National Public Health Performance Standards Program

# Local Public Health System Performance Assessment Instrument

Version 2.0

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THE NATIONAL PUBLIC HEALTH PERFORMANCE STANDARDS PROGRAM

# Local Public Health System Performance Assessment Instrument Version 2.0

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National Public Health Performance Standards Program

## Program Partner Organizations

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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

**National Network of Public Health Institutes**
www.nnphi.org

**Public Health Foundation**
www.phf.org

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## National Public Health Performance Standards Program
## An Introduction to the Local Public Health System 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 focus of the NPHPSP is 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 systems, 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.

**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.

## The Local Public Health System Performance Assessment

The audience for this instrument is the local public health system. This may include organizations and entities such as the local health department, other governmental agencies, healthcare providers, human service organizations, schools and universities, faith institutions, youth development organizations, economic and philanthropic organizations, environmental agencies and many others. Any organization or entity that contributes to the health or well-being of a community is considered part of the public health system. Ideally, a group that is broadly representative of these public health system partners will participate in the assessment process. By sharing their diverse perspectives, all participants will gain a better understanding of each organization's contributions, the interconnectedness of activities, and how the public health system can be strengthened.

For each Essential Service in the Local Instrument, the model standards describe or correspond to the primary activities conducted at the local level. For example, model standards in Essential Service #3 (inform, educate, and empower the public about health issues) include Health Education and Promotion, Health Communication, and Risk Communication. The number of model standards vary across the Essential Services; while some Essential Services include only two model standards, others include up to four. There are a total of 30 model standards in this instrument.

Through the assessment process, participants from throughout the local public health system will have an opportunity to discuss and determine how they are performing in comparison to each of the 30 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 – can be used to develop improvement strategies for the local public health system.

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 System Assessment, users may also contact NACCHO – www.naccho.org or 202-783-5550.

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<br>**1.2** State-Local Relationships<br>**1.3** Performance Management and Quality Improvement<br>**1.4** Public Health Capacity and Resources | **1.1** Population-Based Community Health Profile<br>**1.2** Current Technology to Manage and Communicate Population Health Data<br>**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<br>**2.2** State-Local Relationships<br>**2.3** Performance Management and Quality Improvement<br>**2.4** Public Health Capacity and Resources | **2.1** Identification and Surveillance of Health Threats<br>**2.2** Investigation and Response to Public Health Threats and Emergencies<br>**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<br>**3.2** State-Local Relationships<br>**3.3** Performance Management and Quality Improvement<br>**3.4** Public Health Capacity and Resources | **3.1** Health Education and Promotion<br>**3.2** Health Communication<br>**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<br>**4.2** State-Local Relationships<br>**4.3** Performance Management and Quality Improvement<br>**4.4** Public Health Capacity and Resources | **4.1** Constituency Development<br>**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<br>**5.2** State-Local Relationships<br>**5.3** Performance Management and Quality Improvement<br>**5.4** Public Health Capacity and Resources | **5.1** Governmental Presence at the Local Level<br>**5.2** Public Health Policy Development<br>**5.3** Community Health Improvement Process and Strategic Planning<br>**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<br>**6.2** State-Local Relationships<br>**6.3** Performance Management and Quality Improvement<br>**6.4** Public Health Capacity and Resources | **6.1** Review and Evaluation of Laws, Regulations, and Ordinances<br>**6.2** Involvement in the Improvement of Laws, Regulations, and Ordinances<br>**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<br>**7.2** State-Local Relationships<br>**7.3** Performance Management and Quality Improvement<br>**7.4** Public Health Capacity and Resources | **7.1** Identification of Personal Health Service Needs of Populations<br>**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<br>**8.2** State-Local Relationships<br>**8.3** Performance Management and Quality Improvement<br>**8.4** Public Health Capacity and Resources | **8.1** Workforce Assessment, Planning, and Development<br>**8.2** Public Health Workforce Standards<br>**8.3** Life-Long Learning Through Continuing Education, Training, and Mentoring<br>**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<br>**9.2** State-Local Relationships<br>**9.3** Performance Management and Quality Improvement<br>**9.4** Public Health Capacity and Resources | **9.1** Evaluation of Population-Based Health Services<br>**9.2** Evaluation of Personal Health Services<br>**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<br>**10.2** State-Local Relationships<br>**10.3** Performance Management and Quality Improvement<br>**10.4** Public Health Capacity and Resources | **10.1** Fostering Innovation<br>**10.2** Linkage with Institutions of Higher Learning and/or Research<br>**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.

### LPHS Model Standard 1.1: Population-Based Community Health Profile (CHP)

The community health profile (CHP) is a common set of measures for the community to prioritize the health issues that will be addressed through strategic planning and action, to allocate and align resources, and to monitor population-based health status improvement over time.

The CHP includes broad-based surveillance data and measures related to health status and health risk at individual and community levels including: demographic and socioeconomic characteristics; health resource availability; quality of life; behavioral risk factors; environmental health indicators; social and mental health; maternal and child health; death, illness, and injury; communicable disease; and sentinel events. The CHP displays information about trends in health status, along with associated risk factors and health resources. Local measures are compared with peer, state, and national benchmarks. Data and information are displayed in multiple formats for diverse audiences, such as the media and community-based organizations. Data included in the community health profile are accurate, reliable, and consistently interpreted according to the science and evidence-base for public health practice.

To accomplish this, the local public health system (LPHS):

- Conducts regular community health assessments to monitor progress towards health-related objectives.

- Compiles and periodically updates a community health profile using community health assessment data.

- Promotes community-wide use of the community health profile and/or assessment data and assures that this information can be easily accessed by the community.

**Please answer the following questions related to Model Standard 1.1:**

1.1.1 Has the LPHS conducted a community health assessment? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.1.1.1 Is the community health assessment updated at least every 3 years? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.1.1.2 Are data from the assessment compared to data from other representative areas or populations? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

**1.1.1.2 Discussion Toolbox**

In considering 1.1.1.2, are health status data compared with data from:

- ❑ Peer (demographically similar) communities?
- ❑ The region?
- ❑ The state?
- ❑ The nation?

1.1.1.3 Are data used to track trends over time? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.1.1.4 Does the LPHS use data from community health assessments to monitor progress toward health-related objectives? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

**1.1.1.4 Discussion Toolbox**

In considering 1.1.1.4, do those objectives include:

- ❑ Locally-established health priorities?
- ❑ State-established health priorities?
- ❑ Healthy People 2010 objectives?
- ❑ Measures from the Health Plan Employer Data and Information Set (HEDIS)?
- ❑ Other health-related objectives?

1.1.2 Does the LPHS compile data from the community health assessment(s) into a community health profile (CHP)? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Do CHP data elements include:

1.1.2.1 Community demographic characteristics? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL
1.1.2.2 Community socioeconomic characteristics? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL
1.1.2.3 Health resource availability data? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL
1.1.2.4 Quality of life data for the community? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL
1.1.2.5 Behavioral risk factors for the community? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL
1.1.2.6 Community environmental health indicators? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL
1.1.2.7 Social and mental health data? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL
1.1.2.8 Maternal and child health data? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL
1.1.2.9 Death, illness, and/or injury data? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL
1.1.2.10 Communicable disease data? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL
1.1.2.11 Sentinel events data for the community? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.1.2.12 Has the LPHS identified the individuals or organizations responsible for contributing data and /or resources to produce the CHP?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

**1.1.2.12 Discussion Toolbox**

In considering 1.1.2.12, do any of the following contribute data and/or resources to the development of the CHP:

- ❑ Local health department?
- ❑ University or academic institution(s)?
- ❑ Private consultant(s)?
- ❑ Health/hospital system(s)?
- ❑ Managed care organization(s)?
- ❑ Other public sector agency or governmental entity(ies)?
- ❑ State level agency or organization(s)?
- ❑ National level agency or organization(s)?
- ❑ Community-based organization(s)?
- ❑ The general public?

1.1.2.13 Does each contributor of data have access to the completed CHP?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.1.3 Is community-wide use of community health assessment or CHP data promoted?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.1.3.1 Is a media strategy in place to promote community-wide use of the CHP?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.1.3.2 Is the information easily accessible by the general public?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.1.3.3 Do organizations in the LPHS use the CHP to inform health policy and planning decisions?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

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

Population health data are presented in formats that allow for clear communication and interpretation by end users. Such formats include graphed trend data that allow for comparisons over time by relevant variables such as gender, race, and geographic designation.

Tools such as geographic information systems (GIS) are used to combine geography, data, and computer mapping to support the exploration of spatial relationships, patterns, and trends in health data. Use of geocoded data (matching of street address to a corresponding latitude and longitude) is promoted, while maintaining appropriate safeguards for confidentiality. Increased public access to GIS information provides new insights to develop strategies that are appropriate for specific geographic areas and to align health status indicators with health resources.

While the information in the Community Health Profile (CHP) is available in paper format, this information is also available in a web-based version that is accessible to individuals, community groups, and other organizations in a timely manner. Links to other sources of related information are provided.

To accomplish this, the LPHS:

- Uses state-of-the-art technology to collect, manage, integrate, and display health profile databases.
- Has access to geocoded data for geographic analysis.
- Uses computer-generated graphics to identify trends and/or compare data by relevant categories (i.e., race, gender, age group).

**Please answer the following questions related to Model Standard 1.2:**

1.2.1 Does the LPHS use state-of-the-art technology to support health profile databases?

NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

### 1.2.1 Discussion Toolbox

In considering 1.2.1, does the LPHS use state-of-the-art technology to:

- ❑ Collect health profile database information?
- ❑ Manage health profile databases?
- ❑ Integrate health profile databases?
- ❑ Display health profile databases?

1.2.1.1 Is technology utilized to make community health data available electronically?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

**1.2.1.1 Discussion Toolbox**

In considering 1.2.1.1 is community health data available:

- ❑ On one website?
- ❑ On one website linked to other websites?
- ❑ On multiple websites (same information on multiple sites)?
- ❑ On multiple (linked) websites (different information on different sites)?
- ❑ On CD-ROM?

1.2.2 Does the LPHS have access to geocoded health data?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

**1.2.2 Discussion Toolbox**

In considering 1.2.2, are data collected at the:

- ❑ County level?
- ❑ Zip code level?
- ❑ Census tract level?

1.2.2.1 Does the LPHS use geographic information systems (GIS)?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

**1.2.2.1 Discussion Toolbox**

In considering 1.2.2.1, does the LPHS use GIS to:

- ❑ Display health-related information?
- ❑ Map health resources?
- ❑ Link databases?
- ❑ Analyze health issues?

1.2.3 Does the LPHS use computer-generated graphics to identify trends and/or compare data by relevant categories (i.e., race, gender, age group)?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

## LPHS Model Standard 1.3: Maintenance of Population Health Registries

Population health registries track health-related events such as disease patterns and preventive health services delivery (i.e., cancer registries facilitate tracking of cancer incidence, cancer stage at diagnosis, treatment patterns, and survival probability; vaccine registries provide the real time status of vaccine coverage for specified age groups in the community). The LPHS creates and supports systems to assure accurate and timely reporting by providers.

Data are collected for registries in accordance with standards that assure comparability of data from public, private, local, state, regional, and national sources. Collaboration among multiple partners facilitates the aggregation of individual data to compile a population health registry used to inform policy decisions, program implementation, and population research.

To accomplish this, the LPHS:

- Maintains and regularly contributes to population health registries using established criteria to report identified health events.
- Uses information from one or more population health registries.

**Please answer the following questions related to Model Standard 1.3:**

1.3.1 Does the LPHS maintain and/or contribute to one or more population health registries?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

### 1.3.1 Discussion Toolbox

In considering 1.3.1, does the LPHS maintain and/or contribute to registries for:

- ❑ Immunization status of children?
- ❑ Immunization status of adults?
- ❑ Newborn screening?
- ❑ Birth defects and developmental disabilities?
- ❑ Trauma?
- ❑ Occupational injury?
- ❑ Environmental exposures?
- ❑ Asthma?
- ❑ Cancer?
- ❑ Diabetes?
- ❑ Other chronic diseases?

1.3.1.1 Are there standards for data collection?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.3.1.2 Are there established processes for reporting health events to the registry or registries?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

### 1.3.1.2 Discussion Toolbox

In considering 1.3.1.2, are systems in place to ensure:

- ❑ Accurate reporting?
- ❑ Timely reporting?
- ❑ Unduplicated reporting?

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1.3.2 In the past year, has the LPHS used information from one or more population health registries?

NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

**1.3.2 Discussion Toolbox**

In considering 1.3.2, is information used to:

- ❑ Inform policy decisions?
- ❑ Design programs?
- ❑ Implement programs?
- ❑ Conduct population research?

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

This service includes:

- Epidemiological investigations of disease outbreaks and patterns of infectious and chronic diseases and 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.

### LPHS Model Standard 2.1: Identification and Surveillance of Health Threats

Surveillance systems are designed and maintained to monitor health events, to identify changes or patterns, and to investigate underlying causes or factors. Epidemiological and behavioral science techniques are used to collect data to identify risk factors for health threats. Local public health surveillance systems are integrated with national and state surveillance systems to provide comprehensive monitoring of health events using consistent collection and reporting procedures. Surveillance data are used to assess and analyze health problems and hazards. Surveillance data are also used to examine the impact of health hazards, behaviors, and risk factors on disease and mortality. Surveillance efforts also alert the local public health system (LPHS) to community and health indicators that may signal public health emergencies (e.g., natural and intentional disasters including biological and chemical incidents).

To accomplish this, the LPHS:

- Participates in integrated state, local and national surveillance system(s) that identify and analyze health problems and threats.
- Collects timely reportable disease information from community health professionals who submit information on possible disease outbreaks.
- Utilizes human and technological resources to support surveillance and investigation activities, including state-of-the-art information technology and communication systems, as well as Masters and/or Doctoral level statistical and epidemiological expertise to assess, investigate, and analyze health threats and health hazards.

**Please answer the following questions related to Model Standard 2.1:**

2.1.1 Does the LPHS operate or participate in surveillance system(s) designed to monitor health problems and identify health threats?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

**2.1.1 Discussion Toolbox**

In considering 2.1.1, does the system include local data for:

- ❑ Infectious diseases?
- ❑ Chronic diseases?
- ❑ Intentional and unintentional injury?
- ❑ Environmental hazards?
- ❑ Maternal and child health?
- ❑ Bioterror threats?
- ❑ Social and mental health?

Is the system:

2.1.1.1 Integrated with national and/or state surveillance systems?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.1.1.2 Compliant with national and/or state health information exchange guidelines?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

**2.1.1.2 Discussion Toolbox**

In considering 2.1.1.2, is the system compliant with:

- ❑ Public Health Information Network (PHIN) guidelines?
- ❑ Health Insurance Portability and Accountability Act (HIPAA)?

2.1.1.3 Does the LPHS use the surveillance system(s) to monitor changes in the occurrence of health problems and hazards?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.1.2 Do community health professionals submit reportable disease information in a timely manner to the state or LPHS?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.1.3 Does the LPHS have necessary resources to support health problem and health hazard surveillance and investigation activities?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.1.3.1 Does the LPHS use information technology for surveillance activities (e.g., geographic information systems, word processing, spreadsheets, database analysis, and graphics presentation software)?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.1.3.2 Does the LPHS have (or have access to) Masters or Doctoral level epidemiologists and/or statisticians to assess, investigate and analyze public health threats and health hazards?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

## LPHS Model Standard 2.2: Investigation and Response to Public Health Threats and Emergencies

Local public health systems must have capacity to respond rapidly and effectively to investigate public health threats and emergencies which involve communicable disease outbreaks or chemical, biological, radiological, nuclear, explosive or environmental incidents. With the occurrence of an adverse public health event or potential threat, a collaborative team of LPHS professionals participates in the collection and analysis of relevant data. A network of support and communication relationships exists in the LPHS, which includes health-related organizations, public safety and rapid response teams, the media, and the general public. Timely investigation of public health emergencies is coordinated through an Emergency Response Coordinator, who leads the local effort in collaboration with LPHS partners in the event of a public health emergency (e.g., health officer, environmental health director).

In order to have the capacity to investigate and respond to public health emergencies, the LPHS:

- Maintains written protocols to implement a program of case finding, contact tracing and source identification and containment for communicable diseases or toxic exposures.
- Develops written protocols for the immediate investigation of public health threats and emergencies, including natural and intentional disasters.
- Designates an Emergency Response Coordinator.
- Identifies personnel with the technical expertise to rapidly respond to potential biological, chemical, or radiological public health emergencies.
- Evaluates incidents for effectiveness and opportunities for improvement.

**Please answer the following questions related to Model Standard 2.2:**

| | |
|---|---|
| 2.2.1 Does the LPHS maintain written protocols for implementing a program of case finding, contact tracing, source identification, and containment for communicable diseases or toxic exposures? | NO MINIMAL MODERATE SIGNIFICANT OPTIMAL |
| Are protocols in place for: | |
| 2.2.1.1 Animal control? | NO MINIMAL MODERATE SIGNIFICANT OPTIMAL |
| 2.2.1.2 Vector control? | NO MINIMAL MODERATE SIGNIFICANT OPTIMAL |
| 2.2.1.3 Exposure to food-borne illness? | NO MINIMAL MODERATE SIGNIFICANT OPTIMAL |
| 2.2.1.4 Exposure to water-borne illness? | NO MINIMAL MODERATE SIGNIFICANT OPTIMAL |
| 2.2.1.5 Excessive lead levels? | NO MINIMAL MODERATE SIGNIFICANT OPTIMAL |
| 2.2.1.6 Exposure to asbestos? | NO MINIMAL MODERATE SIGNIFICANT OPTIMAL |
| 2.2.1.7 Exposure to other toxic chemicals? | NO MINIMAL MODERATE SIGNIFICANT OPTIMAL |
| 2.2.1.8 Communicable diseases? | NO MINIMAL MODERATE SIGNIFICANT OPTIMAL |

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2.2.2 Does the LPHS have current epidemiological case investigation protocols to guide immediate investigations of public health emergencies? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Do these protocols address:

2.2.2.1 Infectious disease outbreaks? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.2.2.2 Environmental health hazards and emergencies? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.2.2.3 Chemical threats and incidents? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.2.2.4 Biological agent threats? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.2.2.5 Radiological threats? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.2.2.6 Large-scale natural disasters? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.2.2.7 Intentional incidents? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.2.3 Has the LPHS designated an individual to serve as an Emergency Response Coordinator within the jurisdiction? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Does the individual:

2.2.3.1 Coordinate with the local health department's emergency response personnel? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.2.3.2 Coordinate with local community leaders? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.2.4 Can LPHS personnel rapidly respond to natural and intentional disasters? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.2.4.1 Does the LPHS maintain a current roster of personnel with the technical expertise to respond to natural and intentional emergencies and disasters? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.2.4.2 Does the LPHS have access to response personnel within one hour? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.2.4.3 Does the LPHS have capacity to mobilize sufficient numbers of trained professionals in an emergency (i.e., surge capacity)? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

### 2.2.4.1-2.2.4.3 Discussion Toolbox

In considering 2.2.4.1-2.2.4.3, are the following personnel available:

- ❑ Emergency management?
- ❑ State epidemiologists?
- ❑ Hazardous Material Response Teams?
- ❑ Infectious disease specialists?
- ❑ Law enforcement?
- ❑ Medical examiners/coroner?
- ❑ Microbiologists?
- ❑ State public health laboratory director?
- ❑ Toxicologists?
- ❑ Veterinarians?
- ❑ Mental Health Professionals?
- ❑ Nurses?
- ❑ Pharmacists?
- ❑ Health educators?
- ❑ Environmental health specialists?
- ❑ Mental health specialists?
- ❑ Physicians?

2.2.4.4 Does the LPHS have capacity to mobilize volunteers during a disaster?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

**2.2.4.4. Discussion Toolbox**

In considering 2.2.4.4, does the LPHS have procedures for:

- ❑ Maintenance of volunteer names and contact information in an accessible directory?
- ❑ Contacting volunteers?
- ❑ Assuring that volunteers are knowledgeable about their role?
- ❑ Ensuring liability insurance coverage for volunteers during a disaster?

2.2.5 Does the LPHS evaluate public health emergency response incidents for effectiveness and opportunities for improvement (e.g., After Action Reports)?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.2.5.1 Are findings incorporated into emergency plans?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

## LPHS Model Standard 2.3: Laboratory Support for Investigation of Health Threats

Laboratory support is defined as the ability to produce timely and accurate laboratory results for diagnostic and investigative public health concerns. The actual testing may be performed outside the traditional public health system, however, public health retains the responsibility for ensuring that proper testing and timely results are available to the community.

In order to accomplish this, the LPHS:

- Maintains ready access to laboratories capable of meeting routine diagnostic and surveillance needs.
- Maintains ready access (24 hours-per-day/7 days-per-week) to laboratories capable of supporting investigations of public health threats, hazards, and emergencies.
- Confirms that laboratories are in compliance with regulations and standards through credentialing and licensing agencies.
- Maintains guidelines or protocols to address the handling of laboratory samples, which describe procedures for storing, collecting, labeling, transporting, and delivering laboratory samples, and for determining the chain of custody regarding the handling of these samples, as well as reporting findings.

**Please answer the following questions related to Model Standard 2.3:**

2.3.1 Does the LPHS maintain ready access to laboratories capable of meeting routine diagnostic and surveillance needs?

NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

### 2.3.1 Discussion Toolbox

In considering 2.3.1, do laboratory services include analysis of clinical and environmental specimens such as:

- ❑ Identifying pathogenic microorganisms (including mycobacteria, parasites, STDs, HIV, and other viruses)?
- ❑ Identifying anti-microbial resistant infections?
- ❑ Newborn testing?
- ❑ Testing on water, air, and soil?

2.3.2 Does the LPHS have ready access to laboratory services to support investigations of public health threats, hazards, and emergencies?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.3.2.1 Does the LPHS have access to laboratory services to support these investigations within four hours of notification?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

**2.3.2-2.3.2.1 Discussion Toolbox**

In considering 2.3.2 -2.3.2.1, do laboratory services include analysis of clinical and environmental specimens such as:

- ❑ Biological agents?
- ❑ Chemical agents?
- ❑ Radiological agents?
- ❑ Infectious agents that are rarely encountered?
- ❑ Environmental agents that are rarely encountered?

2.3.2.2 Does the LPHS have access to at least one microbiology laboratory within four hours of notification?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.3.3 Does the LPHS utilize only laboratories that are licensed and/or credentialed?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.3.4 Does the LPHS maintain current guidelines or protocols for handling laboratory samples?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

**2.3.4 Discussion Toolbox**

In considering 2.3.4, do guidelines or protocols for handling laboratory samples include:

- ❑ Collecting samples?
- ❑ Labeling samples?
- ❑ Storing samples?
- ❑ Transporting or delivering samples?
- ❑ Determining the chain of custody with respect to the handling of laboratory samples?
- ❑ Requirements for reporting findings to the local health department having jurisdiction for specimen collection?

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

This service includes:

- Health information, health education, and health promotion activities designed to reduce health risk and promote better health.
- 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 that are accessible to all populations.
- Health communication plans and activities such as media advocacy and social marketing.
- Accessible health information and educational resources.
- Risk communication processes designed to inform and mobilize the community in time of crisis.

### LPHS Model Standard 3.1: Health Education and Promotion

The local public health system (LPHS) actively creates, communicates, and delivers health information and health interventions using customer-centered and science-based strategies to protect and promote the health of diverse populations. The LPHS supports its health improvement objectives and responds to public health issues with health education and health promotion initiatives that are based on the best available scientific evidence of effectiveness in helping people make healthy choices throughout their lives. Strong working relations include numerous agencies that are actively engaged in promoting and implementing these activities.

The LPHS designs and implements a wide range of health education and health promotion activities. Health promotion activities include any combination of educational and environmental supports that give individuals, groups, or communities greater control over conditions affecting their health. Health education is the process by which the LPHS conveys information and facilitates the development of health-enhancing skills among individuals and groups in the community. Health education serves to reinforce health promotion messages within the community, ultimately helping to reduce health risk and improve health status.

To accomplish this, the LPHS:

- Provides the public, policymakers, and stakeholders with information on community health status and health needs in the community, as well as information on policies and programs that can improve community health.
- Plans, conducts, and evaluates targeted health education and health promotion activities to develop and enhance knowledge and attitudes and assist in lowering risk or changing negative behaviors.
- Works with other entities within the system on health education and health promotion activities that facilitate healthy living in healthy communities.

**Please answer the following questions related to Model Standard 3.1:**

3.1.1 Does the LPHS provide the general public, policymakers, and public and private stakeholders with information on community health? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Does the LPHS provide information on:

3.1.1.1 Community health status (e.g., heart disease rates, cancer rates, environmental risks)? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

3.1.1.2 Community health needs, such as those identified by members of the community or through a needs assessment tool such as APEXPH or MAPP, including prevention and risk (e.g., obesity, smoking, etc.)? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

3.1.2 Does the LPHS plan and conduct health education and/or health promotion campaigns? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

3.1.2.1 Are these campaigns based on sound theory, evidence of effectiveness, and/or best practice? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

3.1.2.2 Are campaigns designed to support healthy behavior among individuals and their communities? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

**3.1.2.2 Discussion Toolbox**

In considering 3.1.2.2, do campaigns promote healthy behavior for:

- ❑ Individuals?
- ❑ Interpersonal networks (e.g., families, friends, social networks)?
- ❑ Communities?

3.1.2.3 Are campaigns tailored for populations with higher risk of negative health outcomes? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

**3.1.2.3 Discussion Toolbox**

In considering 3.1.2.3, are campaigns appropriate to identified populations:

- ❑ Culture?
- ❑ Age?
- ❑ Language?
- ❑ Gender?
- ❑ Socioeconomic status?
- ❑ Race/ethnicity?
- ❑ Sexual orientation?

3.1.2.4 Are campaigns designed to reach populations in specific settings? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

**3.1.2.4 Discussion Toolbox**
In considering 3.1.2.4, do these settings include:
- ❑ Personal health care delivery locations (e.g., doctor's offices, clinics, hospitals)?
- ❑ Worksites?
- ❑ Schools?
- ❑ Neighborhoods?
- ❑ Recreational facilities (e.g., public parks, health clubs)?
- ❑ Places of worship?
- ❑ Correctional facilities?

3.1.2.5 Does the LPHS evaluate health education and health promotion activities on an ongoing basis? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

**3.1.2.5 Discussion Toolbox**
In considering 3.1.2.5, do evaluations take into account the:
- ❑ Health issues addressed?
- ❑ Populations served?
- ❑ LPHS partners involved?
- ❑ Settings for health education activity (e.g., school, worksite, religious institution, or community-at-large)?
- ❑ Communication mechanisms used (e.g., print, radio, television, Internet, or face-to-face group encounters)?
- ❑ Program quality?
- ❑ Achievement of intended outcomes?

3.1.2.6 Are evaluation results used to revise and strengthen the programs? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

3.1.3 Do LPHS organizations work together to plan, conduct, and implement health education and promotion activities? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

3.1.3.1 Do organizations work together on specific health promotion activities (e.g., supermarkets and nutrition interventions)? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

**3.1.3.1 Discussion Toolbox**
In considering 3.1.3.1, do organizations include:
- ❑ Public agencies?
- ❑ Private agencies?
- ❑ Volunteer organizations?
- ❑ Non-profit organizations?
- ❑ Community groups?
- ❑ Businesses?

3.1.3.2 Do LPHS entities work with community advocates and local media outlets to publicize health promotion activities?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

**3.1.3.2 Discussion Toolbox**

In considering 3.1.3.2, do these collaborative activities address:

- ❑ Campaigns to change laws?
- ❑ Media campaigns?

## LPHS Model Standard 3.2: Health Communication

Health communication encompasses the use of multiple communication strategies to inform and influence individual and community decisions that enhance health. Health communication includes activities related to media campaigns, social marketing, entertainment education, and interactive health communication. Health communication serves to raise awareness of health risks and solutions, support adoption of healthy behavior, and create advocacy for health policies and programs that empower people to adopt healthy lifestyles.

The LPHS utilizes a variety of communication channels, such as interpersonal, small group, organizational, community, and mass media, to reach people in a variety of settings, including home, school, work, and community. The LPHS works collaboratively to identify the best contexts, channels, and content of health messages in their community and to leverage resources for their implementation.

To accomplish this, the LPHS:

- Develops health communication plans addressing media and public relations, as well as guidelines for sharing information among stakeholders.
- Utilizes relationships with media channels (e.g., print, radio, television, Internet) to share health information with general and targeted audiences.
- Identifies and trains spokespersons on public health issues.

**Please answer the following questions related to Model Standard 3.2:**

| | |
|---|---|
| 3.2.1 Have LPHS organizations developed health communication plans? | NO MINIMAL MODERATE SIGNIFICANT OPTIMAL |
| 3.2.1.1 Do LPHS organizations work collaboratively to link the communication plans? | NO MINIMAL MODERATE SIGNIFICANT OPTIMAL |
| Do the communications plans: | |
| 3.2.1.2 Include policies and procedures for creating, sharing, and disseminating information with partners and key stakeholders? | NO MINIMAL MODERATE SIGNIFICANT OPTIMAL |
| 3.2.1.3 Identify different sectors of the population in order to create targeted public health messages for various audiences? | NO MINIMAL MODERATE SIGNIFICANT OPTIMAL |
| 3.2.1.4 Provide guidance for developing content and materials appropriate to the type of dissemination channel? | NO MINIMAL MODERATE SIGNIFICANT OPTIMAL |
| 3.2.1.5 Provide guidance for creating targeted public health messages using various channels? | NO MINIMAL MODERATE SIGNIFICANT OPTIMAL |
| 3.2.2 Does the LPHS establish and utilize relationships with the media? | NO MINIMAL MODERATE SIGNIFICANT OPTIMAL |

3.2.2.1 Does the LPHS have policies and procedures in place to route all media inquiries appropriately? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

3.2.2.2 Does the LPHS have a mechanism in place to document and respond to public inquiries? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

3.2.2.3 Does the LPHS coordinate with local media to develop information or features on health issues? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

**3.2.2.1-3.2.2.3 Discussion Toolbox**

In considering 3.2.2.1-3.2.2.3, does the LPHS monitor:

- ❑ The media's use of information?
- ❑ Whether or not press releases generate stories or follow-up inquiries from media outlets?
- ❑ If public health stories generate inquires from the public?

3.2.3 Has the LPHS identified and designated individuals such as public information officers to provide important health information and answers to public and media inquiries? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

3.2.3.1 Are designated spokespersons adequately trained in providing accurate, timely, and appropriate information on public health issues for different audiences? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

3.2.3.2 Does the LPHS have policies and procedures in place to coordinate responses and public announcements related to public health issues? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

## LPHS Model Standard 3.3: Risk Communication

Risk communication is the provision of information by public health professionals to allow individual, stakeholders, or an entire community to make the best possible decisions about their well-being in times of crisis or emergency. Risk communication includes pre-event, event and post-event communication planning. The LPHS identifies and analyzes potential risks in order to develop strategic plans for public, media, partner, and stakeholder communication during public health emergencies, including terrorism.

To accomplish this, the LPHS:

- Develops an emergency communications plan to effectively create and disseminate materials for each stage of a crisis according to recognized theories and methods.
- Ensures adequate resources to enable a rapid emergency communications response.
- Provides crisis and emergency communications training for employees and establishes protocols for the dissemination of public information and instructions during a public health emergency.
- Maintains current, accurate 24 hours-per-day, 7 days-per-week contact information and collaborative relations with news media, public information officers (PIOs), and partners.

**Please answer the following questions related to Model Standard 3.3:**

3.3.1 Has the LPHS developed emergency communications plan(s) that can be adapted to different types of emergencies (i.e., disease outbreaks, natural disasters, bioterrorism)? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Does the plan include:

3.3.1.1 Procedures for inter-agency coordination of plans dependent upon the type of emergency (i.e., use of the plans to create a unified emergency communications plan)? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

3.3.1.2 Established lines of authority, reporting, and responsibilities for emergency communications teams in accordance with the National Incident Management System (NIMS)? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

3.3.1.3 Procedures for alerting communities, including special populations, about possible health threats or disease outbreaks? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

3.3.1.4 Guidelines for providing necessary, appropriate information from emergency operation center situation reports, health alerts, and meeting notes to stakeholders, partners, and the community? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

### 3.3.1.4 Discussion Toolbox

In considering 3.3.1.4, do guidelines exist for:

- ❑ Identifying existing messages and materials that can be adapted for use as appropriate?
- ❑ Developing content and materials and/or guidance about where to locate appropriate content for messages?
- ❑ Identification of different types of information dissemination?

3.3.2 Does the LPHS have resources to ensure rapid communications response? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Does the LPHS:

3.3.2.1 Have the technological capacity (e.g., telephone, electronic, and print) to respond to communication needs? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

**3.3.2.1 Discussion Toolbox**

In considering 3.3.2.1, does technological capacity include:

- ❑ A local Health Alert Network?
- ❑ A reverse 911 warning system?
- ❑ Broadcast fax?
- ❑ Broadcast e-mail?
- ❑ Public service announcements through local media?

3.3.2.2 Have staff to develop or adapt emergency communications materials and to provide communications for all stakeholders and partners in the event of an emergency? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

3.3.3 Does the LPHS provide crisis and emergency communications training for new and current staff? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

**3.3.3 Discussion Toolbox**

In considering 3.3.3, is specific instruction provided for:

- ❑ Public information officers?
- ❑ Health communications specialists?
- ❑ Health education specialists?
- ❑ Emergency responders?
- ❑ Deployed staff?

3.3.4 Does the LPHS have policies and procedures in place to ensure rapid, mobile response by public information officers? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

3.3.4.1 Does the LPHS maintain a directory of emergency contact information for media liaisons, partners, stakeholders, and public information officers? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

3.3.4.2 Does the LPHS provide communication "Go-Kits" to assist in public information officer response? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

**3.3.4.2 Discussion Toolbox**

In considering 3.3.4.2, do kits include:

- ❑ Laptop computers with Internet access?
- ❑ CD-ROMs with elements of crisis communications plan?
- ❑ Portable printers?
- ❑ Redundant communication devices including mobile telephone or satellite telephone, pager, and wireless email?

## 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 increase their awareness of the value of public health.
- Building coalitions and working with existing coalitions to draw upon the full range of potential human and material resources to improve community health.
- Convening and facilitating partnerships and strategic alliances among groups and associations (including those not typically considered to be health-related) in undertaking defined health improvement activities, including preventive, screening, rehabilitation, and support programs, and establishing the social and economic conditions for long-term health.

### LPHS Model Standard 4.1: Constituency Development

Constituents of the LPHS include all persons and organizations that directly contribute to or benefit from public health. Constituents may include members of the public served by the local public health system (LPHS), the governmental bodies it represents, and other health, environmental, and non-health-related organizations in the community. Constituency development is the process of establishing collaborative relationships among the LPHS and all current and potential stakeholders. As part of constituency development activities, the LPHS develops and operationalizes a communications strategy designed to educate the community about the benefits of public health and the role of the LPHS in improving community health. The LPHS operationalizes the communications strategy through formal and informal community networks, which may include businesses, schools, healthcare organizations, the faith community, and community associations.

For effective constituency development, the LPHS:

- Has a process to identify key constituents for population-based health in general and for specific health concerns (e.g., a particular health theme, disease, risk factor, life stage need).
- Encourages the participation of its constituents in community health activities, such as in identifying community issues and themes and engaging in volunteer public health activities.
- Establishes and maintains a comprehensive directory of community organizations.
- Uses broad-based communication strategies to strengthen linkages among LPHS organizations and to provide current information about public health services and issues.

**Please answer the following questions related to Model Standard 4.1:**

4.1.1 Does the LPHS have a process for identifying key constituents or stakeholders?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

4.1.1.1 Does the LPHS maintain a current list of the names and contact information for individuals and key constituent groups?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

4.1.1.2 Are new individuals/groups identified for constituency building?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

4.1.1.3 Are key constituents identified for general health issues (i.e., improved health and quality of life at the community level)?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

4.1.1.4 Are key constituents identified for specific health concerns (i.e., a particular health theme, disease, risk factor, life stage need)?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

4.1.2 Does the LPHS encourage the participation of constituents in improving community health?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

4.1.2.1 Does the LPHS encourage constituents from the community-at-large to identify community issues and themes through a variety of means?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

**4.1.2.1 Discussion Toolbox**

In considering 4.1.2.1, are the following methods used:

- ❑ On-line resources?
- ❑ Community/town hall meetings?
- ❑ Ballot votes?
- ❑ Community surveys?
- ❑ Focus groups?

4.1.2.2 Does the LPHS support, through recruitment, promotion, and retention, opportunities for volunteers to help in community health improvement projects or activities?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

4.1.3 Does the LPHS maintain a current directory of organizations that comprise the LPHS?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

**4.1.3 Discussion Toolbox**

In considering 4.1.3, does the directory include:

- ❑ The local health department?
- ❑ The local governing entity, (e.g., board of health)?
- ❑ Other governmental entities (e.g., state agencies, other local agencies)?
- ❑ Hospitals?
- ❑ Managed care organizations?
- ❑ Primary care clinics and physicians?
- ❑ Social service providers?
- ❑ Civic organizations?
- ❑ Professional organizations?
- ❑ Local businesses and employers?
- ❑ Neighborhood organizations?
- ❑ Faith-based institutions?
- ❑ Transportation providers?
- ❑ Educational institutions?
- ❑ Public safety and emergency response organizations?
- ❑ Environmental or environmental health agencies?
- ❑ Non-profit organizations/advocacy groups?
- ❑ Local officials who impact policy and fiscal decisions?
- ❑ Other community organizations?

4.1.3.1 Is the directory easily accessible?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

4.1.4 Does the LPHS use communications strategies to build awareness of the importance of public health?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

4.1.4.1 Do communications strategies exist for building awareness with the community-at-large?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

4.1.4.2 Do communications strategies exist for facilitating communication among organizations?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

**4.1.4.1-4.1.4.2 Discussion Toolbox**

In considering 4.1.4.1-4.1.4.2, do communications strategies:

- ❑ Include councils, newsletters, community/town hall meetings, and/or email list services?
- ❑ Occur with an established frequency?
- ❑ Effectively inform community constituents about public health issues and services?
- ❑ Receive an evaluation of effectiveness?
- ❑ Provide a consistent message about public health issues?

## LPHS Model Standard 4.2: Community Partnerships

Community partnerships and strategic alliances describe a continuum of relationships that foster the sharing of resources and accountability in undertaking community health improvement. Public health departments may convene or facilitate the collaborative process. The multiple levels of relationships among public, private, or nonprofit institutions have been described as 1) *networking*, exchanging information for mutual benefit; 2) *coordination*, exchanging information and altering activities for mutual benefit and to achieve a common purpose; 3) *cooperation*, exchanging information, altering activities, and sharing resources for mutual benefit and to achieve a common purpose; and 4) *collaboration*, exchanging information, altering activities, sharing resources, and enhancing the capacity of another for mutual benefit and to achieve a common purpose. Multi-sector collaboration is thus defined as a voluntary strategic alliance of public, private, and nonprofit organizations to enhance each other's capacity to achieve a common purpose by sharing risks, responsibilities, resources, and rewards.

Multi-sector partnerships such as community health improvement committees (community committees) exist in some communities as formally constituted bodies (e.g., a community health planning council) while in other communities they are less formal groups. The community committee is a dynamic collaboration designed to be comprehensive and inclusive in its membership and its approach to community health improvement.

To accomplish this, the LPHS:

- Establishes community partnerships and strategic alliances to assure a comprehensive approach to improving health in the community.
- Assures the establishment of a broad-based community health improvement committee.
- Assesses the effectiveness of community partnerships and strategic alliances in improving community health.

**Please answer the following questions related to Model Standard 4.2:**

4.2.1 Do partnerships exist in the community to maximize public health improvement activities?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Do organizations within these partnerships:

4.2.1.1 Exchange information? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

4.2.1.2 Alter or align activities related to the Essential Public Health Services? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

4.2.1.3 Conduct collaborative decision-making and action? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

4.2.1.4 Optimize resources to deliver Essential Public Health Services? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

4.2.1.5 Share responsibilities to deliver Essential Public Health Services? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

4.2.1.6 Include a broad representation of the community (including representatives such as those listed in 4.1.3 Discussion Toolbox)? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

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|---|---|
| 4.2.2 Does the LPHS have a broad-based community health improvement committee? | NO MINIMAL MODERATE SIGNIFICANT OPTIMAL |
| Does this committee: | |
| 4.2.2.1 Participate in the community health assessment process? | NO MINIMAL MODERATE SIGNIFICANT OPTIMAL |
| 4.2.2.2 Participate in the implementation of a community health improvement process? | NO MINIMAL MODERATE SIGNIFICANT OPTIMAL |
| 4.2.2.3 Monitor and evaluate progress toward prioritized goals? | NO MINIMAL MODERATE SIGNIFICANT OPTIMAL |
| 4.2.2.4 Leverage community resources? | NO MINIMAL MODERATE SIGNIFICANT OPTIMAL |
| 4.2.2.5 Meet on a regular basis? | NO MINIMAL MODERATE SIGNIFICANT OPTIMAL |
| 4.2.3 Does the LPHS review the effectiveness of community partnerships and strategic alliances developed to improve community health? | NO MINIMAL MODERATE SIGNIFICANT OPTIMAL |
| Does the review include: | |
| 4.2.3.1 An assessment of the effectiveness of partnership participation in solving health problems? | NO MINIMAL MODERATE SIGNIFICANT OPTIMAL |
| 4.2.3.2 Information on the satisfaction of constituents with partnership efforts? | NO MINIMAL MODERATE SIGNIFICANT OPTIMAL |
| 4.2.3.3 An assessment of the expertise and system capacity needed to conduct partnership building activities? | NO MINIMAL MODERATE SIGNIFICANT OPTIMAL |
| 4.2.3.4 Identification of actions to improve the partnership process and capacity? | NO MINIMAL MODERATE SIGNIFICANT OPTIMAL |
| 4.2.3.5 Implementation of actions recommended to improve the partnership process and capacity? | NO MINIMAL MODERATE SIGNIFICANT OPTIMAL |

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

This service includes:

- An effective governmental presence at the local level.
- Development of policy to protect the health of the public and to guide the practice of public health.
- Systematic community-level planning for health improvement and public health emergency response in all jurisdictions.
- Alignment of local public health system (LPHS) resources and strategies with a community health improvement plan.

### LPHS Model Standard 5.1: Governmental Presence at the Local Level

Every community must be served by a governmental public health entity. As the line of first defense, local governmental public health entities play a vital role in ensuring the safety, health, and well-being of communities. The governmental public health entity works in partnership with the community to assure the development and maintenance of a flexible and dynamic public health system that provides the Essential Public Health Services. In doing this, the local governmental public health entity coordinates or assures the provision of quality public health services. Typically, the local health department (LHD) or a local branch of the state health agency serves as the local governmental public health entity.

To accomplish this, the local public health system (LPHS):

- Includes a local governmental public health entity to assure the delivery of the Essential Public Health Services to the community.
- Assures the availability of adequate resources for the local health department's contributions to the provision of Essential Public Health Services.
- Maintains an appropriate relationship with its local governing entity (e.g., local board of health, county commission, state health agency).
- Coordinates with the state public health system.

**Please answer the following questions related to Model Standard 5.1:**

5.1.1 Does the LPHS include a governmental local public health presence (i.e., local health department) to assure the provision of Essential Public Health Services to the community? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Does the local health department:

5.1.1.1 Maintain current documentation describing its mission? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.1.1.2 Maintain current documentation describing its statutory, chartered, and/or legal responsibilities? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.1.1.3 Assess its functions against the operational definition of a functional local health department? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.1.2 Does the LPHS assure the availability of resources for the local health department's contributions to the Essential Public Health Services? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Do resources for the local health department include:

5.1.2.1 Availability of legal counsel on issues related to the provision of Essential Public Health Services? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.1.2.2 Funding for mandated public health programs? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.1.2.3 Funding for needed public health programs, as identified by the community? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.1.2.4 The personnel required to deliver Essential Public Health Services, including a designated local health official? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.1.2.5 The facilities, equipment, and supplies required to deliver Essential Public Health Services? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.1.3 Does a local board of health or other governing entity conduct oversight for the local health department? *(This question not scored.)* NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.1.3.1 Has this local board of health or other governing entity completed the National Public Health Performance Standards Program Local Public Health Governance Performance Assessment Instrument? *(This question not scored.)* NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.1.4 Does the LHD work with the state public health agency and other state partners to assure the provision of public health services? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.1.4.1 Have state partners completed the National Public Health Performance Standards Program State Public Health System Performance Assessment Instrument with input from the local level? *(This question not scored.)* NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

## LPHS Model Standard 5.2: Public Health Policy Development

As used in this instrument, the phrase "policy development" involves the means by which problem identification, technical knowledge of possible solutions, and societal values join to set a course of action (IOM, 1988). Policy development is not synonymous with the development of laws, rules, and regulations (which are the focus of Essential Service # 6). Laws, rules, and regulations may be adopted as tools to implement policy, but good policies must precede good legislation. Policy development is a process that enables informed decisions to be made concerning issues related to the public's health.

The LPHS works with the community to identify policy needs and gaps to develop policies to improve the public's health. The LPHS promotes the community's understanding of, and advocacy for, policies to improve health, and serves as a resource to elected officials to establish and maintain public health policies.

To assure effective public health policy, the LPHS:

- Contributes to the development and/or modification of public health policy by facilitating community involvement and engaging in activities that inform the policy development process.
- Alerts policymakers and the public of potential public health impacts (both intended and unintended) from current and/or proposed policies.
- Reviews existing policies at least every three to five years.

**Please answer the following questions related to Model Standard 5.2:**

5.2.1 Does the LPHS contribute to the development of public health policies? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.2.1.1 Does the LPHS engage constituents in identifying and analyzing issues? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.2.1.2 Does the LPHS advocate for prevention and protection policies for those in the community who bear a disproportionate risk for mortality or morbidity? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.2.1.3 Within the past year, has the LPHS been involved in activities that influenced or informed the public health policy process? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

### 5.2.1.3 Discussion Toolbox

In considering 5.2.1.3, did these activities include:

- ❑ Preparation of informational materials (e.g., issue briefs, media statements, talking points, fact sheets)?
- ❑ Public testimony?
- ❑ Participation on local boards or advisory panels responsible for health policy advisement?
- ❑ Participation on state and/or national boards or advisory panels responsible for health policy advisement?

NPHPSP

5.2.2 Does the LPHS alert policymakers and the public of public health impacts from current and/or proposed policies?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.2.3 Does the LPHS review public health policies at least every three to five years?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Do reviews include:

5.2.3.1 Assessment of outcomes and/or consequences?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.2.3.2 Examination of potential community health impact of other policy areas (e.g., fiscal, social, environmental)?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Does the review process include:

5.2.3.3 Community constituents, including those affected by the policy?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

## LPHS Model Standard 5.3: Community Health Improvement Process and Strategic Planning

Community health improvement includes traditional public health, environmental health, and health services categories, as well as business, economic, housing, land use, health equity and other community issues affecting the public's health. The community health improvement process involves an ongoing collaborative, community-wide effort by the LPHS to identify, analyze, and address health problems; assess applicable data; inventory community health assets and resources; identify community perceptions; develop and implement coordinated strategies; develop measurable health objectives and indicators; identify accountable entities; and cultivate community "ownership" of the entire process. The community health improvement process provides the opportunity to develop a community-owned plan that will lead to a healthier community.

The community health improvement process is further strengthened by the organizational strategic planning activities of LPHS members, including the local health department. To effectively leverage community resources and optimize outcomes, organizations within the LPHS make efforts to review and align their organizational strategic plans with the community health improvement process.

To accomplish this, the LPHS:

- Establishes a community health improvement process, which includes broad-based participation and uses information from community health assessments as well as perceptions of community residents.
- Develops strategies to achieve community health improvement objectives and identifies accountable entities to achieve each strategy.

Because the activities of the local health department should be focused on community public health needs and issues, specific attention is given to this organization's strategic plan. The local health department:

- Conducts organizational strategic planning activities and reviews its organizational strategic plan to determine how it can best be aligned with the community health improvement process.

**Please answer the following questions related to Model Standard 5.3:**

5.3.1 Has the LPHS established a community health improvement process (e.g., MAPP, PACE EH)? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

5.3.1.1 Did the community health improvement process use an established tool such as MAPP or PACE-EH? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

NPHPSP

5.3.1.2 Is there broad participation in the community health improvement process? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

**5.3.1.2 Discussion Toolbox**
In considering 5.3.1.2, do participants include a broad spectrum of representatives of the LPHS:
- ❑ Community residents?
- ❑ Local health department?
- ❑ The local health department's governing entity (e.g., board of health)?
- ❑ Other governmental entities?
- ❑ Hospitals?
- ❑ Managed care organizations?
- ❑ Primary care clinics and physicians?
- ❑ Social service providers?
- ❑ Civic organizations?
- ❑ Professional organizations?
- ❑ Local businesses and employers?
- ❑ Neighborhood organizations?
- ❑ Faith institutions?
- ❑ Transportation providers?
- ❑ Educational institutions?
- ❑ Public safety and emergency response organizations?
- ❑ Environmental or environmental-health agencies?
- ❑ Non-profit organizations/advocacy groups?
- ❑ Local officials who impact policy and fiscal decisions?

Does the process include:
5.3.1.3 Information from community health assessments? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL
5.3.1.4 Issues and themes identified by the community? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL
5.3.1.5 Identification of community assets and resources? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL
5.3.1.6 Prioritization of community health issues? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL
5.3.1.7 Development of measurable health objectives? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.3.1.8 Does the process result in the development of a community health improvement plan? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.3.1.8.1 Is the community health improvement plan linked to a state health improvement plan? *(This question not scored.)* NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.3.2 Has the LPHS developed strategies to address community health objectives? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.3.2.1 Have the individuals or organizations accountable for the implementation of these strategies been identified? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

**5.3.2.1 Discussion Toolbox**
In considering 5.3.2.1, have these individuals or organizations:
- ❑ Agreed to defined responsibilities and timetables for activities?
- ❑ Started to implement these strategies?
- ❑ Determined how to effectively utilize the community assets and resources that were identified?

5.3.3 Does the local health department (LHD) conduct a strategic planning process?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

**5.3.3 Discussion Toolbox**

In considering 5.3.3, does the LHD's organizational strategic planning process include:

- ❑ Identification of forces (trends, events, or factors) that may impact health or the LPHS?
- ❑ Assessment of organizational strengths and weaknesses?

Are strategic plans:

- ❑ Reviewed annually?
- ❑ Revised at least every three to five years?

5.3.3.1 Does the LHD review its organizational strategic plan to determine how it can best be aligned with the community health improvement process?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

## LPHS Model Standard 5.4: Plan for Public Health Emergencies

An "All-Hazards" emergency preparedness and response plan describes the roles, functions and responsibilities of LPHS and other entities in the event of one or more types of public health emergencies. LPHS entities, including the local health department, emergency management, law enforcement, fire departments, health care providers, and other partners work collaboratively to formulate emergency response plans and procedures. Careful planning and mobilization of resources and partners prior to an event is crucial to a prompt and effective response. The plan should create an all-hazards response infrastructure, in that it outlines the capacity of the LPHS to respond to all public health emergencies (including natural and intentional incidents and disasters), while taking into account the unique and complex challenges presented by chemical, biological, radiological, nuclear and explosive incidents. These plans describe community interventions necessary to prevent, monitor and control the incident.

In order to plan for public health emergencies, the LPHS:

- Establishes a task force to develop and maintain emergency preparedness and response plans.
- Develops a plan that defines public health disasters and emergencies that might trigger implementation of the LPHS emergency response plan, describes organizational responsibilities, and establishes standard operating procedures and clearly outlines alert and evacuation protocols.
- Tests the plan through the staging of one or more "mock events," and revises the plan as necessary at least every two years.

**Please answer the following questions related to Model Standard 5.4:**

5.4.1 Do LPHS organizations participate in a task force or coalition of community partners to develop and maintain local and/or regional emergency preparedness and response plans?

NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

NPHPSP

5.4.1.1 Does task force participation include broad representation from the LPHS?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

**5.4.1.1 Discussion Toolbox**

In considering 5.4.1.1, does participation include:

- ❑ Local health department?
- ❑ State public health agency?
- ❑ State laboratory (if separate from agency)?
- ❑ City/County/State government (other than the public health agency)?
- ❑ Schools (i.e., public education)?
- ❑ Emergency Management Agency?
- ❑ Environmental agencies with responsibilities for fire, health, water, air quality, and consumer safety?
- ❑ Health organizations (including urgent care centers, private physicians offices, nursing homes, custodial care facilities, home health care provider agencies, hospitals, poison centers, pharmacies, primary and community health centers, mental health, and occupational health)?
- ❑ Local Emergency Planning Committee?
- ❑ National Guard?
- ❑ Private sector (i.e., trade and business organizations, industry and labor)?
- ❑ Public information officer for local jurisdiction?
- ❑ Public safety (i.e., fire, police)?
- ❑ Public works/sanitation?
- ❑ Transportation systems?
- ❑ Volunteer organizations (e.g., Red Cross)?
- ❑ Veterinarians?
- ❑ Coroner's office?

5.4.2 Does the LPHS have an all-hazards emergency preparedness and response plan?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Does the plan:

5.4.2.1 Identify public health disasters and emergencies that might trigger its implementation?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.4.2.2 Align with existing plans, protocols and procedures for emergency response within the community?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

**5.4.2.2 Discussion Toolbox**

In considering 5.4.2.2, does the plan align with:

- ❑ State/local emergency management plans?
- ❑ Hospital disaster plans?
- ❑ Pre-hospital triage protocols?
- ❑ Surge capacity plans?
- ❑ National Incident Management System?
- ❑ Risk communication plans and protocols?
- ❑ Mental health plans?
- ❑ Vulnerability assessment plans?

5.4.2.3 Clearly outline protocols and standard operating procedures for emergency response? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

**5.4.2.3 Discussion Toolbox**

In considering 5.4.2.3, do protocols:

- ❑ Describe the organizational responsibilities and roles of all plan participants?
- ❑ Include an established chain-of-command among plan participants?
- ❑ Include protocols for all Emergency Support Functions (e.g., FEMA system)?
- ❑ Include protocols to alert affected populations?
- ❑ Include protocols for alerting disabled persons and vulnerable populations?
- ❑ Include an evacuation plan?
- ❑ Include plans for mass casualty care?
- ❑ Identify community assets that could be mobilized by plan participants to respond to an emergency?
- ❑ Include procedures for receipt and deployment of assets from the Strategic National Stockpile?
- ❑ Include plans for remediation and long-term recovery?

5.4.3 Has the All-Hazards plan been reviewed and, if appropriate, revised within the past two years? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.4.3.1 Has any part of the plan been tested through simulations of one or more "mock events" within the past two years? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

**5.4.3.1 Discussion Toolbox**

In considering 5.4.3.1, were tests through:

- ❑ Tabletop drills?
- ❑ Functional drills?
- ❑ Full scale drills?

5.4.3.2 Did the mock event include a written After Action Report identifying opportunities for improvement? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.4.3.3 Was the plan modified based on these findings? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

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

This service includes:

- The review, evaluation, and revision of laws, regulations, and ordinances designed to protect health and safety to assure that they reflect current scientific knowledge and best practices for achieving compliance.
- Education of persons and entities obligated to obey or to enforce laws, regulations, and ordinances designed to protect health and safety in order to encourage compliance.
- Enforcement activities in areas of public health concern, including, but not limited to the protection of drinking water; enforcement of clean air standards; emergency response; regulation of care provided in health care facilities and programs; re-inspection of workplaces following safety violations; review of new drug, biologic, and medical device applications; enforcement of laws governing the sale of alcohol and tobacco to minors; seat belt and child safety seat usage; and childhood immunizations.

### LPHS Model Standard 6.1: Review and Evaluation of Laws, Regulations, and Ordinances

The local public health system (LPHS) reviews existing federal, state, and local laws, regulations, and ordinances relevant to public health in the community, including laws, regulations, and ordinances addressing environmental quality and health-related behavior. The review focuses on the authority established for laws, regulations, and ordinances as well as the impact of existing laws, regulations, and ordinances on the health of the community. The review also assesses compliance, opinions of constituents, and whether laws, regulations, and ordinances require updating.

In order to accomplish this, the LPHS:

- Identifies public health issues that can only be addressed through laws, regulations, or ordinances.
- Is knowledgeable about current federal, state, and local laws, regulations, and ordinances that protect the public's health.
- Reviews public health laws, regulations, and ordinances at least once every five years.
- Has access to legal counsel for assistance in the review of laws, regulations, and ordinances.

**Please answer the following questions related to Model Standard 6.1:**

6.1.1 Does the LPHS identify local public health issues that can only be addressed through laws, regulations, and ordinances?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.1.2 Is the LPHS knowledgeable about federal, state, and local laws, regulations, and ordinances that protect the public's health?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

**6.1.2 Discussion Toolbox**

In considering 6.1.2, is the LPHS knowledgeable about laws, regulations, and ordinances for:

- ❑ Food safety, protection and/or handling?
- ❑ Water quality?
- ❑ Air quality?
- ❑ Emergency preparedness and response?
- ❑ Quarantine and isolation?
- ❑ Injury prevention?
- ❑ Handling and disposal of toxic and chemical waste?
- ❑ Exposure-related diseases (including communicable and environmental exposures)?
- ❑ Regulations of health and social service facilities (e.g., nursing homes, home heath care providers, and other long term providers)?
- ❑ Day care centers and schools?
- ❑ Housing and property maintenance?
- ❑ Sanitation?
- ❑ Promotion of healthy behavior (e.g., regulations for alcohol and tobacco use, seat belt use, etc.)?

6.1.3 Does the LPHS review the laws, regulations, and ordinances that protect public health at least once every five years?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Do reviews:

6.1.3.1 Determine whether laws, regulations, and ordinances provide the authority to carry out the Essential Public Health Services?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.1.3.2 Assess compliance with public health laws, regulations, and ordinances?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.1.3.3 Determine the impact of existing laws, regulations, and ordinances on the health of the community?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.1.3.4 Determine whether public health laws, regulations, and ordinances require updating?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.1.4 Do governmental entities within the LPHS have access to legal counsel to assist with the review of laws, regulations, and ordinances related to the public's health?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

## LPHS Model Standard 6.2: Involvement in the Improvement of Laws, Regulations, and Ordinances

Having identified local public health issues that are not adequately being addressed through existing laws, regulations, and ordinances, the LPHS participates actively in the modification of existing laws, regulations, and ordinances and the formulation of new laws, regulations, and ordinances designed to assure and improve the public's health. This participation includes the drafting of proposed legislation and regulations, involvement in public hearings, and periodic communication with legislators and regulatory officials.

In order to accomplish this, the LPHS:

- Identifies local public health issues that are not adequately addressed through existing laws, regulations, and ordinances.
- Participates in the modification of existing laws, regulations, and ordinances and/or the formulation of new laws, regulations, and ordinances designed to assure and improve the public's health.
- Provides technical assistance for drafting proposed legislation, regulations, and ordinances.

**Please answer the following questions related to Model Standard 6.2:**

6.2.1 Does the LPHS identify local public health issues that are not adequately addressed through existing laws, regulations, and ordinances?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.2.2 Within the past five years, have LPHS organizations participated in the development or modification of laws, regulations, or ordinances for public health issues that are not adequately addressed through existing laws, regulations, and ordinances?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

### 6.2.2 Discussion Toolbox

In considering 6.2.2, did this work involve:

- ❑ Communication with legislators, regulatory officials, or other policymakers regarding proposed legislation, regulations, or ordinances?
- ❑ Participation in public hearings regarding proposed legislation, regulations, or ordinances?

6.2.3 Do LPHS organizations provide technical assistance to legislative, regulatory or advocacy groups for drafting proposed legislation, regulations, or ordinances?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

NPHPSP

## LPHS Model Standard 6.3: Enforcement of Laws, Regulations, and Ordinances

The LPHS recognizes the unique role of the government to enforce public health laws, regulations, and ordinances. The authority of the governmental organizations within the LPHS to enforce public health laws, regulations, and ordinances varies from state to state and between jurisdictions within states. In many communities, the local health department exercises regulatory enforcement that is delegated or contracted to it by federal, state, county, or municipal government entities. In other communities, enforcement authority may be retained by the state or delegated to one or more private entities whose authority may cross local jurisdictional boundaries.

To enforce laws, regulations, and ordinances, the LPHS:

- Identifies organizations within the LPHS that have authority to enforce public health laws, regulations, or ordinances.
- Assures that a local governmental public health entity is appropriately empowered through laws and regulations to act in public health emergencies and implement necessary community interventions.
- Assures that all enforcement activities are conducted in accordance with laws, regulations, and ordinances.
- Informs and educates individuals and organizations of the meaning and purpose of public health laws, regulations, and ordinances with which they are required to comply.
- Evaluates the compliance of regulated organizations and entities.

**Please answer the following questions related to Model Standard 6.3:**

6.3.1 Do governmental public health entities within your LPHS have the authority to enforce laws, regulations, or ordinances related to the public's health? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.3.1.1 Does a document (paper or electronic) exist that identifies the roles and responsibilities of each governmental entity with enforcement authority? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.3.1.2 Do governmental entities with enforcement authority provide their staff who engage in or support enforcement activities, with formal training on compliance and enforcement? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.3.2 Is the local health department or governmental public health entity empowered through laws and regulations to implement necessary community interventions in the event of a public health emergency? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Does this entity's authority include power to:

6.3.2.1 Implement quarantine and isolation? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.3.2.2 Implement mass immunization and dispensing clinics? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.3.3 Does the LPHS assure that all enforcement activities are conducted in accordance with applicable laws, regulations, and ordinances? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Does the LPHS:

6.3.3.1 Have the appropriate power and ability to prevent, detect, manage, and contain emergency health threats? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.3.3.2 Conduct enforcement activities within the time frame stipulated in laws, regulations, or ordinances? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.3.3.3 Conduct enforcement activities in compliance with due process and civil rights protections? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.3.4 Does the LPHS provide information about public health laws, regulations, and ordinances to the individuals and organizations who are required to comply with them? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

**6.3.4 Discussion Toolbox**

In considering 6.3.4, does the information explain:

- ❑ What the laws, regulations, and ordinances are?
- ❑ Why the laws, regulations, and ordinances exist?
- ❑ How to comply with applicable laws, regulations, and ordinances?

6.3.4.1 Is dissemination of this information integrated with other public health activities (e.g., health education, communicable disease control, health assessment, planning)? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.3.5 In the past five years, has the LPHS assessed the compliance of institutions and businesses in the community (e.g., schools, food establishments, day care facilities) with laws, regulations, and ordinances designed to ensure the public's health? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Did the assessment:

6.3.5.1 Include input from the regulated institutions and businesses regarding their perceived difficulties with compliance? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.3.5.2 Examine the extent of resistance to, or support for, enforcement activities by regulated institutions and businesses? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.3.5.3 Include input from key stakeholders (other than the regulated institutions and businesses) of those laws, regulations, and ordinances regarding the extent of their support for enforcement activities? 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:

- Identifying populations with barriers to personal health services.
- Identifying 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).

### LPHS Model Standard 7.1: Identification of Personal Health Service Needs of Populations

The local public health system (LPHS) identifies populations who may encounter barriers to personal health services. Identified barriers may be due to age, lack of education, poverty, culture, race, language, religion, national origin, physical and/or mental disability, or lack of health insurance. In order to ensure equitable access to personal health services, the LPHS has defined and agreed upon roles and responsibilities for the local governmental public health entity, hospitals, managed care plans, and other community health care providers in relation to providing these services.

To accomplish this, the LPHS:

- Identifies populations in the community who may experience barriers to the receipt of personal health services.
- Defines personal health service needs for the general population and for those populations who may experience barriers to personal health services. This includes defining specific preventive, curative, and rehabilitative health service needs for the jurisdiction.
- Assesses the extent to which personal health services in the jurisdiction are available and utilized by populations who may encounter barriers to care.

**Please answer the following questions related to Model Standard 7.1:**

7.1.1 Does the LPHS identify any populations who may experience barriers to personal health services?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

**7.1.1 Discussion Toolbox**

In considering 7.1.1, are the following populations taken into account:

- ❑ Children (less than 18 years of age)?
- ❑ Persons 65 years of age and older?
- ❑ Persons who may encounter barriers due to lack of education?
- ❑ Persons with low income?
- ❑ Persons with cultural or language barriers?
- ❑ Persons who may encounter barriers because of their race or ethnicity?
- ❑ Persons with physical disabilities?
- ❑ Persons with mental illness?
- ❑ Uninsured or under-insured persons?
- ❑ Persons who may encounter barriers due to geographic location?
- ❑ Persons with religious barriers?
- ❑ Lesbian, gay, bisexual, and trans-gendered individuals?
- ❑ Persons with addictions?
- ❑ Persons coming out of correctional institutions?
- ❑ Homeless persons?
- ❑ Undocumented immigrants?

7.1.2 Has the LPHS identified the personal health service needs of populations in its jurisdiction?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.1.2.1 Have personal health service needs been identified for populations who may experience barriers to care?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

**7.1.2.1 Discussion Toolbox**

In considering 7.1.2.1, does the LPHS determine the needs for:

- ❑ Outreach services to link people to care?
- ❑ Primary medical care (including clinical preventive services)?
- ❑ Care (case) management?
- ❑ Hospital care?
- ❑ Tertiary medical care?
- ❑ Restorative or rehabilitative care?
- ❑ Social services?
- ❑ Mental health services?
- ❑ Substance abuse treatment services?
- ❑ Oral health services?

7.1.3 Has the LPHS assessed the extent to which personal health services in its jurisdiction are available to populations who may experience barriers to care?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.1.3.1 Has the LPHS assessed the extent to which personal health services are utilized by populations who may experience barriers to care?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

## LPHS Model Standard 7.2: Assuring the Linkage of People to Personal Health Services

The LPHS supports and coordinates partnerships and referral mechanisms among the community's public health, primary care, oral health, social service, and mental health systems to optimize access to needed personal health services. The LPHS seeks to create innovative partnerships with organizations such as libraries, parenting centers, and service organizations, that will help to enhance the effectiveness of LPHS personal health services.

To accomplish this, the LPHS:

- Links populations to personal health services, including populations who may encounter barriers to care.
- Provides assistance in accessing personal health services in a manner that recognizes the diverse needs of unserved and underserved populations.
- Enrolls eligible beneficiaries in state Medicaid or Medical and Prescription Assistance Programs.
- Coordinates the delivery of personal health and social services to optimize access.

**Please answer the following questions related to Model Standard 7.2:**

7.2.1 Does the LPHS link populations to needed personal health services?

NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

### 7.2.1 Discussion Toolbox

In considering 7.2.1, does the LPHS assure the provision of services to the following populations who may encounter barriers to care:

- ❑ Children (less than 18 years of age)?
- ❑ Persons 65 years of age and older?
- ❑ Persons who may encounter barriers due to lack of education?
- ❑ Persons with low income?
- ❑ Persons with cultural or language barriers?
- ❑ Persons who may encounter barriers because of their race or ethnicity?
- ❑ Persons with physical disabilities?
- ❑ Persons with mental illness?
- ❑ Uninsured or under-insured persons?
- ❑ Persons who may encounter barriers due to geographic location?
- ❑ Persons with religious barriers?
- ❑ Lesbian, gay, bisexual, and trans-gendered individuals?
- ❑ Persons with addictions?
- ❑ Persons coming out of correctional institutions?
- ❑ Homeless persons?
- ❑ Undocumented immigrants?

7.2.2 Does the LPHS provide assistance to vulnerable populations in accessing needed health services? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Does this assistance include:

7.2.2.1 Culturally and linguistically appropriate staff to assist population groups in obtaining personal health services? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.2.2.2 Culturally and linguistically appropriate materials? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.2.2.3 Transportation services for those with special needs? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.2.3 Does the LPHS have initiatives to enroll eligible individuals in public benefit programs such as Medicaid, and/or other medical or prescription assistance programs? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.2.4 Does the LPHS coordinate the delivery of personal health and social services to optimize access to services for populations who may encounter barriers to care? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.2.4.1 Are services targeting the same populations co-located to optimize access? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.2.4.2 Are services targeting the same populations coordinated among providers to optimize access? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

**7.2.4.2 Discussion Toolbox**

In considering 7.2.4.2, does coordination of services occur among these providers:

- ❑ The local health department?
- ❑ Other governmental agencies providing services to these populations (e.g., social services)?
- ❑ Hospitals providing services to the community?
- ❑ Managed care plans active in the community?
- ❑ Charitable organizations active in the community?
- ❑ Organizations representing populations within the community?
- ❑ Federally Qualified Health Centers?

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

This service includes:

- Assessment of all of the workers within the local public health system (LPHS) (including agency, public, and private workers, volunteers, and other lay community health workers) to meet community needs for public and personal health services.
- Maintaining public health workforce standards, including efficient processes for licensure/credentialing of professionals and incorporation of core public health competencies needed to provide the Essential Public Health Services into personnel systems.
- Adoption of continuous quality improvement and life-long learning programs for all members of the public health workforce, including opportunities for formal and informal public health leadership development.

### LPHS Model Standard 8.1: Workforce Assessment, Planning, and Development

Workforce assessment is the process of determining the competencies, skills, and knowledge; categories and number of personnel; and training needed to achieve public health and personal health goals. It is a community process that includes the identification of those available to contribute to the provision of the Essential Public Health Services and the particular strengths and assets that each brings. Workforce assessment includes the projection of optimal numbers and types of personnel and the formulation of plans to address identified workforce shortfalls or gaps.

To accomplish this, organizations within the local public health system (LPHS):

- Establish a collaborative process to periodically determine the competencies, composition, and size of the public and personal health workforce that provides the Essential Public Health Services.
- Identify and address gaps in the public and personal health workforce, ideally using information from the assessment.
- Distribute information from the workforce assessment to community organizations, including governing bodies and public and private agencies, for use in their strategic and operational plans.

**Please answer the following questions related to Model Standard 8.1:**

8.1.1 Within the past three years, has an assessment of the LPHS workforce been conducted? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

### 8.1.1 Discussion Toolbox

In considering 8.1.1, did the assessment:

- ❑ Include participation from multiple organizations within the LPHS?
- ❑ Determine the composition (i.e., job titles and demographics) of the workforce by occupational categories?
- ❑ Determine the size of the workforce by enumerating the number of workers in workforce categories?
- ❑ Determine existing workforce skills and experience?
- ❑ Address the role of volunteers and other lay community health workers?
- ❑ Identify areas for improvement?

8.1.2 Whether or not a formal assessment has been conducted, have shortfalls and/or gaps within the LPHS workforce been identified? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.1.2.1 Were gaps related to workforce composition identified? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL
8.1.2.2 Were gaps related to workforce size identified? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL
8.1.2.3 Were gaps related to workforce skills and/or experience identified? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL
8.1.2.4 Were recruitment and retention shortfalls identified? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL
8.1.2.5 Is this knowledge used to develop plans to address workforce gaps? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL
8.1.2.6 Have the organizations within the LPHS implemented plans for correction? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL
8.1.2.7 Is there a formal process to evaluate the effectiveness of plans to address workforce gaps? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.1.3 Were the results of the workforce assessment and/or gap analysis disseminated for use in LPHS organizations' strategic or operational plans? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Was this information provided to:
8.1.3.1 Community leaders? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL
8.1.3.2 Governing bodies? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL
8.1.3.3 Public agencies? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL
8.1.3.4 Elected officials? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

## LPHS Model Standard 8.2: Public Health Workforce Standards

Organizations within the LPHS develop and maintain public health workforce standards for individuals who deliver and/or contribute to the Essential Public Health Services. Public health workforce qualifications include certifications, licenses, and education required by law or established by local, state, or federal policy guidelines. In addition, core and specific competencies that are needed to provide the Essential Public Health Services are incorporated into personnel systems. These standards are linked to job performance through clearly written position descriptions and regular performance evaluations.

To accomplish this, organizations within the LPHS:

- Are aware of and in compliance with guidelines and/or licensure/certification requirements for personnel contributing to the Essential Public Health Services.
- Periodically develop, use, and review job standards and position descriptions that incorporate specific competency and performance expectations.
- Evaluate members of the public health workforce on their demonstration of core public health competencies and those competencies specific to a work function or setting and encourage staff to respond to evaluations and performance goal adjustments by taking advantage of continuing education and training opportunities.

Workforce standards are essential for each organization within the local public health system, but are particularly important for the local health department (LHD) where a large concentration of public health professionals exists. To fulfill these important obligations the LHD:

- Develops written job standards and/or position descriptions for all LHD personnel.
- Conducts annual performance evaluations of personnel within the LHD.

**Please answer the following questions related to Model Standard 8.2:**

| | |
|---|---|
| 8.2.1 Are organizations within the LPHS aware of guidelines and/or licensure/certification requirements for personnel contributing to the Essential Public Health Services? | NO MINIMAL MODERATE SIGNIFICANT OPTIMAL |
| 8.2.1.1 Are organizations within the LPHS in compliance with guidelines and/or licensure/certification requirements for personnel contributing to the Essential Public Health Services? | NO MINIMAL MODERATE SIGNIFICANT OPTIMAL |
| 8.2.2 Have organizations within the LPHS developed written job standards and/or position descriptions for all personnel contributing to the Essential Public Health Services? | NO MINIMAL MODERATE SIGNIFICANT OPTIMAL |
| 8.2.3 Do organizations within the LPHS conduct annual performance evaluations? | NO MINIMAL MODERATE SIGNIFICANT OPTIMAL |

8.2.4 Does the LHD develop written job standards and/or position descriptions for all personnel?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

**8.2.4 Discussion Toolbox**

In considering 8.2.4, do job standards and/or position descriptions:

- ❑ Specify job competencies for each position?
- ❑ Specify types and levels of experience and education for each position?
- ❑ Specify certifications or licenses required for certain positions?
- ❑ Include performance expectations?

8.2.4.1 Are job standards and/or position descriptions reviewed periodically?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.2.5 Does the LHD conduct performance evaluations?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

**8.2.5 Discussion Toolbox**

In considering 8.2.5, does the LHD:

- ❑ Conduct performance evaluations annually?
- ❑ Base performance evaluations on the demonstration of core public health competencies?
- ❑ Base performance evaluations on demonstration of competencies specific to a work function or setting?
- ❑ Base performance evaluations on direct observations of staff performance?
- ❑ Adjust performance goals for individual workers as part of the performance evaluation?
- ❑ Train evaluators in techniques for performance appraisal as part of an overall performance improvement process (e.g., 360 employee evaluation)?
- ❑ Use performance evaluation plans to establish leadership expectations and to recognize leadership competence on both individual and collaborative levels in both internal and external settings?
- ❑ Where unions exist, conduct performance evaluations in accordance with union policy?

## LPHS Model Standard 8.3: Life-Long Learning Through Continuing Education, Training, and Mentoring

Continuing education and training include formal and informal educational opportunities. This may encompass distance learning, workshops, seminars, national and regional conferences, and other activities intended to strengthen the professional knowledge and skills of employees contributing to the provision of the Essential Public Health Services. Experienced mentors and coaches are available to less experienced staff to provide advice and assist with skill development and other needed career resources. Opportunities are available for staff to work with academic and research institutions, particularly those connected with schools of public health, public administration, and population health disciplines. Through these academic linkages, the public health workforce, faculty, and students are provided with opportunities for relevant interaction, which enriches both settings.

The complexity of promoting health and preventing disease in a country as diverse as the United States requires the public health workforce to continually learn and apply this new knowledge. The population in the United States continues to be diverse in terms of race, ethnicity, faith beliefs, age, economics, education, life-style preference and other demographic characteristics. Factors such as the social environment, physical environment, economic status, genetic predisposition, behavioral risk factors, and health care also influence health and well-being. An understanding and respect for this diversity and the underlying factors that address health are critical to the performance of all of the Essential Public Health Services. The LPHS respects diverse perspectives and cultural values and expects staff to demonstrate cultural competence in all interactions based on the dignity and value of each individual as a professional colleague or community member.

To accomplish this, organizations within the LPHS:

- Identify education and training needs and encourage opportunities for workforce development.
- Provide opportunities for all personnel to develop core public health competencies.
- Provide incentives (e.g., improvements in pay scale, release time, tuition reimbursement) for the public health workforce to pursue education and training.
- Provide opportunities for public health workforce members, faculty and student interaction to mutually enrich practice-academic settings.

**Please answer the following questions related to Model Standard 8.3:**

8.3.1 Does the LPHS identify education and training needs so as to encourage opportunities for workforce development? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

Is workforce development encouraged and/or provided through:

8.3.1.1 Distance learning technology? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

8.3.1.2 National, state, local and regional conferences? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

8.3.1.3 Staff cross-training? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

8.3.1.4 Coaching, mentoring and modeling? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

8.3.1.5 Does the LPHS provide refresher courses for key public health issues (e.g., HIPAA, non-discrimination, and emergency preparedness)? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

8.3.2 Does the LPHS provide opportunities for all personnel to develop core public health competencies?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

**8.3.2 Discussion Toolbox**

In considering 8.3.2, are the following core competencies addressed in the opportunities provided by the LPHS:

- ❑ Analytic skills/assessment skills?
- ❑ Basic public health science skills?
- ❑ Cultural competency skills?
- ❑ Communications skills?
- ❑ Community dimensions of practice skills?
- ❑ Financial planning and management skills?
- ❑ Leadership and systems thinking skills?
- ❑ Policy development/program planning skills?

Do these training opportunities include:

8.3.2.1 An understanding of the Essential Public Health Services?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.3.2.2 An understanding of the multiple determinants of health to develop more effective public health interventions?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

**8.3.2.2 Discussion Toolbox**

In considering 8.3.2.2, does training address such determinants of health as:

- ❑ Culture?
- ❑ Race/ethnicity?
- ❑ Gender?
- ❑ Economic status?
- ❑ Educational attainment?
- ❑ Genetic predisposition?
- ❑ Environmental influences (natural and built)?

8.3.2.3 Cultural competence to interact with colleagues and community members?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.3.3 Are incentives provided to the workforce to participate in educational and training experiences?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

**8.3.3 Discussion Toolbox**

In considering 8.3.3, do these incentives include:

- ❑ Career advancement?
- ❑ Time off for coursework or conferences?
- ❑ Tuition reimbursement?
- ❑ Recognition by supervisors?
- ❑ Registration and paid attendance to conferences and meetings?

8.3.3.1 Does the LHD have dedicated resources for training and education?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

**8.3.3.1 Discussion Toolbox**
In considering 8.3.3.1, are the following available for training and education:
❑ A dedicated budget?
❑ Personnel (e.g., a training coordinator)?

8.3.4 Are there opportunities for interaction between staff of LPHS organizations and faculty from academic and research institutions, particularly those connected with schools of public health?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

## LPHS Model Standard 8.4: Public Health Leadership Development

LPHS leadership is demonstrated by both individuals and organizations that are committed to improving the health of the community. Leaders play a vital role in assuring the creation of a public health system, the implementation of the Essential Public Health Services, and the creation and achievement of a shared vision of community health and well-being. LPHS leadership may be provided by the local governmental public health entity, may emerge from the public and private sectors or the community, or may be shared by multiple stakeholders. The LPHS encourages the development of leadership capacity that is inclusive, representative of community diversity, and respectful of the community's perspective.

To accomplish this, the organizations within the LPHS:

- Provide formal (e.g., educational programs, leadership institutes) and informal (e.g., coaching, mentoring) opportunities for leadership development for employees at all organizational levels.
- Promote collaborative leadership through the creation of a public health system with a shared vision and participatory decision-making.
- Assure that organizations and/or individuals have opportunities to provide leadership in areas where their expertise or experience can provide insight, direction, or resources.
- Provide opportunities for development of diverse community leadership to assure sustainability of public health initiatives.

**Please answer the following questions related to Model Standard 8.4:**

8.4.1 Do organizations within the LPHS promote the development of leadership skills? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

Is leadership skill development promoted by:

8.4.1.1 Encouraging potential leaders to attend formal leadership training? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

### 8.4.1.1 Discussion Toolbox

In considering 8.4.1.1, do members of the LPHS workforce participate in the following:

- ❑ National Public Health Leadership Institute?
- ❑ Regional or state public health leadership institutes?
- ❑ Executive management seminars or programs?
- ❑ Graduate programs in leadership/management?

8.4.1.2 Mentoring personnel in middle management/supervisory positions? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

8.4.1.3 Promoting leadership at all levels within organizations that comprise the LPHS? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

8.4.1.4 Establishing financial resources to support leadership development on an ongoing basis? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

8.4.2 Do organizations within the LPHS promote collaborative leadership through the creation of a shared vision and participatory decision-making? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

NPHPSP

8.4.2.1 Across LPHS organizations, are there established communication mechanisms that encourage informed participation in decision-making (e.g., forums, list serve)?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.4.3 Does the LPHS provide leadership opportunities for individuals and/or organizations in areas where their expertise or experience can provide insight, direction, or resources?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.4.4 Does the LPHS recruit and retain new leaders who are representative of the population diversity within their community?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.4.4.1 Does the LPHS provide opportunities to develop community leadership through coaching and mentoring?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

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

This service includes:

- Evaluating the accessibility and quality of services delivered and the effectiveness of personal and population-based programs provided.
- Providing information necessary for allocating resources and reshaping programs.

### LPHS Model Standard 9.1: Evaluation of Population-Based Health Services

The local public health system (LPHS) regularly evaluates the accessibility, quality, and effectiveness of population-based health services (e.g., injury prevention, physical activity, immunizations) and progress towards program goals. The LPHS has established performance criteria, or used externally established performance criteria (e.g., Healthy People 2010 objectives or The Guide to Community Preventive Services), to evaluate specific indicators for population-based services. The evaluation of population-based health services is built on the analysis of health status, service utilization, and community satisfaction data to assess program effectiveness and to provide information to allocate resources and reshape programs.

To accomplish this, the LPHS:

- Evaluates population-based health services against established criteria for performance, including the extent to which program goals are achieved for these services.
- Assesses community satisfaction with population-based services and programs through a broad-based process, which includes residents who are representative of the community and groups at increased risk of negative health outcomes.
- Identifies gaps in the provision of population-based health services.
- Uses evaluation findings to modify the strategic and operational plans of LPHS organizations to improve services and programs.

**Please answer the following questions related to Model Standard 9.1:**

9.1.1 In the past three years, has the LPHS evaluated population-based health services?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

**9.1.1 Discussion Toolbox**
In considering 9.1.1, do evaluations include assessments of such services as:
- ❑ Physical activity promotion?
- ❑ Overweight and obesity prevention?
- ❑ Tobacco use prevention?
- ❑ Substance abuse prevention?
- ❑ STD prevention?
- ❑ Injury prevention?
- ❑ Environmental health?
- ❑ Immunization programs?

9.1.1.1 Are established criteria used to evaluate population-based health services?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

**9.1.1.1 Discussion Toolbox**
In considering 9.1.1.1, do these criteria include:
- ❑ Established goals for access to population-based health services (e.g., access to immunizations started by two months of age)?
- ❑ Quality standards for population-based health services (e.g., multicomponent interventions that include education to increase vaccine coverage)?
- ❑ Established targets for the effectiveness of population-based health services (e.g., rates of immunization by six months)?

9.1.1.2 Does the evaluation determine the extent to which program goals are achieved for population-based health services?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

**9.1.1.2 Discussion Toolbox**
In considering 9.1.1.2, does evaluation of program goals include determining:
- ❑ Access to population-based health services?
- ❑ Quality of the population-based health services?
- ❑ Effectiveness of the population-based health services?

9.1.2 Does the LPHS assess community satisfaction with population-based health services? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Does the assessment:

9.1.2.1 Gather input from residents representing a cross-section of the community? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.1.2.2 Determine if residents' needs are being met, including those groups at increased risk of negative health outcomes? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.1.2.3 Determine residents' satisfaction with the responsiveness to their complaints or concerns regarding population-based health services? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.1.2.4 Identify areas where population-based health services can be improved? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.1.3 Does the LPHS identify gaps in the provision of population-based health services? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.1.4 Do organizations within the LPHS use the results of population-based health services evaluation in the development of their strategic and operational plans? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

## LPHS Model Standard 9.2: Evaluation of Personal Health Services

The LPHS regularly evaluates the accessibility, quality, and effectiveness of personal health services, ranging from prevention services to acute care to hospice care. Special attention is given to the ability of community providers to deliver services across life stages and population groups. An important component of the evaluation is a survey of client satisfaction. The clients surveyed are representative of all actual and potential users of the system. The survey addresses satisfaction with access to the system by populations with barriers to personal health services, usability of the system by all clients, and inclusiveness of services.

To accomplish this, organizations within the LPHS:

- Evaluate the accessibility, quality, and effectiveness of personal health services.
- Evaluate personal health services against established standards.
- Assess the satisfaction of clients (including those at increased risk of negative health outcomes).
- Use information technology to assure quality of personal health services and communication among providers.
- Use evaluation findings to modify their strategic and operational plans and to improve services and programs.

**Please answer the following questions related to Model Standard 9.2:**

9.2.1 In the past three years, have organizations within the LPHS evaluated personal health services for the community? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

Were the following assessed:

9.2.1.1 Access to personal health services? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

9.2.1.2 The quality of personal health services? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

9.2.1.3 The effectiveness of personal health services? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

9.2.2 Are specific personal health services in the community evaluated against established standards (e.g., JCAHO, State licensure, HEDIS)? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

### 9.2.2 Discussion Toolbox

In considering 9.2.2, does the evaluation include an assessment of such services as:

- ❑ Clinical preventive services?
- ❑ Primary health care services?
- ❑ Specialty care services?
- ❑ Oral health services?
- ❑ Mental health services?
- ❑ Outpatient surgery services?
- ❑ Emergency care services?
- ❑ Hospital care services?
- ❑ Rehabilitative care services?
- ❑ Home health care services?
- ❑ Long-term care services?
- ❑ Hospice care services?

9.2.3 Does the LPHS assess client satisfaction with personal health services? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

**9.2.3 Discussion Toolbox**

In considering 9.2.3, does the assessment:

- ❑ Determine the adequacy of the scope of personal health services offered?
- ❑ Examine how well services meet personal health needs of clients, including those at increased risk of negative health outcomes?
- ❑ Identify areas for improvement?
- ❑ Determine client satisfaction with the responsiveness to their complaints or concerns regarding personal health services?
- ❑ Determine client satisfaction with systems related to payment for personal health services (e.g., Medicaid, Medicare, managed care plans, preferred provider plans)?

9.2.3.1 Were surveyed clients representative of past, current and potential users of services? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.2.4 Do organizations within the LPHS use information technology to assure quality of personal health services? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.2.4.1 Do organizations use electronic health records? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.2.4.2 Is information technology used to facilitate communication among providers (e.g., Health Information Exchange or Regional Health Information Organizations)? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.2.5 Do organizations within the LPHS use the results of the evaluation in the development of their strategic and operational plans? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

## LPHS Model Standard 9.3: Evaluation of the Local Public Health System

A local public health system includes all public, private, and voluntary entities, as well as individuals and informal associations that contribute to the delivery of the Essential Public Health Services within a jurisdiction. The evaluation focuses primarily on the performance of the LPHS as a whole. The local governmental public health entity takes a lead role in convening a collaborative evaluation process. Organizations engaged in the evaluation process use established criteria to assess LPHS activities, the achievement of goals, and any lapses in quality. The standards used are consistent with NPHPSP or similar standards. Community perceptions are a vital component of the evaluation. The evaluation findings are regularly used to inform the community health improvement process and to improve services and programs.

To accomplish this, the LPHS:

- Identifies community organizations or entities that contribute to the delivery of the Essential Public Health Services.
- Evaluates the comprehensiveness of LPHS activities against established criteria at least every five years and ensures that all organizations within the LPHS contribute to the evaluation process.
- Assesses the effectiveness of communication, coordination, and linkage among LPHS entities.
- Uses information from the evaluation process to refine existing community health programs, to establish new ones, and to redirect resources as needed to accomplish LPHS goals.

**Please answer the following questions related to Model Standard 9.3:**

9.3.1 Has the LPHS identified community organizations or entities that contribute to the delivery of the Essential Public Health Services? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

9.3.2 Is an evaluation of the LPHS conducted every three to five years? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

Does the evaluation:

9.3.2.1 Assess the comprehensiveness of LPHS activities? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

9.3.2.2 Use established standards (e.g., National Public Health Performance Standards Program)? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

9.3.2.3 Do LPHS entities participate in the evaluation of the LPHS? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

**9.3.2.3 Discussion Toolbox**

In considering 9.3.2.3, consider whether participating LPHS entities include:

- ❑ The local governmental public health agency (i.e., local health department)?
- ❑ The local governing entity (i.e., board of health)?
- ❑ Other governmental entities (e.g., state agencies, other local agencies)?
- ❑ Hospitals?
- ❑ Managed care organizations?
- ❑ Primary care clinics and physicians?
- ❑ Social service providers?
- ❑ Mental health providers?
- ❑ Civic organizations?
- ❑ Professional organizations?
- ❑ Local businesses and employers?
- ❑ Neighborhood organizations?
- ❑ Faith-based organizations?
- ❑ Educational institutions?
- ❑ Public safety and emergency response organizations?
- ❑ Environmental or environmental-health agencies?
- ❑ Non-profit organizations?
- ❑ Advocacy groups?
- ❑ Local officials who impact policy and fiscal decisions?
- ❑ Other community organizations?

9.3.3 Has a partnership assessment been conducted that evaluates the relationships among organizations that comprise the LPHS (e.g., the NPHPSP or an evaluation of a partnership within the MAPP process)? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.3.3.1 Is the exchange of information among the organizations in the LPHS assessed? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.3.3.2 Are linkage mechanisms among the providers of population-based services and personal health services assessed (e.g., referral systems, memoranda of understanding)? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.3.3.3 Is the use of resources (e.g., staff, communication systems) to support the coordination among LPHS organizations assessed? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.3.4 Does the LPHS use results from the evaluation process to guide community health improvements? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Are the results from the evaluation process used:

9.3.4.1 To refine existing community health programs? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.3.4.2 To establish new community health programs? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.3.4.3 To redirect resources? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.3.4.4 To inform the community health improvement process? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

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

This service includes:

- A continuum of innovative solutions to health problems ranging from practical field-based efforts to foster change in public health practice, to more academic efforts to encourage new directions in scientific research.
- Linkages with institutions of higher learning and research.
- Capacity to undertake timely epidemiological and health policy analyses and conduct health systems research.

### LPHS Model Standard 10.1: Fostering Innovation

Organizations within the local public health system (LPHS) foster innovation to strengthen public health practice. Innovation includes practical field-based efforts to foster change in public health practice as well as academic efforts to encourage new directions in scientific research.

To accomplish this, organizations within the LPHS:

- Enable staff to identify new solutions to health problems in the community by providing the time and resources for staff to pilot test or conduct studies to determine the feasibility of implementing new ideas.
- Propose public health issues to organizations that do research for inclusion in their research agendas.
- Research and monitor best practice information from other agencies and organizations at the local, state, and national level.
- Encourage community participation in research development and implementation (e.g., identifying research priorities, designing studies, preparing related communications for the general public).

**Please answer the following question related to Model Standard 10.1:**

10.1.1 Do LPHS organizations encourage staff to develop new solutions to health problems in the community?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

10.1.1.1 Do LPHS organizations provide time and/or resources for staff to pilot test or conduct studies to determine new solutions?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

**10.1.1.1 Discussion Toolbox**

In considering 10.1.1.1, do organizations:

- ❑ Develop solutions that consider broad issues affecting the public's health (i.e., race/gender/age discrimination, lack of affordable/quality housing and education, locating waste facilities in residential neighborhoods, transportation)?
- ❑ Identify barriers to implementing innovative solutions to health problems within the community?
- ❑ Implement those innovations most likely to improve public health practice?

10.1.2 During the past two years, have LPHS organizations proposed to research organizations one or more public health issues for inclusion in their research agenda?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

10.1.3 Do LPHS organizations identify and stay current with best practices developed by other public health agencies or organizations?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

**10.1.3 Discussion Toolbox**

In considering 10.1.3, are the following used to identify best practices:

- ❑ Scientific publications?
- ❑ Professional associations?
- ❑ National and state conferences?

10.1.4 Do LPHS organizations encourage community participation in the development or implementation of research?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

## LPHS Model Standard 10.2: Linkage with Institutions of Higher Learning and/or Research

The LPHS establishes a wide range of relationships with institutions of higher learning and/or research organizations, including patterns of mutual consultation, and formal and informal affiliation. Such relationships can occur with schools of public health as well as with schools and departments of medicine, nursing, pharmacy, allied health, business and environmental science. The LPHS establishes linkages with other research organizations, such as federal and state agencies, associations, private research organizations, and research departments or divisions of business firms. The LPHS links with one or more institutions of higher learning and/or research organizations to co-sponsor continuing education programs.

To accomplish this, the LPHS:

- Develops relationships with these institutions that range from patterns of consultation to formal and informal affiliations.
- Partners with institutions of higher learning or research to conduct research activities related to the public's health, including community-based participatory research.
- Encourages collaboration between the academic/research and practice communities, including field training experiences and continuing education opportunities.

**Please answer the following questions related to Model Standard 10.2:**

10.2.1 Does the LPHS develop relationships with institutions of higher learning and/or research organizations?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

### 10.2.1 Discussion Toolbox

In considering 10.2.1, do these relationships include:

- ❑ Consultations?
- ❑ Formal affiliations?
- ❑ Informal affiliations?
- ❑ Technical assistance?

10.2.2 Does the LPHS partner with at least one institution of higher learning and/or research organization to conduct research related to the public's health?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

### 10.2.2 Discussion Toolbox

In considering 10.2.2, are there partnerships for:

- ❑ Community-based participatory research?
- ❑ Public health systems research?
- ❑ Interdisciplinary research?

10.2.3 Does the LPHS encourage collaboration between the academic and practice communities?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

**10.2.3 Discussion Toolbox**

In considering 10.2.3, does this interaction include:

- ❑ Exchange of faculty and public health workforce members?
- ❑ Arrangements with institutions of higher learning and/or research organizations to provide field training or work-study experiences for their students or interns?
- ❑ Co-sponsored continuing education for the public health workforce?

## LPHS Model Standard 10.3: Capacity to Initiate or Participate in Research

Organizations within the LPHS initiate and/or participate in research that contributes to epidemiological and health policy analyses and improved health system performance. Health systems research encompasses both population-based and personal health care services research. This research includes the examination of factors related to the efficient and effective implementation of the Essential Public Health Services (public health systems research) as well as the study of variables that influence health care quality and service delivery (health services research).

The capacity to initiate or participate in timely epidemiological, policy, and health systems research begins with ready access to researchers with the knowledge and skill to design and conduct research in those areas. This capacity also includes the availability of resources, such as a technical library, on-line services, and information technology. Capacity also includes facilities for analyses, and the ability to disseminate and apply research findings to improve public health practice.

To accomplish this, the LPHS:

- Includes or has access to researchers with the knowledge and skill to design and conduct health-related studies.
- Ensures the availability of resources (e.g., databases, information technology) to facilitate research.
- Disseminates research findings to public health colleagues and others (e.g., publication in journals, websites).
- Evaluates the development, implementation, and impact of LPHS research efforts on public health practice.

**Please answer the following questions related to Model Standard 10.3:**

10.3.1 Does the LPHS have access to researchers (either on staff or through other arrangements)?

NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

### 10.3.1 Discussion Toolbox

In considering 10.3.1, do one or more of the researchers have training or experience in the following:

- ❑ Epidemiology?
- ❑ Health policy?
- ❑ Health economics?
- ❑ Health services?
- ❑ Public health systems?
- ❑ Community-based participatory research?

10.3.2 Is there access to resources to facilitate research within the LPHS? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

**10.3.2 Discussion Toolbox**

In considering 10.3.2, do these resources include:

- ❑ Databases?
- ❑ Technical libraries?
- ❑ Distance learning?
- ❑ On-line resources?

10.3.3 Does the LPHS disseminate findings from their research? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

10.3.4 Does the LPHS evaluate its research activities? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Does the LPHS evaluate the:

10.3.4.1 Development of research activities? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

10.3.4.2 Implementation of research activities? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

10.3.4.3 Impact of research activities on public health practice? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

10.3.4.4 Involvement of community representatives in collaborative research efforts (i.e., community-based participatory research)? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

# Respondent Information Form (RIF)

## Respondent Information Form (RIF)

**Demographic Information**

Name of Local Health Department: _____
Address _____
State _____ Zip _____ Email _____
Phone _____ Fax _____
Agency website URL _____ Name of Local Health Officer _____
Name of Contact Person for the Assessment Instrument _____
Contact Person Title _____ Contact Person Phone _____
Fax _____ Email _____

1. Categorize your jurisdiction by selecting one of the following, or describe its structure under "other."
   a. _____ County
   b. _____ City
   c. _____ City-County
   d. _____ Township
   e. _____ Multiple counties, district, or regional health department
   f. _____ Other

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

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

4. What is the total agency budget? _____

5. Which of the following best describes the organization or office to which your local public health officer reports directly? *(check all that apply)*
   a. _____ Local board of health
   b. _____ City council / county council
   c. _____ County commissioner / county executive
   d. _____ City or town manager
   e. _____ Regional or district health director
   f. _____ State health director or commissioner
   g. _____ Other

6. How much time has the local health official held his/her position?
   _____years _____ months

7. Is your jurisdiction completing the local public health system assessment as part of the MAPP (Mobilizing for Action through Planning and Partnerships) process?
   a. _____ Yes
   b. _____ No
   c. _____ Unsure

*(Note: MAPP is a community strategic planning process that incorporates the results of the local public health system assessment into a broader plan for improving community health. For more information about MAPP, go to www.naccho.org and click on "Programs and Activities" and then the link for MAPP.)*

**About Your Site's Assessment Process**

Please tell us about your jurisdiction'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.

8. During the assessment process, what type of decision making process was used?
*(Check the response that best describes your process.)*
   - ☐ 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): _____

9. What process was used to complete the 10 sections of the assessment?
*(Check only one response.)*
   - ☐ 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)*: _____

10. 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 local governmental public health agency
   - ☐ The local governing entity (e.g., board of health)
   - ☐ Other governmental entities (e.g., state agencies, other local agencies)
   - ☐ Hospitals
   - ☐ Managed care organizations
   - ☐ Primary care clinics and physicians
   - ☐ Social service providers
   - ☐ Local businesses and employers
   - ☐ Neighborhood organizations
   - ☐ Faith institutions
   - ☐ Transportation providers
   - ☐ Educational institutions
   - ☐ Public safety and emergency response organizations
   - ☐ Environmental and occupational health organizations
   - ☐ Advocacy groups
   - ☐ Community residents
   - ☐ Other: _____
   - ☐ Other: _____
   - ☐ Other: _____
   - ☐ Other: _____

11. 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 | ☐ | ☐ | ☐ | ☐ | ☐ |

12. 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 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

13. 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 |

14. Would you complete the NPHPSP assessment process again?

- ☐ Yes
- ☐ No
- ☐ Maybe

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

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

## Next Steps: Performance Improvement

16. As a result of completing the assessment, which of the following performance improvement steps do you expect to implement 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 System Assessment Supplemental Questionnaire - Priority of Model Standards

**OVERVIEW:** This optional questionnaire is made available so that sites may consider the priority of each model standard to their system. Sites 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)?" Sites may complete this questionnaire in a single group, either at the same time of the assessment or shortly thereafter, so that there is a consistent approach to responding to the questions across the model standards.

| Model Standard Number | Question | Response (please circle) |
|---|---|---|
| Essential Service #1 - Monitor health status to identify health problems | | |
| P1.1 | On a scale of 1 to 10, what is the priority of this model standard - Population-based Community Health Profile - to our local public health system? | 1 2 3 4 5 6 7 8 9 10 |
| P1.2 | On a scale of 1 to 10, what is the priority of this model standard - Current Technology to Manage and Communicate Population Health Data - to our local public health system? | 1 2 3 4 5 6 7 8 9 10 |
| P1.3 | On a scale of 1 to 10, what is the priority of this model standard - Maintenance of Population Health Registries - to our local public health system? | 1 2 3 4 5 6 7 8 9 10 |
| Essential Service #2 - Diagnose and investigate health problems and health hazards | | |
| P2.1 | On a scale of 1 to 10, what is the priority of this model standard - Identification and Surveillance of Health Threats - to our local public health system? | 1 2 3 4 5 6 7 8 9 10 |
| P2.2 | On a scale of 1 to 10, what is the priority of this model standard - Investigation and Response to Public Health Threats and Emergencies - to our local public health system? | 1 2 3 4 5 6 7 8 9 10 |
| P2.3 | On a scale of 1 to 10, what is the priority of this model standard - Laboratory Support for Investigation of Health Threats - to our local public health system? | 1 2 3 4 5 6 7 8 9 10 |
| Essential Service #3 - Inform, educate and empower people about health issues | | |
| P3.1 | On a scale of 1 to 10, what is the priority of this model standard - Health Education and Promotion - to our local public health system? | 1 2 3 4 5 6 7 8 9 10 |
| P3.2 | On a scale of 1 to 10, what is the priority of this model standard - Health Communication - to our local public health system? | 1 2 3 4 5 6 7 8 9 10 |
| P3.3 | On a scale of 1 to 10, what is the priority of this model standard - Risk Communication - to our local public health system? | 1 2 3 4 5 6 7 8 9 10 |
| Essential Service #4 - Mobilize community partnerships to identify and solve health problems | | |
| P4.1 | On a scale of 1 to 10, what is the priority of this model standard - Constituency Development - to our local public health system? | 1 2 3 4 5 6 7 8 9 10 |
| P4.2 | On a scale of 1 to 10, what is the priority of this model standard - Community Partnerships - to our local public health system? | 1 2 3 4 5 6 7 8 9 10 |
| Essential Service #5 - Develop policies and plans that support individual and community health efforts | | |
| P5.1 | On a scale of 1 to 10, what is the priority of this model standard - Governmental Presence at the Local Level - to our local public health system? | 1 2 3 4 5 6 7 8 9 10 |
| P5.2 | On a scale of 1 to 10, what is the priority of this model standard - Public Health Policy Development - to our local public health system? | 1 2 3 4 5 6 7 8 9 10 |
| P5.3 | On a scale of 1 to 10, what is the priority of this model standard - Community Health Improvement Process and Strategic Planning - to our local public health system? | 1 2 3 4 5 6 7 8 9 10 |
| P5.4 | On a scale of 1 to 10, what is the priority of this model standard - Plan for Public Health Emergencies - to our local public health system? | 1 2 3 4 5 6 7 8 9 10 |

| Model Standard Number | Question | Response (please circle) |
|---|---|---|
| Essential Service #6 - Enforce laws and regulations that protect health and ensure safety | | |
| P6.1 | On a scale of 1 to 10, what is the priority of this model standard - Review and Evaluation of Laws, Regulations and Ordinances - to our local public health system? | 1 2 3 4 5 6 7 8 9 10 |
| P6.2 | On a scale of 1 to 10, what is the priority of this model standard - Involvement in the Improvement of Laws, Regulations, and Ordinances - to our local public health system? | 1 2 3 4 5 6 7 8 9 10 |
| P6.3 | On a scale of 1 to 10, what is the priority of this model standard - Enforcement of Laws, Regulations, and Ordinances - to our local public health system? | 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 | | |
| P7.1 | On a scale of 1 to 10, what is the priority of this model standard - Identification of Personal Health Service Needs of Populations - to our local public health system? | 1 2 3 4 5 6 7 8 9 10 |
| P7.2 | On a scale of 1 to 10, what is the priority of this model standard - Linkage of People to Personal Health Services - to our local public health system? | 1 2 3 4 5 6 7 8 9 10 |
| Essential Service #8 - Assure a competent public health and personal health care workforce | | |
| P8.1 | On a scale of 1 to 10, what is the priority of this model standard - Workforce Assessment, Planning and Development - to our local public health system? | 1 2 3 4 5 6 7 8 9 10 |
| P8.2 | On a scale of 1 to 10, what is the priority of this model standard - Public Health Workforce Standards - to our local public health system? | 1 2 3 4 5 6 7 8 9 10 |
| P8.3 | On a scale of 1 to 10, what is the priority of this model standard - Life-Long Learning through Continuing Education, Training and Mentoring - to our local public health system? | 1 2 3 4 5 6 7 8 9 10 |
| P8.4 | On a scale of 1 to 10, what is the priority of this model standard - Public Health Leadership Development - to our local public health system? | 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 | | |
| P9.1 | On a scale of 1 to 10, what is the priority of this model standard - Evaluation of Population-based Health Services - to our local public health system? | 1 2 3 4 5 6 7 8 9 10 |
| P9.2 | On a scale of 1 to 10, what is the priority of this model standard - Evaluation of Personal Health Services - to our local public health system? | 1 2 3 4 5 6 7 8 9 10 |
| P9.3 | On a scale of 1 to 10, what is the priority of this model standard - Evaluation of the Local Public Health System - to our local public health system? | 1 2 3 4 5 6 7 8 9 10 |
| Essential Service #10 - Research for new insights and innovative solutions to health problems | | |
| P10.1 | On a scale of 1 to 10, what is the priority of this model standard - Fostering Innovation - to our local public health system? | 1 2 3 4 5 6 7 8 9 10 |
| P10.2 | On a scale of 1 to 10, what is the priority of this model standard - Linkage with Institutions of Higher Learning and/or Research - to our local public health system? | 1 2 3 4 5 6 7 8 9 10 |
| P10.3 | On a scale of 1 to 10, what is the priority of this model standard - Capacity to Initiate or Participate in Research - to our local public health system? | 1 2 3 4 5 6 7 8 9 10 |

# Agency Contribution Questionnaire

## National Public Health Performance Standards Program

## Local Public Health System Assessment Supplemental Questionnaire - Agency Contribution

Please use this questionnaire to indicate the contribution of the local health department to each model standard. The responses to this questionnaire can be developed at the same time of the assessment or shortly thereafter.

| Indicator Number | Question | Response *(please circle)* |
|---|---|---|
| Essential Service #1 - Monitor health status to identify health problems | | |
| A1.1 | How much of this model standard - Population-based Community Health Profile - is achieved through the direct contribution of the local health department? | 0-25% 26-50% 51-75% 76-100% |
| A1.2 | How much of this model standard - Current Technology to Manage and Communicate Population Health Data - is achieved through the direct contribution of the local health department? | 0-25% 26-50% 51-75% 76-100% |
| A1.3 | How much of this model standard - Maintenance of Population Health Registries - is achieved through the direct contribution of the local health department? | 0-25% 26-50% 51-75% 76-100% |
| Essential Service #2 - Diagnose and investigate health problems and health hazards | | |
| A2.1 | How much of this model standard - Identification and Surveillance of Health Threats - is achieved through the direct contribution of the local health department? | 0-25% 26-50% 51-75% 76-100% |
| A2.2 | How much of this model standard - Investigation and Response to Public Health Threats and Emergencies - is achieved through the direct contribution of the local health department? | 0-25% 26-50% 51-75% 76-100% |
| A2.3 | How much of this model standard - Laboratory Support for Investigation of Health Threats - is achieved through the direct contribution of the local health department? | 0-25% 26-50% 51-75% 76-100% |
| Essential Service #3 - Inform, educate and empower people about health issues | | |
| A3.1 | How much of this model standard - Health Education and Promotion - is achieved through the direct contribution of the local health department? | 0-25% 26-50% 51-75% 76-100% |
| A3.2 | How much of this model standard - Health Communication - is achieved through the direct contribution of the local health department? | 0-25% 26-50% 51-75% 76-100% |
| A3.3 | How much of this model standard - Risk Communication - is achieved through the direct contribution of the local health department? | 0-25% 26-50% 51-75% 76-100% |
| Essential Service #4 - Mobilize community partnerships to identify and solve health problems | | |
| A4.1 | How much of this model standard - Constituency Development - is achieved through the direct contribution of the local health department? | 0-25% 26-50% 51-75% 76-100% |
| A4.2 | How much of this model standard - Community Partnerships - is achieved through the direct contribution of the local health department? | 0-25% 26-50% 51-75% 76-100% |
| Essential Service #5 - Develop policies and plans that support individual and community health efforts | | |
| A5.1 | How much of this model standard - Governmental Presence at the Local Level - is achieved through the direct contribution of the local health department? | 0-25% 26-50% 51-75% 76-100% |
| A5.2 | How much of this model standard - Public Health Policy Development - is achieved through the direct contribution of the local health department? | 0-25% 26-50% 51-75% 76-100% |

| Indicator Number | Question | Response (please circle) |
|---|---|---|
| A5.3 | How much of this model standard - Community Health Improvement Process and Strategic Planning - is achieved through the direct contribution of the local health department? | 0-25% 26-50% 51-75% 76-100% |
| A5.4 | How much of this model standard - Plan for Public Health Emergencies - is achieved through the direct contribution of the local health department? | 0-25% 26-50% 51-75% 76-100% |
| Essential Service #6 - Enforce laws and regulations that protect health and ensure safety | | |
| A6.1 | How much of this model standard - Review and Evaluation of Laws, Regulations and Ordinances - is achieved through the direct contribution of the local health department? | 0-25% 26-50% 51-75% 76-100% |
| A6.2 | How much of this model standard - Involvement in the Improvement of Laws, Regulations, and Ordinances - is achieved through the direct contribution of the local health department? | 0-25% 26-50% 51-75% 76-100% |
| A6.3 | How much of this model standard - Enforcement of Laws, Regulations, and Ordinances - is achieved through the direct contribution of the local health department? | 0-25% 26-50% 51-75% 76-100% |
| Essential Service #7 - Link people to needed personal health services and assure the provision of health care when otherwise unavailable | | |
| A7.1 | How much of this model standard - Identification of Personal Health Service Needs of Populations - is achieved through the direct contribution of the local health department? | 0-25% 26-50% 51-75% 76-100% |
| A7.2 | How much of this model standard - Linkage of People to Personal Health Services - is achieved through the direct contribution of the local health department? | 0-25% 26-50% 51-75% 76-100% |
| Essential Service #8 - Assure a competent public health and personal health care workforce | | |
| A8.1 | How much of this model standard - Workforce Assessment, Planning and Development - is achieved through the direct contribution of the local health department? | 0-25% 26-50% 51-75% 76-100% |
| A8.2 | How much of this model standard - Public Health Workforce Standards - is achieved through the direct contribution of the local health department? | 0-25% 26-50% 51-75% 76-100% |
| A8.3 | How much of this model standard - Life-Long Learning through Continuing Education, Training and Mentoring - is achieved through the direct contribution of the local health department? | 0-25% 26-50% 51-75% 76-100% |
| A8.4 | How much of this model standard - Public Health Leadership Development - is achieved through the direct contribution of the local health department? | 0-25% 26-50% 51-75% 76-100% |
| Essential Service #9 - Evaluate effectiveness, accessibility, and quality of personal and population-based health services | | |
| A9.1 | How much of this model standard - Evaluation of Population-based Health Services - is achieved through the direct contribution of the local health department? | 0-25% 26-50% 51-75% 76-100% |
| A9.2 | How much of this model standard - Evaluation of Personal Health Services - is achieved through the direct contribution of the local health department? | 0-25% 26-50% 51-75% 76-100% |
| A9.3 | How much of this model standard - Evaluation of the Local Public Health System - is achieved through the direct contribution of the local health department? | 0-25% 26-50% 51-75% 76-100% |

| Indicator Number | Question | Response *(please circle)* |
|---|---|---|
| Essential Service #10 - Research for new insights and innovative solutions to health problems | | |
| A10.1 | How much of this model standard - Fostering Innovation - is achieved through the direct contribution of the local health department? | 0-25% 26-50% 51-75% 76-100% |
| A10.2 | How much of this model standard - Linkage with Institutions of Higher Learning and/or Research - is achieved through the direct contribution of the local health department? | 0-25% 26-50% 51-75% 76-100% |
| A10.3 | How much of this model standard - Capacity to Initiate or Participate in Research - is achieved through the direct contribution of the local health department? | 0-25% 26-50% 51-75% 76-100% |

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