the Local Instrument is also connected to many other local public health initiatives:

- **Mobilizing for Action through Planning and Partnerships (MAPP)**—MAPP is a community-wide strategic planning process for improving public health created by NACCHO and CDC. The LPHS Assessment is one of four assessments within MAPP. Completing the Local Instrument through a broad-based and participatory process is one of the most direct ways that LPHS can complete the LPHS Assessment. The LPHS Assessment is one of the unique features of MAPP compared to other strategic planning processes. Appendix D provides more details on the relationship between the Performance Standards and MAPP. More information about MAPP can be found at [www.naccho.org/mapp](http://www.naccho.org/mapp).
- **Internal Revenue Service (IRS) Requirements for Non-Profit Hospitals: Community Benefit**—Under the authority of the Patient Protection and Affordable Care Act of 2010 (PPACA), the IRS requires that non-profit hospitals complete a comprehensive community health needs assessment and implementation strategy every three years to maintain non-profit status. Including public health expertise in completing the community health needs assessment and implementation strategy is required to meet the requirements of the law. Including a broad set of LPHS partners, including local health departments, in assessment efforts can help such hospitals meet these requirements, because it can contribute valuable data to a comprehensive community health needs assessment and provide a forum for health departments to contribute to the hospitals' related efforts. To learn more about this IRS requirement of non-profit hospitals, please go to [www.naccho.org/topics/infrastructure/mapp/chahealthreform.cfm](http://www.naccho.org/topics/infrastructure/mapp/chahealthreform.cfm).
- **Voluntary National Public Health Department Accreditation**—The Local Instrument can play a role in preparing local health departments to fulfill the standards for the Public Health Accreditation Board's (PHAB's) voluntary national public health department accreditation program. The Performance Standards are explicitly cited in the guidance for the following PHAB Standards and Measures Version 1.0:
  1. A tool that contributes data to the State, Local, or Tribal Health Assessment (a pre-requisite and described in Standard 1.1).
  2. A tool that can support mobilizing community partnerships (Standard 4.1).
  3. A tool that supports a State, Community, or Tribal Health Improvement Plan (a pre-requisite and Standard 5.2).

Although a system-wide assessment, the Performance Standards can also provide valuable information for agency strategic planning—a PHAB pre-requisite—and can uncover strengths and weaknesses across all 10 Essential Public Health Services, which also serve as the foundation of PHAB's Standards and Measures. More information can be found on PHAB's Web site at [www.phaboard.org](http://www.phaboard.org).

## Local Instrument Format

The 10 Essential Public Health Services, shown in Figure 1 and outlined below, provide the framework for the Local Instrument by describing the public health activities that should be undertaken in all LPHS. Hence, the instrument is divided into 10 sections; one for each of the Essential Services (see Table 1).

Figure 1. The 10 Essential Public Health Services

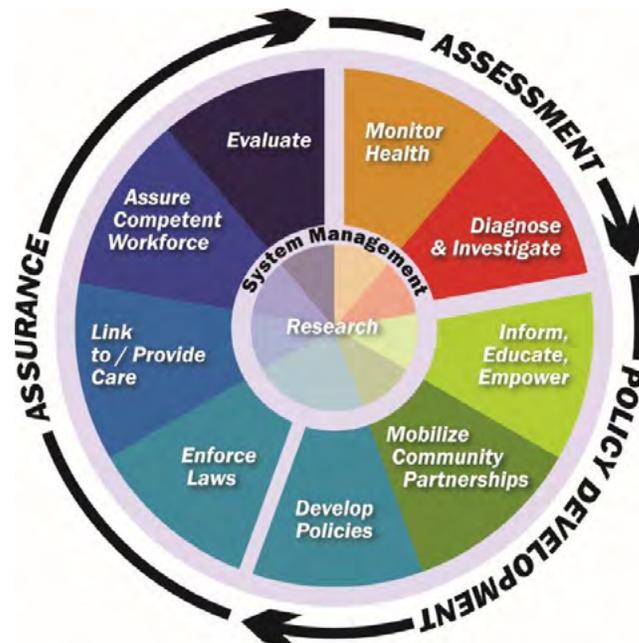


Table 1. The 10 Essential Public Health Services

1.	Monitor health status to identify and solve community health problems.
2.	Diagnose and investigate health problems and health hazards in the community.
3.	Inform, educate, and empower people about health issues.
4.	Mobilize community partnerships to identify and solve health problems.
5.	Develop policies and plans that support individual and community health efforts.
6.	Enforce laws and regulations that protect health and ensure safety.
7.	Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable.
8.	Assure a competent public health and personal healthcare workforce.
9.	Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10.	Research for new insights and innovative solutions to health problems.

The following elements comprise each section of the Local Instrument:

- **Essential Service**—includes a bulleted list of activities and common public health system partners engaged in the activities for the particular Essential Service.
- **Model Standard**—represents 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.

More detail and an excerpt from the Local Instrument are provided in Appendix E.

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

1. **Priority of Model Standards Questionnaire (Appendix F)**—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. While 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 (Appendix G)**—This questionnaire asks Performance Standards assessment participants 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 the achievement of 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 an Assessment and Taking Action: The Basics

This section provides a basic overview of a Performance Standards assessment within local jurisdictions and outlines the key items that should be considered in planning and completing the Local Instrument with LPHS partners, including benefits of the Performance Standards, roles common in an assessment process, a materials list, and a sample timeline for completing the assessment. The next section, *Completing an Assessment and Taking Action: Detailed Guidance and Tips*, provides more detailed descriptions of the steps and various options that can be considered in planning and completing the assessment and taking action to improve performance.

## Benefits of the Performance Standards

The overall purpose of completing the Local Instrument is to improve LPHS performance with the overall goal of improving the public's health. During an assessment of the Performance Standards, LPHS partners share information and build relationships that become the foundation for improvement activities. Using the Local Instrument, users can expect to do the following:

- Complete the Local Instrument with documented discussion and scores related to each Performance Measure.
- Enhance understanding of the LPHS.
- Build relationships within the LPHS.
- Foster an interest and awareness in performance improvement.

Successfully completing the Local Instrument is the result of careful planning and thoughtful implementation steps. This is especially important given that it involves the participation of multiple individuals and organizations in a LPHS. Although there is only one local Performance Standards tool needed, the Local Instrument, multiple processes, or formats can be used by communities to prepare, convene, and engage LPHS partners to assess performance. When designing their process to complete the Local Instrument, communities should consider the key steps and decision points outlined below. These are applicable regardless of the process chosen and are meant to allow communities to design a process that works for them and positions them for success.

## Roles

Below are the common roles that need to be filled and the corresponding responsibilities of each to successfully complete the Performance Standards assessment. These roles and responsibilities are referenced throughout the Implementation Guide to further explain how each is carried out in the context of planning, conducting, and using results of the Performance Standards assessment. These roles and responsibilities may be adapted as needed to suit the unique needs of the local community.

### Assessment Coordinator/Planning Team

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- Coordinate all aspects of assessment planning.
- Recruit and train facilitators and recorders.
- Engage participants and leadership (through recruitment, orientation, assessment, and follow-up).

- Submit Local Instrument data to Public Health Foundation for synthesis into a final assessment report.
- Share assessment findings with the LPHS.
- Distribute findings and best practices of local assessment with CDC and wider public health community.

### Leadership

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- Provide support and resources to the Assessment Coordinator/Planning Team.
- Engage leaders, including, but not limited to, health directors, medical officers, etc.
- Ensure that the results of the Performance Standards assessment inform performance improvement action.

### Participants (LPHS Partners)

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- Understand the Performance Standards assessment process after attending orientation and preparing materials (as instructed).
- Attend assessment meeting, review Model Standards, as requested, and participate in discussion to develop a consensus decision on each Performance Measure using the Local Instrument.
- Participate in assessment follow-up as needed.

### Facilitators

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- Understand the assessment format and corresponding process after attending facilitator training, and ideally, be familiar with the Essential Services and public health system partners.
- Maintain neutrality and facilitate the discussion without influencing participant opinions.
- Encourage all participants to contribute to open and honest discussion focused on the LPHS and not specific organizations or individuals.
- Facilitate responses to Discussion Questions, Performance Measure scoring, and identification of strengths, weaknesses, and short- and long-term improvement opportunities for each Model Standard for which you're responsible.

### Recorders

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- Understand the assessment format and process after attending recorder training and ideally, be familiar with the Essential Services and LPHS partners.
- Document the discussion accurately during the assessment to provide insight into the final scores, the areas for improvement, and the rationale behind these decisions.
- Capture strengths, weaknesses, and short- and long-term improvement opportunities related to each Model Standard.

## At-a-Glance: Critical Steps and Decisions

This section provides Assessment Coordinators/Planning Teams with an introduction and general overview of the critical steps and decisions to be made in planning and completing a Performance Standards assessment and taking action to improve public health system performance. These steps and decisions are organized into three categories: plan, assess, and take action. Approximate timing for each of the main categories of these critical steps and decisions are also described. A sample timeline by which these critical steps and decisions can be completed is shown in Table 2 on page 15. A list of materials for use in the assessment meeting(s) is included on page 16.

Those seeking more specific and detailed guidance and tips on these steps and decisions can refer to the Completing an Assessment and Taking Action: Detailed Guidance and Tips in the next section.

### Plan (4–5 months)

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#### □ Determine Readiness to Conduct Assessment (p. 17)

Early in the planning process, answer critical questions to determine readiness to engage in the assessment process. A readiness assessment should address (1) the level of commitment from high-level leadership for conducting the assessment and using the results for improvement; (2) the purpose and benefits of the assessment; (3) the adequacy of staffing and resources to plan and conduct the assessment; and (4) the strategic fit between the Performance Standards assessment and other activities.

#### □ Identify a Lead Organization (p. 17)

A lead organization or group is needed to coordinate the Performance Standards assessment. Most commonly, the local health department takes the lead with the support of other LPHS partners. When there is a broad-based partnership or coalition responsible for collaborative assessment and planning, this group often serves as the lead with one or two organizations handling the overall coordination.

#### □ Select an Assessment Process (p. 18)

This step explores formats for structuring and facilitating the assessment process. Sites should identify the most appropriate method for the LPHS in which the assessment will be conducted. Sites should also consider the method by which:

- The overall process will be introduced.
- Local public health partners participate.
- Participants are introduced to the Essential Services and provide input on how they are currently delivered in the LPHS.
- The format in which the Local Instrument will be completed with participation by a broad spectrum of partners in the LPHS.

Other considerations include how to coordinate a Performance Standards assessment within a larger context and system, such as a statewide approach.

#### □ Plan Essential Service Review (p. 19)

The Assessment Coordinator/Planning Team will need to decide on the best option for gathering accurate and comprehensive information regarding how the LPHS is fulfilling the activities related to each Essential Service to inform the group discussion and scoring of each Model Standard. Two of the options include gathering and preparing this information before the assessment meeting and two options are facilitated

onsite during the assessment meeting. The options are described in detail on page 19.

□ **Determine Voting Method (p. 20)**

Once the assessment process format is decided, the Assessment Coordinator/Planning Team should determine which voting method to use. Voting cards (Appendix H) can be used by participants to determine the Performance Measure scores. Electronic voting devices may be used in lieu of voting cards. Ensure the facility you will be using is able to support this method.

□ **Determine Use of Optional Questionnaires (p. 20)**

In addition to the core portion of the Local Instrument focused on the Essential Services, the Performance Standards include two supplemental and optional questionnaires: (1) the Priority of Model Standards Questionnaire (Appendix F), and (2) the Local Health Department Contribution Questionnaire (Appendix G). Information gained from these questionnaires may further inform performance improvement activities and strategic planning. The Assessment Coordinator/Planning Team should determine whether or not to use these questionnaires and if so how they will be completed within the chosen assessment process.

□ **Develop the Project Plan and Timeline (p. 22)**

The recommended time for planning and completing the Local Instrument is four to five months. The timing and steps may be altered slightly depending upon the assessment process used. LPHS partners should consider other concurrent activities when preparing a realistic timeline. A four-month sample timeline is included in this guide (p. 15).

□ **Develop Participant Orientation (p. 22)**

How participants are oriented can influence the assessment. Orientation methods can range from giving a brief overview of the Performance Standards assessment to sharing the Local Instrument and instructing participants to review it in advance.

□ **Secure Leadership Commitment (p. 24)**

The success of performance improvement efforts, including completing the Performance Standards assessment, often hinges on leadership support. It is important to involve leaders at the highest level possible, such as the health commissioner, board chair, and more. It may be helpful to ensure leadership support from multiple organizations in the LPHS rather than only among the lead or coordinating organizations.

□ **Secure Facilitators and Recorders (p. 25)**

Facilitators serve as guides through the assessment process, ensuring that participants contribute and share in meaningful ways and that scoring is completed fairly and is representative of the group's collective voice. Ideally, facilitators are neutral, yet have a good understanding of the Essential Service(s) they will be facilitating. Recorders, while not necessarily front and center, play a critical role and are responsible for accurately documenting the discussion and decisions during the assessment.

□ **Identify LPHS Partners to Participate (p. 26)**

The crux of completing a Performance Standards assessment is obtaining the input of LPHS partners. Generate a list of potential assessment participants that includes representatives from throughout the LPHS and that encompasses a broad range of perspectives and expertise. The ideal number of participants varies depending upon the format of the assessment process selected. Try to strike a balance between a manageable number of participants and a group of participants that represents the entire LPHS.

□ **Finalize Assessment Date(s) and Location (p. 27)**

Date selection will be determined by the timeline, assessment process format, and, of course, the availability of participants, facilitators and recorders, and location. Take into account whether the assessment process format includes a series of meeting days or one or two full-day meetings because this could have significant impact on participant availability, location availability, or both.

□ **Invite LPHS Partners (p. 27)**

Once assessment participants are identified, think carefully about how best to invite them. Factors to consider include the depth and strength of the relationships, preferred communication methods, and more. Using various communication methods to extend invitations may lead to greater participation.

□ **Orient Participants (p. 27)**

Offering a face-to-face or web-based orientation can be extremely beneficial to participants. It can help them prepare for their participation in the actual assessment by introducing the assessment process, the Essential Services, the Local Instrument, and the materials. Choose an orientation method and begin to consider the content that will be provided. Tailor the content presented in the orientation to the method you choose (in-person, web-based, self-led material review, etc.).

□ **Train Facilitators and Recorders (p. 28)**

Consider training facilitators and recorders together. Both roles serve a crucial function in ensuring the assessment runs smoothly. Facilitator training should include an orientation to Performance Standards, an overview of the Local Instrument, assessment process format, facilitation guidance and tips, a simulation exercise, and a question and answer session.

□ **Prepare Meeting Materials (p. 33)**

Thoroughly and carefully preparing assessment materials will help ensure that participants have the information they need to participate in the assessment fully and in an informed manner. It also may be helpful to have posters with relevant information (ground rules, meeting agenda, etc.) around the room for easy reference.

□ **Coordinate Onsite Logistics (p. 33)**

Ensure you have all materials prepared and logistics, including audiovisual equipment, name badges, food, snacks and beverages, signage, parking needs, etc.

## Assess (8–10 hours)

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□ **Complete Final Preparations (p. 34)**

Final preparation includes ensuring facilitators are ready for the assessment, all logistics are in place, and that the meeting space is set up to encourage a comfortable environment for open discussion among participants.

□ **Brief the Facilitators and Recorders (p. 35)**

Hold a final briefing with facilitators and recorders on the day of the assessment prior to participants arriving. This will allow them to familiarize themselves with the facility and ask any remaining questions. Many sites that have completed the Local Instrument report that completing this step is useful.

**Conduct the Assessment (p. 36)**

After all the careful planning, conduct the assessment. The facilitator should use the Facilitator Guide to carry out his or her role. However the actual assessment process is formatted it should ultimately include the following aspects: (1) welcome and introduction; (2) process overview; (3) Essential Services and Model Standards review; (4) Model Standards discussion; (5) preliminary vote/Performance Measure scoring; (6) consensus building; and (7) a summary discussion of Model Standards’ strengths, weaknesses, and short- and long-term improvement opportunities and of the Essential Service overall.

**Take Action**

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**□ Submit Data and Receive Assessment Report (p. 42)**

Conclude the formal assessment process by submitting the Local Instrument data gathered in the Performance Standards assessment to the Public Health Foundation (PHF). Go to the PHF’s Web site to submit your Local Instrument: [www.phf.org/programs/NPHPS/Pages/Score\\_Sheet\\_and\\_Report\\_Request\\_Form.aspx](http://www.phf.org/programs/NPHPS/Pages/Score_Sheet_and_Report_Request_Form.aspx). On average data submission takes about one hour.

**□ Review and Interpret the Assessment Results (p. 42)**

Once the Assessment Report is provided by PHF, review the results of the scoring in the context of how the Essential Services were prioritized and the qualitative data obtained in the discussion, providing further understanding of the scores including specific strengths, weaknesses, and opportunities.

**□ Use the Assessment Results (p. 44)**

Use the results to meet bigger picture goals, prioritize improvement areas for action, explore root causes of performance issues, and use a quality improvement (QI) model such as the Plan-Do-Study-Act (PDSA) Cycle.

**□ Develop an Action Plan (p. 51)**

A primary goal of the Performance Standards is that data are analyzed and findings are used proactively to monitor, assess, and improve the quality of the 10 Essential Public Health Services. Develop an action plan to accomplish this.

**□ Engage Partners, Staff, and Leadership for Performance Improvement Efforts (p. 52)**

Every performance improvement process needs structure, whether it uses an existing advisory committee, an informal professional network, or a mix of methods. By engaging LPHS partners and lead organization staff and leadership, the assessment process can successfully transition from assessing the LPHS to performance improvement planning and action.

**□ Disseminate Results and Monitor/Report on Progress (p. 53)**

Ensure that the assessment results are distributed broadly throughout the LPHS. It is also important to establish and adhere to a regular progress reporting cycle. Doing so promotes accountability, helps to sustain momentum, and enables decision-making around improvement efforts, resources, and policies. The key to reporting is to provide the right people with the right information at the right time.

**□ Evaluate Assessment Process (p. 54)**

Conduct an evaluation via a survey or other method to receive feedback from participants and planners on the LPHS assessment process and outcomes. This information will ensure that future iterations of the assessment can be improved upon and any remaining issues can be addressed in the current process to ensure success in performance improvement activities.

## Sample Timeline

Table 2 outlines a plan to complete the assessment in four months. This process can be condensed or stretched to meet the needs of the lead organization(s) and participants. It assumes that the assessment is complete in a one-day retreat format.

Table 2. Sample Timeline		
MONTH 1		
Week(s)	Critical Steps and Decision Points	Implementation Options/Decisions
1–3	<ul style="list-style-type: none"> <li><input type="checkbox"/> Determine Readiness for Assessment Conduct.</li> <li><input type="checkbox"/> Secure Leadership Commitment.</li> <li><input type="checkbox"/> Identify a Lead Organization.</li> </ul>	<ul style="list-style-type: none"> <li>▶ Coordinate with other participating agencies (if implementing statewide).</li> <li>▶ Form a Planning Committee.</li> </ul>
3–4	<ul style="list-style-type: none"> <li><input type="checkbox"/> Select an Assessment Process.</li> <li><input type="checkbox"/> Determine Voting Method.</li> <li><input type="checkbox"/> Determine Use of Optional Questionnaires.</li> <li><input type="checkbox"/> Develop the Project Plan and Timeline.</li> </ul>	<ul style="list-style-type: none"> <li>▶ Determine assessment process format (retreat, small groups, series of meetings, or a combination of all three).</li> <li>▶ Plan Essential Service Review.</li> </ul>
MONTH 2		
1–2	<input type="checkbox"/> Finalize Assessment Date(s) and Location.	
3–4	<input type="checkbox"/> Identify LPHS Partners.	
4	<input type="checkbox"/> Develop Participant Orientation.	▶ Determine if orientation will be pre-assessment meeting or onsite and determine materials to be shared.
MONTH 3		
1–2	<input type="checkbox"/> Secure Facilitators and Recorders.	
2–3	<input type="checkbox"/> Invite LPHS Partners.	▶ Determine how invitations will be issued and who will send them (via email, mail, phone calls, and/or through leadership support); Plan for a combination of outreach efforts for best results.
2–3	<input type="checkbox"/> Develop and Schedule Facilitator and Recorder Training.	
1–4	<input type="checkbox"/> Coordinate Onsite Logistics.	
1–4	<input type="checkbox"/> Orient Participants.	
MONTH 4		
1–2	<input type="checkbox"/> Train Facilitators and Recorders.	
2–3	<input type="checkbox"/> Prepare Meeting Materials.	
4	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete Final Preparations.</li> <li><input type="checkbox"/> Brief Facilitators and Recorders.</li> <li><input type="checkbox"/> Conduct the Assessment.</li> <li><input type="checkbox"/> Evaluate Assessment Process.</li> </ul>	

POST-ASSESSMENT		
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Submit Data and Receive Assessment Report.</li> <li><input type="checkbox"/> Review and Interpret the Assessment Results.</li> <li><input type="checkbox"/> Use Assessment Results.</li> <li><input type="checkbox"/> Develop an Action Plan.</li> </ul>	
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Engage LPHS Partners and Lead Organization Staff and Leadership in Performance Improvement Efforts.</li> </ul>	
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Disseminate Results and Monitor/ Report on Progress.</li> </ul>	

Following these steps, sites then implement their action plans aimed at improving public health system performance. Action cycles typically take place in one- to five-year timeframes depending on the work contained and the goals set forth.

## Materials

Below is a list of materials that will be needed in an actual assessment meeting(s) and may be needed in pre-meeting activities, such as orientations. Assessment Coordinators, Planning Team members, facilitators, and/or recorders may add to this list and revise it as needed.

- Participant packets.
- Orientation materials, such as reports or presentations.
- 10 Essential Public Health Services Handout (See Appendix I).
- Facilitator Guide Copies.
- Flip charts.
- Markers.
- Performance Standards Glossary.
- Recorder Note Templates and Equipment (e.g., laptops).
- Local Instrument Copies.
- Name badges.
- Assessment Evaluation Survey Copies.
- Set of voting cards (see Appendix H).\*
- Ink pens.
- Post-it® pads.
- Projector and laptop for large group presentation.
- Meeting posters (see Appendix J).
- Electronic voting devices (if applicable).

\* Electronic voting devices may be used in lieu of voting cards. Ensure that the facility you will be using is able to support this type of meeting strategy. In addition, if presentations, lists, or documents were prepared to report on activities being performed for each Essential Service, include in your materials list.



# Completing an Assessment and Taking Action: Detailed Guidance and Tips

## Plan

### Determine Readiness to Conduct the Assessment

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This step involves determining who will lead the assessment process, exploring their role in the process, and assessing to what extent they are ready to undertake it.

Some local health departments may be engaged in a statewide approach to community health assessment coordinated by the state health department or other statewide organization. In this process, LPHS across the state complete the Local Instrument within the same agreed-upon time, often with coordination and assistance from the state level.

This provides opportunities to coordinate orientation activities, technical assistance, and improvement planning between state and local public health departments using the State Public Health System Assessment Instrument or LPHS Assessment Instrument. The resulting information provides an in-depth understanding of the strengths, weaknesses, short- and long-term improvement opportunities within the state and LPHS and allows for comprehensive systems improvement planning.

If the Performance Standards assessment is initiated within individual health departments, critical questions to determine readiness to engage in the assessment need to be answered early in the planning process. The following questions are designed to help think about the most significant readiness issues:

- **Leadership Commitment**—Is there clear commitment to the assessment process from high-level system leadership? Is there commitment and accountability to use results for improvement?
- **Purpose and Benefits**—Have the purpose and expected benefits of the assessment been clearly articulated? Is there a plan for using the assessment results?
- **Resources**—Have staff support and other resources necessary to conduct the assessment been identified? Have sufficient resources, staff, and expertise to support performance improvement activities after the assessment been considered?
- **Strategic Fit**—Is there general agreement about how the Performance Standards assessment complements existing performance improvement, strategic planning, or community health improvement initiatives, including public health department accreditation?

Taking the time to ensure that leadership support and implementation resources are in place helps establish a strong foundation for engaging in performance assessment and improvement efforts. Clearly articulating the purpose and expected benefits of the process, as well as determining how it fits with other assessment and improvement efforts, helps establish credibility and buy-in among potential participants in the process.

### Identify a Lead Organization

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A **lead organization** or group is needed to coordinate an assessment of the Performance Standards. Often, the local health department takes the lead with the support of other LPHS partners. When there is a broad-based partnership or coalition in the community responsible for collaborative assessment and planning, the group often serves as the lead with one or two organizations handling the overall coordination.

The lead organization or committee should be prepared to plan how the assessment process will be undertaken and how follow-up will occur. In addition, they should plan to recruit and orient facilitators and

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recorders and identify and invite participants. Because the assessment engages the entire LPHS, it is highly recommended that a committee of key partners assist in deciding upon the structure of the assessment process and performance improvement planning and action.

It is also important to decide on what staff person(s) will lead the day-to-day activities of the assessment process. Many sites opt to designate an Assessment Coordinator, an employee of the lead organization, or an Assessment Planning Team composed of individuals employed by the lead organization and one or two other organizations handling the overall coordination.

**Select an Assessment Process**

The lead organization or planning team should choose an assessment process format that will best meet the needs of the participants and yield the most useful results. Many sites indicate that it takes, on average, approximately two hours per Essential Service to thoroughly discuss, build consensus, and determine scores. In any scenario, completing the Local Instrument is reported to take eight to ten hours total.

There are several possibilities for how to structure the meeting(s) to complete the Local Instrument. These include the following options:

- 1. Hold a “retreat” where the Performance Standards assessment is completed in one sitting**—This may be done in one to two days. This allows the assessment to be completed in a short timeframe and helps maintain momentum. However, it may be difficult for participants and all support staff to make this time commitment. In a retreat format, all participants typically attend an orientation session that is followed by sessions in which the Local Instrument is completed by all participants together in the full group or within smaller workgroups on specific Essential Service(s) assigned to them. For example, five small groups may be assigned to work on two Essential Services each (see Table 3).

If the assessment will be completed in small workgroups, consider the following suggested Essential Services groupings, which are based on common themes:

Table 3. Options for Separating Assessment Participants into Groups by Essential Service				
OPTIONS: FOUR WORK GROUPS		OPTIONS: FIVE WORK GROUPS		
• 1 & 2	• 1 & 2	• 1 & 2	• 1 & 2	• 1 & 2
• 3, 4, & 5	• 3, 7, & 9	• 3 & 4	• 3 & 4	• 3 & 7
• 6 & 7	• 4, 5, & 6	• 5 & 6	• 5 & 6	• 4 & 5
• 8, 9, & 10	• 8, 9, & 10	• 7 & 9	• 7 & 8	• 6 & 8
		• 8 & 10	• 9 & 10	• 9 & 10

- 2. Use small workgroups to address sections of the Local Instrument**—Small workgroups may be tasked with specific sections of the Local Instrument (e.g., a group to address Essential Services 1, 2, and 3, a group to address Essential Services 4, 5, and 6, etc.) in different settings. These small workgroup meetings can be held in one location over multiple days or all in one day. This allows for including specific expertise, as needed, and allows for a more manageable time commitment for those involved. However, it may decrease cross-learning among LPHS partners participating in the assessment as a whole, which is a major benefit of completing the Local Instrument. This method may also lead to inconsistency in Local Instrument responses. Therefore, if this approach is used, a kick-off meeting involving all participants and held before they break out into workgroups can help ensure that all workgroups approach completing the Local Instrument in a similar way. A full group debriefing once

the Local Instrument is completed may provide the opportunity for all participants to hear each workgroup's major points. See Table 3 for suggested Essential Services groupings.

- 3. Conduct a series of meetings**—A series of meetings may be held in which the full group of LPHS participants as a whole addresses one or more Essential Services at a time. In this format, participants may form a core group to complete the whole Local Instrument. This helps ensure a consistent process and cross-learning. In addition, individuals with specific expertise may be invited to specific meetings, as needed. This method is often seen as more manageable than the two aforementioned processes because it allows the work to be accomplished in small chunks. However, participants sometimes report that this format seems to “drag on,” delay actual performance improvement action, and be challenging to have all core group participants attend all of the meetings.

## Plan Essential Service Review

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Assessment Coordinators or Planning Teams need to consider and decide the best options for gathering accurate and comprehensive information regarding how the LPHS is currently delivering each Essential Service. This information becomes the basis for the discussion around current performance of each Model Standard within the Essential Services. Participants that discuss the Essential Services should be as informed as possible about the different perspectives related to current Essential Services activity. This can be accomplished in several ways with varying levels of preparation needed. If the option chosen requires significant preparation before the assessment meeting(s), the project timeline should be adjusted to accommodate this additional work. Potential options to introduce the Essential Services and the general level of preparation needed for each are outlined below. The potential advantages and limitations for each are also discussed. The LPHS and Essential Services Brainstorming Exercises in Appendix K contain additional detail on how to facilitate discussion and identify the current Essential Services activity.

### Onsite Options (Limited Preparation Needed Pre-Assessment)

- 1. Participant Sharing**—The assessment process is most frequently conducted with this option, which includes beginning the discussion on each Essential Service and Model Standard with small groups of assessment participants who are involved in delivering a particular Essential Service. If Assessment Coordinators/Planning Team members choose this option, they need to decide whether or not to assign participants or to have participants self-select to the workgroups focused on particular Essential Services. In workgroups, participants will rotate and each will share how their organization is contributing to the Essential Service. This sharing becomes the basis for answering Discussion Questions and scoring Performance Measures in the Local Instrument. This option takes less preparation before the assessment. However, adequate time must be allotted for Essential Service and Model Standard discussions during the assessment meeting. Contributions are also limited to those who can be present at the assessment meeting(s) in which this occurs and those who are participating in the groups specific to each Essential Service. Depending on the number of assessment participants, this sharing may take place in small groups formed for each Essential Service or as one large group. Sites should consider the time commitment of all involved, the total number of assessment participants, and other local factors, in deciding how to structure this participant sharing. To ensure the larger group of assessment participants are aware of what is shared in the individual workgroups, recording highlights from each workgroup on flip charts can be helpful. These flip charts can be posted around the room for all to see throughout the meeting or at the end of the assessment.
- 2. Brainstorming**—With this option, prior to the assessment, participants brainstorm lists of local activities and organizations contributing to the Essential Service performance. Brainstorming may occur during a meeting weeks before the assessment or the same day as the assessment. The lists are then used during the Performance Measure scoring that occurs for each Essential Service (depending on overall assessment format used). To do this, a flip chart page for each Essential Service is posted around the

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room and participants write responses to the question, “What organizations are involved in providing Essential Service X in our community?” to generate a list of system partners for each Essential Service. The final list for each Essential Service is used as a way to stimulate discussion, answer Discussion Questions, and score Performance Measures. One benefit of this option is that all assessment participants contribute ideas to each Essential Service even if they will only directly participate in one or two Essential Service workgroup sessions during the actual assessment meeting(s). Challenges to this method are interpreting responses generated in the initial brainstorming session that are not the comments of those who are participating in a particular Essential Service’s small workgroup and that this method requires conducting an in-person orientation session.

**Report Options (Requires Significant Preparation Pre-Assessment Meeting)**

3. **Expert Report**—This option includes having a local expert(s), ahead of the assessment meeting(s), research and develop a brief written or oral report on how the LPHS is fulfilling the activities for each Essential Service. The report findings are shared at the assessment meeting(s) or ahead of time. During the assessment meeting, participants are invited to add to the report based on their knowledge of what is occurring in the system. Both the report and the discussion become the basis for answering the Local Instrument Discussion Questions and scoring Performance Measures. A benefit of this approach is that it can save time at the actual assessment meeting(s) because the preparatory work of compiling and synthesizing the information is completed. However, this option can influence the participants because it is being shared by an expert rather than generated by the group. To counter this possibility, it is important to be sure that the information is comprehensive and representative of the LPHS and that the expert(s) involved are seen as credible information sources. Moreover, it can be a lengthy and challenging task to find 10 people for this role (one per Essential Service to contact organizations and prepare the report), if it cannot be completed by any one individual.
4. **Consolidated Written Report**—This option requires that those invited to participate in the assessment prepare and submit written comments regarding how their organization is contributing to the various Essential Services. All comments are compiled into a written report ahead of the assessment meeting and shared with the full group of participants during the assessment meeting(s). The report serves as the basis for answering Discussion Questions and scoring Performance Measures for each Essential Service. This method allows input from LPHS organizations that may not be able to attend the actual meeting(s). However, gathering and synthesizing this information in a presentable format for sharing with the full group of participants can be time-consuming and challenging. Further, participants who provide feedback ahead of the meeting may not see the value in actually attending the assessment meeting(s).

**Determine Voting Method**

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Once the assessment process format is decided on, the Assessment Coordinator/Planning Team should determine the voting method that will be used. Voting cards (Appendix H) can be used by participants to determine the Performance Measure scores. Electronic voting devices may be used in lieu of voting cards. Ensure the facility you will be using is able to support this method.

**Determine Use of Optional Questionnaires**

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In addition to the Performance Standards related to the Essential Services, the Local Instrument includes two supplemental and optional questionnaires: (1) the Priority of Model Standards Questionnaire and (2) the Local Health Department Contribution Questionnaire.

In addition to the information gleaned from completing the Performance Standards presented in the Final Assessment Report, information gained from these questionnaires may further supplement performance

improvement planning and activities. Descriptions and suggestions for completing these questionnaires are described below.

1. **Priority of Model Standards Questionnaire (see Appendix F)**—This questionnaire considers the priority of each Model Standard to the LPHS, using a scale of 1 to 10. Responses are analyzed so that sites may consider prioritized Model Standards in relationship to performance scores.
  - While this is an optional questionnaire, communities are highly encouraged to complete this to identify and prioritize performance improvement opportunities.
  - This information may catalyze or strengthen the performance improvement activities resulting from the assessment process.
2. **Local Health Department Contribution Questionnaire (see Appendix G)**—In this questionnaire, assessment participants are asked to consider each Model Standard as a whole and use a four-point scale to assess the percentage of the Model Standard that is achieved through the local health department's direct contributions.
  - Completing the questionnaire is useful for understanding the role the local health department plays in relation to the Essential Services and Model Standards and may provide important input into the local health department's agency strategic planning process.

### Optional Questionnaire Implementation Considerations

There are a multiple ways the optional questionnaires may be completed in the assessment process. Consider the following possibilities:

1. **Priority of Model Standards Questionnaire (Appendix F)**
  - This questionnaire may be used as part of the same process in which the Local Instrument is completed. This allows participants to consider the Performance Standards themselves and priorities within the Model Standards. When completed as part of the greater assessment process, the priority questionnaire may be incorporated either after each Model Standard, at the end of each Essential Service, or right before concluding the entire assessment process. The timing of completing the questionnaire may affect who will assist in completing this questionnaire. If the chosen assessment format has small workgroups working to complete the Local Instrument, then the Assessment Coordinators or Planning Team should consider how the large group will weigh in as a whole on this questionnaire.
  - Alternately, the priority questionnaire may be used during a post-assessment meeting in which the results of the Local Instrument are reviewed. When completed as part of a post-assessment process, the priority questionnaire may be completed by the entire group assembled.
2. **Local Health Department Contribution Questionnaire (Appendix G)**
  - This questionnaire can be completed by a single group of participants so that there is a consistent approach across all Essential Services. Members of the group completing this questionnaire may be local health department personnel only or may be a group composed of LPHS partners. Completing this questionnaire often occurs after the Local Instrument is completed.
  - Alternately, this questionnaire can be completed at the end of each Model Standard or Essential Service by the small workgroups of LPHS partners who are completing the Local Instrument. In this case, facilitators need to clearly communicate to participants that when scoring the optional local health department contribution questions they are moving away from a systems perspective to consider the role and activities of the local health department only. This option for completing the questionnaire can potentially disrupt the flow of the Local Instrument completion process and can

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potentially present a confusing dynamic for participants. However, many sites have successfully completed the optional questionnaire in this manner when led by a skilled facilitator.

### Using Results of the Optional Questionnaires

Sites completing the optional questionnaires receive these results as an additional component of their Performance Standards report and should be considered along with the results of the core Local Instrument (Essential Services). To support the transition from performance assessment to performance improvement activities, the “Take Action” section (page 42) of this Implementation Guide includes specific references, methods, and tips for guiding performance improvement activities. In addition, sites may plan to use an improvement framework such as MAPP to identify and implement performance improvement actions.

### Develop the Project Plan and Timeline

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The recommended time from planning to completion of the assessment is four to five months. However, timing and steps may be altered slightly depending upon the process format selected. A sample timeline, based on a four to five month period, is provided on page 15. This sample is based on a one-day retreat format to complete the Local Instrument and may be adapted to other formats. In general, sites report that four to five months to plan and conduct the assessment is sufficient. Completing the assessment itself generally takes eight to ten hours total. Allot time to complete the post-assessment to analyze the Local Instrument results and develop action plans to achieve performance improvement goals.

Developing and adhering to a project plan and timeline helps ensure that your assessment goes smoothly. Anytime a large number of diverse participants are engaged, it is critical to ensure the process is well-planned and completed in a timely manner. This will help keep participants engaged beyond the assessment and for future activities.

### Develop Participant Orientation

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Orientation to the Performance Standards is very important to ensuring a smooth process. It may be provided through individual orientations (as individuals agree to participate), in a “kick-off” session at the start of the assessment retreat, or at the beginning of the first in a series of assessment meetings, or a combination of these options.

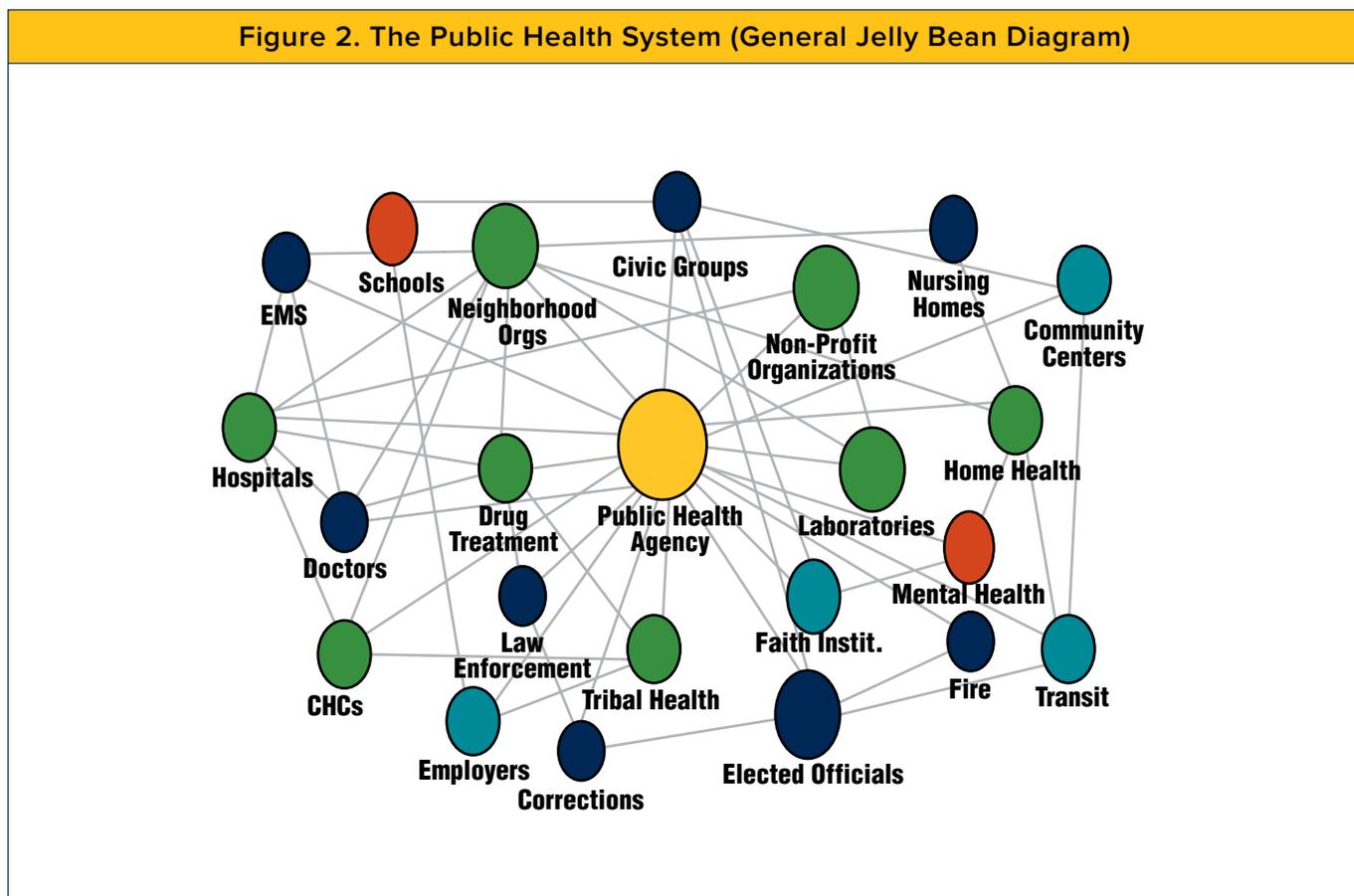
Include the following topics in the orientation:

- Brief overview of NPHPS and Local Instrument.
- Discussion of the concept of the “local public health system.”
- Review of the Essential Services.
- Purpose of completing the assessment.
- Overview of the assessment process format.
- Anticipated benefits of completing the assessment.
- Next steps including any further guidance for how participants should prepare for the assessment.

It is also helpful to review a set of ground rules regarding the discussion and the voting/scoring methods that will be used in the assessment. The orientation may also emphasize that the Local Instrument is simply a framework for holding discussions that improve understanding of public health activities in the LPHS.

During the orientation, as described on page 27, consider offering participants an opportunity to share initial thoughts about their organization’s contributions to the Essential Services if this has or will not be completed in another manner. This discussion can provide helpful information for completing the Local Instrument. As mentioned earlier, some groups have done this by posting flip charts (one for each Essential Service) and asking participants to write down their organization names and activities related to that particular Essential Service. This helps generate ideas about how each organization contributes to the public’s health. The flip charts can serve as a useful reference when each Essential Service is later discussed during the assessment meeting(s).

Some local sites have found it particularly useful to help participants think of their organization and the others as part of the LPHS by creating a customized visual depiction of their specific system, such as a custom “egg chart” or “jelly bean diagram.” This can be done simply with a flip chart and markers or electronically using a projected image via Microsoft PowerPoint (or other software). This image, along with participant contact information, is a tangible and useful benefit of participating in the assessment that can be provided to participants. Figure 2 is a general example of a jelly bean diagram that can be customized for particular LPHS. Create your own jelly bean diagram using PARTNER Tool ([www.PARTNERtool.net](http://www.PARTNERtool.net)).



Ideally, participants will be asked to review materials before the orientation or the assessment meeting(s) in order to increase their understanding and familiarity with the items that they will be asked to discuss and score. Assessment Coordinators or Planning Team members should encourage participants to not only review the materials, but to also spend time thinking about how well they think the LPHS or their organization is achieving the Performance Standards so that they arrive at the meeting fully prepared to participate in

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the discussion. Consider the following options when determining how to share assessment materials with participants in advance of the meeting(s):

- **Provide participants with a copy of the sections that will be discussed during each assessment meeting (or during the meeting in which the person will be involved).** Asking participants to review only one or two Essential Service sections at a time is less overwhelming and may increase likelihood that they will complete an advance review. Encourage participants to use copies of the materials to note their thoughts because this may help them to prepare for the meeting discussion(s). This particular option does not allow participants to understand the full breadth of the Local Instrument, assessment, and systems focus. This option may not be relevant for assessments that will be completed in a retreat format unless small workgroups will be used in this type of process.
- **Share the Local Instrument with all participants.** This option allows participants to review the entire tool and gain an understanding of the full breadth of the Local Instrument at the outset of the assessment process. It also provides participants with an opportunity to consider the Essential Services and discussions to which they will have the most to contribute.
- **Share only the Essential Services with all participants.** This option allows participants to review the Essential Services; the core of the Performance Standards. See Appendix I for a handout describing the Essential Services.
- **Provide a Preparation Worksheet to all participants.** An example of such a worksheet can be found in Appendix L. Participants can use this type of worksheet to make notes and prepare their thoughts and potential contributions ahead of time. Worksheet responses can also be compiled from participants ahead of the meeting and synthesized into a report, as described on page 20, which is then shared during the assessment meeting. The worksheets can also simply be used to help participants consider the items and prepare their thoughts. The sample worksheet provided only shows one Essential Service with the related Model Standard activities listed and requires modifications depending on the Assessment process format being used and what participants are being asked to review in advance. Assessment Coordinators and Planning Team members should also consider providing participants with a preparation worksheet along with any other materials distributed ahead of the meeting like those described above.

**Secure Leadership Commitment**

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Using the Performance Standards and subsequent success of performance improvement efforts often hinges on leadership support. It is important to involve leaders at the highest level possible, such as the health commissioner or board of health chair. Although the commitment of leadership within the lead and coordinating organizations is vital, this support from other LPHS partners strengthens an effort. Effective leadership support may be summed up in three things: (1) vision, (2) expectations, and (3) commitment.

Ask leaders and LPHS partners to share their vision on the following:

- How the Performance Standards relate to their mission or community vision.
- Those system improvements that are important to strategic priorities (such as needed improvements in programs to address obesity or access to care).
- How improvement efforts will fit in with other initiatives, such as MAPP, *Healthy People 2020*, public health department accreditation, strategic planning, and budgeting cycles.

Leaders supporting the Performance Standards assessment and subsequent improvement effort may demonstrate their commitment by acting upon the following:

- Assigning staff to help plan and conduct the assessment or assist improvement action teams following assessment completion.
- Participating in the assessment process through a steering committee, the assessment completion, or an improvement action team.
- Working with executives and legislators to achieve LPHS improvements.
- Making immediate, budget-neutral changes to improve performance where possible, such as shifting personnel assignments or changing procedures.
- Considering all recommendations that arise out of the assessment to strengthen the LPHS.
- Requesting or allocating funding to address performance improvement priorities in the next budget cycle.

## Secure Facilitators and Recorders

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No matter which process is selected for conducting the assessment, one or more facilitators and recorders will be necessary. Both the facilitator and recorder roles are invaluable to the process and each requires a different skill set. Consider the different needs depending on your assessment process format; if you're using small workgroups, then each workgroup will need its own facilitator and recorder.

### Facilitators

Facilitators serve as guides through the assessment process, ensuring that participants contribute and share in meaningful ways and that Performance Measure scoring is completed fairly and represents the collective voice. Ideally, facilitators are neutral rather than part of the LPHS. This neutrality allows them to guide the process in a fair manner without influencing the participants. It is very helpful to identify facilitators that have a good understanding of the Essential Service(s) they will be facilitating. This Implementation Guide includes a section on facilitating the process that provides further guidance for facilitators and includes the Local Instrument and detailed facilitation questions. It is recommended that there is one facilitator per small workgroup in the assessment. If the implementation option of facilitating over several meetings, rather than in a retreat format is selected, it is recommended that the same facilitator(s) is used to ensure consistency in the process.

### Recorders

Recorders, while not necessarily front and center like facilitators, play a critical role in the assessment process. Recorders are responsible for accurately documenting the discussion during the actual assessment. Familiarity with the LPHS partners and the Essential Services is an advantage for recorders because it makes their job easier. Documenting the discussion helps the LPHS partners understand the final scores and even more importantly, understand what needs to be improved and why. Accurately capturing participant discussion allows for the collection of information that can be analyzed across Essential Services to identify themes. Often times, it is the themes that emerge from multiple Essential Services that end up being strong opportunities for performance improvement activities.

A minimum of one recorder is required per small workgroup or per meeting if the assessment is completed in a series of meetings. However, many sites find that two recorders can be beneficial to ensuring that all discussion points and scores are captured accurately and completely. In addition to a person assigned to recording the notes, some groups also use audio recording devices so that recorders can refer back to these audio recordings to supplement and complete their notes. It is not recommended that a site rely solely on audio recorders because they do not always pick up everyone's voice clearly, can stop recording without notice, and are subject to various other technical issues. Some sites have had great success with local Master of Public Health (MPH) or other students serving as recorders. It provides a great introduction to the LPHS for the students and they are usually at least somewhat familiar with the Essential Services.

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## Identify LPHS Partners

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Generate a list of potential assessment participants that includes representatives from throughout the LPHS, or all entities that contribute to the public's health in a local area, which includes a broad range of perspectives and expertise. Some sites have found it useful to create their own system diagram or jelly bean diagram using the specific names of organizations and groups within their jurisdiction's LPHS. See Figure 2 on page 23 for a sample jelly bean diagram. The focus should be on inviting participation from individuals and organizations that contribute to the Essential Services and the health and well-being of the jurisdiction's population across all areas of public health.

Potential participants include members of existing coalitions or committees, board of health members, hospitals, social service providers, environmental organizations, and others. It is also important to think about the social determinants of health and those who provide services in such areas including, but not limited to, transportation, housing, social services, food pantries, shelters, economic development, etc.

Keep in mind that invited participants may not think of themselves as part of the LPHS. This assessment is an opportunity to help formalize a LPHS by increasing awareness and understanding of all the individuals, organizations, and entities that contribute to the public's health and delivery of public health services.

Some of the organizations and sectors that are involved in the LPHS include the following:

- **Local health departments**—also known as local public health agencies, these organizations serve as the governmental entity for public health at the local level and play a major role in creating and ensuring the existence of a strong LPHS.
- **Healthcare providers**—hospitals, physicians, community health centers, mental health organizations, laboratories, and nursing homes, which provide preventive, curative, and rehabilitative care.
- **Public safety agencies**—police, fire, and emergency medical services, which are often focused on preventing and coping with injury, emergencies, and other health-related situations.
- **Human service and charity organizations**—food banks, public assistance agencies, and transportation providers that facilitate access to healthcare and receipt of other health-enhancing services.
- **Education and youth development organizations**—schools, faith institutions, youth centers, and other groups that assist with informing, educating, and preparing children and adolescents to make informed decisions and act responsively regarding health and other life choices and to be productive contributors to society.
- **Recreation and arts-related organizations**—parks and recreation departments, community cultural centers, and other groups that contribute to the physical and mental well-being of those who work, live, learn, and play within the community.
- **Economic and philanthropic organizations**—employers, community development organizations, zoning boards, United Way, and community and business foundations that provide resources necessary for individuals and organizations to survive and thrive in the community.
- **Environmental agencies or organizations**—air and water quality authorities, green space coalitions, and other groups which contribute to, enforce laws related to, or advocate for a healthy environment.

The ideal number of assessment participants varies depending upon the assessment process format selected (refer to guidance in the “Select an Assessment Process” on page 18). Try to strike a balance between a manageable number of participants and a group broadly representative of the whole LPHS. More participants may be invited if they will be divided into smaller workgroups to discuss specific Essential Services. However, the size of the group may become unwieldy if more than 20–25 individuals are involved in small workgroup

discussions. Also consider the assessment an opportunity to broaden partnerships within the community; involving LPHS representatives beyond those with whom you usually work may allow a more accurate reflection of system performance to emerge.

To summarize, consider the following questions in identifying participants:

- Who plays a role in the LPHS and/or in providing the Essential Services?
- What broad, cross-sector participation is needed (e.g., schools, transportation, social services)?
- Which consumer representatives should be included?
- Who needs to be included to ensure expertise in certain areas (e.g., laboratorians, epidemiologists, emergency preparedness specialists, health educators)?
- How many people should participate?
- Which, if any, current broad-based coalitions or committees could be used as a starting point for the identifying assessment participants?
- How can we ensure participation is representative of the diversity of community members and organizations present in our community?

### **Finalize Assessment Date(s) and Location**

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Date selection will be determined by your timeline, format chosen for conducting the assessment, and of course, participant availability. Similar considerations exist for selecting a meeting facility and may also depend on your budget. If the lead organization does not have a large enough space, consider working with partners to find a suitable location. Sites have used various locations, including public libraries and other public facilities, local universities and schools, churches, and hospitals.

### **Invite LPHS Partners**

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Once participants are identified, think carefully about how best to extend their invitation to participate in the assessment. Personal letters or telephone calls from senior health department leadership or the heads of other partner organizations emphasize the importance of this assessment and generate more willingness to participate. Follow-up communication from the Assessment Coordinator or Planning Team members may help to ensure that each participant fully understands the process and their role.

It is helpful for the initial invitation to include basic information about the purpose of the assessment process, as well as what their participation will entail. See the “Develop Participant Orientation” (page 22) portion for some additional ideas about points to include within a written invitation.

### **Orient Participants**

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Methods for orienting participants can range from attaching a document to a confirmation e-mail to creating a PowerPoint presentation for one-on-one orientations with participants. Materials and content will vary based on the chosen orientation method. Orientation materials could include any of the following items:

- The Local Instrument.
- Sections of the Local Instrument that will be discussed during the assessment meeting(s) or during the meeting in which the person will be involved.

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- A preparation worksheet (a sample worksheet can be found in Appendix L).

Refer back to the “Develop Participant Orientation” section on page 22 for more details.

### **Train Facilitators and Recorders**

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It is highly recommended that both facilitators and recorders receive at least minimal training before the assessment meeting(s) to ensure they understand their roles and the assessment process format overall. Some key components to address in training facilitators and recorders are outlined below. Some sites train facilitators and recorders separately and some train them at the same time. Either way is acceptable.

#### **Facilitator Training**

An effective facilitator training does not have to be lengthy. Two hours is generally sufficient. In-person training is recommended, especially for those who have not participated in or facilitated a Performance Standards assessment or used the Local Instrument before. If an orientation is prepared for participants (as recommended), the same content is important for facilitators and recorders.

The following items are important to address in the facilitator training. More detailed guidance is included below.

- Summary of Performance Standards, including Purpose and Benefits.
- Overview of the Overall Assessment Process and Key Roles.
- Review of the Facilitator Guide
  - a. Review of Meeting or Group Facilitation Process.
  - b. Facilitation Guidance and Tips.
- Simulation Exercise.
- Question and Answer Session.

#### **Summary of Performance Standards**

Content generally includes the following: an introduction to the Performance Standards; key concepts of the Performance Standards, including the purpose and benefits; concept of the LPHS; overview of the Local Instrument, Essential Services, and chosen assessment process format; and explanations of the participant, facilitator, and recorder roles.

#### **Overview of the Assessment**

This component includes an overview of the selected assessment process format (e.g., retreat format, series of meetings, etc.) for completing the Local Instrument and the corresponding meeting agenda(s). Role assignments, facilitator materials, meeting location information, and other logistical information may also be included.

#### **Facilitation Process**

In this component, the actual process that will be followed by each facilitator should be reviewed by walking facilitators through the Facilitator Guide and process. The process should include the information in Table 4 (below), although the content may be provided across a series of meetings or in a retreat, or other format, depending on the process to complete the Local Instrument selected. Keep in mind that if the assessment process format includes completing the Local Instrument in small workgroups, that some aspects of the content below may have been conducted in a large group setting.

Table 4. Steps in Facilitation Process	
Welcome and Introductions	<ul style="list-style-type: none"> <li>• Welcome.</li> <li>• Facilitator and recorder introductions.</li> <li>• Participant introductions and their respective agency/organization contributions to the LPHS.</li> </ul>
Review the Overall Assessment Process (if not already completed in a large group format)	<ul style="list-style-type: none"> <li>• Ground rule setting and agreement.</li> <li>• Participant materials review.</li> <li>• Assessment meeting format and overall process review.</li> </ul>
Walk Through Facilitator Guide	
Review Essential Services and Model Standards	<ul style="list-style-type: none"> <li>• Essential Services description.</li> <li>• LPHS partners typically involved in the Essential Services (by Service) and then cross-referenced with those participants present in the meeting.</li> <li>• Current LPHS Essential Services activity report. See “Plan Essential Service Review” on page 19 for different methods of gathering this information and presenting this report. Discuss reactions to the review of how LPHS partners are active in delivering an Essential Service and the current report on Essential Services activity.</li> </ul>
Review Model Standards Using Discussion Questions	<ul style="list-style-type: none"> <li>• Model Standard and related activities description.</li> <li>• Facilitated conversation using the Discussion Questions provided for the Model Standard to explore all aspects of how the activities for this Standard are carried out locally.</li> </ul>
Facilitate Consensus Scoring	<ul style="list-style-type: none"> <li>• Preliminary scoring of Performance Measures based on collective voice of participants using the voting cards.</li> <li>• Consensus building to determine final score for Performance Measures.</li> </ul> <p>Note that both of these activities should be facilitated conversations and determinations.</p>
Summarize Essential Services’ Strengths, Weaknesses, and Short- and Long-Term Improvement Opportunities	<ul style="list-style-type: none"> <li>• Review recorder and participant discussion and/or summary notes to identify strengths, weaknesses, and short- and long-term improvement opportunities that arose in the discussion and reflection.</li> <li>• Facilitated summary discussion on overall strengths, weaknesses, and short- and long-term improvement opportunities for each Essential Service.</li> </ul>
Use Optional Questionnaires	<ul style="list-style-type: none"> <li>• If the Priority of Model Standards Questionnaire (see Appendix F) will be completed during the assessment, participants may respond to it at the end of each Model Standard discussion or during the summary discussion for each Essential Service. If the Local Health Department Contribution Questionnaire (see Appendix G) will be completed during the assessment, participants may respond to it at the end of each Model Standard discussion or during the summary discussion for each Essential Service.</li> </ul>
Repeat the process outlined above for each Model Standard per Essential Service.	

### PLAN

When facilitating the assessment, facilitators seek to help participants achieve the following:

- Complete the assessment so that it contains documented Discussion Notes for each Model Standard and scores for each Performance Measure.
- Enhance understanding of the LPHS.
- Build relationships within the LPHS.
- Foster interest, awareness, and planned collective action for performance improvement.

Facilitators also take on Performance Standards–specific responsibilities that include the following:

- Ensure a focus on the “system” rather than one organization or individual.
- Review Model Standards and facilitate a structured and open discussion among participants.
- Facilitate consensus-building and open-ended discussion.
- Obtain a decision from the group on the final Performance Measure score.
- Identify LPHS strengths, weaknesses, and short- and long-term improvement opportunities.

### ***Facilitation Guidance and Tips***

Before the assessment meeting(s), facilitators should receive guidance on the following items: (1) facilitating the assessment process; (2) using the process materials and resources; (3) building consensus for scoring Performance Measures; and (4) other tips. Items like these can often be keys to successful facilitation. A summary of facilitation guidance and tips that can be emphasized with facilitators is outlined below.

- Facilitators need to have a clear understanding of the Local Instrument content and process by which the Local Instrument will be completed. Before the assessment begins, facilitators should complete the following activities:
  - Review the Essential Service section(s) of the Local Instrument that they will facilitate.
  - Recognize terminology that may be challenging for participants, keeping in mind that the assessment may include some public health jargon unfamiliar to non-traditional public health partners. Use the Performance Standards glossary as needed.
  - Identify Discussion Questions or Performance Measures that may be confusing for participants. Discuss these with the Assessment Coordinator or Planning Team to improve comprehension before the assessment begins.
  - Have a clear understanding of the voting and consensus processes that will be used in the process. Develop or find useful questions to stimulate discussion and sharing of participant views, especially when they may be diametrically opposed.
  - Know the facilitation process.
  - Understand the facilitation tips and suggested questions to help stimulate discussion and to draw out more information from participants, especially during the consensus process.

### **Simulation Exercise**

It is highly recommended that the facilitator training include a simulation of the actual assessment meeting(s) and facilitation processes so that facilitators have an opportunity to practice. This does not need to be lengthy, but just enough time to allow for observation, practice, and feedback.

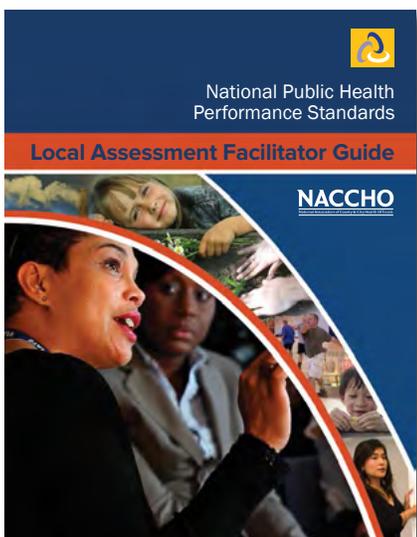
### **Question and Answer Session**

This component allows facilitators to pose any questions they may have, receive answers on these, and request any more information they may want.

### **Suggested Facilitator Training and Pre-Assessment Meeting(s) Materials**

Provide the following materials and ask facilitators to review them before the assessment meeting(s)/ training/pre-assessment meeting(s):

- Facilitator version of the Assessment Meeting Agenda (that notes facilitator and recorder assignments).
- Facilitator Guide.
- Implementation Guide (at least the facilitator section).
- Participant List (if available).
- Facility (meeting site) Information/Overview.
- Sample Set of Voting Cards (if applicable) (Appendix H).
- Posters for Meeting Room:
  - Public Health System Diagram (jelly bean diagram) (Appendix J).
  - Scoring Chart (Appendix J).
- Performance Standards Orientation Materials (if applicable).
- Essential Services Handout (Appendix I).
- Performance Standards Glossary.



PLAN

**Guidance for Recorder Training**

The key components for facilitator training discussed above also apply to recorders along with a few additional items listed below. Recorders need a good understanding of the process and their role. In addition to those items included in the Facilitator Training, include the following in the recorder training:

**Note-Taking Templates**

It is recommended that note-taking templates be provided for recorders. If available, recorder preparation should include sharing and reviewing any templates that will be used to document discussion notes and performance scores. See Appendix M for a sample note-taking template.

**Note-Taking Guidance**

In this component, recorders receive specific guidance on the type of information they should capture and the process that will be used for the information to be shared. Recorders should document the following for the group discussion that they are recording:

- LPHS partners present.
- Specific individual system member contributions to the Essential Service and Model Standard.
- Participant comments in response to the Discussion Questions.
- Final scores for the Performance Measures and any related comments.
- Comments on whether the consensus score was high or low for the selected response option (i.e., low-moderate or high-minimal.)
- Comments regarding what participants think are keeping the LPHS from scoring higher on a particular Performance Measure.
- Examples of why a Performance Measure received the rating (e.g., optimal, moderate, etc.) that it did.
- Overall strengths, weaknesses, and short- and long-term improvement opportunities for each Essential Service.

**Technical Support**

Information regarding whether a laptop will be provided or required, how, and where to save notes (i.e., specific file destination or thumb drive), supplementation with paper-based notes, and any other items relevant also need to be addressed in the training. If recorders will be typing on a laptop or computer they are not familiar with, the opportunity to practice with the keyboard can help save time and frustration.

**Suggested Recorder Training and Pre-Assessment Meeting Preparation Materials**

Provide recorders with the following materials before the assessment meeting(s):

- Facilitator version of the Assessment Meeting Agenda (that notes facilitator and recorder assignments).
- Local Instrument copy.
- Participant List (if available).
- Facility (meeting site) Information/Overview.
- Performance Standards Orientation Materials (if applicable).
- Essential Services Handout (see Appendix I).

- Performance Standards Glossary.
- Recorder Templates and Equipment (electronic and paper-based for back-up) (See Appendix M).

## Prepare Meeting Materials

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Participants will need a meeting packet that includes the following materials:

- Assessment Meeting Agenda.
- Local Instrument copy (or at least the Essential Service sections they will work on).
- Essential Services handout (see Appendix I).
- Set of Voting Cards (if applicable) (see Appendix H).
- Ink pens and Post-it® pads.

## Suggested Meeting Room Posters

In addition to the participant packet, many have found it useful to have posters in the meeting space. The following six items can be created or adapted onto a flip chart or made into posters and used in each break-out or meeting room. See Appendix J for more details and sample posters.

- Ground Rules.
- Meeting Agenda.
- Discussion Principles.
- Scoring Chart.
- Public Health System Diagram (i.e., jelly bean diagram).
- Summary Report (for large-group report only).

## Coordinate Onsite Logistics

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Most details will depend on the needs of your participants and the specifics of your facility. More coordination will be necessary if you are working with a larger, less familiar group or in an unfamiliar facility.

Considerations should include, but are not limited to the following:

- Audiovisual Equipment.
- Name Badges.
- Food (if Applicable).
- Facility Signage.
- Parking Needs.
- Accessible Rooms and Restrooms.
- Beverages and Light Snacks (Recommended at Minimum).

## Assess

### Complete Final Preparations

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Final preparation includes ensuring facilitators are ready for the assessment, all logistics are in place, that the meeting space is set up to encourage a comfortable environment for open discussion among participants, and any other process or logistical items that need to be completed. These preparations can be completed in the week and days leading up to the actual assessment meeting(s).

Facilitator final preparation involves reviewing the steps involved in facilitation as well as the assigned Essential Service chapters and any supplemental materials. When the Essential Service chapter is reviewed, it is important to ensure comfort and familiarity with all terminology and activities. Participants will rely on their facilitator to re-phrase questions when they do not understand. In addition, it is important to anticipate and prepare for clarifying any Discussion Questions or Performance Measures that are potentially challenging or confusing for the group. Ask a colleague for help or contact NACCHO for technical support by e-mailing [performancestandards@naccho.org](mailto:performancestandards@naccho.org).

Facilitators should take some time to review the list of participants attending. Spend a few minutes learning their names and affiliations; it will make a big difference on the day of the assessment. Local Assessment coordinators can be helpful to facilitators because they may have or know of colleagues that have more familiarity with participants and can provide some potential insight into group dynamics. Local Assessment coordinators or others may even be able to help identify over- and under-expressive participants and those with a lot of influence or power.

A heads up about the group dynamics can be very helpful but is not fool proof. Facilitators should be prepared with strategies and facilitation techniques that allow an opportunity for everyone to speak, such as round-robin, individual quiet thinking, everyone jotting a thought or reaction on a Post-it® note, or asking quiet individuals to share first.

Facilitators need the following information to be well-prepared and ensure access to the resources needed:

- Meeting location and facility information, including parking and location of restrooms.
- Detailed agenda including breaks and meals.
- Contact names and numbers for technical support on-site.
- Contact names and number for logistical support.
- Information regarding next steps upon completion of the assessment.

Facilitators should be asked to arrive on-site early, at least one hour before the opening session. This time allows for a pre-meeting with the coordinator and the recorder(s) and to ensure that the assigned room is set up in a manner conducive to good discussion.

Participant comfort has a definite correlation to how long and how focused participation is during the process. Facilitators and coordinators should work together to make every effort to ensure that the meeting space is comfortable with participants seated around tables in a u-shape or semi-circle where they face each other to foster discussion with each other. Participants need tables with adequate space for elbow room, materials, and movement. All participants should have a clear view of any visuals in the room, name badges or table tents, the recorder, and the facilitator. It is also highly recommended that water, coffee, or other beverages, in addition to light snacks, be accessible at all times to participants.

## Brief the Facilitators and Recorders

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Many have found it beneficial to have a final briefing with facilitators and recorders on the day of the assessment prior to participants arriving. This allows them to become familiar with the facility and have any lingering questions answered. Specific guidance to share with facilitators and recorders is listed below.

Important reminders for facilitators may include the following:

1. Discussion is important. Allow for (timed) discussion to inform the collective vote. Use all the Discussion Questions.
2. Performance Measures are the “gold standard.” Participants should not expect to do well in every measure. The purpose is for performance improvement. If the group is scoring everything high, ask questions to ensure that the response is a collective, accurate representation of perceptions of performance.
3. Participants strive to reach a “consensus” score for each Performance Measure. **Consensus is a good representation of the collective vote, not necessarily unanimity.** Achieving consensus means that everyone can live with the selected score. They may not agree 100 percent but agree that the score is a good representation of collective discussion.
4. If participants get “stuck” in scoring and cannot reach consensus, ensure there is a good understanding of why those who are outliers feel the way they do. Be sure recorders capture that information. Let participants know that the score is not nearly as important as thorough documentation and understanding of the different perspectives.
5. Don’t forget to use the Priority of Model Standards and Local Health Department Contribution Questionnaire after each Model Standard if the site has selected to complete these during this part of the assessment.
6. Keep track of time and discussion so that the group accomplished what it set out to accomplish.
7. If a meal is provided, participants are generally ok with holding a working meeting during the meal, if needed.
8. Identify a volunteer to handle the large group or follow-up “report out” at the end of the assessment process, if any. The volunteer will report (three to five minutes) on the following:
  - What did you learn from the discussion about how this Essential Service is carried out in the LPHS? Frame “report out” in terms of...
    - System Strengths.
    - System Weaknesses.
    - Short-Term Improvement Opportunities.
    - Long-Term Improvement Opportunities.

Common important reminders for recorders may include the following:

1. Ask participants or facilitator to speak up or repeat if you cannot hear or did not capture something important.
2. Offer to help the facilitator with time keeping.
3. Help the facilitator with counting scores to see where the participants are in relation to agreement.
4. Capture votes and the final consensus score for every Performance Measure.

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5. Record as much of discussion as possible, especially key points. Link comments to the specific Discussion Question or Performance Measure and when possible specific person/organization.
6. If the optional Local Health Department Contribution Questionnaire items will be considered during the assessment meeting(s), remind facilitators to ask the questions and have participants score them. Capture the scores and any related notes.
7. If taking any written notes, enter the notes in the template or electronically and submit by end of session. Waiting beyond the event creates less comprehensive and possibly even inaccurate notes.
8. Save your work early and often both on hard drive and thumb drive or other storage device.
9. Be sure you enter your name on documents in case there is a need for follow-up questions.

### Conduct the Assessment

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The following material (adapted from the **Facilitator Guide**) outlines the facilitator's role and general process to be followed by facilitators. This information is repeated in the **Implementation Guide** to help **Assessment Coordinators** and **Planning Team** members understand the flow of the actual assessment process. Note the details may vary slightly based on the assessment process format chosen (e.g., retreat, small workgroups, etc.). More detail on these steps is provided in the **Facilitator Guide**. Regular guidance resumes on page 42 under **Take Action**.

#### Welcome Participants and Facilitate Introductions

Open the meeting or workgroup discussion with a warm welcome and thank all participants for their time commitment to this important work. Introduce yourself as the facilitator and explain your responsibility and role, which is to guide the process to ensure that everyone's voice is heard, measures are scored by group consensus, and that all is accomplished in the allotted timeframe. Likewise, ask the recorder to do the same. Ask participants to introduce themselves with a brief description of how their organization contributes to the Essential Services.

#### Provide an Overview of the Process

Review the purpose of the Performance Standards assessment, the overall assessment process format, the meeting goal, timeframe, and participant materials and how they will be used. Review the general ground rules (group norms or group etiquette) as listed on poster 1 on page 80 and ask participants to add any additional ground rules that they think will increase the effectiveness of the group interaction. Ask for group agreement on the ground rules before moving forward. A head nod from each person usually does the trick.

Explain that the group will go through a standardized process filled with sharing, listening, learning, discussion, and collective and consensus-based decision-making. Use the Assessment Meeting Outline to define each step in the process. If meeting in small workgroups, ask for a volunteer to summarize the discussion in a summary report to the full group at the end of the session, if this is planned (see poster 6 on page 82).

Provide participants with a general overview of the steps involved in reviewing and scoring each Essential Service, which is the following:

1. State the Essential Service and the core question(s) that the Essential Service is addressing.
2. Read the activities that comprise the Essential Service as listed in the Local Instrument.
3. Review the potential local public health system (LPHS) partners typically engaged in the work for this Essential Service and ask participants to identify which partners on the list are present at the meeting and which are not.

Report on and/or review what the LPHS is currently doing to address the Essential Service (see “Plan Essential Service Review” on page 19 for different methods to do this). If a report—expert or informal—on the Essential Service was prepared, have the expert or participant(s) responsible share the report. If a report was not prepared, ask participants to share examples of how the Essential Service is being addressed by their organizations and others within the local jurisdiction. (See pages 19–20 for an explanation of pre-assessment reports or onsite sharing as options of discussing Essential Service activity and preparing the participants for the assessment. The Assessment Coordinator/Planning Team will select which method will be used for the assessment. As sharing and discussion begins, poster 3 on page 81 is useful to remind participants about the purpose of the discussion: to share a collective picture of what is occurring across the jurisdiction related to the Essential Service and/or the related Model Standards. Other important discussion reminders include maintaining a focus on the Essential Service or Model Standard under discussion, focusing on the system as a whole rather than any one organization, providing specific and concrete examples to explain a viewpoint, sharing honest and accurate perceptions of performance, sharing strengths, weaknesses, and short- and long-term improvement opportunities.)

4. Process the group’s sharing about current Essential Service activity by asking the following reflective questions:
  - a. What were some of the key points that you heard that really stuck out or resonated with you?
  - b. Was the information consistent with your experience? If so, how? If not, what is different?
  - c. Where do you need further clarification?
  - d. **What else is occurring that has not been mentioned?** (most important question)
5. Review the first Model Standard within an Essential Service. Address any clarification questions and ask participants to describe how the LPHS contributes to the Model Standard. Round-robin sharing works well if time is limited for each participant to share his/her views. Ask probing questions as necessary to ensure that all parts of the Model Standard are discussed.

### Plan Essential Service Review

When planning a local Performance Standards assessment, your Assessment Coordinator/Planning Team will have decided on the best option for gathering accurate and comprehensive information regarding how the LPHS is fulfilling the activities related to each Essential Service to inform the group discussion and scoring of each Model Standard. Two of the options include gathering and preparing this information before the assessment meeting and two options are facilitated onsite during the assessment meeting. The options are described in detail on pages 19–20. Ask your Assessment Coordinator or a Planning Team member which option was selected.

### Review Model Standards Using Discussion Questions

Use the Discussion Questions outlined in the Local Instrument and the Facilitator Guide to more fully explore the Model Standard activities in the local jurisdiction. The Discussion Questions elicit specific detail that is vital for participants to consider when they score a Performance Measure. Be sure the group

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explores all questions. Discussion Questions are organized by important considerations including:

- **Awareness**  
Even if the work is occurring, do people know about it?
- **Involvement**  
Are public health services provided within the system in a coordinated and efficient manner?
- **Frequency**  
Is the service or activity completed routinely and according to best practice and timeline standards?
- **Quality and Comprehensiveness**
  - Is the service or activity provided based on evidence-based research? Are measurable process and outcome data available?
  - Is the service being provided in a comprehensive manner?
- **Usability**
  - Is the activity in the question completed across the local jurisdiction?
  - Is the activity dispersed among programs or organizations?
  - Are the results and information derived from public health assessment, research, evaluation, and other activities used to improve public health?

**NOTE:** Some Discussion Questions have suggested detail or lists in the Facilitator Guide to help facilitators more fully explore the questions with the participants.

**Facilitate Consensus Scoring**

The goal is to obtain group consensus on the score for each Performance Measure of a Model Standard. The discussion among participants, which you facilitate, is a critical part of achieving consensus. Once participants have reviewed and talked about the Discussion Questions and the other questions that you may present to them for consideration and discussion, ask participants to vote on the level at which the LPHS is performing each of the Performance Measures. In deciding and making their vote, encourage them to think about the following:

- The entire system and not specific organizations.
- Assign the score that best describes the current level of activity within the system shared during the discussion.
- Remember that the Performance Measures are all defined as optimal standards. Therefore, in order for a measure to be scored optimal, the LPHS would have provided comprehensive examples of high-quality work across all public health areas and throughout the entire local jurisdiction under any one Model Standard to look similar to, and function consistently with, the Model Standard.

Participants will be asked to vote by using their voting cards (or electronic voting/automated response technology) only. Scoring options are as follows:

<b>Optimal Activity</b> (76–100%)	Greater than 75% of the activity described within the question is met.
<b>Significant Activity</b> (51–75%)	Greater than 50% but no more than 75% of the activity described within the question is met.
<b>Moderate Activity</b> (26–50%)	Greater than 25% but no more than 50% of the activity described within the question is met.
<b>Minimal Activity</b> (1–25%)	Greater than zero but no more than 25% of the activity described within the question is met.
<b>No Activity</b> (0%)	0% or absolutely no activity.

As participants vote, it is often helpful to have participants define the percentage and ask recorders to capture that detail. This helps increase understanding of where participants fall in the scoring range. Refer participants to poster 4 if they need to review these options.

### Building Consensus on Performance Measure Scoring

Rarely do all participants completely agree on the scores for Performance Measures. Sometimes the differences will be due to participants being unclear on the process and voting based on their organization’s performance as opposed to the overall LPHS. However, most of the time, disagreements are purely based on different perceptions, experiences, and knowledge of the LPHS activities.

To better understand the issues, ask those at both ends of the spectrum what specifically informed their vote. An example would be, “Those who rated this at minimal performance, what informed your vote? Those who rated this at optimal performance, what specifically informed your vote? Those in the middle, what informed your vote?” This level of sharing helps to increase understanding of where participants are coming from with their scoring. Recorders should be encouraged to record the information shared in response to these questions. This discussion is intended to further inform the collective and consensus-based vote. Remember, it is key to have the group working on a particular Model Standard come to consensus on the current rating of how the LPHS is currently performing against the Model Standard.

There are many other useful questions to help the group come to consensus on a score for Performance Measures. Here are a few useful questions.

- Why do you think we have such a split on this particular Model Standard?
- Help me understand why some of you are so passionate about this?
- Are some of us voting our positions or do we genuinely see the system this differently?
- Could someone explain to us what experience has made you believe that we are failing in this area?
- For those of you who scored the activity low (or high), could you talk about why you scored it low (or high)?
- Why did those of you who scored the activity low not think the system should score higher? Why did those of you who scored the activity high not think the system deserved to score lower?

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- What would make the “no” person vote “moderate activity” or the “optimal” voter indicate “significant activity”?

Once new information has been shared, it often increases understanding and causes some rankings to change. Asking the following question is often a good next step:

- Given this new information, how do we think the system as a whole is functioning?

After group discussion, conduct a second vote to score a Performance Measure. Knowing that you may not have total unanimity, ask those who are not in total agreement with the group if they are comfortable moving forward knowing that their comments related to system strengths and weaknesses are captured by the recorder and will inform performance improvement. Ultimately, the final score does not matter as much as the quality of the notes to help understand the scores and the differences of opinions. This is why communication between the facilitator and recorder is key.

### Summarize Model Standard Strengths, Weaknesses, and Short- and Long-Term Improvement Opportunities

If these details have not already been covered in the group review of the Discussion Questions or scoring process, facilitate a discussion among participants to identify what they perceive as the strengths, weaknesses, and short- and long-term improvement opportunities related to the Model Standard. The details of this facilitated discussion should be captured by the recorder in the Discussion Notes section in the Local Instrument for each Model Standard.

Because the purpose of conducting the Performance Standards assessment is ultimately to improve LPHS performance, it is absolutely essential to capture this information to carry over into performance improvement activities planning that occurs at the end of the assessment.

### Summarize Essential Service Attributes, Opportunities, and Conclusions

Once you have completed facilitated discussion and recorded the strengths, weaknesses, and short and long-term improvement opportunities for each Model Standard, turn the group’s focus to the Essential Service as a whole. Facilitate discussion that explores the similarities and differences in the strengths, weaknesses, and short and long-term improvement opportunities recorded for each of the Model Standards within a single Essential Service. Record these reflections and conclusions in the space provided at the end of each Essential Service section for Summary Notes. If meeting in small workgroups, this information should be captured by the recorder and a participant volunteer should be prepared to share it on behalf of the group during a meeting of the larger group.

Because the purpose of conducting the performance standard assessment is ultimately performance improvement, it is absolutely essential to capture this information to carry over into performance improvement planning and action.

### Facilitate Completion of the Optional Supplemental Questionnaires

This is also a point at which participants may respond to the Priority of Model Standards (Priority) and Local Health Department Contribution (LHD Contribution) Questionnaires if they are being completed during the assessment meeting. Refer to the Assessment Coordinator/Planning Team to determine if the optional questionnaires will be used and how they will be used. More information on their use can be found on pages 20–24 of this guide and in the Facilitator Guide.

Depending on the method selected during planning, sites should complete the Priority and/or LHD Contribution questionnaires either at the time of the assessment or shortly thereafter. While

system partners should participate in responding to the Priority questionnaire, the LHD Contribution questionnaire may be completed by a group of local health department-only representatives. Like the Performance Standards assessment itself, discussions related to these questionnaires should be led by a facilitator and groups should strive for consensus in generating their responses to these questions. If the group completing the questionnaires did not participate in discussing and scoring LPHS performance of all Essential Services, it may be helpful to provide a brief summary of what services are being provided locally related to each Essential Service, as well as the various organizations contributing to them.

### Materials

Revisit the list of materials listed on page 16 to ensure that everything needed is available at the assessment meeting(s).

## Take Action

### Submit Data and Receive Assessment Report

The formal assessment process concludes by submitting the completed Local Instrument for tabulating the results. To submit the data from your completed Local Instrument and receive a comprehensive report, go to the Public Health Foundation’s Web site at: [www.phf.org/programs/NPHPS/Pages/Score\\_Sheet\\_and\\_Report\\_Request\\_Form.aspx](http://www.phf.org/programs/NPHPS/Pages/Score_Sheet_and_Report_Request_Form.aspx).

### Review and Interpret the Assessment Results

The NPHPS Local Assessment Report (the report) is designed to provide LPHS partners and local health departments with a snapshot of their collective performance relative to the Performance Standards and to progressively take action to improve the performance of the entire LPHS.

The Local Instrument is based on the Essential Services. A total of 30 Model Standards (two to four Model Standards per Essential Service) that describe key aspects of an optimally performing LPHS comprise the Local Instrument. Table 5 characterizes levels of activity for Essential Services and Model Standards; they are the response categories for each Performance Measure in the Local Instrument.

Once on the Public Health Foundation Web site, you will follow the directions to create a spreadsheet to submit the responses (scores) for all of the Performance Measures in a site’s completed Local Instrument. A scoring process then generates a score for each Model Standard, Essential Service, and one overall performance assessment score. In addition to the results of the assessment, the report also contains resources to help inform quality and performance improvement planning and action.

<b>Optimal Activity</b> (76–100%)	Greater than 75% of the activity described within the question is met.
<b>Significant Activity</b> (51–75%)	Greater than 50% but no more than 75% of the activity described within the question is met.
<b>Moderate Activity</b> (26–50%)	Greater than 25% but no more than 50% of the activity described within the question is met.
<b>Minimal Activity</b> (1–25%)	Greater than zero but no more than 25% of the activity described within the question is met.
<b>No Activity</b> (0%)	0% or absolutely no activity.

## Understanding Data Limitations

Assessment participants should understand what the performance scores represent and the potential data limitations. All performance scores are an average; Model Standard scores are an average of the Performance Measure scores within that Model Standard whereas Essential Service scores are an average of the Model Standard scores within that Essential Service. The overall performance assessment score is the average of the Essential Services scores. The responses to the Performance Measures within the Local Instrument are based upon processes that use input from diverse LPHS partners with different experiences and perspectives. The gathering of this input and consensus reached on a response for each measure are somewhat subjective. In addition, while certain processes to complete the Local Instrument and an assessment are recommended, processes differ among sites. Thus, these assessment processes are not fully standardized and the differences in how the Local Instrument is completed introduce an element of measurement error. Also, knowledge about the LPHS differs among assessment participants. This may lead to different interpretations for some questions, which introduces the potential for random non-sampling error.

Because of the limitations noted, the results and recommendations associated with the assessment report should be used for primarily quality improvement purposes. More specifically, results should be used to guide an overall infrastructure and performance improvement process for the entire LPHS. The performance data for any one site represent the collective performance of all organizational participants in the assessment and the LPHS performance against the Performance Standards. The data and results should not be interpreted to reflect the capacity or performance of any single agency, organization, or individual.

## Understanding the Report Results

The Local Assessment Report attempts to present results—through a variety of figures and tables—in a user-friendly and clear manner. Results are presented in a Microsoft Word document, which allows users to easily copy and paste or edit the report for their own purposes. For ease of use, many figures and tables use short titles to refer to Essential Services, Model Standards, and Discussion Questions. If in doubt of the meaning, please refer to the full text in the Local Instrument.

Sites may have chosen to complete one or both of the optional and supplemental questionnaires—the Priority of Model Standard Questionnaire and the Local Health Department Contribution Questionnaire. Results of these questionnaires are included as an additional report component for those sites that submitted completed versions of one or both of these questionnaires.

The results of the Performance Standards assessment should be provided to assessment participants and any other stakeholders in the LPHS not already involved in the assessment effort. Consider presenting the results in an open forum with the intended audience, including community members. It is also important to present the report findings in written format for those who cannot attend an in-person presentation. In presenting the results, it is helpful to consider the following:

- Acknowledge the contributions of those who planned and participated in the process, including all assessment participants.
- Consider a brief overview of how the assessment results are tabulated (e.g., a neutral party, using scores from the completed Local Instrument).
- Emphasize that every community has opportunities for improvement.
- Present positive results first and as potential building blocks for improvements in other Essential Services or Model Standards.
- Review the less favorable results with an emphasis on the improvement opportunity.

TAKE ACTION

- Mention that the Performance Standards assessment in and of itself was not the end. It is simply a means to an end to improve LPHS performance and ultimately the public’s health.
- Talk about next steps in the process to use the results of the assessment to make improvements.

**Use the Assessment Results**

The results of the assessment may be used by LPHS partners to identify priorities and translate data into action planning. You may find it helpful to use the simple acronym, “**FOCUS**,” as a way to help you to move from assessment and analysis to action.

<b>F</b>	<b>Find</b> an opportunity for improvement using your results.
<b>O</b>	<b>Organize</b> a team of LPHS partners to work on the improvement. Someone in the group should be identified as the team leader. Team members should represent the appropriate organizations that can make an impact.
<b>C</b>	<b>Consider</b> the current process, where simple improvements can be made, and who should take the improvements.
<b>U</b>	<b>Understand</b> the problem, how and why it is occurring, and the factors that contribute to it. Once you have identified priorities, finding solutions entails delving into possible reasons, or root causes, of the weakness or problem. Only when participants determine why performance problems (or successes) have occurred will they be able to identify workable solutions that will improve future performance. Most performance issues may be traced to well-defined system causes, such as policies, leadership, funding, incentives, information, personnel, or coordination. Many basic prioritization principles. Also, many quality improvement (QI) tools are applicable, such as brainstorming, 5 Whys, prioritization processes, or fishbone/cause and effect diagrams to better understand the problem (see Appendices P–S for more information on such processes, criteria, and relevant tools).
<b>S</b>	<b>Select</b> the improvement strategies to implement and formulate them into an action plan. Consider using a table or chart to summarize your action plan. One example of an action plan format can be found in Appendix N. Many resources are available to assist you in putting your plan on paper, but in general you’ll want to include the priority selected, the goal, the improvement activities to be conducted, who will carry them out, and the timeline for completing the improvement activities. When complete, your action plan should contain documentation on the indicators to be used, baseline performance levels and targets to be achieved, responsibilities for carrying out improvement activities, and the collection and analysis of data to monitor progress.

**Prioritize Action Areas**

This involves discussing the report results, putting the data into context, and then setting priorities. Barriers to priority-setting also may need to be addressed.

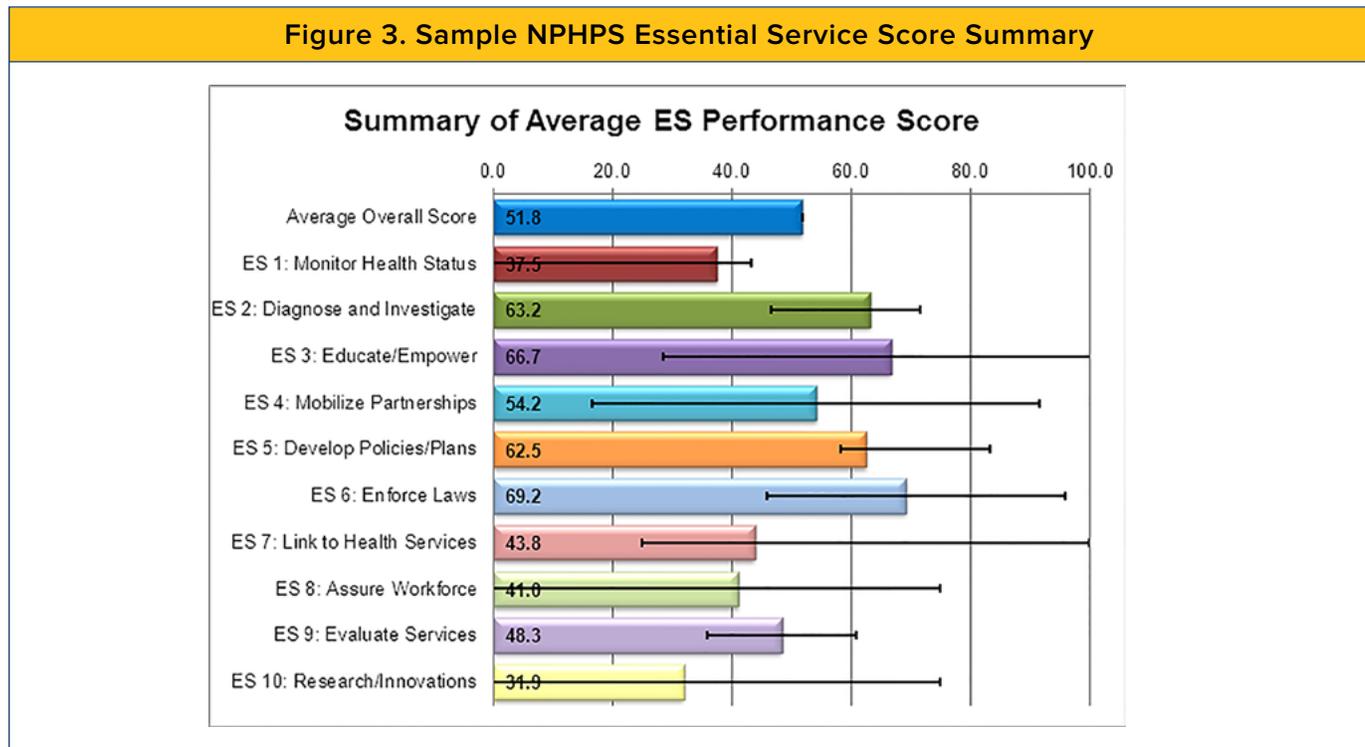
**Discuss the Results**

It is crucial that participants fully discuss the report of the assessment results. The bar graphs, charts, and summary information in the report should be helpful in identifying high and low performing areas.

Groups may find it easiest to begin by discussing results at the Essential Service level and sharing general reactions. The Essential Service bar chart below (Figure 3 shows an example of this type of chart) displays

results for all Essential Services at a glance, making it a useful tool to initiate discussion about high and low performing areas.

**Figure 3. Sample NPHPS Essential Service Score Summary**



Questions such as the following may help initiate discussion:

- Based on our Essential Service and Model Standards scores, in which areas do we have the highest performance? In which areas do we have the lowest?
- Overall, what is your response to the scores? How well do they match your perceptions and experiences of our LPHS? Are any surprising?

As participants become more familiar with the results, they may then examine scores in more detail beyond the Model Standard level. Many sites also look for common system issues (such as information technology or technical assistance) that affect scores in several Essential Services. Depending upon the structure of your improvement process, a detailed examination may be referred to a work group after identifying general priorities.

### Put the Data into Context

Because local public health “system performance” is sometimes abstract (even to the most seasoned health professionals!), participants may gain more meaning from the assessment results when they are discussed in the context of the following:

- Comments and ideas captured during the assessment.
- Pressing health needs and related issues affecting the jurisdiction.
- Priorities, strategic opportunities, and initiatives.

Questions such as those below may help participants connect Essential Service scores to concrete public

## TAKE ACTION

health concerns and prepare them for more detailed priority-setting discussions. For additional Discussion Questions and tips, refer to Appendix O.

1. Based on our scores, what public health issues are our LPHS best able to address?
2. What are the most important results that our LPHS must deliver for our community?
3. To achieve these results, in what areas must we excel?

Some sites have prepared reports or briefing sheets to present scores with contextual analysis and notes from the assessment discussions. The notes may include comments regarding strengths, weaknesses, short- and long-term improvement opportunities, including possible solutions, barriers, and new ideas or opportunities for system coordination and improvement.

Other sites have used a process such as Mobilizing for Action through Planning and Partnerships (MAPP) to put data into a community context. In the MAPP process, local users consider the Performance Standards assessment results in the context of three other assessments—community health status, community themes and strengths, and forces of change—before determining strategic issues, setting priorities, and developing action plans. (See Appendix D for more information.)

### Set Priorities

After participants have a good sense of the results in their local context, sites are ready to decide the priority areas for improvement. The report simply provides numeric scores for each Model Standard. It is up to the participants to decide what is most important to improve in their LPHS.

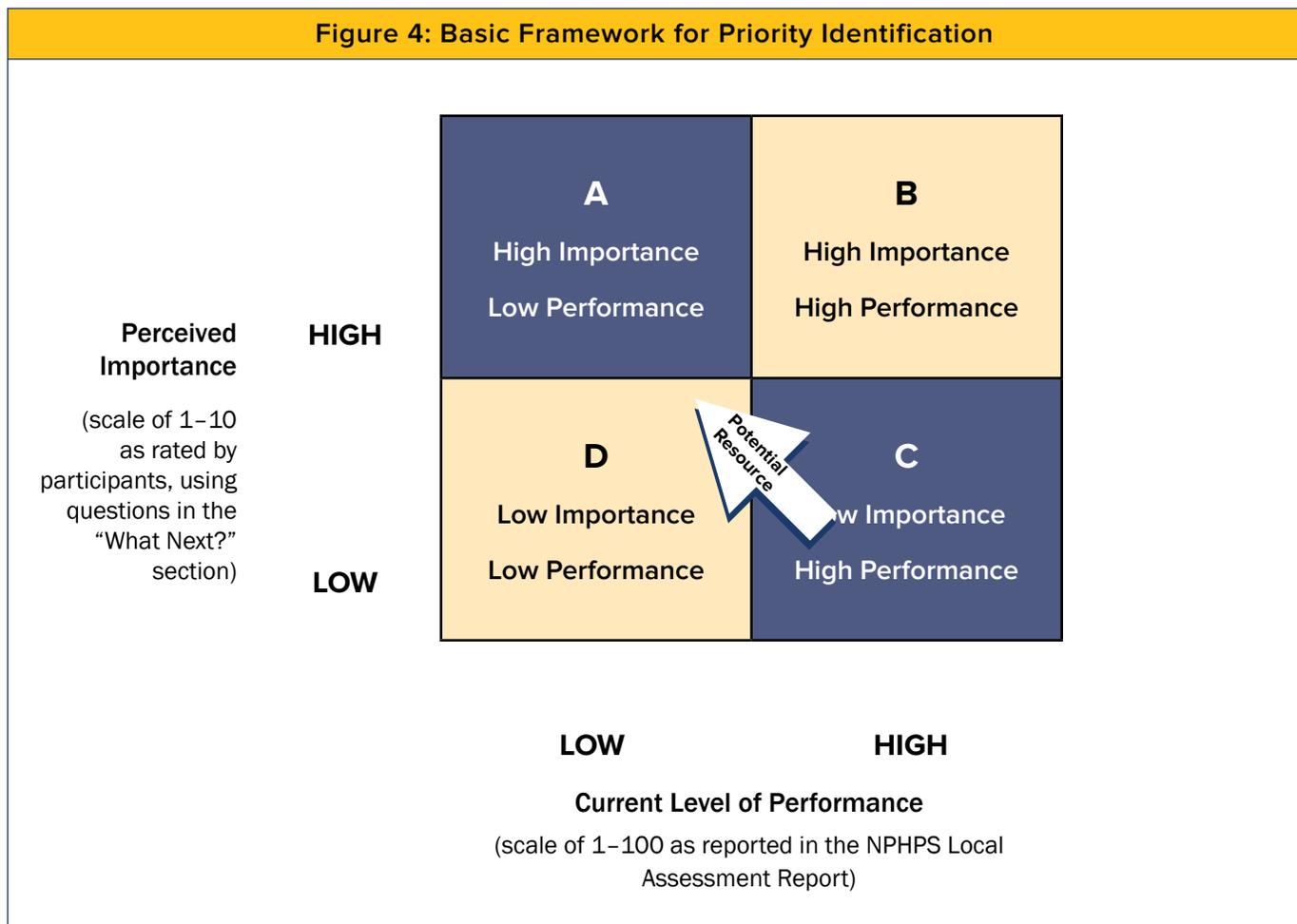
Sites may find that some Model Standards are high priorities for improvement, even if they score higher (better) than other areas. For example, a LPHS may receive a score of 56 percent on Plan for Public Health Emergencies and a score of 25 percent on Fostering Innovation. System partners may decide emergency response planning is a higher priority, even though it received a higher performance score.

Sites have used various priority setting methods to focus their improvement efforts. The Priority of Model Standard questionnaire (Appendix F) is a compelling and straightforward place to begin priority-setting discussions. Some sites will choose to complete this questionnaire. Those that do not may find the following options helpful in determining priorities after they have received their assessment results.

Before choosing a priority-setting method, sites will need to decide who should be involved in setting priorities. In general, when people are involved in setting priorities, they are more likely to support them and any action taken. However, participation in priority-setting may be a time commitment not all assessment participants can make. If this is the case, or the Assessment Coordinator/Planning Team decides to have a smaller group of participants work to set priorities, it is highly recommended that before any priorities are finalized that they are vetted with a broad group of stakeholders, including all assessment participants.

1. **Rate Priority and Performance**—Although this method has several variations, its purpose is to inform decisions by showing how each Essential Service or Model Standard ranks in order of priority and performance.
  - First, after seeing assessment results, rate the priority of areas (at the Essential Service or Model Standard level) on 1–10 scale. Ask “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).
  - As a second step, after each Essential Service or Model Standard is rated, display them in rank order and consider the appropriateness of the match between importance ratings and current performance scores. Final results may be displayed in a list or visually as shown in Appendix P.

- Finally, Essential Services or Model Standards may be assigned to one of four categories based on their high or low importance and performance. The goal of this method is to cluster them into groups that are useful for action plans. As shown in Figure 4, the four categories are as follows:
  - Box A: High importance/low performance—may need increased attention.
  - Box B: High importance/high performance—important to maintain efforts.
  - Box C: Low importance/high performance—potential areas to reduce efforts.
  - Box D: Low importance/low performance—may need little or no attention.



- 2. Use Discussion and Consensus**—The goal of this method is to reach agreement through discussion, rather than through a formal voting or rating process. The group may be guided to narrow potential priorities. Use the Basic Priority Identification worksheet in Appendix P as a guide.
- 3. Use a “Priority-Setting Matrix”**—In this technique, participants select priorities according to criteria set by the group—such as the impact of the problem on important health issues, availability of effective solutions, feasibility, leadership support, and resources (cost or time) to address. Ideas for criteria are shown in Appendix Q. Each Essential Service or Model Standard being considered is scored (0–5) for each criterion, using data or opinion as appropriate. The goal of this method is to ensure everyone agrees upon and applies certain criteria to decide priorities. A detailed description and example of a completed matrix are found in Appendix R.

TAKE ACTION

- This method may be used to decide Essential Services or Model Standards to refer to a sub-committee or improvement team. Later, improvement teams may also use it to decide the most important factors to address, or to choose among several potential solutions to try.
- This method is best used to compare a short list of options.
- Although participants may use individual score sheets, some groups may prefer to assign a score to each criterion through discussion.

**4. Address Common Priority-Setting Barriers**—Setting priorities for improvement is exciting, but also challenging for groups. Facilitators and participants should openly acknowledge and work to address barriers that may affect the group’s success in setting priorities. Barriers to watch out for include the following:

- Fears of “winners and losers.” If people fear that a change in priorities could cost them their jobs, funding, or status, they may focus their energy on guarding their own “turf.”
- Thinking the group can “do it all” and that there is no need to prioritize. If people feel guilty admitting that they cannot improve all areas at once, they will resist setting priorities.
- Difficulty focusing the attention of leaders on decisions to select priorities. Without leadership commitment, participants may fear that the group’s priorities will be overturned or go nowhere.
- Feeling overwhelmed with the amount of data and options that could be considered to set priorities. By trying to organize and consider too much information, staff or participants may make the “perfect” priority-setting process the enemy of one that is good and practical.
- Trouble envisioning priorities across a “system.” Despite many policy incentives and voluntary tools for system-wide change, it is often easier to set priorities within one organization than among many.

Priorities likely will have implications for personnel and resources. To achieve significant improvements in these areas, partners may need to shift resources from one area to another, change what people and organizations do within existing staff time and resources, cease activity in certain areas, or create new funding requests. As such, choose a priority-setting method that will be effective, fair, and supportable.

**Explore Root Causes of Performance**

Once assessment participants have prioritized which of the Essential Services or Model Standards need to be addressed, finding a solution entails delving into possible reasons, or “root causes,” of the weakness or problem. In this next step, “root causes analysis,” pause to identify how and why problems occur before jumping to quick conclusions and superficial causes.

Only when participants determine why performance problems (or successes) have occurred will they be able to identify workable solutions that improve future performance. Most performance issues may be traced to some well-defined system causes, such as policies, leadership, funding, incentives, information, personnel, or coordination.

Table 6 shows how two jurisdictions perform the same on an Essential Service, but for completely different reasons. As a result, the improvement actions planned for Jurisdiction A would not work for Jurisdiction B. To create desired results, actions must address the root causes specific to each system. Note that this example provides further explanation regarding the importance of accurate recorder notes to document the discussion that, in turn, helps explain the scores.

**Table 6. Two Jurisdictions: Same Score, but for Different Reasons**

<b>ESSENTIAL SERVICE 10 (Research for New Insights and Innovative Solutions to Health Problems)</b>		
	<b>Jurisdiction A</b>	<b>Jurisdiction B</b>
<b>Reasons for Low Score</b>	<ul style="list-style-type: none"> <li>No university or research institution within reasonable distance to jurisdiction.</li> <li>Lack of knowledge on how to create linkages with research institutions, despite interest from senior leadership and staff.</li> <li>Little or no funding in budget earmarked for research.</li> </ul>	<ul style="list-style-type: none"> <li>Leadership does not prioritize research with local universities.</li> <li>No incentives for organizations or personnel to identify innovations that will save money or get better outcomes.</li> <li>No feedback from management to recognize staff for researching innovative solutions.</li> </ul>
<b>Potential Improvement Actions</b>	<ul style="list-style-type: none"> <li>Identify at least one potential out-of-state research partner.</li> <li>Access sample academic-practice linkage agreements from the Council on Linkages.</li> <li>Try building research time (5%) into two large programs next year, plus seek in-kind student and faculty assistance.</li> </ul>	<ul style="list-style-type: none"> <li>Meet with leaders to discuss how research benefits local priorities.</li> <li>Provide internal recognition and grant incentives to identify ways to save money or get better outcomes.</li> <li>Prompt feedback on “contributions to finding innovative solutions to health problems” through employee review forms.</li> </ul>

To determine root causes of performance problems, a team will first generate and sort possible reasons and then try to check their assumptions to determine what affects performance the most. It is important to remember that people who were involved in the assessment may not be the best ones to analyze potential causes of specific problems. A good team includes people who are familiar with the problem and those whose participation or approval is needed to solve it.

A root cause analysis may be accomplished by asking a team to do the following:

1. Brainstorm all possible causes of the identified performance weakness or problem or list potential causes after reviewing data and comments collected during the assessment.
2. Organize causes into similar categories.

TAKE ACTION

Example: Why doesn't the state public health system effectively assist local jurisdictions with epidemiologic investigations?	
Possible Reasons	Category
State personnel shortages, limited expertise	People
Too many hurdles to request help, slow response, no process to detect when help may be needed	Methods
Local staff forget whom to contact, people don't know what technical assistance is available	Information

3. Chart causes and effects. Many root causes analysis tools represent ideas graphically, such as a tree with branches for major categories of causes. A visual format allows participants to diagram their ideas about potential causes and see which ones seem to influence many aspects of performance. A fishbone diagram is one such visual analysis tool that may be applied to a Model Standard. See Appendix S for a more detailed overview and example of a fishbone diagram.
4. Check out assumptions as needed to determine which causes account for most of the problem. It is important to recognize that lists and visual charts contain hypotheses, not necessarily the real causes of problems. Testing the most significant causes now may avoid wasting efforts and resources later. In the above example, staff might tally reasons for technical assistance delays for one month or ask local and state staff to rate the influence of each factor.

Use QI Tools to Assist the Process

The Plan-Do-Check-Act (PDCA) cycle, represented in Figure 5, provides a visual summary of ongoing performance improvement activities. Remember, *results*—not plans—are the intended products of the improvement process. Sites that focus on lengthy, published plans often find that momentum is lost and strategies are outdated by the time such plans are released. For the best results, keep action plans brief and flexible to allow for the PDCA cycle of short-term action, learning, and fine-tuning.

Figure 5. Plan-Do-Check-Act (PDCA) Cycle\*



**Plan**—Plan changes aimed at improvement, matched to root causes; identify measures of improvement.

**Do**—Carry out changes; try first on a small scale.

**Check**—See if you get desired results.

**Act**—Make changes based on what you learned; spread success or try again.

\*Also called Plan-Do-Study-Act (PDSA), Deming, or Shewhart cycles.

## Develop an Action Plan

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In keeping with the purpose of the Performance Standards and having completed your assessment and analysis, the next step is establishing an action plan. A primary goal of the Performance Standards is that information is used proactively to monitor, assess, and improve the quality of the Essential Services.

Performance Standards data may be used to inform various organization and/or systems planning and improvement processes. Typically, it is critical to incorporate the key findings and analyses from the assessment, including the main strengths, weaknesses and short- and long-term improvement opportunities identified through the Discussion Questions included in this document (Appendix O).

If you are following an established planning framework such as MAPP, now is the time to refer to that framework for guidance on incorporating your assessment results and analysis into your improvement process (see Appendix D for specific links to MAPP). Otherwise, you may follow the guidance provided in the remainder of this section, along with the resources offered in Appendix N, to develop specific goals for improvement within your public health system and move from assessment and analysis toward action.

In any systems improvement and planning process, it is important to involve all LPHS partners in determining ways to improve the quality of Essential Services provided by the system. All partners in a LPHS are responsible for participating in the improvement and planning activities included in your action plan.

Consider the following as you build an action plan using the priorities you have selected:

- Each LPHS partner is an important contributor to quality in your system.
- The success of your improvement activities depends on the active participation and contribution of each and every member of the system.
- An integral part of performance improvement is to work continuously to improve the quality of Essential Services delivered by the system.
- A multi-disciplinary approach, using ongoing measurement, is key to accomplishing and sustaining improvements.

Establishing an action plan for improvement means not only establishing baseline assessment data to measure your performance, but implementing improvement activities that enable you to monitor your progress over time. It means using multi-disciplinary problem-solving and a systematic approach to improve the services delivered across the public health system.

Now that you have analyzed the data that represent the performance of your LPHS, developing an action plan is a way in which you can develop specific projects and activities to improve system performance. The activities you identify can be conducted over any period that you define, and your plan can be changed at any time as you continue to monitor and evaluate your efforts.

Remember, for each priority you have selected you want to answer:

- What are we trying to accomplish?
- What change can we make that will result in improvement?
- How will we measure the improvement?
- By when will we see improvement results?

## TAKE ACTION

Consider the following objectives of an action plan for the priorities you have established for your LPHS. An Action Plan:

- Provides a framework for continuously monitoring and improving the quality of Essential Public Health Services.
- Collects performance data consistently and systematically.
- Provides for regular analysis of data among LPHS partners.
- Improves responsiveness of and relationships within the system.
- Facilitates the redesign of key processes to achieve optimal performance.

An action plan template can be found in Appendix N.

### **Engage Partners, Staff, and Leadership for Performance Improvement Efforts**

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Careful consideration should be given to structures that will engage and sustain momentum among assessment participants, while allowing others to contribute to improvement efforts. Assessment participants typically are excited about hearing the results and determining next steps. Although many participants want to continue their involvement, some prefer those with more expertise, time, or specific job duties to take on improvement efforts. The process should anticipate new partners becoming involved, as well as member attrition and staff turnover.

#### **Create a Structure for Success**

Every performance improvement process needs structure, whether it uses an existing advisory committee, an informal professional network, or a mix of methods. Whatever its form, a successful process should do the following:

- Enable participation needed to achieve desired results.
- Match the desired scope and vision of performance improvement.
- Build on existing structures, interests, and capacities.
- Be manageable within the time, resources, and staffing available.

Options for how to structure improvement activities include one or more the following:

- Incorporate performance improvement into a broader planning process, such as MAPP or a similar health improvement process, a governor’s health task force, or a local board of health strategic planning committee.
- Identify or form a high-level steering committee to oversee the use of the Performance Standards, measures, a quality improvement process, and reporting of progress as part of a larger “performance management system” (see Figure 6). Assign subcommittees or improvement teams with subject matter experts and front line staff to delve deeper into specific Essential Services or assigned areas, test improvements, and report system progress to the steering committee.
- Create or refer participants to quality improvement collaboratives (sometimes organized as “learning communities” or “improvement networks”) to learn about effective practices, spread innovations, and voluntarily benchmark with sites that share common improvement goals.
- For jurisdictions using all three NPHPS Assessment instruments, set up a special statewide

coordinating committee to analyze priorities among governance, local, and state users and align improvements for maximum effect.

Figure 6. Public Health Performance Management System



### Disseminate Results and Regularly Monitor/Report Progress

Regular reporting of progress is an essential part of the improvement process. A regular reporting cycle promotes accountability for results; helps to sustain momentum; and enables decision-making around improvement efforts, resources, and policies. The key to reporting is to provide the right people with the right information at the right time.

Potential target audiences for regular communications about public health system performance and the improvement process include the following:

- Performance Standards Steering Committee or MAPP Committee.
- Assessment participants.
- Improvement workgroups or networks.
- Local or state health officials.
- Boards of health.
- Legislators.
- Media.
- General public.
- Funders.
- LPHS partners.
- Other stakeholders.

### TAKE ACTION

Keep in mind, not everyone needs the same type of information or the same level of detail. To match recipients' responsibilities and interests, sites might choose to report progress in two or more convenient formats. For example:

- A one-page “**scorecard**” of LPHS Performance Measures with a brief analysis of progress and priorities for future action might be suitable for legislators, boards of health, funders, and the media. Between full Performance Standards assessments every three to five years, sites may wish to use a small set (5–10) of quantitative measures to monitor important aspects of system performance. The following are some examples of such measures:
  - Disease investigations completed in two weeks.
  - Health workers annually trained in priority areas.
  - Publicly funded health initiatives that report evaluation outcomes.
  - Laboratory response time to diagnose suspicious agents.
  - An annually updated community health profile.
  - Emergency readiness Performance Measures that have data available.
- A **high-level update** on performance improvement plans and workgroup measures might be appropriate for the Performance Standards Steering Committee, health officials, assessment participants, and organizational partners.
- A **detailed update** may be useful to workgroup participants, who need to track information as part of the “Plan-Do-Check-Act” cycle described previously. Workgroup participants may be responsible for communicating their own progress on tasks and Performance Measures in meetings or in an online work space. As another approach, Colorado uses a quarterly newsletter to report progress and share innovations among participants in its statewide improvement networks (called “learning communities”).

### Evaluate Assessment Process

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In keeping with performance improvement values, it is key to ensure that you evaluate the assessment process to identify successes, challenges, and other issues that may affect the current performance improvement efforts or future assessments. Seek to evaluate the process from a variety of perspectives, including from assessment participants, planners, and leaders. Asking participants to complete a post-assessment meeting(s) evaluation is highly recommended. Example evaluation surveys and example questions that can be tailored to your needs can be found at [www.naccho.org/performancestandards](http://www.naccho.org/performancestandards). An evaluation survey or the way it is administered may need to be tailored based upon the assessment process format used (e.g., retreat versus series of meetings).

Present the findings of the survey to all planners and potentially leaders to identify areas for improvement and those successful aspects that could serve as a foundation for other efforts.



## Closing

Completing a Performance Standards assessment is not a quick or easy process. However, the benefits of doing so are plentiful. The assessment, on its own, is not the end goal, but the means to an end; the assessment is aimed at improving LPHS performance and ultimately the public's health. The assessment process involves the entire LPHS and many sites completing an assessment report multiple benefits to this aspect alone. Although there is no one way that an assessment must be completed, we hope that the Local Instrument, Facilitator Guide, and this Implementation Guide will help communities across the nation successfully plan and conduct an assessment and apply these findings to improvement planning activities to ultimately result in measurable improvements to the public's health.

NACCHO and its partners are interested in hearing about your assessment process. Submit specific successes and challenges you had in completing your Performance Standards assessment and using the Local Instrument to [performancestandards@naccho.org](mailto:performancestandards@naccho.org).

## APPENDIX A—PUBLIC HEALTH IN AMERICA STATEMENT

### Public Health in America

**Vision:** Healthy People in Healthy Communities

**Mission:** Promote Physical and Mental Health and Prevent Disease, Injury, and Disability

**Public Health:**

- Prevents epidemics and the spread of disease.
- Protects against environmental hazards.
- Prevents injuries.
- Promotes and encourages healthy behaviors.
- Responds to disasters and assists communities in recovery.
- Ensures the quality and accessibility of health services.

#### 10 Essential Public Health Services:

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable.
8. Assure a competent public health and personal healthcare workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

#### **Adopted: Fall 1994. Source: Public Health Functions Steering Committee Members (July 1995):**

American Public Health Association, Association of Schools of Public Health, Association of State and Territorial Health Officials, Environmental Council of the States, National Association of County and City Health Officials, National Association of State Alcohol and Drug Abuse Directors, National Association of State Mental Health Program Directors, Public Health Foundation, U.S. Public Health Service—Agency for Health Care Policy and Research, Centers for Disease Control and Prevention, Food and Drug Administration, Health Resources and Services Administration, Indian Health Services, National Institutes of Health, Office of the Assistant Secretary for Health, Substance Abuse and Mental Health Services Administration.

## APPENDIX B—BACKGROUND INFORMATION AND HISTORY OF NPHPS



The nation’s public health infrastructure is like a jigsaw puzzle: it is composed of many pieces that represent the national, state, and LPHS throughout the nation. To ensure a strong public health infrastructure, we must work to strengthen each of those puzzle pieces, one by one, and to pull them together into a cohesive and coordinated public health system.

The National Public Health Performance Standards (NPHPS) provides instruments or tools to help users answer questions such as, “What are the components, activities, competencies, and capacities of our public health system?” and “How well are the 10 Essential Services being provided in our system?” The dialogue that occurs in answering these questions helps identify strengths, weaknesses, opportunities, and priorities within the system or governing entity. This information may then be used to improve and better coordinate public health activities at state and local levels. In addition, the results gathered provide an understanding of how state and LPHS and governing entities are performing. This information helps local, state, and national policymakers make better and more effective policy and resource decisions to improve the nation’s public health as a whole.

The NPHPS is intended to improve the quality of public health practice and the performance of public health systems in the following ways:

- Providing Performance Standards for public health systems and encouraging their widespread use.
- Engaging and leveraging national, state, and local partnerships to build a stronger foundation for public health preparedness.
- Promoting continuous quality improvement of public health systems.
- Strengthening the science base for public health practice improvement.

The NPHPS is a collaborative effort of seven national partners:

1. Centers for Disease Control and Prevention (CDC);
2. American Public Health Association (APHA);
3. Association of State and Territorial Health Officials (ASTHO);
4. National Association of County and City Health Officials (NACCHO);
5. National Association of Local Boards of Health (NALBOH);
6. National Network of Public Health Institutes (NNPHI); and
7. Public Health Foundation (PHF).

The NPHPS includes three instruments that were originally developed between 1997–2001, updated in 2005–2007 as version 2.0, and updated again in 2011 as version 3.0, under the leadership of CDC and its partner organizations. Through working groups and field test activities, hundreds of representatives from these organizations were involved in developing, reviewing, testing, and refining these instruments. Their feedback has helped to ensure that the NPHPS instruments are practice-oriented and user-friendly.

## APPENDIX B—BACKGROUND INFORMATION AND HISTORY OF NPHPS

The three instruments are the following:

- **The State Public Health System Performance Assessment Instrument (State Instrument)** focuses on the state public health system and includes state public health agencies and other partners that contribute to delivering public health services at the state level. The State Instrument was developed and updated under the leadership of ASTHO and CDC.
- **The LPHS Performance Assessment Instrument (Local Instrument)** focuses on the LPHS or all entities that contribute to the delivery of public health services within a local area. This system includes all public, private, and voluntary entities, as well as individuals and informal associations. The Local Instrument was developed and updated under the leadership of NACCHO and CDC.
- **The Local Public Health Governance Performance Assessment Instrument (Governance Instrument)** focuses on the governing body ultimately accountable for public health at the local level. Such governing bodies may include boards of health or county commissioners. The Governance Instrument was developed and updated under the leadership of NALBOH and CDC.

## APPENDIX C—ASSESSMENT PARTICIPANTS

### Participants

The list below illustrates the range of possible organizations or individuals that may participate in the assessment. Local coalitions can be useful in gaining representation from a large number of entities (e.g., hospitals, chambers of commerce). Convening a broad-based group will result in a more valuable process and a more accurate depiction of LPHS performance.

#### Possible Local Public Health Performance Standards Assessment Participants

- 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.
- State health department.
- Community-based organizations.
- Epidemiologists.
- Emergency preparedness teams.
- Social service providers.
- Civic organizations.
- Local businesses and employers.
- Neighborhood organizations.
- Faith institutions.
- Transportation providers.
- Environmental health data experts.
- Local chapter of national health-related group (e.g., March of Dimes).
- Non-profit organizations.
- Advocacy groups.
- Local elected officials who impact policy and fiscal decisions.
- Other governmental entities (e.g., state agencies, other local agencies with local activity or interest).
- Community members (i.e., the general public).

## APPENDIX D—NPHPS AND MAPP

The Local Instrument is linked to a community-wide strategic planning process for health improvement called *Mobilizing for Action through Planning and Partnerships* (MAPP, see Figure A-1). MAPP, released in 2001 by NACCHO and CDC, guides system partners and community members through a community health assessment and improvement planning process.

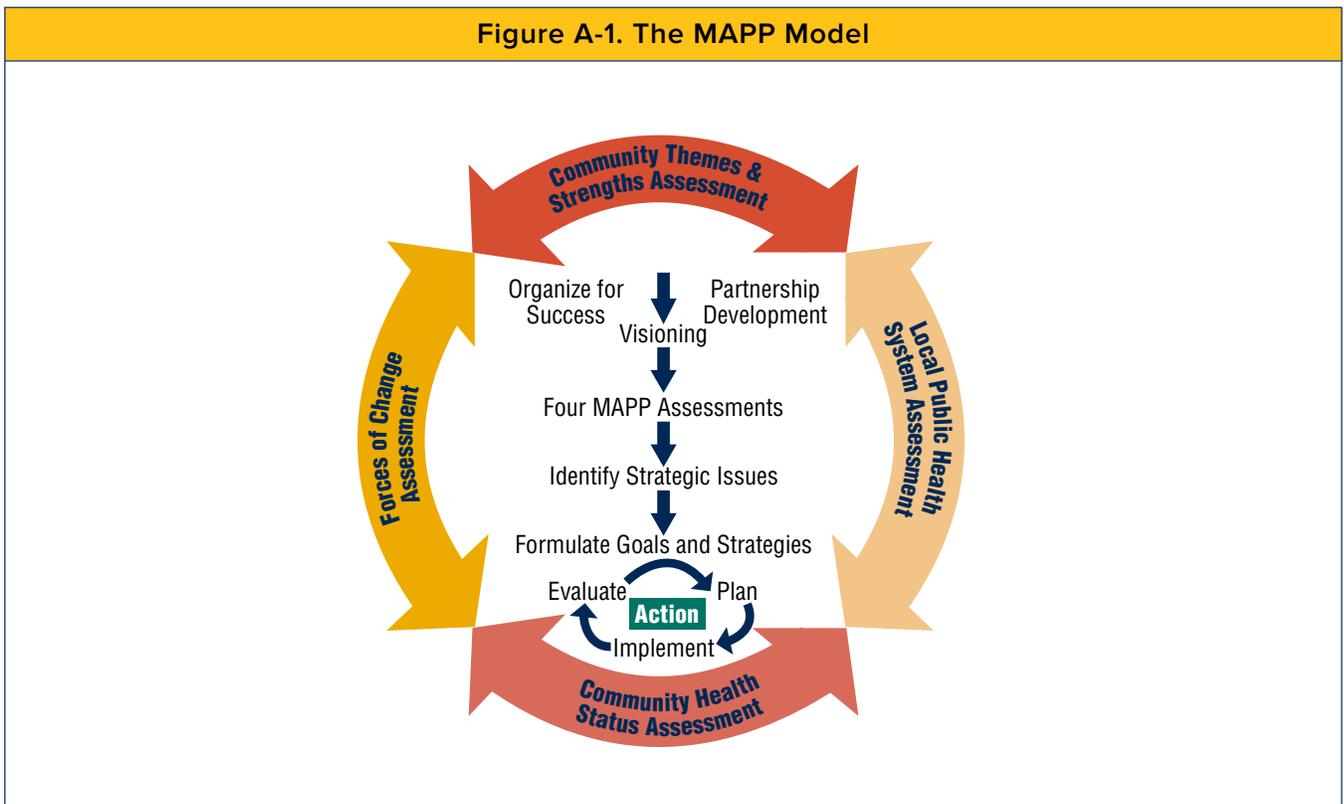
MAPP helps communities prioritize their public health issues, identify resources for addressing them, and implement strategies relevant to their unique community contexts. MAPP will help communities use broad-based partnerships, performance improvement principles and processes, and strategic planning values and processes in public health practice.

MAPP includes a set of four assessments:

1. **Community Themes and Strengths Assessment**—Identifies issues that interest the community, perceptions about quality of life, and community strengths and assets.
2. **Forces of Change Assessment**—Identifies forces that are or will be affecting the community or the LPHS, such as changes in legislation, funding shifts, or recent natural disasters.
3. **Community Health Status Assessment**—Assesses data about health status, quality of life, and risk factors in the community.
4. **LPHS Assessment**—Measures the capacity and performance of the LPHS—all organizations and entities that contribute to the public’s health. The tool used within this assessment is the NPHPS Local Instrument.

For more information on MAPP, go to: [www.naccho.org/mapp](http://www.naccho.org/mapp).

Figure A-1. The MAPP Model



## APPENDIX E—LOCAL INSTRUMENT FORMAT

The **10 Essential Services** provide the framework for the Local Instrument, so there are 10 sections or “chapters”—one for each Essential Service. Each Essential Service includes two to four **Model Standards**; each Model Standard is followed by a series of **Performance Measures (questions)**, which are accompanied by more detailed **Discussion Questions**.

### Essential Service

In the Local Instrument, each **Essential Service** begins by listing the core question(s) that help describe what the local public health system (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 serves as a checklist during the assessment to determine which partners are involved in the activity at the local level. See the example for Essential Service 1, below.

### Essential Service Example

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 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.

## APPENDIX E—LOCAL INSTRUMENT FORMAT

- 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 Example— Population-Based Community Health Assessment

The LPHS develops 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 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 in a continuous and ongoing fashion according to the needs of the community.

With a CHA, a community receives an in-depth picture or understanding of the health of the community. From the CHA, the community can identify the most at-risk populations and related health inequities, prioritize health issues, identify best practices to address health issues, put 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 do the following:

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

## Discussion Questions

Each Model Standard is followed by a series of **Discussion Questions** that serve to guide a robust and comprehensive discussion regarding the LPHS partner work regarding the Model Standards. The Discussion Questions are intended to provide specificity about desired performance and an opportunity to fully discuss the local system practice related to the desired performance *before* scoring the **Performance Measures**. All Discussion Questions are grouped by common **voting considerations**, which are described in the next section.

### Discussion Questions Example

#### Awareness

- (a) Was everyone aware of the assessment?
- (b) Does everyone have access to the CHA?

#### Involvement

- (a) How many of you have participated in the assessment?

#### Frequency

- (a) How often is the CHA completed?
- (b) How often do updates to the CHA occur?

#### Quality and Comprehensiveness

- (a) Which data sets are included in the CHA?
- (b) How is the CHA used to monitor progress toward:
  - Local health priorities?
  - State health priorities?
  - *Healthy People 2020* national objectives?
- (c) How well does the CHA examine data over time to track trends?
- (d) How are the data helping identify health inequities?

#### Usability

- (a) How accessible to the general public are the CHA results?
- (b) How is the community health assessment distributed to the community?
- (c) How is the CHA used to inform health policy and planning decisions?

## Performance Measures

After the participants have engaged in a robust discussion regarding the specific questions associated with the Model Standard description, they should be prepared to determine the level at which the LPHS meets the **Performance Measures**. Each Model Standard lists two to five Performance Measures that are to be scored by consensus of all participants. See the example from Model Standard 1.1 below.

### Performance Measures Example

At what level does the LPHS...

#### 1.1.1 Conduct regular CHAs?

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

#### 1.1.2 Update the CHA with current information continuously?

No Activity	Minimal	Moderate	Significant	Optimal
<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"/>				

## Discussion Notes

Immediately following the Discussion Questions and the Performance Measures for a Model Standard, there is space for note-taking. This space is an area in which participants can capture general notes about a service they may not have been aware of or record contact information shared, etc., specific to that Model Standard. As part of this section, there is a matrix for capturing the key strengths, weaknesses, and short- and long-term improvement opportunities for a particular Model Standard. Participants are encouraged to note the following items for each Model Standard in this matrix.

- **Strengths**—What specific components or activities did the LPHS partners identify that are being done really well as described in the Model Standard?
- **Weaknesses**—What specific components or activities did the LPHS partners identify as not meeting the description in the Model Standard particularly related to awareness, involvement frequency, quality, comprehensiveness, and usability?
- **Short-Term Improvement Opportunities**—What did the LPHS partners identify as something that could be improved relatively quickly with little effort and resources? Were there any new partnerships identified within the community to enhance the public’s health? What issues were identified that the system could act on right away?
- **Long-Term Improvement Opportunities**—What did the LPHS partners identify as something that would take more time to address? To improve the level at which the LPHS performs a Model Standard, including the activities described in the Model Standard, what long-term issues need to be addressed and by whom?

### Model Standard 1.1 Example—Develop a Population-Based CHA

Discussion Notes for Model Standard 1.1			
Strengths	Weaknesses	Short-Term Improvement Opportunities	Long-Term Improvement Opportunities

Participants will likely identify specific strengths, weaknesses, and short- and long-term improvement opportunities and partnerships for their own organization and the LPHS as a whole. This information can be used for quality planning and quality improvement within individual organizations and for the overall LPHS. The full Local Assessment Report (i.e., Local Instrument results) will also help inform the LPHS quality improvement activities.

## Summary Notes

At the end of each Essential Service section, there is a space to record any summary 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 summary, the following elements comprise each section (chapter) in the Facilitator Guide and Local Instrument:

- **Essential Service**—includes bulleted list of activities and common LPHS partners engaged in these activities.
- **Model Standard**—represents the major components, activities, or practice areas of the Essential Service.
- **Discussion Questions**—guides a robust discussion and describes optimal standards of performance related to the Model Standard. Discussion Questions allow system partners to thoroughly explore the system's performance related to the Model Standard.
- **LPHS Performance Measures**—these are the assessment questions, or measures of performance, related to the Model Standard to which participants respond to come to consensus on a score. The responses to these measures are, through consensus, the level at which LPHS partners believe that the system currently performs.
- **Discussion Notes**—provides notes section for participants to capture important factors from the discussion regarding strengths, weaknesses, and short- and long-term improvement opportunities for each Model Standard in an Essential Service.
- **Summary Notes**—provides a section for participants to note any factors or new insights related to the strengths, weaknesses, and short- and long-term improvement opportunities for all Model Standards in a particular Essential Service. Similarities or differences between the strengths, weaknesses, and improvement opportunities may be noted here to help plan for action.

## APPENDIX F—LOCAL SUPPLEMENTAL QUESTIONNAIRE: PRIORITY OF MODEL STANDARDS

### Overview

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

### 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. The following questions may be helpful for participants in using this questionnaire. Example A: “On a scale of 1 to 10, what is the priority of this Model Standard to our LPHS?” 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 as the Local Instrument 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 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 (CHA)	
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	

APPENDIX F—LOCAL SUPPLEMENTAL QUESTIONNAIRE: PRIORITY OF MODEL STANDARDS

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 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 statewide 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	Planning 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	

## APPENDIX F—LOCAL SUPPLEMENTAL QUESTIONNAIRE: PRIORITY OF MODEL STANDARDS

<b>Essential Service #7—Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable</b>		<b>Response</b>
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	

<b>Essential Service #8—Assure a competent public health and personal healthcare workforce</b>		<b>Response</b>
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	

<b>Essential Service #9—Evaluate effectiveness, accessibility, and quality of personal and population-based health services</b>		<b>Response</b>
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 LPHS	

<b>Essential Service #10—Research for new insights and innovative solutions to health problems</b>		<b>Response</b>
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	

## APPENDIX G—LOCAL SUPPLEMENTAL QUESTIONNAIRE: LOCAL HEALTH DEPARTMENT CONTRIBUTION

### Overview

This optional questionnaire is made available so that sites may consider the contribution that the local health department (i.e., local public health agency) makes to each Model Standard. This information may serve to catalyze or strengthen the performance improvement activities resulting from an assessment of the Performance Standards.

### Instructions

Using a similar scale used to assess the Model Standards in the 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 as the Local Instrument 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 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 (CHA)	
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	

## APPENDIX G—LOCAL SUPPLEMENTAL QUESTIONNAIRE: LOCAL HEALTH DEPARTMENT CONTRIBUTION

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

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

<b>Essential Service #5—Develop policies and plans that support individual and statewide health efforts</b>		<b>Response</b>
<b>How much of each Model Standard is achieved through the direct contribution of the local health department?</b>		
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	

<b>Essential Service #6—Enforce laws and regulations that protect health and ensure safety</b>		<b>Response</b>
<b>How much of each Model Standard is achieved through the direct contribution of the local health department?</b>		
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	

APPENDIX G—LOCAL SUPPLEMENTAL QUESTIONNAIRE: LOCAL HEALTH DEPARTMENT CONTRIBUTION

<b>Essential Service #7—Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable</b>		<b>Response</b>
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	

<b>Essential Service #8—Assure a competent public health and personal healthcare workforce</b>		<b>Response</b>
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	

<b>Essential Service #9—Evaluate effectiveness, accessibility, and quality of personal and population-based health services</b>		<b>Response</b>
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 LPHS	

<b>Essential Service #10—Research for new insights and innovative solutions to health problems</b>		<b>Response</b>
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	

## APPENDIX H—VOTING CARDS

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### **Optimal Activity (76–100%)**

Greater than 75% of the activity described within the question is met.

### **Optimal Activity (76–100%)**

Greater than 75% of the activity described within the question is met.

### **Optimal Activity (76–100%)**

Greater than 75% of the activity described within the question is met.

**Significant Activity (51–75%)**

Greater than 50% but no more than 75% of the activity described within the question is met.

**Significant Activity (51–75%)**

Greater than 50% but no more than 75% of the activity described within the question is met.

**Significant Activity (51–75%)**

Greater than 50% but no more than 75% of the activity described within the question is met.

**Moderate Activity (26–50%)**

Greater than 25% but no more than 50% of the activity described within the question is met.

**Moderate Activity (26–50%)**

Greater than 25% but no more than 50% of the activity described within the question is met.

**Moderate Activity (26–50%)**

Greater than 25% but no more than 50% of the activity described within the question is met.

**Minimal Activity (1–25%)**

Greater than zero but no more than 25% of the activity described within the question is met.

**Minimal Activity (1–25%)**

Greater than zero but no more than 25% of the activity described within the question is met.

**Minimal Activity (1–25%)**

Greater than zero but no more than 25% of the activity described within the question is met.

**No Activity (0%)**

0% or absolutely no activity.

**No Activity (0%)**

0% or absolutely no activity.

**No Activity (0%)**

0% or absolutely no activity.

**Further Discussion Needed**

**Further Discussion Needed**

**Further Discussion Needed**

## APPENDIX I—

# 10 ESSENTIAL PUBLIC HEALTH SERVICES HANDOUT

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The Essential Services framework was developed in 1994 as a method for better identifying and describing the core processes used in public health to promote health and prevent disease. All public health responsibilities (whether conducted by the local health department or another organization within the community) can be categorized into one of the Essential Services.

The Essential Services were selected due to the following factors:

- Broad awareness among the public health community.
- Proven usefulness in other public health infrastructure initiatives, such as *Healthy People 2010* and the NPHPS.
- Relationship of Essential Services to previous public health frameworks, such as the three core public health functions and the 10 organizational practices.

## The 10 Essential Public Health Services

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable.
8. Assure a competent public health and personal healthcare workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

The Essential Services are articulated and described in the Model Standards found throughout the State, Local, and Governance Instruments.

## APPENDIX J—MEETING POSTERS

### Poster 1: Ground Rules

- Stay Present (phones on silent/vibrate, limit side conversations).
- Speak One at a Time.
- Be Open to New Ideas.
- Step Up/Step Back (to make sure all participate).
- Avoid Repeating Previous Remarks.
- Allow Facilitator to Move Conversation Along.
- Welcome All Perspectives.
- Use Voting Cards to Vote (everyone votes at same time).
- Raise Hand to Request Additional Discussion Before Voting.
- Prepare to Provide Examples and Explanation to Inform Group and Increase Understanding of Your Rating.

### Poster 2: Meeting Agenda

- Introductions.
- Ground Rules Review.
- Process and Material Overview.
- Essential Service and Activities Review.
- Essential Service Activities in the Local Jurisdiction Report.
- Participant Reflection and Input.
- Repeat for Each Model Standard
  - Reading Model Standard.
  - Discussing Model Standard (i.e., examples).
  - Facilitating Discussion Questions.
  - Scoring Performance Measures.
  - Further Discussing as Needed/Re-Vote if Necessary.
  - Gathering Consensus on Final Score.
- Summarize Overall Group Discussion on Each Model Standard or Summary of Essential Service for Report-Out.

#### Repeat for Each Model Standard

- Reading Model Standard.
- Discussing Model Standard (i.e., examples).
- Facilitating Discussion Questions.
- Scoring Performance Measures.
- Further Discussing as Needed/Re-Vote if Necessary.
- Gathering Consensus on Final Score.

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

## Poster 3: Discussion Principles

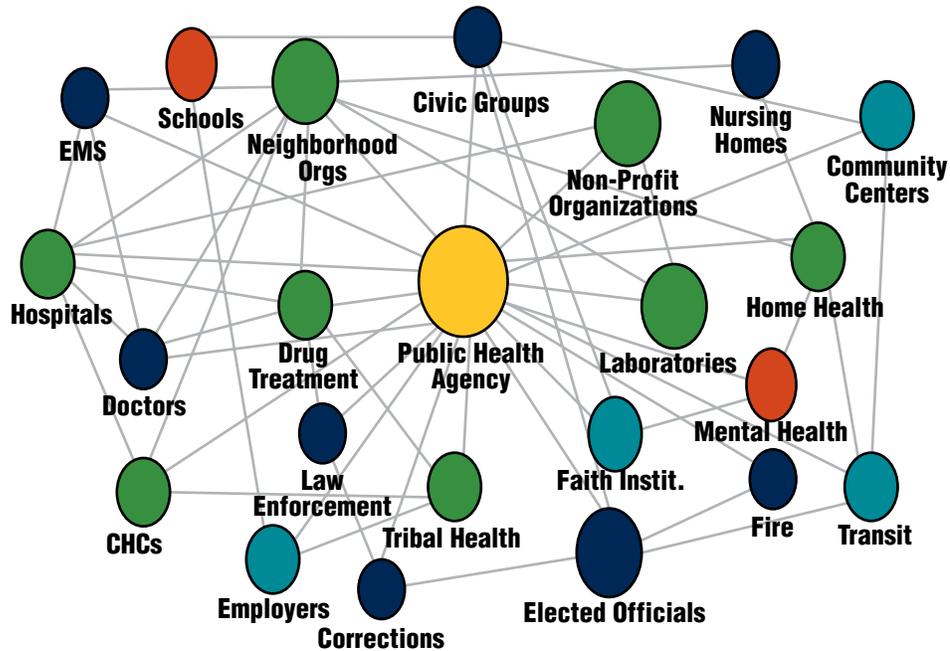
What is the collective picture of how we are doing across the jurisdiction related to this Essential Service?

- Consider Responses to Discussion Questions.
- Keep focus on Model Standard.
- Stay Focused on System as a Whole, but Share Specific Examples.
- Purpose Is to Get Honest and Accurate Perception of System Performance for Quality Improvement.
- Share Concrete Examples.
- Share Strengths.
- Share Weaknesses.
- Suggest Recommendations for Short- and Long-Term Improvement Opportunities.

## Poster 4: Scoring

<b>Optimal Activity</b> (76–100%)	Greater than 75% of the activity described within the question is met.
<b>Significant Activity</b> (51–75%)	Greater than 50% but no more than 75% of the activity described within the question is met.
<b>Moderate Activity</b> (26–50%)	Greater than 25% but no more than 50% of the activity described within the question is met.
<b>Minimal Activity</b> (1–25%)	Greater than zero but no more than 25% of the activity described within the question is met.
<b>No Activity</b> (0%)	0% or absolutely no activity.

## Poster 5: Public Health System Diagram (Jelly Bean Diagram)



## Poster 6: Summary Report

(optional—only needed if there is a large group report-out following the meeting)

Identify a volunteer to give a two- to three-minute report at the conclusion of meeting(s) to complete the Local Instrument on the discussion for each of the Essential Services. The report should include the following:

- What did you learn from the discussion about how this Essential Service is carried out locally? Frame the “report out” in terms of the following:
  - System Strengths.
  - System Weaknesses.
  - Short-Term Improvement Opportunities.
  - Long-Term Improvement Opportunities.
- Were your previous opinions confirmed or were there surprises? How so?

## APPENDIX K—LPHS AND ESSENTIAL SERVICES

### BRAINSTORMING EXERCISE

There are many different organizations and entities that contribute to a LPHS. The purpose of this exercise is to give participants a sense of the many organizations that contribute to public health. The organizations and entities identified during this exercise are those that will need to be involved in assessing the Performance Standards.

During this exercise, participants will discuss a LPHS by determining who in the community offers the services or conducts the activities associated with the Essential Services. You will have 20 minutes to complete this exercise. Information on the Essential Services for this exercise is found on the next page. Below are two alternatives for this exercise.

#### Exercise #1—A “Taste of the Essential Services”

##### DIRECTIONS

1. Assign each group (or each table) one Essential Service on which to focus.
2. Each group should select a recorder who will record ideas on the flip chart.
3. As a group, review the assigned Essential Service.
4. As a group, brainstorm the activities that are associated with the Essential Service. Identify the organizations, individuals, or entities that conduct the activities related to the Essential Service. Record this information on the flip chart.
5. Continue until time runs out.

#### Exercise #2—Building an Understanding of the Essential Services and the LPHS

##### DIRECTIONS

1. Place the Essential Services on 10 flip charts around the room. (This can also be done on worksheets provided to participants.)
2. Participants should identify the organizations that are involved or associated with each Essential Service. This can be done in small groups or by asking participants to place ideas on the flip chart during a specific time.
3. Discuss the final lists recorded on each flip chart. Add or refine as needed. Note the many organizations that contribute to each Essential Service.
4. The group should use the final lists as they implement the Local Instrument. The lists will serve as reminders of the organizations and activities associated with each Essential Service.

## APPENDIX L—SAMPLE PREPARATION WORKSHEET

Performance Standards Assessment Preparation Worksheet				
Essential Public Health Service	Who provides this Essential Service in your community?  List as many as you can.	How does your agency contribute to this Essential Service?	How good is the collective effort of public, private, and voluntary organizations at achieving this work? Provide an explanation.	What are some specific examples that further exemplify your response to the last question?
<p><b>Essential Service 1:</b> Monitor Health to Identify and Solve Community Health Problems</p> <ul style="list-style-type: none"> <li>• Conducts a Community Health Assessment</li> <li>• Uses technology like GIS mapping and other visuals to communicate data</li> <li>• Contributes to population health registries to report health data/uses registries</li> </ul>				

## APPENDIX M—RECORDER NOTE-TAKING TEMPLATE

Replicate and use this template for recording the main discussion points and final Performance Measure scores for each Essential Service.

<b>Essential Service</b>	
<b>Facilitator:</b>	
<b>Recorder:</b>	
<b>General Discussion about Essential Service</b>	
<b>Model Standard</b>	
<b>Notes on Discussion Questions for Model Standard</b>	
<b>Performance Measure 1 Score:</b> insert final score here (e.g., optimal, significant, moderate, minimal, no activity)	<b>Performance Measure 2 Score:</b> insert final score here (e.g., optimal, significant, moderate, minimal, no activity)
<b>Performance Measure 3 Score:</b> if applicable, insert final score here	<b>Performance Measure 4 Score:</b> if applicable, insert final score here
<b>Performance Measure 5 Score:</b> if applicable, insert final score here	<b>Performance Measure 6 Score:</b> if applicable, insert final score here
<b>Discussion Notes for Model Standard</b>	
Strengths:	
Weaknesses:	
Short-Term Improvement Opportunities:	
Long-Term Improvement Opportunities:	

APPENDIX M—RECORDER NOTE-TAKING TEMPLATE

Model Standard	
Notes on Discussion Questions for Model Standard	
<b>Performance Measure 1 Score:</b> insert final score here (e.g., optimal, significant, moderate, minimal, no activity)	<b>Performance Measure 2 Score:</b> insert final score here (e.g., optimal, significant, moderate, minimal, no activity)
<b>Performance Measure 3 Score:</b> if applicable, insert final score here	<b>Performance Measure 4 Score:</b> if applicable, insert final score here
<b>Performance Measure 5 Score:</b> if applicable, insert final score here	<b>Performance Measure 6 Score:</b> if applicable, insert final score here
Discussion Notes for Model Standard	
Strengths:	
Weaknesses:	
Short-Term Improvement Opportunities:	
Long-Term Improvement Opportunities:	

Note: Add additional rows for all Model Standards within an Essential Service

Summary Notes for Essential Service

Note: Replicate the template above for each Essential Service, tailoring it to the number of Model Standards within the Essential Service and the number of Performance Measures within each Model Standard.

## APPENDIX N—ACTION PLAN TEMPLATE

The following Implementation Worksheet was developed by the Institute of Cultural Affairs and is one element of the Technology of Participation (ToP)<sup>®</sup> facilitation methodology, and is used here with permission. For more information about Technology of Participation (ToP)<sup>®</sup> resources and/or training opportunities, visit [www.ica-usa.org](http://www.ica-usa.org).



90–180 Day Implementation Worksheet			
<b>Strategic Issue:</b>		<b>Why:</b>	
<b>Objective (What):</b>		<b>Start Date:</b>	
		<b>End Date:</b>	
<b>Implementation Steps (How):</b>		<b>When:</b>	<b>Who:</b>
List the steps to complete this accomplishment.		Identify the completion date of each step.	Identify who will complete the step.
Start each step with a verb that captures the action. Make it as concrete as possible.			
1.			
2.			
3.			
<b>Team Members:</b> List the names of all the team members.		<b>Collaborators or Partners:</b>	<b>Evaluation Measures:</b>
			<b>Special Considerations:</b>

## APPENDIX O—DISCUSSION QUESTIONS TO PUT DATA INTO CONTEXT

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Below are examples of questions that can help participants begin to interpret the results of the Performance Standards assessment presented in the Local Assessment Report and discuss priorities for improvement in the context of what is most important to the jurisdiction.

### General Interpretation Questions

1. Based upon our self-assessment of our performance according to the Performance Standards, what are the strengths and weaknesses in our jurisdiction’s capacity to protect and promote the public’s health?
  - a. Our LPHS is strongest in (1)\_\_\_\_\_, (2)\_\_\_\_\_, and (3)\_\_\_\_\_. *[Select from “10 Essential Public Health Services.”]*
  - b. Our LPHS is weakest in (1)\_\_\_\_\_, (2)\_\_\_\_\_, and (3)\_\_\_\_\_. *[Select from “10 Essential Public Health Services.”]*
2. Overall, what is your response to the performance scores?
  - a. How well do they match your perceptions and experiences of our LPHS?
  - b. Were any surprising?

### Contextual Discussion Questions

Refer to the bar chart provided with the Local Assessment Instrument report, “How well did we perform the 10 Essential Public Health Services”?

1. Based on our scores, what public health issues would we expect our (LPHS or governing body) to best address? *[Examples: Tuberculosis, nursing shortages, food safety, emergency response, teen smoking or cost of diabetes care.]*
2. What has led our LPHS to look like this? Why do we perform better in some areas and worse in others? *[List potential underlying reasons for distributing scores across the Essential Services.]*
3. Has strong performance in certain areas benefited our community (-ies)? Have our weaknesses hurt us in the past? How? *[Identify concrete examples or stories.]*
4. What are the most important results that our LPHS must deliver for our community (ies)? *[Identify top health-related priorities from current strategic plans, recent community health assessments, or community themes.]*
5. To achieve these results, in what areas must our (LPHS or governing body) excel? *[Select from Essential Services, specific Model Standards, or cross-cutting system issues, as appropriate.]*

## Improvement Priority and Systems Change

### Discussion Questions

1. Considering our strengths, our weaknesses, our short- and long-term improvement opportunities, and what results are most important to us, what are our LPHS improvement priorities? *[Select from Essential Services, specific Model Standards, or cross-cutting system issues, as appropriate.]*
  
2. To improve performance within these specific areas, what do we need to do? What are our next steps? *[Identify high-level action plan, with details to follow. Specify any actions needed from leaders to proceed with this plan.]*
  
3. To get better results, we should begin to shift some resources and attention away from \_\_\_\_\_ and toward \_\_\_\_\_. *[Select from Essential Services, citing specific Model Standards as appropriate. See also Appendix I .]*  
  
To make this shift, what do we need to do? *[Identify specific action recommendations, including decisions or actions needed from leaders.]*

## APPENDIX P—BASIC PRIORITY IDENTIFICATION WORKSHEET

This priority setting worksheet allows groups to cluster Essential Services, Model Standards, or activity areas into one of four categories based on their **importance** and their **current performance status**. This worksheet may be completed through a brainstorming session by the entire group involved in completing the Local Instrument or a by a sub-committee. Be sure to include a list of relevant Essential Service or Model Standard numbers and a brief summary of each area. If the group has already ranked Essential Services or Model Standards, this worksheet may help clarify and visually display decisions about the priorities. The suggested headings may be tailored based on the needs of your LPHS.

A. These important activities require increased attention.		
Essential Service/Model Standard Numbers	Summary	Action

B. These activities are being done well and we need to maintain efforts.		
Essential Service/Model Standard Numbers	Summary	Action

C. These activities are being done well, but we can shift or reduce some resources or attention to focus on higher priority activities.		
Essential Service/Model Standard Numbers	Summary	Action

D. These activities could be improved, but are low priority. They need little or no attention at this time.		
Essential Service/Model Standard Numbers	Summary	Action

## APPENDIX Q—POTENTIAL PRIORITY-SETTING CRITERIA

Other potential priority setting criteria to use in a performance improvement process	
When you have many <b>problems</b> or improvement opportunities and you need to choose one(s) to work on...	When you have a list of many potential <b>solutions</b> to a defined problem and you need to choose one(s) to try...
<ul style="list-style-type: none"> <li>• Impact of the problem on health issues.</li> <li>• Effect on other system issues (i.e., Is it causing weakness in many Essential Services?).</li> <li>• Availability of effective solutions.</li> <li>• Within control of the team to solve.</li> <li>• Cost of problem (or potential financial payback to resolve).</li> <li>• Resources likely required to solve (money, time, others).</li> <li>• Ease of solving.</li> <li>• Number of people or organizations affected .</li> <li>• “Customer pain” caused by problem (or to partners, staff, consumers, others).</li> <li>• Support for solving the problem (interest or buy-in from team, partners, community, management, or leaders).</li> <li>• Urgency of solving the problem.</li> </ul>	<ul style="list-style-type: none"> <li>• Effectiveness of solution.</li> <li>• Extent that it will resolve the problem or number of root causes addressed by a solution.</li> <li>• Potential effects on other systems.</li> <li>• Within control and authority to implement.</li> <li>• Cost to implement and maintain (or return on investment).</li> <li>• Availability of needed resources.</li> <li>• Capability or expertise to implement.</li> <li>• Ease of implementation or maintenance.</li> <li>• Time until solution is fully implemented.</li> <li>• Support for the solution (interest or buy-in from team, partners, community, management, or leaders).</li> <li>• Safety, health, or environmental factors.</li> <li>• Legal or ethical considerations.</li> <li>• Potential negative consequences.</li> </ul>

## APPENDIX R—PRIORITY SETTING MATRIX

A matrix like the one below may be used to decide priorities for performance improvement from a list of the Model Standards. Such a matrix also may be used to decide priorities among possible causes of a performance weakness or problem to address or to choose the best solution(s) for a given problem. Decisions are based on agreed upon criteria, thus reducing the potential for choices based on hidden agendas. An example of a priority setting matrix is provided below. Instructions on using this technique can be found on the next page.

In this example, a jurisdiction has scored low on four Model Standards in the Local Instrument. Because the group of partners in this jurisdiction believes all are important, the matrix will help them decide the Model Standards should be addressed in a performance improvement process.

Criteria (weight)  Options for Improvement (with associated Model Standard number)	Impact on important health issues (5)	Feasibility to address (4)	Time required (2)	Support (3)	TOTAL
Identification and surveillance of health threats (2.1)	4* X 5** = 20	4 X 4 = 16	5 X 2 = 10	4 X 3 = 12	<b>58</b>
Constituency development (4.1)	2 X 5 = 10	1 X 4 = 4	2 X 2 = 4	3 X 3 = 9	<b>27</b>
Identification of populations with barriers to personal health services (7.1)	3 X 5 = 15	3 X 4 = 12	4 x 2 = 8	3 X 3 = 9	<b>44</b>
Linking with institutions of higher learning and/or research (10.2)	3 X 5 = 15	5 X 4 = 20	2 X 2 = 4	2 x 3 = 6	<b>45</b>

\*Score (0–5) assigned to each option in relation to criterion

\*\* Weight (multiplier) for the criterion (1–5)

## Commonly Used Priority-Setting Criteria

Priority-setting criteria commonly fall under the following categories:

- Effectiveness.
- Feasibility.
- Resources.
- Seriousness.
- Impact on systems or health.
- Size of population affected.
- Support or acceptability.
- Within team’s control.

### INSTRUCTIONS

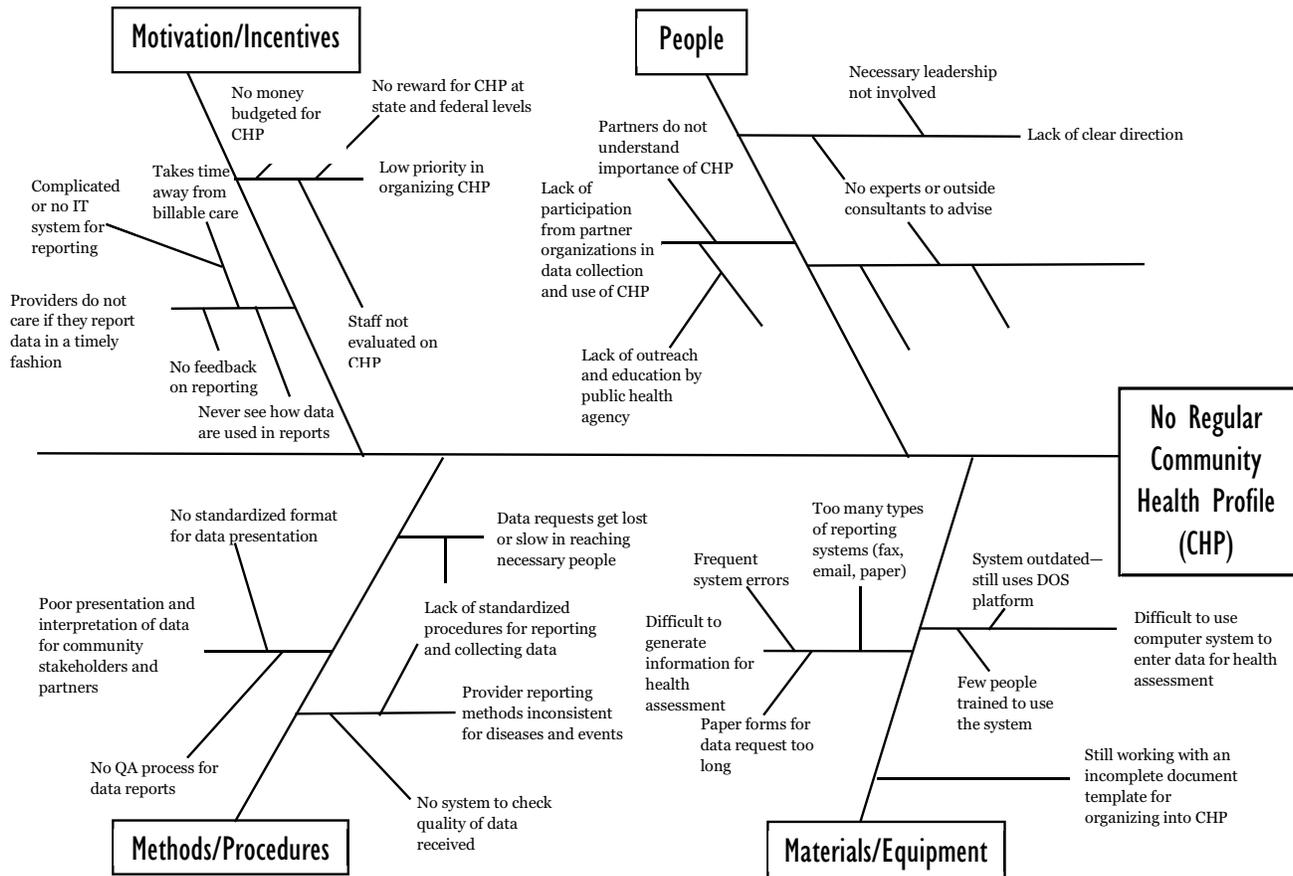
Take the following steps to develop a priority setting matrix:

1. List the options the team will be considering.
2. Brainstorm the criteria that will be used to evaluate the options.
3. Discuss and refine the list of criteria. Ideally, reduce the list to two to five criteria that the team believes are most important.
4. Decide if some criteria are more important than others and if so, assign a relative weight (multiplier) to each criterion. For example, if the team finds “Cost” to be a more important criterion than “Time” in considering a solution, they would give “Cost” a higher numerical weight value than “Time.” It is suggested to use a weight scale between one and five to keep scoring simple. Determining the weight of each criterion may be done by discussion and consensus each member can record weights for each criterion and then calculate and use the team average as the relative weight (multiplier).
5. Draw a matrix similar to the example. Write the criteria and their corresponding weights as labels along one edge and the list of options along the other edge.
6. Rate each option (0–5 points) according to the criteria—assigning higher points to those with favorable characteristics. For example, if the team favors low cost options, the lowest cost option receives the highest score (5) related to the “Cost” criterion. Points may be assigned individually or as a group using data or opinion as appropriate.
7. Multiply each option’s point rating by the weight. Add the total points for each option and record this in the appropriate column. The option with the highest score may not always be the best option, but the relative scores can generate meaningful discussion and lead the team toward consensus.

Adapted from the American Society of Quality, [www.asq.org](http://www.asq.org), and Goal QPC, [www.goalqpc.com](http://www.goalqpc.com).

## APPENDIX S—ROOT CAUSE ANALYSIS: FISHBONE DIAGRAM

The example below shows how a fishbone diagram (also known as an Ishikawa diagram) may be used to analyze root causes of performance challenges related to a Performance Standard. For instructions on using this technique, see below.



The fishbone diagram allows participants to (1) organize a large amount of information by showing links between events and their potential or actual causes and (2) generate ideas about why the problem is occurring and possible effects of that cause. When developing the fishbone diagram, remember to keep the focus on causes and not symptoms.

### INSTRUCTIONS

The following steps describe how to carry out a root causes analysis using the fishbone diagram.

1. Agree on a problem statement. Be specific and use data to specify the problem where possible. Place it in a box on the right side of a writing surface (paper, computer screen, etc.). Allow plenty of space.

Examples of problem statements:

- “Only 40 percent of notifiable disease reports are submitted within required time frames.”
- “No community health profile is produced regularly as described in NPHPS Model Standard 1.1.”

2. Brainstorm the major categories of causes of the problem or use generic headings such as those listed below. Draw a line from each category to the backbone of the fishbone diagram.

## APPENDIX S—ROOT CAUSE ANALYSIS: FISHBONE DIAGRAM

- Methods/Procedures.
  - Motivation/Incentives.
  - Materials/Equipment (including technology).
  - People (including personnel, patients, partners, or providers).
  - Information/Feedback.
  - Environment.
  - Policy.
3. Brainstorm all the possible causes of the problem. Ask: “Why does this happen?” As each idea is given, the facilitator will write it as a branch from the appropriate category. Causes can be written in several places if they relate to several categories.
  4. Ask, “Why does this happen?” about each cause again. Write sub-causes branching off the causes. Continue to ask “Why?” and generate deeper levels of causes. Push for deeper understanding of causes, but know when to stop.
  5. Look for causes that appear repeatedly within or across major categories. When the group runs out of ideas, focus attention to places on the diagram where ideas are few.

Adapted from the American Society of Quality, [www.asq.org](http://www.asq.org), and Goal QPC, [www.goalqpc.com](http://www.goalqpc.com).



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