NPHPSP

National Public Health Performance Standards Program

Local Public Health Governance Performance Assessment Instrument

Version 2.0

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THE NATIONAL PUBLIC HEALTH PERFORMANCE STANDARDS PROGRAM

Local Public Health Governance Performance Assessment Instrument Version 2.0

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National Public Health Performance Standards Program

Program Partner Organizations

American Public Health Association
www.apha.org

Association of State and Territorial Health Officials
www.astho.org

Centers for Disease Control and Prevention
www.cdc.gov

National Association of County and City Health Officials
www.naccho.org

National Association of Local Boards of Health
www.nalboh.org

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www.phf.org

Table of Contents

Introduction iv

Crosswalk of Model Standards vi

Performance Assessment Instrument

- Essential Service 1
  Monitor Health Status to Identify Community Health Problems 2
- Essential Service 2
  Diagnose and Investigate Health Problems and Health Hazards 5
- Essential Service 3
  Inform, Educate, and Empower People about Health Issues 8
- Essential Service 4
  Mobilize Community Partnerships to Identify and Solve Health Problems 10
- Essential Service 5
  Develop Policies and Plans that Support Individual and Community Health Efforts 13
- Essential Service 6
  Enforce Laws and Regulations that Protect Health and Ensure Safety 16
- Essential Service 7
  Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable 20
- Essential Service 8
  Assure a Competent Public and Personal Health Care Workforce 22
- Essential Service 9
  Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services 25
- Essential Service 10
  Research for New Insights and Innovative Solutions to Health Problems 27

Supplemental Questionnaires

Respondent Information Form 29

Priority Questionnaire 33

National Public Health Performance Standards Program
An Introduction to the Local Public Health Governance Performance Assessment Instrument

The National Public Health Performance Standards Program (NPHPSP) assessments are intended to help users answer questions such as "What are the activities and capacities of our public health system?" and "How well are we providing the Essential Public Health Services in our jurisdiction?" The dialogue that occurs in answering these questions can help to identify strengths and weaknesses and determine opportunities for improvement.

The NPHPSP is a partnership effort to improve the practice of public health and the performance of public health systems. The NPHPSP assessment instruments guide state and local jurisdictions in evaluating their current performance against a set of optimal standards.

Three assessment instruments have been designed to assist state and local partners in assessing and improving their public health systems or boards of health. These instruments are the:

- State Public Health System Performance Assessment Instrument,
- Local Public Health System Performance Assessment Instrument, and
- Local Public Health Governance Performance Assessment Instrument.

The NPHPSP is a collaborative effort of seven national partners:

- Centers for Disease Control and Prevention, Office of Chief of Public Health Practice (CDC/ OCPHP)
- American Public Health Association (APHA)
- Association of State and Territorial Health Officials (ASTHO)
- National Association of County and City Health Officials (NACCHO)
- National Association of Local Boards of Health (NALBOH)
- National Network of Public Health Institutes (NNPHI)
- Public Health Foundation (PHF)

The three instruments were first released in 2002 after a comprehensive development and testing process. Since the NPHPSP began, 21 states and almost 1,000 localities (over 750 local jurisdictions and almost 200 boards of health) have used the instruments and submitted data. One or more of the NPHPSP instruments have been applied in 30 states. In late 2005, the NPHPSP partnership initiated a collaborative effort to update the instruments, in order to ensure the standards remain current and to seek opportunities for improving the tools. Similar to the development process of the original instruments, the effort was guided by three work groups of practitioners from the field. Input from field test sites as well as subject matter experts on a variety of public health topics further informed the revisions. The "Version 2" instrument presented in this document is the result of this initiative.

About the Performance Assessment Instruments

Each of the three NPHPSP instruments is based on the framework of the ten Essential Public Health Services. The Essential Services represent the spectrum of public health activities that should be provided in any jurisdiction. Therefore, the instrument itself is divided into ten sections – one for each of the Essential Services.

Because many entities contribute to delivering the Essential Services, the NPHPSP addresses the important concept of the "public health system." A public health system includes all public, private, and voluntary entities that contribute to the delivery of the Essential Public Health Services within a given jurisdiction.

The purpose for undertaking a performance assessment is to strengthen and improve the public health system. The standards were set at the optimal level; for this reason, participating jurisdictions will likely see many differences between their own performance and the "gold standard" presented in the instruments. System partners should seek to address these weaknesses and also recognize and maintain areas in which they are strong.

The topics addressed within each of the three instruments are complementary and mutually-supporting, although each instrument may be used independently of the other. To view how the instruments relate, a side-by-side comparison of the model standard titles within each instrument follows this introduction. However, because the state public health system, local public health sys-

tems, and boards of health play important and synergistic roles in public health within a state, a coordinated application of all three instruments within the same timeframe is considered ideal. Findings from a coordinated use of multiple assessments may more effectively guide statewide efforts to improve public health practice and performance.

The Local Public Health Governance Performance Assessment

The audience for this instrument is the local governing body. Governing bodies have been defined as the individual, board, council, commission, or other body with legal authority over the primary governmental public health agency, usually defined as the health department. The nature of this authority varies from state to state, and even among jurisdictions within a state, and may or may not include regulatory authority. In most cases, however, the governing body assures that an infrastructure exists within the public health system to protect and promote health in the community. A governing board does this by assuring that the governmental public health agency and its local public health system partners have the necessary legal authority, resources, and policies to provide the Essential Services. The Local Public Health Governance Instrument assists board of health members in understanding these important roles and determining how they can strengthen their ability to oversee public health within the community. It serves as an educational, orientation, and improvement tool for boards of health.

Essential Public Health Services

1. **Monitor** health status to identify 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 health care when otherwise unavailable.
8. **Assure** a competent public and personal health care 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.

This instrument is organized using only one model standard for each of the ten Essential Services, for a total of ten model standards. The model standard relates to all aspects of the governance and oversight activities for each of the Essential Services. Throughout each of the ten model standards, there is consistent attention to resources and policies needed to support each Essential Service, as well as the review and evaluation activities that must occur to ensure continuous quality improvement.

Through the assessment process, participants – primarily board of health members and senior local health department staff – will have an opportunity to discuss and determine how they are performing in comparison to each of the ten model standards. Once the assessment is completed, sites submit their data to the NPHPSP and receive a report summarizing their results within 24 hours. All of this information – the responses to the assessment questions, the NPHPSP report, and the comments shared during the dialogue – should be used to improve and strengthen the governing body's ability to provide oversight for local public health services.

A variety of technical assistance and training resources are available to assist jurisdictions in undertaking the assessment and post-assessment performance improvement activities. We encourage users to visit our website or contact the NPHPSP partners to access these resources.

National Public Health Performance Standards Program Technical Assistance and Support

For general NPHPSP support and technical assistance resources, go to www.cdc.gov/od/ocphp/nphpsp/ or contact 1-800-747-7649 or phpsp@cdc.gov.

For support with the NPHPSP Local Public Health Governance Assessment, users may also contact NALBOH– www.nalboh.org or 419-353-7714.

NPHPSP

Crosswalk of Model Standards Within the Three NPHPSP Instruments

Essential Services	State Public Health System Assessment	Local Public Health System Assessment	Local Public Health Governance Assessment
1. Monitor health status to identify community health problems.	**1.1** Planning and Implementation **1.2** State-Local Relationships **1.3** Performance Management and Quality Improvement **1.4** Public Health Capacity and Resources	**1.1** Population-Based Community Health Profile **1.2** Current Technology to Manage and Communicate Population Health Data **1.3** Maintenance of Population Health Registries	**1.** Oversight for Community Health Status Monitoring
2. Diagnose and investigate health problems and health hazards in the community.	**2.1** Planning and Implementation **2.2** State-Local Relationships **2.3** Performance Management and Quality Improvement **2.4** Public Health Capacity and Resources	**2.1** Identification and Surveillance of Health Threats **2.2** Investigation and Response to Public Health Threats and Emergencies **2.3** Laboratory Support for Investigation of Health Threats	**2.** Oversight for Public Health Surveillance and Response
3. Inform, educate, and empower people about health issues.	**3.1** Planning and Implementation **3.2** State-Local Relationships **3.3** Performance Management and Quality Improvement **3.4** Public Health Capacity and Resources	**3.1** Health Education and Promotion **3.2** Health Communication **3.3** Risk Communication	**3.** Oversight of Public Health Information, Education and Empowerment Activities
4. Mobilize community partnerships to identify and solve health problems.	**4.1** Planning and Implementation **4.2** State-Local Relationships **4.3** Performance Management and Quality Improvement **4.4** Public Health Capacity and Resources	**4.1** Constituency Development **4.2** Community Partnerships	**4.** Oversight for Constituency Development and Partnership Building
5. Develop policies and plans that support individual and community health efforts.	**5.1** Planning and Implementation **5.2** State-Local Relationships **5.3** Performance Management and Quality Improvement **5.4** Public Health Capacity and Resources	**5.1** Governmental Presence at the Local Level **5.2** Public Health Policy Development **5.3** Community Health Improvement Process and Strategic Planning **5.4** Plan for Public Health Emergencies	**5.** Oversight of Public Health Planning and Policy Development

Crosswalk of Model Standards Within the Three NPHPSP Instruments

Essential Services	State Public Health System Assessment	Local Public Health System Assessment	Local Public Health Governance Assessment
6. Enforce laws and regulations that protect health and ensure safety.	**6.1** Planning and Implementation **6.2** State-Local Relationships **6.3** Performance Management and Quality Improvement **6.4** Public Health Capacity and Resources	**6.1** Review and Evaluation of Laws, Regulations, and Ordinances **6.2** Involvement in the Improvement of Laws, Regulations, and Ordinances **6.3** Enforcement of Laws, Regulations, and Ordinances	**6.** Oversight of Enforcement of Public Health Laws and Regulations
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.	**7.1** Planning and Implementation **7.2** State-Local Relationships **7.3** Performance Management and Quality Improvement **7.4** Public Health Capacity and Resources	**7.1** Identification of Personal Health Service Needs of Populations **7.2** Assuring the Linkage of People to Personal Health Services	**7.** Oversight for Public Health Outreach and Linkage to Personal Health Services
8. Assure a competent public health and personal health care workforce.	**8.1** Planning and Implementation **8.2** State-Local Relationships **8.3** Performance Management and Quality Improvement **8.4** Public Health Capacity and Resources	**8.1** Workforce Assessment, Planning, and Development **8.2** Public Health Workforce Standards **8.3** Life-Long Learning Through Continuing Education, Training, and Mentoring **8.4** Public Health Leadership Development	**8.** Oversight of Public Health Workforce Issues
9. Evaluate the effectiveness, accessibility, and quality of personal and population-based health services.	**9.1** Planning and Implementation **9.2** State-Local Relationships **9.3** Performance Management and Quality Improvement **9.4** Public Health Capacity and Resources	**9.1** Evaluation of Population-Based Health Services **9.2** Evaluation of Personal Health Services **9.3** Evaluation of the Local Public Health System	**9.** Oversight and Evaluation for Personal and Population-based Health Services
10. Research for new insights and innovative solutions to health problems.	**10.1** Planning and Implementation **10.2** State-Local Relationships **10.3** Performance Management and Quality Improvement **10.4** Public Health Capacity and Resources	**10.1** Fostering Innovation **10.2** Linkage with Institutions of Higher Learning and/or Research **10.3** Capacity to Initiate or Participate in Research	**10.** Oversight of Public Health Innovation and Research

NPHPSP

Performance Assessment Instrument

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

This service includes:

- Accurate, periodic assessment of the community's health status, including:
  - Identification of health risks, determinants of health, and determination of health service needs;
  - Attention to the vital statistics and health status indicators of groups that are at higher risk than the total population; and
  - Identification of community assets that support the local public health system (LPHS) in promoting health and improving quality of life.

- Utilization of appropriate methods and technology, such as geographic information systems (GIS), to interpret and communicate data to diverse audiences.

- Collaboration among all LPHS components, including private providers and health benefit plans, to establish and use population health registries, such as disease or immunization registries.

Governance Model Standard 1: Oversight for Community Health Status Monitoring

Community health status monitoring includes the identification of and access to community health data, analysis of data, development of a community health profile, and maintenance of population health registries. The governing body provides oversight and support to assure that a collaborative and effective community health status monitoring process in place. Many entities, including but not limited to the local health department, may contribute to the collection and monitoring of health status data.

To accomplish this, the governing body:

- Assesses and facilitates access to appropriate resources for community health status monitoring.

- Promotes broad-based participation and coordination among all entities active in collecting, analyzing, and disseminating community health status data.

- Provides oversight and support for community health status monitoring efforts.

- Conducts a process for review and improvement of health status monitoring efforts.

Please answer the following questions related to Essential Service #1 from the perspective of the Board of Health (BOH) or other governing body:

1.1 Does the BOH periodically assess the availability of resources necessary for community health status monitoring? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.1 Discussion Toolbox

In considering 1.1, does the BOH assess the availability of resources, including:

- ❑ Financial resources?
- ❑ Personnel resources and expertise?
- ❑ Technological resources (e.g., geographic information systems)?

1.1.1 Does the BOH advocate for changes in resource allocation, as appropriate, to support community health status monitoring? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.2 Does the BOH promote broad-based participation among individuals and organizations active in collecting, analyzing, and disseminating community health status data? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.3 Does the BOH support activities necessary for effective and broad-based health status monitoring? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.3.1 Does the BOH support the establishment and/or adherence to standards or guidelines for the local health department's role in data collection, sharing, and reporting? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.3.2 Does the BOH encourage the use of a broad-based set of data in developing a community health profile? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.3.2 Discussion Toolbox

In considering 1.3.2, are the following data used:

- ❑ Community demographics characteristics?
- ❑ Community socioeconomic characteristics?
- ❑ Health resource availability data?
- ❑ Quality of life data for the community?
- ❑ Behavioral risk factors for the community?
- ❑ Community environmental health indicators?
- ❑ Social and mental health data?
- ❑ Maternal and child health data?
- ❑ Death, illness, and/or injury data?
- ❑ Communicable disease data?
- ❑ Sentinel events data for the community?

1.3.3 Does the BOH support the local health department's role in maintaining and/or contributing to population health registries? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.4 Does the BOH review health status monitoring activities? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Does the BOH:

1.4.1 Periodically review reports (i.e., every 1-3 years) on the community's health (community health profile)? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.4.2 Review and update, as appropriate, policies describing the frequency or quality of community health status data collections? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.4.3 Develop a written plan for the continuous improvement of community health monitoring efforts? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Essential Service #2: Diagnose and Investigate Health Problems and Health Hazards in the Community

This service includes:

- Epidemiologic investigations of disease outbreaks, patterns of infections, chronic diseases, injuries, environmental hazards, and other health threats.
- Active infectious disease epidemiology programs.
- Access to a public health laboratory capable of conducting rapid screening and high volume testing.

Governance Model Standard 2: Oversight for Public Health Surveillance and Response

The governing body is responsible for assuring that the community is adequately served by a public health laboratory and an active infectious disease epidemiology program with the technical capacity sufficient to conduct appropriate epidemiologic investigations.

To accomplish this, the governing body:

- Assesses and facilitates access to appropriate resources for public health surveillance and response.
- Establishes and oversees the implementation of policies to ensure the diagnosis and investigation of health threats in the community, including public health emergency response.
- Promotes collaboration among all relevant groups for the diagnosis and investigation of health threats to the community.
- Periodically reviews these activities and reports its conclusions and recommendations to the community.

Please answer the following questions related to Essential Service #2 from the perspective of the Board of Health (BOH) or other governing body:

2.1 Does the BOH assess the availability of resources for diagnosis and investigation of health threats in the community?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.1 Discussion Toolbox

In considering 2.1, does the BOH assess the availability of resources including:

- ❑ Appropriately licensed and/or accredited public health and other laboratories?
- ❑ Appropriate epidemiologic expertise?
- ❑ Financial resources?
- ❑ Personnel resources?
- ❑ Technological resources?

2.1.1 Does the BOH advocate for changes in resource allocation, as appropriate, for the diagnosis and investigation of health threats?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.2 Does the BOH establish and oversee the implementation of policies that support the diagnosis and investigation of health threats?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.2.1 Are there policies for addressing efforts to diagnose and investigate health threats?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.2.1 Discussion Toolbox

In considering 2.2.1, do policies include:

- ❑ Guidelines for the collection of reportable disease information from community health professionals?
- ❑ Establishment of a comprehensive surveillance system?
- ❑ Integration of surveillance systems with national and state systems?
- ❑ Access to laboratory services?

2.2.2 Are there policies for addressing public health emergencies? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.2.2 Discussion Toolbox

In considering 2.2.2, do policies address:

- ❑ Individuals, agencies, and organizations that are authorized to respond to public health emergencies?
- ❑ Maintenance of an up-to-date public health emergency response plan?
- ❑ Maintenance of an up-to-date listing of those individuals, agencies or organizations with current contact information?
- ❑ Review of the source of legal authority (e.g., regulatory code section or contract provision) authorizing each individual, agency, or organization to engage in emergency response activities?

2.3 Does the BOH promote collaboration among individuals, agencies, and organizations regarding issues of diagnosis and investigation of health threats? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.4 Does the BOH periodically review (i.e., every 1-3 years) the adequacy of laboratory services, infectious disease epidemiologic programs, and public health surveillance and response capacity? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.4.1 Does the BOH issue written reports on the current status and needed improvements in these services, programs, and capacities? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

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

This service includes:

- Health information, health education, and health promotion activities designed to reduce health risk and promote better health.
- Health communication plans and activities such as media advocacy and social marketing.
- Accessible health information and educational resources.
- Health education and health promotion program partnerships with schools, faith communities, work sites, personal care providers, and others to implement and reinforce health promotion programs and messages.

Governance Model Standard 3: Oversight of Public Health Information, Education, and Empowerment Activities

The informing, educating, and empowering of people about health issues depend on the governing body assuring the implementation of appropriate health education and community-based health promotion activities.

To accomplish this, the governing body:

- Assesses and facilitates access to national, state, and local resources that could be used in support of these activities.
- Establishes and oversees the implementation of policies to support activities to inform, educate, and empower people about public health issues.
- Reviews these activities in light of community needs, including assuring that all population subgroups have an opportunity to provide input on community health issues.

Please answer the following questions related to Essential Service #3 from the perspective of the Board of Health (BOH) or other governing body:

3.1 Does the BOH assess the availability of national, state, or local resources required for community health education and promotion programs?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

3.1 Discussion Toolbox

In considering 3.1, does the BOH assess the availability of:

- ❑ Financial resources?
- ❑ Personnel resources?
- ❑ Technological resources?

3.1.1 Does the BOH advocate for changes in resource allocation, as appropriate, for community health education and promotion programs?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

3.2 Does the BOH establish and oversee the implementation of policies in support of health education and promotion programs?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Does the BOH oversee the implementation of:
3.2.1 Policies or guidelines for health education and promotion programs?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

3.2.1 Discussion Toolbox

In considering 3.2.1, do policies/guidelines assure that programs:

- ❑ Are appropriate for their intended audience (e.g., culture, age, language, gender, race/ethnicity, socioeconomic status, sexual orientation)?
- ❑ Are designed to reach their intended audience in different settings (e.g., personal health care delivery locations, work sites, schools, neighborhoods, recreational facilities, places of worship, correctional facilities)?

3.2.2 Policies or guidelines for risk communication during public health emergencies?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

3.3 Does the BOH periodically review (i.e., every 1-3 years) public health education and promotion activities?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

3.3 Discussion Toolbox

In considering 3.3, does the BOH recommend that:

- ❑ Various types of mechanisms are used for gathering input (email, websites, forums, annual meetings, etc.) on health issues from the community?
- ❑ All population subgroups have an opportunity to provide input and feedback?

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

This service includes:

- Identifying potential stakeholders who contribute to or benefit from public health and increasing their awareness of the value of public health.
- Building coalitions to draw upon the full range of potential human and material resources to improve community health.
- Convening and facilitating partnerships among groups and associations (including those not typically considered to be health-related) in undertaking defined health improvement projects, including preventive, screening, rehabilitation, and support programs.

Governance Model Standard 4: Oversight for Constituency Development and Partnership Building

The governing body is responsible for creating a supportive environment that assures traditional and non-traditional partnerships are nurtured in order to draw on the full range of potential human and material resources in the cause of community health.

To accomplish this, the governing body:

- Assesses and facilitates access to resources for constituency development and partnership building activities.
- Establishes and oversees the implementation of policies to support constituency development and partnership building.
- Encourages constituency development and partnership building.
- Reviews these activities and provides relevant feedback to its constituents and the community at large.

Please answer the following questions related to Essential Service #4 from the perspective of the Board of Health (BOH) or other governing body:

4.1 Does the BOH assess resources for constituency development and partnership building activities?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

4.1 Discussion Toolbox

In considering 4.1, does the BOH assess the availability of:

- ❑ National resources?
- ❑ State resources?
- ❑ Local resources?

4.1.1 Does the BOH advocate for changes in resource allocation, as appropriate, to support constituency development and partnership building?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

4.1.2 Does the BOH foster coordination of resources for these activities?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

4.2 Does the BOH establish and oversee the implementation of policies in support of public health constituency development or partnership building?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

4.2 Discussion Toolbox

In considering 4.2, do policies support:

- ❑ Establishment of local or regional health improvement coalitions?
- ❑ Maintenance of a publicly accessible and current directory of organizations that comprise the local public health system (LPHS)?
- ❑ Processes for identifying key constituents for population -based health?

4.3 Does the BOH recognize and encourage community participation among constituents?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

4.3 Discussion Toolbox

In considering 4.3, does the BOH:

- ❑ Acknowledge constituents' work?
- ❑ Participate in constituents' meetings?
- ❑ Invite constituents to participate in Board meetings?
- ❑ Recognize LPHS partners for their commitment and role in addressing public health goals and objectives?
- ❑ Identify and promote the participation of emerging leaders?

4.4 Does the BOH periodically review (i.e., every 1-3 years) public health constituency development and partnership building activities? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Does the BOH:

4.4.1 Provide feedback directly to LPHS partners on community mobilization around health issues? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

4.4.2 Recognize LPHS partners for their commitment and role in addressing public health goals and objectives? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

4.4.3 Review the effectiveness of partnership participation in solving health problems? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

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

This service includes:

- Effective local public health governance.
- Development of policy, codes, regulations, and legislation to protect the health of the public and to guide the practice of public health.
- Systematic local public health system (LPHS) and state-level planning for health improvement in all jurisdictions.
- Alignment of LPHS resources and strategies with community health improvement plans.

Governance Model Standard 5: Oversight of Public Health Planning and Policy Development

Effective oversight in public health requires that individual members of the governing body within a local jurisdiction understand, exercise, and advocate for the authority to improve public health within the framework of a statutory charter, mission statement, or other similar strategic planning statement.

To accomplish this, the governing body:

- Maintains and annually assures the availability of appropriate documentation such as a statutory charter describing its legal authority.
- Maintains and annually reviews documentation of its mission statement or other strategic planning statement.
- Assesses and advocates for adequate resources and organizational support for the local health department's contributions to the provision of Essential Public Health Services.
- Supports planning processes for community health improvement and works to strategically align community resources for these activities.
- Supports planning processes for all-hazards emergency response and works to strategically align community resources for related activities.

Please answer the following questions related to Essential Service #5 from the perspective of the Board of Health (BOH) or other governing body:

5.1 Does the BOH have appropriate documentation (e.g., statutory charter) describing its legal authority?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.1 Discussion Toolbox

In considering 5.1, does documentation include:

- ❑ A description of the legal responsibilities of the BOH?
- ❑ A description of the policy-making and oversight responsibilities of the BOH?
- ❑ A description of the rules and procedures of the BOH?
- ❑ A description of the duties and responsibilities of any boards or committees appointed by the BOH?

5.1.1 Does the BOH periodically review and update, as appropriate, this documentation?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.2 Does the BOH have a mission statement or other similar strategic planning statement (or other guidance appropriate for overseeing local health department operations)?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.2 Discussion Toolbox

In considering 5.2, do the materials include:

- ❑ Vision statement?
- ❑ Mission statement?
- ❑ Goals and objectives?
- ❑ Strategic plan?

5.2.1 Does the BOH annually review these materials?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.3 Does the BOH assess the availability of adequate resources and organizational support necessary to develop public health plans and policies?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.3 Discussion Toolbox

In considering 5.3, does the BOH assess the availability of:

- ❑ Financial resources?
- ❑ Personnel resources?
- ❑ Technological resources?

5.3.1 Does the BOH advocate for changes in resource allocation, as appropriate, to conduct planning and policy development?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.4 Does the BOH support a community health improvement process?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.4 Discussion Toolbox

In considering 5.4, does the BOH:

- ❑ Establish written policies supporting the community health improvement process?
- ❑ Set goals and objectives in coordination with the local health department for protecting and improving individual and community health status?
- ❑ Encourage the local health department and its partners to use a community health improvement process such as MAPP?
- ❑ Assure that all relevant individuals, agencies, and organizations have the opportunity to participate in the community health improvement process?
- ❑ Assure that the process leads to a strategic alignment of resources to improve community health?

5.4.1 Does the BOH periodically review and update, as appropriate, the community health improvement process?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.5 Does the BOH support the establishment of an all-hazards emergency response plan?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.5 Discussion Toolbox

In considering 5.5, does the BOH oversee activities to:

- ❑ Describe the roles, functions and responsibilities of LPHS and other entities in the event of a public health emergency?
- ❑ Establish a task force to develop and maintain an emergency response plan?
- ❑ Test the plan at least every two years?

5.5.1 Does the BOH periodically review and update, as appropriate, the all-hazards emergency response plan?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

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

This service includes:

- Assurance of due process and recognition of individuals' civil rights in all procedures, enforcement of laws and regulations, and public health emergency actions taken under the board of health or other governing body's authority.
- Review, evaluation and revision of laws and regulations designed to protect health and safety, reflect current scientific knowledge, and utilize best practice for achieving compliance.
- Education of persons and entities obligated to obey and agencies obligated to enforce laws and regulations to encourage compliance.
- Enforcement activities in a wide variety of areas of public health concern under authority granted by local, state and federal rule or law including, but not limited to: abatement of nuisances, animal control, childhood immunizations and other vaccinations, food safety, housing code, local sanitary code, on site wastewater disposal (septic systems), protection of drinking water, school environment, solid waste disposal, swimming pool and bathing area safety and water quality, tobacco control, enforcement activities during emergency situations, and vector control.

Governance Model Standard 6: Oversight of Enforcement of Public Health Laws and Regulations

The governing body is responsible for assuring that public health laws, rules and regulations designed to protect the health of the community are appropriately adopted, disseminated, evaluated, improved, and enforced. All enforcement activities must be timely and complete.

To accomplish this, the governing body:

- Knows that appropriate legal authority exists for the adoption, dissemination, evaluation, improvement, and enforcement of laws, rules, and regulations designed to protect the health of the community.
- Assures that its bylaws, rules, and procedures comply with local, state, and federal statutes and regulations.
- Assesses and advocates for national, state, and local resources, including access to legal counsel, that could be used for public health inspection and enforcement activities.
- Advocates for the enactment and retention of beneficial laws, rules, and regulations.
- Periodically reviews laws, rules, and regulations that include the participation of persons and groups that benefit from particular legal requirements as well as those who are regulated and may oppose particular legal requirements.

Please answer the following questions related to Essential Service #6 from the perspective of the Board of Health (BOH) or other governing body:

6.1 Is the BOH knowledgeable about the sources of authority (regulatory code section, contract language, etc.) regarding laws, rules, and regulations designed to protect the public's health?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.1.1 Does the BOH understand the actions necessary to establish and amend laws, rules, and regulations designed to protect the public's health?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.1.1 Discussion Toolbox

In considering 6.1.1, does the BOH know the sources of authority for:

- ❑ The enactment of laws, rules, and regulations?
- ❑ The dissemination of laws, rules, and regulations?
- ❑ The evaluation of laws, rules, and regulations?
- ❑ The improvement of laws, rules, and regulations?
- ❑ The enforcement of laws, rules, and regulations?

6.1.2 Does the BOH assure the existence of laws, rules, and regulations in areas known to affect public health?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.1.2 Discussion Toolbox

In considering 6.1.2, are laws, rules, and regulations assured for:

- ❑ Abatement of nuisances?
- ❑ Animal control?
- ❑ Childhood immunizations and other vaccines?
- ❑ Food safety?
- ❑ Housing code?
- ❑ Local sanitary code?
- ❑ Septic systems?
- ❑ Protection of drinking water?
- ❑ School environment?
- ❑ Solid waste disposal?
- ❑ Swimming pools?
- ❑ Water quality?
- ❑ Vector control?

6.2 Does the BOH have statutory authority to enact laws, rules, and regulations?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Does the BOH:

6.2.1 Periodically review its statutory authority?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

NPHPSP

6.2.2 Assure that its bylaws, rules and procedures comply with local, state, and federal statutes and regulations?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.2.2 Discussion Toolbox

In considering 6.2.2, does the BOH assure:

- ❑ Due process and civil rights protections for all who come under the jurisdiction?
- ❑ The keeping of records of decisions and actions, minutes of meetings, correspondence and other materials and the timely provision of copies to members of the public upon legal request?
- ❑ Compliance with open meeting laws?
- ❑ Proper conduct of public hearings, including posting, conducting, and the reporting of decisions?

6.2.3 Understand the laws, regulations, and procedures applicable in extraordinary or emergency situations?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.2.3 Discussion Toolbox

In considering 6.2.3, is there a full understanding of laws, regulations, and procedures applicable to:

- ❑ Quarantine?
- ❑ Compulsory treatment?
- ❑ Rationing of treatment?
- ❑ Civil commitment?
- ❑ Seizure, appropriation, entry into or condemnation of private property?

6.2.4 Assure the enforcement of the laws, rules, and regulations under its authority?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.3 Does the BOH assess the availability of resources that could be used for the inspection and enforcement activities designed to protect the health of the community?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.3 Discussion Toolbox

In considering 6.3, does the BOH assess the availability of:

- ❑ National resources?
- ❑ State resources?
- ❑ Local resources?

6.3.1 Does the BOH advocate for changes in resource allocation, as appropriate, to conduct inspection and enforcement activities?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.3.2 Does the BOH have access to legal counsel?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.4 Does the BOH routinely advocate for laws and regulations that protect health and ensure safety?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.4.1 Does the BOH adopt written resolutions to this effect?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.5 Does the BOH periodically review the laws, rules, and regulations designed to protect the health of the community?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Does the BOH include in its review:

6.5.1 The participation of those that benefit from the laws, rules, and regulations in the evaluation?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.5.2 The participation of those who are being regulated by the laws, rules, and regulations?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

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

This service includes:

- Assuring the identification of populations with barriers to personal health services.
- Assuring identification of personal health service needs of populations with limited access to a coordinated system of clinical care.
- Assuring the linkage of people to appropriate personal health services through coordination of provider services and development of interventions that address barriers to care (e.g., culturally and linguistically appropriate staff and materials, transportation services).

Governance Model Standard 7: Oversight for Public Health Outreach and Linkage to Personal Health Services

The governing body works to assure a supportive environment for the coordination of outreach and enabling services designed to facilitate access, service linkage, "care management," transportation, and information for the entire community, with special attention to those who experience barriers to care.

To accomplish this, the governing body:

- Identifies individuals, agencies, or organizations involved in, or responsible for, the coordination of services.
- Assesses and advocates, as appropriate, for national, state, and local resources – public and private – necessary to facilitate access to needed services for the entire community.
- Establishes and oversees the implementation of policies supporting outreach to vulnerable populations and strategies for linking them to personal health services.
- Conducts periodic reviews of outreach and linkage activities with special attention to services for vulnerable populations.

Please answer the following questions related to Essential Service #7 from the perspective of the Board of Health (BOH) or other governing body:

7.1 Does the BOH identify those individuals, agencies, and organizations responsible for the coordination of needed outreach and linkage to personal health services?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.2 Does the BOH assess the availability of resources necessary to facilitate access to needed services for the entire community?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.2 Discussion Toolbox

In considering 7.2, does the BOH assess the availability of:

- ❑ National resources?
- ❑ State resources?
- ❑ Local resources?
- ❑ Private resources?
- ❑ Public resources?
- ❑ Resources to address vulnerable populations?

7.2.1 Does the BOH advocate for changes in resource allocation, as appropriate, for needed personal health services?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.3 Does the BOH establish and oversee the implementation of policies supporting resources for outreach and linkage to personal health services?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.3 Discussion Toolbox

In considering 7.3, do policies exist concerning:

- ❑ Referral systems for needed care?
- ❑ Coordinated delivery of services (i.e., services that are coordinated and co-located to optimize access)?
- ❑ Culturally and linguistically appropriate staff to assist population groups?
- ❑ Culturally and linguistically appropriate materials?
- ❑ Transportation services for those with special needs?
- ❑ Prescription assistance programs?

7.4 Does the BOH periodically review (i.e., every 1-3 years) community outreach efforts and linkage to personal health services?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Does the review:

7.4.1 Include input and feedback from a wide spectrum of community participants?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.4.2 Consider the impact of these efforts on populations most in need within the community?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

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

This service includes:

- Education, training, and assessment of personnel (including volunteers and other lay community health workers) to meet community needs for public and personal health services.
- Efficient processes for licensure of professionals.
- Adoption of continuous quality improvement and life-long learning programs that include determinants of health.
- Active partnerships with professional training programs to assure community-relevant learning experiences for all students.
- Continuing education in management and leadership development programs for those charged with administrative/ executive roles.

Governance Model Standard 8: Oversight of Public Health Workforce Issues

The governing body is responsible for assuring competence of the local health department workforce, the availability of workforce training programs for both the workforce personnel and members of the governing body, and the availability of leadership development programs for those charged with administrative and executive roles.

To accomplish this, the governing body:

- Assures licensing and credentialing of local health department personnel, including both paid and volunteer workers.
- Establishes and oversees the implementation of policies designed to assure improvements in workforce, management, and leadership quality.
- Assesses and facilitates access to national, state and local resources available for workforce instruction, leadership development and continuing education.
- Provides for the training and continuing education of the board or governing body.
- Reviews the current workforce, including attention to workforce training and education programs, and workforce assessment.

Please answer the following questions related to Essential Service #8 from the perspective of the Board of Health (BOH) or other governing body:

8.1 Does the BOH assure compliance with licensure and credentialing requirements for its public health workforce? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.2 Does the BOH establish and oversee the implementation of policies supporting its public health workforce? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Do these policies address:

8.2.1 The necessary knowledge, skills, and abilities needed by the public health workforce? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.2.2 Written job standard and/or position descriptions for all local health department staff, including credentialing/licensing requirements? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.2.1-8.2.2 Discussion Toolbox

In considering 8.2.1-8.2.2, do policies exist for:

- ❑ Cultural and linguistic competence?
- ❑ Understanding of the Essential Public Health Services?
- ❑ Understanding of the core public health competencies?

8.2.3 Activities related to annual performance evaluations of the local health department staff? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.2.4 Continuing education for local health department staff? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.2.5 Leadership development for local health department staff? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.3 Does the BOH assess the availability of resources that may be used for workforce training, leadership development, or continuing education? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.3 Discussion Toolbox

In considering 8.3, does the BOH assess the availability of:

- ❑ National resources?
- ❑ State resources?
- ❑ Local resources?
- ❑ Financial resources?
- ❑ Personnel resources?
- ❑ Technological resources?

8.3.1 Does the BOH advocate for changes in resource allocation, as appropriate, to support these activities? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.4 Does the BOH provide access to continuing training and education for all board members? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.4.1 Does the BOH routinely support the orientation of new members of the governing body? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.4.2 Does the orientation and/or training include information on the core functions of public health? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.4.3 Does the orientation and/or training include information in governance responsibilities?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.4.3 Discussion Toolbox

In considering 8.4.3, are theses areas addressed:

- ❑ Legal responsibilities and authorities?
- ❑ Knowledge of the jurisdiction?
- ❑ Development of policies?
- ❑ Monitoring and evaluation of policies and programs?

8.4.4 Does each board member receive written orientation or training materials (e.g., a new member handbook or manual)?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.5 Does the BOH review efforts to strengthen its public health workforce?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Does this include a review of:

8.5.1 Training and continuing education for local health department personnel?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.5.2 Leadership development activities for local health department personnel?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.5.3 Gaps related to workforce size and composition?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

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

This service includes:

- Assurance of ongoing evaluation and critical review of health program effectiveness, based on analysis of health status and service utilization data.
- Assurance of the provision of information necessary for allocating resources and reshaping programs.

Governance Model Standard 9: Oversight and Evaluation for Personal and Population-based Health Services

The governing body is responsible for the overall quality of Essential Public Health Services provided to the community, including the scope, timeliness, frequency, and cost-effectiveness of those services, and for assuring that the results of evaluations are used to improve system performance.

To accomplish this, the governing body:

- Assesses and facilitates access to the necessary resources to conduct periodic evaluations, including evaluations of the board of health or other governing body itself.
- Assures evaluations of personal and population-based services provided in its jurisdiction.
- Establishes and oversees the implementation of policies supporting evaluations of population-based and personal health services.
- Encourages all public health constituents and partners within the local public health system (LPHS) to provide input into evaluation processes.
- Reviews and utilizes evaluation results to improve system performance.

Please answer the following questions related to Essential Service #9 from the perspective of the Board of Health (BOH) or other governing body:

9.1 Does the BOH assess the availability of resources that could be used to support evaluation? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.1 Discussion Toolbox
In considering 9.1, does the BOH assess:

- ❑ Financial resources?
- ❑ Personnel resources and expertise?
- ❑ Technological resources?
- ❑ National resources?
- ❑ State resources?
- ❑ Local resources?

9.1.1 Does the BOH advocate for changes in resource allocation, as appropriate, to support evaluation activities? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.2 Does the BOH support an evaluation plan for personal and population-based services? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.2 Discussion Toolbox
In considering 9.2, are plans developed to evaluate the:

- ❑ Scope of service delivery?
- ❑ Timeliness of service delivery?
- ❑ Frequency of service delivery?
- ❑ Cost-effectiveness of service delivery?
- ❑ Overall quality of service delivery?

9.3 Does the BOH establish and oversee the implementation of policies supporting evaluation activities? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.3.1 Does the BOH endorse the use of nationally recognized performance standards applicable to local public health systems (e.g., National Public Health Performance Standards Program Local Public Health System Assessment)? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.4 Does the BOH identify individuals, agencies, and organizations that should participate in the evaluation activities? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.4.1 Does the BOH encourage identified individuals, agencies, and organizations to provide input into evaluation activities? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.5 Does the BOH review the findings of the evaluations? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.5.1 Does the BOH recommend changes based on evaluation results? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.5.2 Does the BOH use the findings in the development of their strategic and operational plans? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

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

This service includes:

- Local public health research activities:
  - initiating research,
  - participating in research by others,
  - reporting results, and
  - implementing policy based on these results.

Governance Model Standard 10: Oversight of Public Health Innovation and Research

The governing body is responsible for nurturing an environment within the community that will support and encourage innovation ranging from practical field-based efforts that foster change in public health practice to academic efforts that encourage the development of new topics to guide public health research.
The governing body is responsible for assuring the maintenance of continuous linkages with appropriate research partners and the development of internal capacity to mount timely epidemiologic investigations and economic analyses, and to conduct needed health services research.

To accomplish this, the governing body:

- Establishes and oversees the implementation of policies reflecting its commitment to public health research and innovation activities.
- Encourages collaboration between academic (or other health-research) institutions and local public health entities to carry out community-based research activities.
- Assesses and facilitates access to resources for research and identification of best practices.
- Encourages the incorporation of research results and best practices into policies and programs to support the highest current standard of public health practice.

Please answer the following questions related to Essential Service #10 from the perspective of the Board of Health (BOH) or other governing body:

10.1 Does the BOH establish and oversee the implementation of policies designed to foster and reward innovation?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

10.2 Does the BOH encourage collaboration between local health department and academic or other research institutions for community-based research?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

10.3 Does the BOH assess the availability of resources for research and identification of best practices in its jurisdiction?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

10.3 Discussion Toolbox

In considering 10.3, do resources include:

- ❑ Technical libraries?
- ❑ Distance learning?
- ❑ Online resources?
- ❑ Publication subscriptions?
- ❑ Membership to national and state organizations?
- ❑ Attendance at national and state conferences?

10.3.1 Does the BOH advocate for changes in resource allocation, as appropriate, to support research and the identification of best practices?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

10.4 Does the BOH encourage appropriate use of research findings and best practices in the implementation of public health policies and programs?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Respondent Information Form (RIF)

Respondent Information Form (RIF)

Demographic Information

Board of Health or other Governing Body: _____

Address: _____
State: _____ ZIP: _____ Email: _____
Phone: _____ Fax: _____
Presiding Officer: _____ Email: _____
Health Commissioner/Officer: _____ Email: _____

Contact Information for Board of Health if it is not the Governing Body:

Address: _____
State: _____ ZIP: _____ Email: _____
Phone: _____ Fax: _____
Presiding Officer: _____ Email: _____
Health Commissioner/Officer: _____ Email: _____

1. Characteristics of local boards of health:
   a.) Is your board *(check all that apply)*:
   - ☐ Elected
   - ☐ Appointed
   - ☐ Designated
   - ☐ Other: _____

   b.) If appointed and/or designated, by whom *(check all that apply)*:
   - ☐ Mayor/City Council
   - ☐ County Commissioner
   - ☐ District/Regional Body
   - ☐ Other: _____

2. Which best describes the function of your board of health?
   - ☐ Advisory
   - ☐ Governing

3. How many people are employed in your health department?
   Total FTEs: _____

4. For your current fiscal year, what is the total budget for:
   a.) Your local public health agency? _____
   b.) Board of heatlh training? _____

5. What is the population of your jurisdiction?
   a. Population: _____
   b. Year of population estimate: _____

About Your Site's Assessment Process

Please tell us about your site's experience with the NPHPSP assessment. The assessment coordinator should answer evaluation questions on behalf of the site, based on observations of the process and input from participants.

6. During the assessment process, what type of decision making process was used? *(check all that apply.)*
   - ☐ Walked through the instrument and voted on questions one-by-one.
   - ☐ Discussed the model standards with follow-up voting on each question.
   - ☐ Reviewed, discussed, and voted on sub-questions before voting on stem (first tier questions).
   - ☐ Discussed the model standards with facilitator/recorder judgment on responses.
   - ☐ Other (Please describe): _____

7. What process was used to complete the 10 sections of the assessment?
   - ☐ One large meeting during which the group was broken into separate small groups to address 2-3 Essential Services per group.
   - ☐ One large meeting during which the same group responded to the entire assessment instrument together.
   - ☐ A series of meetings during which one or two Essential Services were addressed at each meeting by the same group throughout the entire process.
   - ☐ A series of meetings during which one or two Essential Services were addressed at each meeting by a core group which invited specific expertise to the meetings, based on the Essential Service that was completed.
   - ☐ Other (Please describe): _____

8. Participation - please indicate the number and type of public health system representatives involved in the assessment process.

   a.) Total number of participants: _____

   b.) From the list below, select the types of organizations that participants represented. *(check all that apply.)*
   - ☐ The Board of Health
   - ☐ The local health official
   - ☐ Other local health department staff: _____
   - ☐ Other: _____

9. To date, what effect has the assessment process had on the following among public health systems partners?

	Negative Effect	Somewhat Negative Effect	No Effect	Somewhat Positive Effect	Positive Effect
Communications	☐	☐	☐	☐	☐
Collaboration	☐	☐	☐	☐	☐
Knowledge of the public health system	☐	☐	☐	☐	☐
Knowledge of system improvement needs	☐	☐	☐	☐	☐
Intent to implement system improvements	☐	☐	☐	☐	☐

10. How satisfied were you with the following aspects of the National Program?

	Dissatisfied	Somewhat dissatisfied	Neutral	Somewhat satisfied	Satisfied	N/A
User Guide	☐	☐	☐	☐	☐	☐
On-line Toolkit	☐	☐	☐	☐	☐	☐
Trainings	☐	☐	☐	☐	☐	☐
Toll-Free Helpline (800#)	☐	☐	☐	☐	☐	☐
Email Help box	☐	☐	☐	☐	☐	☐

11. How satisfied were you with the overall experience of the NPHPSP assessment process? (circle one)

Dissatisfied	Somewhat dissatisfied	Neutral	Somewhat satisfied	Satisfied	N/A
1	2	3	4	5	6

12. Would you complete the NPHPSP assessment process again?

- ☐ Yes
- ☐ No
- ☐ Maybe

13. Please provide any additional comments on your experience with the NPHPSP process:

Next Steps: Performance Improvement

14. As a result of completing the assessment, which of the following performance improvement steps do you expect to initiate in the next six months to address particular Essential Services or Model Standards?

- ☐ Convene participants for performance improvement
- ☐ Prioritize areas for action
- ☐ Analyze “root causes” of performance
- ☐ Develop action plans
- ☐ Implement action plans
- ☐ Monitor progress
- ☐ Report progress
- ☐ None

Priority Questionnaire

National Public Health Performance Standards Program

Local Public Health Governance Assessment Supplemental Questionnaire - Priority of Model Standards

OVERVIEW: This optional questionnaire is made available so that governing bodies may consider the priority of each model standard to their system. Governing bodies choosing to complete this supplemental questionnaire will receive an additional component to their reports which will depict their performance scores in relation to how they have prioritized model standards. This information may serve to catalyze or strengthen the performance improvement activities resulting from the assessment process.

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

Model Standard Number	Question	Response (please circle)
Essential Service #1 - Monitor health status to identify health problems		
P1	On a scale of 1 to 10, what is the priority of this model standard – Oversight for Community Health Monitoring – to our board of health?	1 2 3 4 5 6 7 8 9 10
Essential Service #2 - Diagnose and investigate health problems and health hazards		
P2	On a scale of 1 to 10, what is the priority of this model standard – Oversight for Public Health Surveillance and Response – to our board of health?	1 2 3 4 5 6 7 8 9 10
Essential Service #3 - Inform, educate and empower people about health issues		
P3	On a scale of 1 to 10, what is the priority of this model standard – Oversight of Public Health Information, Education and Empowerment Activities – to our board of health?	1 2 3 4 5 6 7 8 9 10
Essential Service #4 - Mobilize partnerships to identify and solve health problems		
P4	On a scale of 1 to 10, what is the priority of this model standard – Oversight for Constituency Development and Partnership Building – to our board of health?	1 2 3 4 5 6 7 8 9 10
Essential Service #5 - Develop policies and plans that support individual and statewide health efforts		
P5	On a scale of 1 to 10, what is the priority of this model standard – Oversight of Public Health Planning and Policy Development – to our board of health?	1 2 3 4 5 6 7 8 9 10
Essential Service #6 - Enforce laws and regulations that protect health and ensure safety		
P6	On a scale of 1 to 10, what is the priority of this model standard – Oversight of Enforcement of Public Health Laws and Regulations – to our board of health?	1 2 3 4 5 6 7 8 9 10
Essential Service #7 - Link people to needed personal health services and assure the provision of health care when otherwise unavailable		
P7	On a scale of 1 to 10, what is the priority of this model standard – Oversight for Public Health Outreach and Linkage to Personal Health Services – to our board of health?	1 2 3 4 5 6 7 8 9 10
Essential Service #8 - Assure a competent public health and personal health care workforce		
P8	On a scale of 1 to 10, what is the priority of this model standard – Oversight of Public Health Workforce Issues – to our board of health?	1 2 3 4 5 6 7 8 9 10
Essential Service #9 - Evaluate effectiveness, accessibility, and quality of personal and population-based health services		
P9	On a scale of 1 to 10, what is the priority of this model standard – Oversight of Evaluation for Personal and Population-based Health Services – to our board of health?	1 2 3 4 5 6 7 8 9 10
Essential Service #10 - Research for new insights and innovative solutions to health problems		
P10	On a scale of 1 to 10, what is the priority of this model standard – Oversight of Public Health Innovation and Research – to our board of health?	1 2 3 4 5 6 7 8 9 10

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