NPHPSP

National Public Health Performance Standards Program

State Public Health System Performance Assessment Instrument

Version 2.0

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State Public Health System Performance Assessment Instrument Version 2.0

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National Public Health Performance Standards Program

Program Partner Organizations

American Public Health Association
www.apha.org

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

Centers for Disease Control and Prevention
www.cdc.gov

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

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

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National Public Health Performance Standards Program
An Introduction to the State 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.

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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.

The State Public Health System Performance Assessment

The audience for this instrument is the state public health system. This may include organizations and entities such as the state public health agency, other state governmental agencies, statewide associations of local public health agencies, hospitals and health professionals, schools and universities, state chapters of voluntary or non-profit organizations, transportation providers, environmental organizations and many others. Any organization or entity that contributes to the health or well-being of a state 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.

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.

There are 40 model standards within the State Instrument – four for each of the ten Essential Services. The same four model standard topics are assessed within each Essential Service:

- Planning and Implementation – focuses on collaborative planning and implementation of key activities to accomplish the Essential Services.
- State-Local Relationships – examines the assistance, capacity building, and resources that the state public health system provides to local public health systems in efforts to implement the Essential Services.
- Performance Management and Quality Improvement – focuses on the state public health system's efforts to review the effectiveness of its performance and the use of these reviews to continuously improve performance.
- Public Health Capacity and Resources – examines how effectively the state public health system invests in and utilizes its human, information, organizational and financial resources to carry out the Essential Services.

Through the assessment process, participants from throughout the state public health system will have an opportunity to discuss and determine how they are performing in comparison to each of the 40 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 state 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 State Public Health System Assessment, users may also contact ASTHO – www.astho.org or 202-371-9090.

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Crosswalk of Model Standards Within the Three NPHPSP Instruments

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

Crosswalk of Model Standards Within the Three NPHPSP Instruments

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

Performance Assessment Instrument

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

This service includes:

- Assessment of statewide health status and its determinants, including the identification of health threats and the determination of health service needs.
- Analysis of the health of specific groups that are at higher risk for health threats than the general population.
- Identification of community assets and resources, which support the state public health system (SPHS) in promoting health and improving quality of life.
- Interpretation and communication of health information to diverse audiences in different sectors.
- Collaboration in integrating and managing public health related information systems.

SPHS Model Standard 1.1: Planning and Implementation

The state public health system (SPHS) measures, analyzes and reports on the health status of the state's population. The state's health status is monitored through data describing critical indicators of health, illness, and health resources. Monitoring health is a collaborative effort involving many state public health partners and local public health systems. The effective communication of health data and information is a primary goal of all systems partners that participate in this effort to generate new knowledge about health in the state.

To accomplish this, the SPHS:

- Develops and maintains population-based programs that collect health-related data to measure the state's health status.
- Produces useful data and information products for a variety of data users.
- Organizes health-related data into a state health profile that routinely reports on the prevailing health of the people of the state.
- Operates a data reporting system for receiving and transmitting information regarding reportable diseases and other potential public health threats.
- Protects personal health information by instituting security and confidentiality policies that define protocols for health information access and data integrity.

Please answer the following questions related to Model Standard 1.1:

1.1.1 Does the SPHS use surveillance and monitoring programs designed to measure the health status of the state's population? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Do these programs:

1.1.1.1 Identify data required for monitoring health status? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.1.1.1 Discussion Toolbox

In considering question 1.1.1.1, do these data measure:

- ❑ Vital statistics, including mortality and natality?
- ❑ Personal health care services?
- ❑ Environmental conditions?
- ❑ Infectious disease?
- ❑ Chronic disease?
- ❑ Injury?
- ❑ Behavioral risk factors?
- ❑ Mental health?
- ❑ Substance abuse?

1.1.1.2 Identify the methods for data collection and storage? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.1.1.3 Identify the roles of state and local governmental agencies and relevant non-governmental agencies in the collection of health data? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.1.1.4 Facilitate access to health-related data for state and local partners, researchers and other interested groups? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.1.2 Does the SPHS regularly compile and provide health data in useable products to a variety of health data users? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Do these state data products use:

1.1.2.1 National health objectives, such as *Healthy People* objectives? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.1.2.2 Linked data from diverse sources, (e.g., universities, hospitals, managed care organizations, and health departments)? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.1.2.3 Geo-coded data for geographic analysis? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.1.2.4 Population health registries (e.g., cancer incidence, birth defects)? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.1.2.5 A uniform set of health indicators to describe the health of the state's population? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.1.2.6 A web-based data query system? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.1.2.7 Data reporting capability that allows electronic data exchange? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.1.2.7 Discussion Toolbox

In considering question 1.1.2.7, is there electronic data exchange among:

- ❑ Local health departments?
- ❑ Hospitals?
- ❑ Ambulatory care sites?
- ❑ Laboratories?
- ❑ Professional health organizations (e.g., state Medical and Nursing trade groups, State Hospital Associations)?
- ❑ EMS providers?
- ❑ State public health agency?

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1.1.3 Does the SPHS publish or disseminate health-related data into one or more documents that collectively describe the prevailing health of the state's population (i.e., a state health profile)?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.1.3 Discussion Toolbox

In considering question 1.1.3, does the profile use data to:

- ❑ Identify emerging health problems?
- ❑ Report trends in health status?
- ❑ Report changes in the prevalence of health risk factors?
- ❑ Report changes in health resource consumption?

1.1.4 Does the SPHS operate a data reporting system designed to identify potential threats to the public's health?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Does the SPHS:

1.1.4.1 Have written procedures for receiving information concerning reportable public health threats from the state's public and private laboratories?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.1.4.2 Share information and data regarding reportable public health threats with local and federal public health agencies, using National Electronic Disease Surveillance System (NEDSS)-compatible electronic systems?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.1.4.3 Receive information from organizations that may have first contact with public health threats?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.1.4.3 Discussion Toolbox

In considering question 1.1.4.3, do these organizations include:

- ❑ Laboratories?
- ❑ Hospitals and emergency departments?
- ❑ Medical examiners?
- ❑ Primary care providers?
- ❑ Schools?
- ❑ Day care centers?
- ❑ Nursing homes?
- ❑ Businesses?
- ❑ EMS providers?
- ❑ Police and fire departments?
- ❑ Pharmacies?

1.1.4.4 Have the capability to rapidly communicate with potential disease reporters with special alerts when needed?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.1.5 Does the SPHS enforce established laws and the use of protocols to protect personal health information and other data?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Do these protocols include procedures to:

1.1.5.1 Protect personal identifiers?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.1.5.2 Specify access for confidential and non-confidential health information?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.1.5.3 Provide data security from loss, corruption of files, and computer failure?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

SPHS Model Standard 1.2: State-Local Relationships

The SPHS works with local public health systems to provide assistance, capacity building, and resources for local efforts to monitor health status and identify health problems.

To accomplish this, the SPHS:

- Offers technical assistance in the interpretation, use, and dissemination of local health data.
- Provides a standard set of health-related data to local public health systems and assists them in accessing, interpreting, and applying these data in policy and planning activities.
- Assists in the development of information systems needed to monitor health status at the local level.

Please answer the following questions related to Model Standard 1.2:

1.2.1 Does the SPHS offer technical assistance (e.g., training, consultations) to local public health systems in the interpretation, use, and dissemination of health-related data? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Does the assistance focus on:

1.2.1.1 Issues in small area analysis? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.2.1.2 Methods of accessing state data? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.2.1.3 Methods of analysis and interpretation of data, including trends over time? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.2.1.4 Applying state data to local planning and policy activities, including the development of community health profiles? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.2.1.5 Helping media and local constituents understand the meaning and implications of community health data? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.2.2 Does the SPHS regularly provide local public health systems a uniform set of local health-related data? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Do uniform data set(s):

1.2.2.1 Provide comparisons with national and/or state health objectives? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.2.2.2 Provide geo-coded data enabling local public health systems to conduct analysis by location? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.2.2.3 Become available to local public health systems in a timely fashion? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.2.3 Does the SPHS offer technical assistance in the development of information systems needed to monitor health status at the local level? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Does the assistance provide methods for:

1.2.3.1 Maintaining local health monitoring systems? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.2.3.2 Establishing criteria and processes for reporting health events? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.2.3.3 Maintaining and/or contributing to population health registries? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

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SPHS Model Standard 1.3: Performance Management and Quality Improvement

The SPHS reviews the effectiveness of its performance in monitoring health status. Members of the SPHS actively use the information from these reviews to continuously improve the quality of monitoring efforts.

To accomplish this, the SPHS:

- Reviews the effectiveness of its efforts to monitor health status to determine the relevance of existing health data and its effectiveness in meeting user needs.
- Manages the overall performance of its health status monitoring activities for the purpose of quality improvement.

Please answer the following questions related to Model Standard 1.3:

1.3.1 Does the SPHS review the effectiveness of its efforts to monitor health status? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

Do these reviews examine:

1.3.1.1 The relevance of existing health-related data? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

1.3.1.2 Effectiveness in meeting user needs? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

1.3.1.3 Local public health system feedback on their health status monitoring efforts? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

1.3.1.4 Changes needed to improve the usefulness of health data products? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

1.3.2 Does the SPHS actively manage and improve the overall performance of its health status monitoring activities? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

1.3.2 Discussion Toolbox

In considering 1.3.2, do SPHS organizations:

- ❑ Use relevant standards or benchmarks to establish system-wide expectations for health status monitoring?
- ❑ Measure performance?
- ❑ Report on progress to system partners?
- ❑ Conduct ongoing quality improvement activities using performance information? (Examples of QI activities are setting priorities, updating policies to improve effectiveness, and the continuous application of new knowledge and evidence to practice.)

SPHS Model Standard 1.4: Public Health Capacity and Resources

The SPHS effectively invests in and utilizes its human, information, technology, organizational and financial resources to monitor health status and to identify health problems in the state.

To accomplish this, the SPHS:

- Commits adequate financial resources to monitoring health status.
- Aligns organizational relationships to focus statewide assets on monitoring health status.
- Uses a workforce skilled in collecting, analyzing, disseminating, and communicating health status data and maintaining data management systems.

Please answer the following questions related to Model Standard 1.4:

1.4.1 Does the SPHS commit financial resources to health status monitoring efforts?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.4.1 Discussion Toolbox

In considering 1.4.1, do SPHS organizations:

- ❑ Allocate existing resources to a broad scope of health status monitoring activities?
- ❑ Share financial resources to invest in health status monitoring activities?
- ❑ Seek new resources to support health status monitoring?
- ❑ Fund mechanisms for communicating health data and information within the SPHS and to elected officials and the public?

1.4.2 Do SPHS organizations align and coordinate their efforts to monitor health status?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

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Do SPHS organizations:

1.4.2.1 Align their organizational strategic plans to improve system performance in monitoring health status? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.4.2.2 Coordinate technology resources to more effectively report, analyze and disseminate health status data? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.4.2.3 Utilize the leadership of the state public health agency in monitoring health status? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.4.2.3 Discussion Toolbox

In considering question 1.4.2.3, does the state public health agency:

- ❑ Work collaboratively with system partners to coordinate a systems approach to improve health status monitoring?
- ❑ Provide leadership in establishing state policy that promotes more effective health status monitoring?
- ❑ Invest in professional expertise needed to carry out health status monitoring activities?
- ❑ Promote evidence-based solutions for resolving issues in health status monitoring?
- ❑ Provide assistance to local public health agencies in the collection, analysis and use of local health data?

1.4.3 Does the SPHS have the professional expertise to carry out health status monitoring activities? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Is the SPHS workforce:

1.4.3.1 Skilled in statistics, epidemiology and information systems management? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.4.3.1 Discussion Toolbox

In considering question 1.4.3.1, is the SPHS workforce skilled in:

- ❑ Analyzing data into clear and useful information?
- ❑ Designing sampling frameworks and survey designs for collecting data?
- ❑ Integrating data from a variety of sources?
- ❑ Designing and implementing population health registries?
- ❑ Managing data systems and supporting data users?
- ❑ Promoting effective use of data and information?

1.4.3.2 Sufficiently staffed to carry out health status monitoring activities? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

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

This service includes:

- Epidemiologic investigation of disease outbreaks and patterns of infectious and chronic diseases, injuries, and other adverse health conditions.
- Population-based screening, case finding, investigation, and the scientific analysis of health problems.
- Rapid screening, high volume testing, and active infectious disease epidemiologic investigations.

SPHS Model Standard 2.1: Planning and Implementation

The state public health system (SPHS) works collaboratively to identify and respond to public health threats, including infectious disease outbreaks, chronic disease prevalence, the incidence of serious injuries, environmental contaminations, the occurrence of natural disasters, the risk of exposure to chemical and biological hazards, and other threats.

To accomplish this, the SPHS:

- Operates a broad scope of surveillance and epidemiology to identify and analyze health problems and threats to the health of the state's population.
- Establishes and maintains the capability to initiate enhanced surveillance in the event of an emergency.
- Organizes its public and private laboratories into an effectively functioning laboratory system.
- Uses public and private laboratories, within and possibly outside of the state, that have the capacity to analyze clinical and environmental specimens in the event of suspected exposures and disease outbreaks.
- Investigates and responds to public health problems and hazards.

Note: The SPHS may operate more than one surveillance system. In the Model Standard and measures for Model Standard 2.1, the word "system" should therefore be read broadly, to include the complete collection of surveillance systems operated by the SPHS.

Please answer the following questions related to Model Standard 2.1:

2.1.1 Does the SPHS operate surveillance system(s) and epidemiology activities that identify and analyze health problems and threats to the health of the state's population? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Does the SPHS operate:

2.1.1.1 Infectious disease surveillance programs? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.1.1.2 Chronic disease surveillance programs? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.1.1.3 Injury (intentional and unintentional) surveillance programs? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.1.1.4 Environmental hazard surveillance programs? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.1.1.5 Maternal and child health surveillance programs? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.1.1.6 Surveillance programs focused on all-hazards and threats? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.1.1.1 – 2.1.1.6 Discussion Toolbox

In considering questions 2.1.1.1 – 2.1.1.6, do SPHS organizations:

- ❑ Analyze the type and magnitude of disease threats?
- ❑ When appropriate, examine trends over time and forecast future problems or threats (i.e., environmental hazards)?
- ❑ Integrate state surveillance of diseases with national and local surveillance systems (i.e., in infectious disease, the use of the National Electronic Disease Surveillance System (NEDSS)?
- ❑ Conduct epidemiologic studies of disease patterns, population risk factors, and evidence-based programs?
- ❑ Expand their capacity to conduct active surveillance of conditions identified as of special importance?

2.1.2 Does the SPHS have the capability to rapidly initiate enhanced surveillance when needed for a statewide/regional health threat? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Do SPHS organizations:

2.1.2.1 Utilize a prompt communication process and protocols to initiate enhanced surveillance? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.1.2.2 Use written protocols to assure deployment and coordination of local epidemiologic and laboratory expertise and facilities? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.1.2.3 Use written protocols to assure coordination with hospital, physician offices, clinic and other settings to identify potential threats to population health? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.1.2.4 Use plans to deploy state government resources to enhanced surveillance? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.1.2.5 Coordinate public health action according to state and local emergency management plans? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.1.3 Does the SPHS organize its private and public laboratories (within the state and outside of the state) into a well-functioning laboratory system? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Does the SPHS:

2.1.3.1 Have written protocols for the handling, storage, and transportation of specimens associated with public health threats? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.1.3.2 Identify and use laboratories that collectively can identify all diseases and conditions for which notification is required by state law? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.1.3.3 Assure that the laboratories that collaborate with the SPHS are appropriately licensed for the testing they provide? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.1.3.4 Use the state public health laboratory to develop a network of clinical labs in the state? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.1.3.5 Maintain a list of all clinical laboratories, categorized by their capacity to analyze human specimens and environmental specimens in the event of suspected disease outbreaks or hazardous exposures? *(Note: consider whether the scope of the list includes: state and local public health laboratories; clinical laboratories (hospital, clinics, physician office labs); commercial laboratories.)* NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.1.3.6 Maintain its list of all clinical labs in a portable database and backed up off-site? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.1.3.7 Have tested capability to communicate electronically with all clinical labs in the state within one hour in the event of an emergency? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.1.3.8 Maintain linkages with environmental, food, blood, veterinary, and forensic laboratories? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.1.3.9 Participate fully in the national Laboratory Response Network? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.1.4 Does the SPHS have laboratories that have the capacity to analyze clinical and environmental specimens in the event of suspected exposure or disease outbreak? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Do SPHS laboratories:

2.1.4.1 Have the capacity to identify diseases and conditions for which notification is required by state law as well as the diseases and conditions included in the National Notifiable Diseases Surveillance System (NNDSS)? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.1.4.2 Have in-state laboratory capacity to conduct clinical and environmental testing? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.1.4.2 Discussion Toolbox

In considering question 2.1.4.2, do clinical testing capabilities include:

- ❑ Identifying pathogenic microorganisms (e.g., mycobacteria, parasites, STDs, HIV, and other viruses)?
- ❑ Analyzing and identifying anti-microbial resistant infections?
- ❑ Newborn testing?
- ❑ Agreements assuring access to laboratories capable of testing for infectious agents that are rarely encountered?

In considering question 2.1.4.2, do environmental testing capabilities include:

- ❑ Environmental testing on water, air, and soil?
- ❑ Agreements assuring access to laboratories capable of testing for environmental agents that are rarely encountered?

2.1.5 Does the SPHS investigate and respond to identified public health threats? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Do SPHS organizations:

2.1.5.1 Use defined roles and responsibilities in responding to public health threats for SPHS organizations, including local public health systems? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.1.5.1 Discussion Toolbox

In considering question 2.1.5.1, are roles and responsibilities established for responding to:

- ❑ Infectious disease threats?
- ❑ Chronic disease problems?
- ❑ Injury-associated problems?
- ❑ Environmental hazards?
- ❑ Maternal and child health problems?
- ❑ All-hazards, including bioterror threats?

2.1.5.2 Inform policymakers of possible threats to the health of the public? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.1.5.3 Use communications systems designed to alert appropriate health officials in the case of adverse public health events that require a rapid response? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.1.5.4 Utilize rapid response teams with expertise from multiple disciplines? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.1.5.4 Discussion Toolbox

In considering question 2.1.5.4, does that expertise include:

- ❑ Medical examiner services?
- ❑ Laboratory services?
- ❑ Environmental expertise, including toxicology?
- ❑ Emergency management and response expertise?
- ❑ Occupational health and safety expertise?
- ❑ Infectious disease investigation and analysis?
- ❑ Chronic disease investigation and analysis?
- ❑ Injury investigation and analysis?
- ❑ Investigation and analysis of adverse health behaviors and other determinants of health (e.g., poverty, lack of health insurance)?
- ❑ Geographic analysis expertise?

2.1.5.5 Provide screening tests in response to exposures to health hazards? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.1.5.5 Discussion Toolbox

In considering question 2.1.5.5, does the lab screening capacity include:

- ❑ Screening for populations exposed to health hazards?
- ❑ Environmental tests in response to suspected environmental hazards?
- ❑ Agreements to perform testing if the state's capacity becomes overloaded (surge capacity)?

SPHS Model Standard 2.2: State-Local Relationships

The SPHS works with local public health systems to provide assistance, capacity building, and resources for local efforts to identify, analyze, and respond to public health problems and threats.

To accomplish this, the SPHS provides:

- Assistance in epidemiologic analysis to local public health systems.
- Assistance to local public health systems in using public health laboratory services.
- Information about possible public health threats and appropriate responses to these threats by local public health systems.
- Trained personnel to local communities on-site to assist in the investigation of disease outbreaks and other emergent health threats, as needed.

Please answer the following questions related to Model Standard 2.2:

2.2.1 Does the SPHS provide assistance (through consultations and/or training) to local public health systems in the interpretation of epidemiologic findings? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Does this assistance address:

2.2.1.1 Information on how to access epidemiology services? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.2.1.2 Procedures for reporting local data to state surveillance systems? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.2.1.3 Interpretation of epidemiologic findings? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.2.1.4 Methods for conducting investigations of outbreaks? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.2.2 Does the SPHS provide laboratory assistance to local public health systems? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Does this assistance address:

2.2.2.1 Information on how to access and utilize SPHS laboratory services (including the Laboratory Response Network)? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.2.2.2 Interpretation of laboratory findings? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.2.3 Does the SPHS provide local public health systems with information and guidance about public health problems and potential public health threats (e.g., health alerts, consultations)? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

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Does the SPHS provide:

2.2.3.1 Current analyses of the incidence and prevalence of diseases and other adverse health conditions? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.2.3.2 Current guidance relating to the most effective population-based methods of disease prevention and control? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.2.3.1 and 2.2.3.2 Discussion Toolbox

In considering question 2.2.3.1 and 2.2.3.2, do the current analyses and guidance focus on:

- ❑ Infectious diseases?
- ❑ Chronic disease?
- ❑ Injuries?
- ❑ Environmental health risks?
- ❑ Adverse maternal and child health outcomes?
- ❑ Bioterror, chemical and radiological threats?

2.2.3.3 Guidance for response to emergencies? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.2.3.3 Discussion Toolbox

In considering 2.2.3.3, does this guidance address:

- ❑ Collecting and handling specimens?
- ❑ Investigating problems and threats?
- ❑ Interacting with state and national surveillance systems as part of the development of local All-Hazards Preparedness Plans?
- ❑ Participating in the Health Alert Network?

2.2.4 Does the SPHS provide trained personnel, as needed, to assist local communities in the investigations of public health problems and threats? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

SPHS Model Standard 2.3: Performance Management and Quality Improvement

The SPHS reviews the effectiveness of its performance in diagnosing and investigating health problems. Members of the SPHS actively use the information from these reviews to continuously improve the quality and responsiveness of their efforts.

To accomplish this, the SPHS:

- Reviews the effectiveness of its state surveillance and investigation procedures, using published guidelines, including CDC's Updated Guidelines for Evaluating Public Health Surveillance Systems and CDC's measures and benchmarks for emergency preparedness.
- Manages the overall performance of its diagnosis and investigation activities for the purpose of quality improvement.

Please answer the following questions related to Model Standard 2.3:

2.3.1 Does the SPHS periodically review the effectiveness of the state surveillance and investigation system? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

Do the reviews examine:

2.3.1.1 Whether the surveillance of possible public health threats is based on current public health science? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

2.3.1.2 The timeliness of reporting results of epidemiologic investigations and laboratory tests of notifiable diseases? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

2.3.1.3 Whether the state's investigation and response plans meets program standards? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

2.3.1.4 Results of emergency response tabletop exercises and drills? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

2.3.1.5 Whether surge capacity in epidemiology programs and public health laboratories is sufficient in the event of an emergency? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

2.3.2 Does the SPHS actively manage and improve the overall performance of its activities to diagnose and investigate health problems and health hazards? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

2.3.2 Discussion Toolbox

In considering question 2.3.2, do SPHS organizations:

- ❑ Use relevant standards or benchmarks to establish system-wide expectations for its activities to diagnose and investigate health problems?
- ❑ Measure performance?
- ❑ Report on progress to systems partners?
- ❑ Conduct ongoing quality improvement activities using performance information? (Examples of QI activities are setting priorities, updating policies to improve effectiveness, and the continuous application of new knowledge and evidence to practice.)

SPHS Model Standard 2.4: Public Health Capacity and Resources

The SPHS effectively invests in and utilizes its human, information, organizational, and financial resources to diagnose and investigate health problems and hazards that affect the state's population.

To accomplish this, the SPHS:

- Commits adequate financial resources for diagnosing and investigating health problems and hazards.
- Aligns organizational relationships to focus statewide assets on diagnosis and investigation of health problems.
- Uses a workforce skilled in epidemiology and laboratory science to identify and analyze public health problems and hazards and to conduct investigations of adverse public health events.

Please answer the following questions related to Model Standard 2.4:

2.4.1 Does the SPHS commit financial resources to support the diagnosis and investigation of health problems and hazards?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.4.1 Discussion Toolbox

In considering 2.4.1, do SPHS organizations:

- ❑ Allocate existing resources to a broad scope of epidemiology work?
- ❑ Share financial resources to invest in the diagnosis and investigation function?
- ❑ Seek new resources to diagnose and investigate health problems?

2.4.2 Do SPHS organizations align and coordinate their efforts to diagnose and investigate health hazards and health problems?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Do SPHS organizations:

2.4.2.1 Align their organizational strategic plans to improve system performance in diagnosing and investigating health problems?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.4.2.2 Coordinate technology resources to more effectively report, analyze and communicate health data needed to implement the diagnosis and investigation activities?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.4.2.3 Utilize the active role of the state public health agency to carry out the diagnosis and investigation function?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.4.2.3 Discussion Toolbox

In considering question 2.4.2.3, does the state public health agency:

- ❑ Work collaboratively with systems partners to improve diagnosis and investigation efforts?
- ❑ Provide leadership in establishing state policy that promotes the diagnosis and investigation of health problems?
- ❑ Invest in professional expertise needed to carry out the diagnosing and investigating of health problems?
- ❑ Promote evidence-based solutions for resolving issues that arise in diagnosing and investigating efforts?

2.4.3 Does the SPHS have the professional expertise to identify and analyze public health threats and hazards?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Is the SPHS workforce:

2.4.3.1 Skilled in detecting and investigating health problems?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.4.3.1 Discussion Toolbox

In considering question 2.4.3.1, is the workforce skilled in:

- ❑ Infectious disease epidemiology?
- ❑ Chronic disease epidemiology?
- ❑ Injury epidemiology?
- ❑ Environmental epidemiology?
- ❑ Maternal and child health epidemiology?
- ❑ Emergency preparedness-associated epidemiology?
- ❑ Laboratory science?

2.4.3.2 Sufficiently staffed to carry out diagnosis and investigation activities?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

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

This service includes:

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

SPHS Model Standard 3.1: Planning and Implementation

The state public health system (SPHS) 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 state's population understands and uses timely health information and interventions to protect and promote their health and the health of their families and communities.

The SPHS supports its health improvement objectives and responds to public health issues with health communication and health education and promotion interventions that are based on the best available scientific evidence of effectiveness in helping people make healthy choices throughout their lives. Health communications are culturally and linguistically appropriate and are delivered through multiple media channels to enhance their effectiveness and reach into high risk populations.

To accomplish this, the SPHS:

- Designs and implements health education and health promotion interventions to help meet the state's health improvement objectives, reduce risks, and promote better health.
- Designs and implements health communications to reach wide and diverse audiences with information that enables people to make healthy choices.
- Maintains an effective emergency communications capacity to ensure rapid communications response in the event of a crisis.

Please answer the following questions related to Model Standard 3.1:

3.1.1 Does the SPHS design and implement health education and health promotion interventions?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Do these interventions:

3.1.1.1 Provide effective health education services?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

3.1.1.1 Discussion Toolbox

In considering 3.1.1.1, are these health education interventions:

- ❑ Based on sound theory, evidence of effectiveness, and/or best practice?
- ❑ Designed to reach diverse target populations that have higher risk of illness?
- ❑ Designed to emphasize healthy behaviors, including positive environmental changes and social practices?
- ❑ Carried out collaboratively by SPHS organizations? For example, do these collaborations include: the target population; local public health systems; and/or multi-disciplinary teams to provide guidance in development of health education materials and activities to ensure their scientific appropriateness?

3.1.1.2 Provide effective health promotion programs?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

3.1.1.2 Discussion Toolbox

In considering 3.1.1.2, are these health promotion interventions:

- ❑ Based on sound theory, evidence of effectiveness, and/or best practice?
- ❑ Designed with an active focus on understanding the target population, i.e., how that population might respond to new information and interventions about health behaviors?
- ❑ Designed to accomplish state health improvement objectives and priorities?
- ❑ Designed to allow modifications by local public health systems to meet objectives in community health improvement?
- ❑ Advocating for social, economic and/or environmental changes in living conditions that will likely result in improvements in health (e.g., built environment changes to expand biking/hiking trails, developing safe routes to school)?
- ❑ Carried out collaboratively by SPHS organizations? For example, do these collaborations include: the target population; local public health systems; and /or multi-disciplinary teams to provide guidance in development of health promotion activities to ensure their scientific appropriateness (do the teams include expertise in health communications, health education and promotion clinical care, epidemiology, multi-cultural systems and social marketing)?

3.1.2 Does the SPHS design and implement health communications? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Are these health communications:

3.1.2.1 Based on established health communication theories and best practices? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

3.1.2.2 Designed with an active focus on understanding the target population, i.e., how that population might respond to new information and interventions about health behaviors and health issues? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

3.1.2.3 Based on a communication plan developed collaboratively among SPHS organizations? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

3.1.2.3 Discussion Toolbox

In considering question 3.1.2.3, does the communication plan include:

- ❑ Policies for creating, sharing and disseminating information to the public?
- ❑ Use of multiple channels (television, radio, print, Internet, etc.) for dissemination of information?
- ❑ Guidance for creating effective public health messages?

3.1.2.4 Producing public health messages with content and materials appropriate to the target population? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

3.1.2.5 Delivering targeted public health messages to at-risk populations with content and materials that are culturally and linguistically appropriate? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

3.1.2.6 Using a coordinated media strategy? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

3.1.2.6 Discussion Toolbox

In considering question 3.1.2.6, does the media strategy include:

- ❑ A designated spokesperson trained in providing accurate, timely, and appropriate information on public health issues for different audiences?
- ❑ Active coordination with local news media to develop information or features on health issues?

3.1.3 Does the SPHS have a crisis and emergency communications plan? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Does this emergency communications plan include:

3.1.3.1 Protocols for the creation and dissemination of information at each stage of a crisis according to recognized theories and methods? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

3.1.3.2 Content and materials targeted to specific audience characteristics? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

3.1.3.3 Adaptations of content to different types of emergencies (i.e., natural disasters, bioterrorism, etc.)? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

3.1.3.4 Responsibilities for emergency communications teams established in accordance with National Incident Management System (NIMS)? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

3.1.3.5 Policies and procedures to coordinate communications with state and local emergency management agencies? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

3.1.3.6 Policies and procedures to disseminate information among SPHS organizations and members of the public in a timely fashion? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

3.1.3.7 Adequate resources to ensure rapid communications response, such as redundant communication devices and trained staff (e.g., Health Alert Network)? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

SPHS Model Standard 3.2: State-Local Relationships

The SPHS works with local public health systems to provide assistance, capacity building, and resources for local efforts to inform, educate and empower people about health issues.

To accomplish this, the SPHS:

- Provides technical assistance to develop skills and strategies for effective local health communication, health education, and health promotion interventions.
- Supports and assists local public health systems in developing effective emergency communication capabilities.

Please answer the following questions related to Model Standard 3.2:

3.2.1 Does the SPHS provide technical assistance to local public health systems (through consultations, training, and/or policy changes) to develop skills and strategies to conduct health communication, health education, and health promotion interventions? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

Does this include assistance in:

3.2.1.1 Using evidence of effectiveness to select health communication resources? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

3.2.1.2 Selecting or developing health education and health promotion resources? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

3.2.1.3 Evaluating health communication, health education and promotion resources? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

3.2.1.4 Using social marketing techniques to develop health promotion initiatives? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

3.2.1.5 Targeting populations at high risk of poor health? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

3.2.1.5 Discussion Toolbox

In considering 3.2.1.5, does the assistance on effective targeting of risk groups include:

- ❑ Understanding the impact of culture (e.g., attitudes, language) on health behaviors and behavior change?
- ❑ Using culturally and linguistically appropriate communication and education resources?
- ❑ Reaching targeted populations in specific settings? *(Note: do these settings include personal health care delivery locations, work sites, schools, recreational facilities, places of worship?)*

3.2.2 Does the SPHS support and assist local public health systems in developing effective emergency communications capabilities? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

Does this support and assistance address:

3.2.2.1 Development of emergency communications plans that can be used in different types of emergencies (i.e., outbreaks, natural disasters, bioterrorism)? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

3.2.2.2 Policies and procedures for linking with state emergency communications plans?	NO MINIMAL MODERATE SIGNIFICANT OPTIMAL
3.2.2.3 Rapid communications response, including the use of a Health Alert Network, redundant communications, and communications surge capacity?	NO MINIMAL MODERATE SIGNIFICANT OPTIMAL
3.2.2.4 Training new and current staff in crisis/ emergency communications?	NO MINIMAL MODERATE SIGNIFICANT OPTIMAL
3.2.2.5 Applying risk communication principles in developing health communication messages?	NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

SPHS Model Standard 3.3: Performance Management and Quality Improvement

The SPHS reviews the effectiveness of its performance in informing, educating, and empowering people about health issues. Members of the SPHS actively use the information from these reviews to continuously improve the quality of their efforts in these areas.

To accomplish this, the SPHS:

- Reviews the effectiveness and appropriateness of its health communication, health education and promotion interventions.
- Manages the overall performance of its activities to inform, educate and empower people about health issues for the purpose of quality improvement.

Please answer the following questions related to Model Standard 3.3:

3.3.1 Does the SPHS periodically review the effectiveness of health communication, including emergency communication, health education and promotion interventions? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

Do these reviews:

3.3.1.1 Assure content is accurate and current? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

3.3.1.2 Assess the effectiveness and appropriateness of the programs and interventions? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

3.3.1.3 Include the participation of the populations served by the intervention efforts? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

3.3.1.4 Assess the effectiveness of efforts to target special populations with culturally and linguistically appropriate resource materials? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

3.3.1.5 Assess the effectiveness of media strategy(s)? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

3.3.2 Does the SPHS actively manage and improve the overall performance of its activities to inform, educate and empower people about health issues? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

3.3.2 Discussion Toolbox

In considering 3.3.2, do SPHS organizations:

- ❑ Use relevant standards or benchmarks to establish system-wide expectations for informing, educating and empowering people about health issues?
- ❑ Measure performance?
- ❑ Report on progress to systems partners?
- ❑ Conduct ongoing quality improvement activities using performance information? (Examples of QI activities are setting priorities, updating policies to improve effectiveness, and continuous application of new knowledge and evidence to practice.)

SPHS Model Standard 3.4: Public Health Capacity and Resources

The SPHS effectively invests, manages, and utilizes its human, information, organizational, and financial resources to inform, educate, and empower people about health issues.

To accomplish this, the SPHS:

- Commits adequate financial resources to informing, educating, and empowering people about health issues.
- Aligns organizational relationships to focus statewide assets on health communication and health education and promotion services.
- Uses a culturally competent workforce skilled in developing and implementing health communication and health education and promotion interventions.

Please answer the following questions related to Model Standard 3.4:

3.4.1 Does the SPHS commit financial resources to support health communication and health education and health promotion efforts?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

3.4.1 Discussion Toolbox

In considering 3.4.1, do SPHS organizations:

- ❑ Allocate existing resources to high priority problems in health education and promotion?
- ❑ Share financial resources to invest in health communication, including emergency communication, and health education and health promotion activities?
- ❑ Seek new resources to support health communication, including emergency communication, and health education and health promotion activities?

3.4.2 Do SPHS organizations align and coordinate their efforts to implement health communication, health education, and health promotion services?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Do SPHS organizations:

3.4.2.1 Align their organizational strategic plans to improve system performance in informing, educating and empowering people about health issues?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

3.4.2.2 Coordinate technology resources to more effectively develop and disseminate health information messages?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

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3.4.2.3 Utilize the leadership of the state public health agency to inform, educate and empower people about health issues?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

3.4.2.3 Discussion Toolbox

In considering question 3.4.2.3, does the state public health agency:

- ❑ Work collaboratively with systems partners to coordinate its efforts to inform, educate and empower people about health issues?
- ❑ Provide leadership in establishing state policy that sets priorities and promotes effective and timely health communication and health education and promotion programs?
- ❑ Invest in professional expertise needed to carry out the planning, implementation and evaluation of health communication, health education, and health promotion programs?
- ❑ Promote evidence-based solutions for resolving issues that arise in efforts to inform, educate and empower people about health issues?

3.4.3 Does the SPHS have the professional expertise to carry out effective health communications, health education, and health promotion services?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Is the SPHS workforce:

3.4.3.1 Skilled in informing, educating and empowering people about health issues?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

3.4.3.1 Discussion Toolbox

In considering question 3.4.3.1, is the workforce skilled in:

- ❑ Planning and implementing health education and promotion programs?
- ❑ Cultural competency, including developing culturally and linguistically appropriate interventions?
- ❑ Social marketing?
- ❑ Planning and implementing health communications programs?
- ❑ Risk communication?
- ❑ Media relations and media advocacy?
- ❑ Program evaluation?

3.4.3.2 Sufficiently staffed to carry out efforts to inform, educate, and empower the public about health issues?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

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

This service includes:

- The organization and leadership to convene, facilitate, and collaborate with statewide partners (including those not typically considered to be health-related) to identify public health priorities and create effective solutions to solve state and local health problems.
- The building of a statewide partnership to collaborate in the performance of public health functions and essential services in an effort to utilize the full range of available human and material resources to improve the state's health status.
- Assistance to partners and communities to organize and undertake actions to improve the health of the state's communities.

SPHS Model Standard 4.1: Planning and Implementation

The state public health system (SPHS) conducts a variety of statewide community-building practices to identify and to solve health problems. These practices include community engagement, constituency development, and partnership mobilization, which is the most formal and potentially far-reaching of these practices.

To accomplish this, the SPHS:

- Engages and builds statewide support for a variety of public health issues by identifying, convening, and communicating with organizations that contribute to or benefit from the delivery of the Essential Public Health Services.
- Organizes partnerships for public health to foster the sharing of resources, responsibilities, collaborative decision-making, and accountability for delivering Essential Public Health Services at the state and local levels.

Please answer the following questions related to Model Standard 4.1:

4.1.1 Does the SPHS build statewide support for public health issues? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Do members of the SPHS:

4.1.1.1 Identify new and existing partners for specific health concerns (e.g., disease, risk factor, life stage need, and health policy topics)? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

4.1.1.2 Maintain linkages with stakeholders to facilitate communication and optimize resource sharing? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

4.1.1.3 Regularly communicate with stakeholders about priority health issues? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

4.1.1.4 Implement joint efforts to strengthen public health resources at the state and local levels? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

4.1.1.5 Use established processes to brief state and local elected officials on priority health issues? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

4.1.2 Does the SPHS organize partnerships to identify and to solve health problems? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Do these partnerships:

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

4.1.2.2 Maximize the use of available resources to deliver the Essential Public Health Services? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

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

4.1.2.4 Collaborate with a broad representation of partners? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

4.1.2.4 Discussion Toolbox

In considering question 4.1.2.4, does this representation include:

- ❑ Government agencies that contribute to the public's health?
- ❑ Local health departments?
- ❑ Hospitals and other health care facilities?
- ❑ Foundations or philanthropic organizations?
- ❑ Managed care organizations?
- ❑ Physicians and other health care workers?
- ❑ Social service providers?
- ❑ Civic organizations?
- ❑ Professional public health and health care associations?
- ❑ Business and industry?
- ❑ Labor organizations/unions?
- ❑ Faith-based organizations?
- ❑ Transportation providers?
- ❑ Schools?
- ❑ Institutions of higher education?
- ❑ Public safety and emergency response organizations?
- ❑ Environmental or environmental-health organizations?
- ❑ Occupational health organizations?
- ❑ Community members or consumers (including those at increased risk of negative health outcomes)?
- ❑ Legislators and other state and local policymakers?

SPHS Model Standard 4.2: State-Local Relationships

The SPHS engages in a robust partnership with local public health systems to provide technical assistance, capacity building and resources for local community partnership development.

To accomplish this, the SPHS:

- Assists local public health systems to build competencies in community development, advocacy, collaborative leadership and partnership management.
- Provides incentives for local partnership development.

Please answer the following questions related to Model Standard 4.2:

4.2.1 Does the SPHS provide assistance (through consultations and/or trainings) to local public health systems to build partnerships for community health improvement?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

4.2.1 Discussion Toolbox

In considering 4.2.1, is assistance provided in:

- ❑ Effective community (economic and infrastructure) development models?
- ❑ Constituency development?
- ❑ Coalition building and maintenance?
- ❑ Advocacy development?
- ❑ Media relations?
- ❑ Effective team management?
- ❑ Negotiation and conflict resolution?
- ❑ Group facilitation methods?
- ❑ Collaborative leadership?

4.2.2 Does the SPHS provide incentives to local partnerships through grant requirements, financial incentives and/or resource sharing?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

SPHS Model Standard 4.3: Performance Management and Quality Improvement

The SPHS reviews the effectiveness of its performance in mobilizing partnerships. Members of the SPHS actively use the information from these reviews to continuously improve the quality of their partnership efforts.

To accomplish this, the SPHS:

- Reviews the effectiveness of its partnership efforts, including the commitment of SPHS partner organizations.
- Manages the overall performance of its partnership activities for the purpose of quality improvement.

Please answer the following questions related to Model Standard 4.3:

4.3.1 Does the SPHS review its partnership development activities? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Do these reviews examine:

4.3.1.1 The effectiveness of partnership participation in solving health problems? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

4.3.1.2 The satisfaction of constituents with SPHS efforts? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

4.3.1.3 The participation and commitment of its policy leaders and systems partners? *(see 4.1.2.4 discussion toolbox for examples)* NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

4.3.2 Does the SPHS actively manage and improve the overall performance of its partnership activities? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

4.3.2 Discussion Toolbox

In considering 4.3.2, do SPHS organizations:

- ❑ Use relevant standards or benchmarks to establish system-wide expectations for partnership efforts?
- ❑ Measure performance?
- ❑ Report on progress to systems partners?
- ❑ Conduct ongoing quality improvement activities using performance information? (Examples of QI activities are setting priorities, updating policies to improve effectiveness, and the continuous application of new knowledge and evidence to practice.)

SPHS Model Standard 4.4: Public Health Capacity and Resources

The SPHS effectively invests in and utilizes its human, information, organizational and financial resources to assure that its partnership mobilization efforts meet the needs of the state's population.

To accomplish this, the SPHS:

- Commits adequate financial resources to sustain partnerships and support their actions.
- Aligns organizational relationships to focus statewide assets on partnerships.
- Uses a workforce skilled in assisting partners to organize and act on behalf of the health of the public.

Please answer the following questions related to Model Standard 4.4:

4.4.1 Does the SPHS commit financial resources to sustain partnerships? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

4.4.1 Discussion Toolbox

In considering 4.4.1, do SPHS organizations:

- ❑ Allocate existing resources to partnership development statewide?
- ❑ Support the development of local partnerships?
- ❑ Share financial resources to invest in partnership efforts?
- ❑ Seek new resources to support partnership activities?

4.4.2 Do SPHS organizations align and coordinate their efforts to mobilize partnerships? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Do SPHS organizations:

4.4.2.1 Align their organizational strategic plans to improve system performance in partnerships? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

4.4.2.2 Coordinate technology resources to more effectively collaborate within partnerships (e.g., communication technology to support listservs, newsletter publication, etc)? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

4.4.2.3 Work toward partnership growth, by nurturing and incorporating new partners? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

4.4.2.4 Utilize the active role of the state public health agency in mobilizing partnerships?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

4.4.2.4 Discussion Toolbox

In considering question 4.4.2.4, does the state public health agency:

- ❑ Work collaboratively with system partners to improve partnerships?
- ❑ Provide leadership in establishing policy that promotes partnership development?
- ❑ Invest in professional expertise needed to carry out partnership activities?
- ❑ Promote evidence-based solutions for resolving public health issues?
- ❑ Provide leadership in convening a wide range of multi-sectoral collaborative efforts in the state?

4.4.3 Does the SPHS have the professional expertise to carry out partnership development activities?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Is the SPHS workforce:

4.4.3.1 Skilled in collaborative group processes?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

4.4.3.1 Discussion Toolbox

In considering question 4.4.3.1, is the SPHS workforce skilled in:

- ❑ Using the multiple determinants of health to facilitate cross-sectoral understanding of public health systems?
- ❑ Principles of community engagement?
- ❑ Building and maintaining coalitions?
- ❑ Facilitating dialogue and action?
- ❑ Negotiation and conflict management?
- ❑ Planning and coordinating events?
- ❑ Collaborative leadership?

4.4.3.2 Sufficiently staffed to carry out partnership development activities?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

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

This service includes:

- Systematic health planning that relies on appropriate data, develops and tracks measurable health objectives, and establishes strategies and actions to guide community health improvement at the state and local levels.
- Development of legislation, codes, rules, regulations, ordinances, and other policies to enable performance of the Essential Public Health Services, supporting individual, community, and state health efforts.
- The process of dialogue, advocacy and debate among groups affected by the proposed health plans and policies prior to adoption of such plans or policies.

SPHS Model Standard 5.1: Planning and Implementation

The state public health system (SPHS) conducts comprehensive and strategic health improvement planning and policy development that integrates health status information, public input and communication, analysis of policy options, and recommendations for action based on the best evidence. Planning and policy development are conducted for public health programs, for organizations and for the public health system, each with the purpose of improving public health performance and effectiveness.

To accomplish this, the SPHS:

- Develops statewide health improvement processes that include convening partners, facilitating collaborations, and gaining statewide participation in planning and implementation of needed improvements in the public health system.
- Produces a state health improvement plan(s) that outlines strategic directions for statewide improvements in health promotion, disease prevention and response to emerging public health problems.
- Establishes and maintains public health emergency response capacity, plans and protocols for all-hazards, addressing 24/7 readiness, multi-agency coordination, emergency operations, and the special needs of vulnerable populations in an emergency.
- Engages in health policy development activities and takes necessary actions (including communication with advocacy groups and advocating to policy makers) to raise awareness of policies that affect the public's health.

Please answer the following questions related to Model Standard 5.1:

5.1.1 Does the SPHS implement statewide health improvement processes that convene partners and facilitate collaboration among organizations contributing to the public's health? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Do participants in planning processes:

5.1.1.1 Include state and community-level leaders? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.1.1.2 Include populations affected by health improvement efforts? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.1.1.3 Identify statewide health improvement priorities (within topical areas such as tobacco planning, cancer prevention planning, diabetes planning, etc.)? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.1.1.4 Recommend measurable health improvements in the form of objectives? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.1.1.5 Propose collaborative approaches for accomplishing objectives? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.1.2 Does the SPHS develop one or more state health improvement plan(s) to guide its collective efforts to improve health and the public health system? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Do the state health improvement plan(s):

5.1.2.1 Use the data and information from the state health profile about the prevailing health of the state's population? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.1.2.2 Include strategic health objectives and improvement strategies for the state? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.1.2.2 Discussion Toolbox

In considering question 5.1.2.2 are the following addressed:

- ❑ Preventive interventions for individuals?
- ❑ Preventive interventions for community populations?
- ❑ Changes in SPHS performance and capacity needed to improve the delivery of the Essential Public Health Services?

5.1.2.3 Identify policy changes that are needed to accomplish health objectives? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.1.2.4 Identify individuals and organizations that have accepted responsibility for implementing specific statewide strategies? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.1.2.5 Specify measurable indicators used to monitor progress toward achievement of health objectives? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.1.2.6 Combine into a single comprehensive state health improvement plan? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.1.3 Does the SPHS have in place an All-Hazards Preparedness Plan guiding systems partners to protect the state's population in the event of an emergency?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Does the preparedness plan:

5.1.3.1 Align system-wide interdisciplinary planning and implementation of a public health response?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.1.3.1 Discussion Toolbox

In considering question 5.1.3.1, does the all-hazards planning process align together:

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

5.1.3.2 Identify objectives and strategies and address systems changes to improve the readiness of public health in responding to emergency and disaster situations?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.1.3.2 Discussion Toolbox

In considering question 5.1.3.2, does the scope of these objectives and strategies address public health responses for:

- ❑ Events of bioterrorism?
- ❑ Natural disasters?
- ❑ Public exposures to hazardous materials, including toxic chemical spills?
- ❑ Continuity of operations?
- ❑ Receipt and deployment of the Strategic National Stockpile?
- ❑ Enhanced surveillance?
- ❑ Enhanced communications?
- ❑ Enhanced situational awareness?
- ❑ Worker health and safety?
- ❑ Mass casualty care?

5.1.3.3 Specify operational responsibilities for state, local, public and private organizations in the event of an emergency?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.1.3.3 Discussion Toolbox

In considering question 5.1.3.3, do the operations protocols specify:

- ❑ Deployment of state and local assets?
- ❑ Deployment of volunteers?
- ❑ Information sharing and communication processes?
- ❑ Decision-making process?
- ❑ Public communication responsibilities?
- ❑ A schedule for exercising and testing the plan?
- ❑ Mechanisms for addressing the needs of special population groups in an emergency (e.g., elderly, disabled, poor residents)?
- ❑ Activities of the Emergency Operations Center?

5.1.4 Does the SPHS conduct policy development activities?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Do members of the SPHS:

5.1.4.1 Convene interested stakeholders to address policy issues of mutual interest?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.1.4.1 Discussion Toolbox

In considering question 5.1.4.1, are issues of current interest and importance addressed, such as:

- ❑ Medicaid policy?
- ❑ Health care quality monitoring?
- ❑ Improvements in access to health care?
- ❑ Racial and ethnic health disparities?
- ❑ Health promotion and the built environment?

In considering question 5.1.4.1, do stakeholders participating in the process include:

- ❑ A broad representation of the SPHS, including local leaders?
- ❑ The Governor or Governor's staff?
- ❑ Legislative oversight committees?

5.1.4.2 Prepare reports outlining policy options?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.1.4.3 Convene forums to hear public feedback, formal public testimony, and recommendations?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.1.4.4 Communicate with state boards or advisory panels responsible for health policy development?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.1.4.5 Inform federal boards or advisory panels responsible for health policy development of relevant state issues?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.1.4.6 Identify policy changes needed to improve the public's health? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.1.4.6 Discussion Toolbox

In considering question 5.1.4.6, do these policy changes include:

- ❑ Legislative actions needed to improve the delivery of the Essential Public Health Services?
- ❑ Legislative actions needed to improve the health of populations bearing disproportionate burdens of mortality and morbidity?
- ❑ Strategies to communicate to state and local partners?
- ❑ The enlistment of advocacy groups to promote the necessary policy changes?

5.1.4.7 Draft legislation or public health regulations? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.1.4.8 Assure that policy changes are identified to achieve the objectives in the state health improvement plan? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

SPHS Model Standard 5.2: State-Local Relationships

The SPHS works with local public health systems to provide assistance, capacity building, and resources for their efforts to develop local policies and plans that support individual and statewide health efforts.

To accomplish this, the SPHS:

- Provides technical assistance and training to local public health systems developing community health improvement plans.
- Supports development of community health improvement plans and provides assistance in adapting and integrating statewide improvement strategies to the local level.
- Provides assistance to local public health systems in the development of local All-Hazards Preparedness Plans.
- Provides technical assistance and support for conducting local health policy development.

Please answer the following questions related to Model Standard 5.2:

5.2.1 Does the SPHS provide technical assistance and training to local public health systems for developing local plans? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Does this technical assistance address:

5.2.1.1 Training in the use of health planning models such as *APEXPH* and MAPP *(Mobilizing for Action through Planning and Partnerships)*? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.2.1.2 Use of local health data to determine health priorities and objectives? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.2.1.3 Selecting and using effective intervention strategies for addressing local health priorities and objectives? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.2.1.4 Mobilizing communities to implement improvements outlined in the plans? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.2.1.5 Approaches for integrating health issues and improvement strategies into other local community development or planning initiatives (e.g., Chamber of Commerce, United Way needs assessment, Emergency Management, Healthy Cities initiatives, etc.)? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.2.2 Does the SPHS provide support and assistance for the development of community health improvement plans that are integrated with statewide health improvement strategies? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Does the SPHS provide technical assistance for:

5.2.2.1 Local program planning for public health infrastructure improvements outlined in the state health improvement plans? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.2.2.2 Local system changes needed to improve statewide initiatives (e.g., statewide strategies to combat emerging infections, coordinated statewide strategies to reduce obesity)? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.2.3 Does the SPHS provide technical assistance in the development of local public health all-hazards preparedness plans for responding to emergency situations? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Do SPHS members assist in the development of local operational plans that address: NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.2.3.1 Continuity of operations? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.2.3.2 Written agreements to assure joint planning, mutual aid and coordinated response? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.2.3.3 Clear definition of state and local roles and responsibilities? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.2.3.4 Managing across organizational structures during an event? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.2.3.5 Methods for deploying local assets during an emergency event? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.2.3.6 Training in the National Incident Management System (NIMS)? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.2.4 Does the SPHS provide technical assistance in local health policy development? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Do members of the SPHS provide assistance to: NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.2.4.1 Use health data in policy development? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.2.4.2 Obtain public input on policy options? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.2.4.3 Analyze policy options? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.2.4.4 Develop policies based on proven interventions? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.2.4.5 Inform policymakers of policy issues? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.2.4.6 Draft rules, regulations, or ordinances needed to protect and promote the health of the public? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.2.4.7 Develop systems linkages between public health and the health care system? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

SPHS Model Standard 5.3: Performance Management and Quality Improvement

The SPHS reviews the effectiveness of its performance in policy and planning. Members of the SPHS actively use the information from these reviews to continuously improve the quality of policy and planning activities in supporting individual and statewide health efforts.

To accomplish this, the SPHS:

- Regularly monitors the state's progress towards accomplishing its health improvement objectives.
- Reviews new and existing policies to determine their public health impact.
- Conducts exercises and drills to test preparedness response capacity outlined in the state's all-hazard preparedness plan.
- Manages the overall performance of its policy and planning activities for the purpose of quality improvement.

Please answer the following questions related to Model Standard 5.3:

5.3.1 Does the SPHS review progress towards accomplishing health improvement across the state?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.3.1 Discussion Toolbox

In considering 5.3.1, do members of the SPHS:

- ❑ Report annually on actions taken to implement the state health improvement plan(s)?
- ❑ Report progress on meeting the state's health improvement objectives every three to five years?
- ❑ Inform policymakers and the public of the impact arising from implementation of those objectives?

5.3.2 Does the SPHS review new and existing policies to determine their public health impacts?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.3.3 Does the SPHS conduct formal exercises and drills of the procedures and protocols linked to its All-Hazards Preparedness Plan?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Does the SPHS:

5.3.3.1 Make adjustments in procedures based on the results of exercises and drills to improve the effectiveness of the state's response to an emergency?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.3.3.2 Conduct such exercises and drills at least annually?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

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5.3.4 Does the SPHS actively manage and improve the overall performance of its planning and policy development activities?

NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

5.3.4 Discussion Toolbox

In considering 5.3.4, do SPHS organizations:

- ❑ Use relevant standards or benchmarks to establish system-wide expectations for planning and policy development?
- ❑ Measure performance?
- ❑ Report on progress to systems partners?
- ❑ Conduct ongoing quality improvement activities using performance information? (Examples of QI activities are setting priorities, updating plans and policies to improve their effectiveness, and the continuous application of new knowledge and evidence to practice.)

SPHS Model Standard 5.4: Public Health Capacity and Resources

The SPHS effectively invests in and utilizes its human, information, organizational and financial resources to assure that its health planning and policy practices meet the needs of the state's population.

To accomplish this, the SPHS:

- Commits adequate financial resources to develop and implement health policies and plans.
- Aligns organizational relationships to focus statewide assets on health planning and policy development.
- Uses the skills of the SPHS workforce in long-range, operational and strategic planning techniques.
- Uses the skills of the SPHS workforce in health policy development, including skills in policy analysis and in obtaining public participation in the policy-making process.

Please answer the following questions related to Model Standard 5.4:

5.4.1 Does the SPHS commit financial resources to health planning and policy development efforts?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.4.1 Discussion Toolbox

In considering 5.4.1, do SPHS organizations:

- ❑ Allocate existing resources to statewide health planning and policy development activities?
- ❑ Share financial resources to invest in planning and policy development?
- ❑ Seek new resources to support planning and policy development activities?

5.4.2 Do SPHS organizations align and coordinate their efforts to implement health planning and policy development?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Do SPHS organizations:

5.4.2.1 Align their organizational strategic plans to improve system performance in planning and policy development?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.4.2.2 Share information systems that provide data useful to health planning and policy development activities?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.4.2.3 Utilize the leadership of the state public health agency in planning and policy development? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.4.2.3 Discussion Toolbox

In considering question 5.4.2.3, does the state public health agency:

- ❑ Work collaboratively with systems partners to improve planning and policy development efforts?
- ❑ Provide leadership in establishing state policy that promotes planning and policy development?
- ❑ Invest in professional expertise needed to carry out planning and policy development?
- ❑ Promote evidence-based solutions for resolving issues that arise in planning and policy development efforts?

5.4.3 Does the SPHS have the professional expertise to carry out planning activities? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.4.3.1 Is the SPHS workforce skilled in health planning? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.4.3.1 Discussion Toolbox

In considering question 5.4.3.1, does this expertise include:

- ❑ Developing vision and mission statements?
- ❑ Analyzing system strengths and weaknesses?
- ❑ Analyzing risk factors and contributing factors to health problems?
- ❑ Identifying external opportunities and threats to public health?
- ❑ Facilitating a priority-setting process?
- ❑ Developing goals and objectives?
- ❑ Selecting effective intervention strategies?
- ❑ Selecting performance indicators?
- ❑ Monitoring performance in accomplishing plans and meeting objectives?
- ❑ Facilitating public participation in all planning activities?

5.4.3.2 Is the SPHS workforce sufficiently staffed to carry out planning activities? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.4.4 Does the SPHS have the professional expertise to carry out health policy development ? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.4.4.1 Is the SPHS workforce skilled in health policy development?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.4.4.1 Discussion Toolbox

In considering question 5.4.4.1, is there expertise in:

- ❑ Obtaining input from state and local constituents on policy issues?
- ❑ Prioritizing policy issues based upon their merit?
- ❑ Developing policy options?
- ❑ Analyzing policy options?
- ❑ Drafting legislation?
- ❑ Developing rules and regulations?
- ❑ Establishing procedures that guide operations for normal situations?
- ❑ Establishing procedures that guide operations for emergency situations?
- ❑ Conducting policy evaluations?

5.4.4.2 Is the SPHS workforce sufficiently staffed to carry out policy development activities?

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 (laws refers to all laws, regulations, statutes, ordinances, and codes) designed to protect health and ensure safety to assure that they reflect current scientific knowledge and best practices for achieving compliance.

- Education of persons and entities in the regulated environment and persons and entities that enforce laws designed to protect health and ensure safety.

- Enforcement activities of public health concern, including, but not limited to, enforcement of clean air and potable water standards; regulation of health care facilities; safety inspections of workplaces; review of new drug, biological, and medical device applications; enforcement activities occurring during emergency situations; and enforcement of laws governing the sale of alcohol and tobacco to minors, seat belt and child safety seat usage, and childhood immunizations.

SPHS Model Standard 6.1: Planning and Implementation

The state public health system (SPHS) assures that laws and enforcement activities are based on current public health science and best practices for achieving compliance. The SPHS emphasizes collaboration between those who enforce laws and those in the regulated environment and provides education to all those affected by public health laws to encourage compliance.

To accomplish this, the SPHS:

- Reviews existing and proposed laws to assure these reflect current scientific knowledge and best practices for achieving compliance and solicits input on reviewed laws from stakeholders including legislators, legal advisors, and the general public, especially persons and entities in the relevant regulated environment.

- Reviews and updates laws to assure appropriate emergency powers are in place.

- Fosters cooperation among persons and entities in the regulated environment and persons and entities that enforce laws to support compliance and to assure that laws and regulations accomplish their health and safety purposes.

- Ensures that administrative processes, such as those for permits and licenses are customer-centered for convenience, cost, and quality of service, and are administered according to written guidelines.

Please answer the following questions related to Model Standard 6.1:

6.1.1 Does the SPHS assure existing and proposed state laws are designed to protect the public's health and ensure safety? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Do SPHS legal reviews:

6.1.1.1 Address whether laws have a sound basis in current public health science and best practices for achieving compliance? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.1.1.1 Discussion Toolbox

In considering question 6.1.1.1, does the review of state laws, at a minimum, use the following criteria for effective public health law:

- ❑ Periodically assesses and continuously improves the state's public health infrastructure?
- ❑ Identifies roles and responsibilities of state and local public health agencies to provide Essential Public Health Services through various governmental powers while also respecting individual rights?
- ❑ Promotes and builds strong relationships within the SPHS?
- ❑ Creates scientifically-and legally-sound and effective powers of state and local public health agencies for the prevention and control of conditions of public health importance at the individual and community levels that are consistent with guiding principles authorizing the responsible use of power and respect for individual rights?
- ❑ Responds to potential public health emergencies through formal declarations and triggering of special public health powers during an emergency?
- ❑ Addresses privacy and security issues arising from the acquisition, use, disclosure, and storage of identifiable health information by state and local public health agencies?
- ❑ Implements administrative rule-making authority by the state or local public health agency and sets affirmative procedures for protecting due process?
- ❑ Provides fair and appropriate criminal and civil penalties for violations of the state and local provisions, as well as declares immunities of specific actors where justified?
- ❑ Requires regular reporting and accountability by state and local public health agencies?

6.1.1.2 Evaluate the intended and unintended impacts of enforcing laws? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.1.1.3 Use input solicited from key stakeholders on laws reviewed? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.1.1.3 Discussion Toolbox

In considering question 6.1.1.3, is input solicited from:

- ❑ Legislators?
- ❑ Legal advisors?
- ❑ Members of the general public?
- ❑ Persons or entities in the relevant regulated environment?

6.1.1.4 Result in advocacy by SPHS members to the appropriate legal body, such as state legislatures or regulatory boards, for modifications that are identified through their reviews of laws?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.1.2 Does the SPHS assure that laws give state and local authorities the power and ability to prevent, detect, manage, and contain emergency health threats?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.1.2 Discussion Toolbox

In considering 6.1.2, do laws related to emergency powers:

- ❑ Set a definition of what constitutes a public health emergency?
- ❑ Require the development of a comprehensive public health emergency response plan?
- ❑ Authorize the collection of data and records and access to communications to facilitate the early detection of a health emergency?
- ❑ Grant state and local public health officials the authority to use and appropriate property to care for patients, destroy dangerous or contaminated materials, and implement safe handling procedures for the disposal of human remains or infectious wastes?
- ❑ Authorize officials to care and treat ill or exposed persons, to separate affected individuals from the population at large to prevent further transmission, collect specimens, and seek the assistance of in-state and out-of-state private sector health care workers during an emergency?
- ❑ Require public health authorities to inform the population of public health threats through mediums and language that are accessible and understandable to all segments of the population?
- ❑ Authorize state authorities to allocate state finances as needed during an emergency?
- ❑ Create limited immunities for some state and private actors from future legal causes of action?
- ❑ Vest the power to declare a public health emergency in state authorities?
- ❑ Balance due process with emergency powers?
- ❑ Provide liability protection for health professionals (e.g., physicians, nurses, EMTs) with out-of state licenses who enter the state to provide services during an emergency?

6.1.3 Are there cooperative relationships between the SPHS and persons and entities in the regulated environment to encourage compliance and assure that laws accomplish their health and safety purposes (e.g. hospitals and the state public health agency)?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.1.3.1 Do these relationships support and encourage training to support compliance with laws?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.1.3.1 Discussion Toolbox

In considering 6.1.3.1, does training improve the understanding of:

- ❑ Benefits that will result from complying with the law?
- ❑ Rights and responsibilities of the general public with regard to the law?
- ❑ Persons affected by the laws and regulations (i.e., regulated persons and entities, workforce that enforces laws, and the general public)?

6.1.3.2 Dialogue about promising new practices in accomplishing the health and safety purposes of public health laws?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.1.3.2 Discussion Toolbox

In considering 6.1.3.2, do the new practices include:

- ❑ Incentive programs that improve health and safety practices in support of compliance?
- ❑ Accountability through self-regulation?
- ❑ Methods for handling difficult situations, where there is a pattern of violations over time?

6.1.4 Does the SPHS ensure that administrative processes are customer-centered (e.g., obtaining permits and licenses)?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Are administrative processes:

6.1.4.1 Offered at convenient times and locations? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.1.4.2 Offered with the convenience of electronic processing? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.1.4.3 Accompanied by user fees that balance affordability and program sustainability? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.1.4.4 Offered with directions for achieving compliance and obtaining information? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.1.4.5 Administered according to written guidelines? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

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SPHS Model Standard 6.2: State-Local Relationships

The SPHS works with local public health systems to provide assistance, capacity building, and resources for local efforts to enforce laws that protect health and safety.

To accomplish this, the SPHS:

- Offers technical assistance to local public health systems based on current scientific knowledge and best practices for achieving compliance in both routine and complex enforcement operations.
- Partners with local governing bodies to provide assistance in developing local laws that incorporate current scientific knowledge and best practices for achieving compliance.

Please answer the following questions related to Model Standard 6.2:

6.2.1 Does the SPHS provide technical assistance to local public health systems on best practices in compliance and enforcement of laws that protect health and ensure safety?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Does this technical assistance focus on:

6.2.1.1 Enforcement protocols that incorporate current scientific knowledge and best practices for achieving compliance?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.2.1.2 Consultations in routine enforcement situations?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.2.1.3 Direct assistance in complex enforcement operations?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.2.1.4 Training to keep enforcement skills up-to-date?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.2.1.4 Discussion Toolbox

In considering 6.2.1.4, is training offered to:

- ❑ Newly hired enforcement personnel as part of their orientation?
- ❑ Seasoned enforcement personnel?

In considering 6.2.1.4, is training designed to improve:

- ❑ Counseling skills?
- ❑ Communication skills?
- ❑ Conflict management and negotiation skills?

6.2.2 Does the SPHS partner with local governing bodies in reviewing, improving and developing local laws?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Does the partnership focus on:

6.2.2.1 Reviewing local laws?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.2.2.2 Improving and modernizing local laws?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.2.2.3 Developing new local laws that incorporate current scientific knowledge and best practices for achieving compliance?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.2.2.4 Assuring that local officials have the appropriate power and ability to prevent, detect, manage, and contain emergency health threats?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

SPHS Model Standard 6.3 Performance Management and Quality Improvement

The SPHS reviews the effectiveness of its performance in enforcing laws that protect health and safety. Members of the SPHS actively use the information from these reviews to continuously improve the quality of enforcement efforts.

To accomplish this, the SPHS:

- Reviews the effectiveness of its laws and enforcement activities, using resources such as the Model State Public Health Act and Model State Emergency Powers Act.
- Manages the overall performance of its enforcement activities for the purpose of quality improvement.

Please answer the following questions related to Model Standard 6.3:

6.3.1 Does the SPHS review the effectiveness of its regulatory, compliance and enforcement activities? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

Do these reviews examine whether:

6.3.1.1 Gaps in regulatory activities are addressed through new laws or administrative rules? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

6.3.1.2 Cooperative relationships with persons and entities in the regulated environment have resulted in improvement in compliance with laws? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

6.3.1.3 State enforcement activities are appropriately coordinated with the enforcement efforts at the local level? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

6.3.1.4 Enforcement activities are performed professionally and any abuse of authority is corrected quickly? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

6.3.2 Does the SPHS actively manage and improve the overall performance of its regulatory programs and activities? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

6.3.2 Discussion Toolbox

In considering 6.3.2, do SPHS organizations:

- ❑ Use relevant standards or benchmarks to establish system-wide expectations for enforcement of laws?
- ❑ Measure performance milestones?
- ❑ Report on progress to systems partners?
- ❑ Conduct ongoing quality improvement activities using performance information? (Examples of QI activities are setting priorities, updating policies to improve effectiveness, and the continuous application of new knowledge and evidence to practice.)

SPHS Model Standard 6.4: Public Health Capacity and Resources

The SPHS effectively invests in and utilizes its human, information, technology, organizational and financial resources to enforce laws that protect health and safety in the state.

To accomplish this, the SPHS:

- Commits adequate financial resources for the enforcement of laws that protect health and ensure safety.
- Aligns organizational relationships to focus statewide assets on enforcement activities.
- Uses workforce expertise to effectively carry out the review, development, and enforcement of public health laws.

Please answer the following questions related to Model Standard 6.4:

6.4.1 Does the SPHS commit financial resources to the enforcement of laws that protect health and ensure safety?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.4.1 Discussion Toolbox

In considering 6.4.1, do SPHS organizations:

- ❑ Allocate existing resources to enforcement activities?
- ❑ Share financial resources to invest in enforcement activities?
- ❑ Seek new resources for enforcement of laws that protect health and ensure safety?

6.4.2 Do SPHS organizations align and coordinate their efforts to comply with laws and regulations?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Do SPHS organizations:

6.4.2.1 Align their organizational strategic plans to improve system performance in compliance and enforcement?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.4.2.2 Coordinate technology resources to more effectively report, track, analyze and communicate data relevant to enforcement?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.4.2.3 Utilize the leadership of the state public health agency in enforcing laws that protect health and ensure safety?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.4.2.3 Discussion Toolbox

In considering question 6.4.2.3, does the state public health agency:

- ❑ Work collaboratively with SPHS partners to coordinate a systems approach to improve enforcement activities?
- ❑ Provide leadership in establishing state policy that promotes more effective enforcement?
- ❑ Invest in professional expertise needed to carry out enforcement activities?
- ❑ Promote evidence-based solutions for resolving issues in enforcement?
- ❑ Provide assistance to local public health agencies in enforcement activities?

6.4.3 Does the SPHS have the professional expertise to carry out enforcement activities?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Is the SPHS workforce:

6.4.3.1 Skilled in the administration of legal and regulatory programs?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.4.3.1 Discussion Toolbox

In considering question 6.4.3.1, do these personnel have expertise in:

- ❑ Public health law?
- ❑ Legal and administrative processes to adopt, amend, and implement laws?
- ❑ Best practices and current scientific knowledge in achieving compliance?
- ❑ Training and education about compliance with laws?
- ❑ Development of customer-centered administrative processes?
- ❑ Evaluation of enforcement activities?

6.4.3.2 Sufficiently staffed to carry out 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:

- Assessment of access to and availability of quality personal health services for the state's population.
- Assurances that access is available in a coordinated system of quality care which includes outreach services to link populations to preventive and curative care, medical services, case management, enabling social and mental health services, culturally and linguistically appropriate services, and health care quality review programs.
- Partnership with public, private, and voluntary sectors to provide populations with a coordinated system of health care.
- Development of a continuous improvement process to assure the equitable distribution of resources for those in greatest need.

SPHS Model Standard 7.1: Planning and Implementation

The state public health system (SPHS) assesses the availability of personal health services for the state's population and works collaboratively with state and local partners to assure that the entire state population has access to high quality personal health care.

To accomplish this, the SPHS:

- Assesses the availability and utilization of personal health services for all persons living in the state, including underserved populations.
- Works collaboratively with local public health systems and with health care providers to deliver personal health services and to take policy and programmatic action to assure access, utilization, and quality of health care for persons living in the state.
- Uses a SPHS organization to provide statewide leadership and coordinate system efforts to monitor, evaluate, and improve the availability, utilization, and effectiveness of personal health care delivery within the state.
- Mobilizes to reduce health disparities in the state (using guides such as *Healthy People 2010*) and to meet the needs of vulnerable populations in the event of an emergency.

Please answer the following questions related to Model Standard 7.1:

7.1.1 Does the SPHS assess the availability of personal health services to the state's population? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Does the assessment identify:

7.1.1.1 Health professional shortage areas within the state? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.1.1.2 Gaps in the safety-net provider network? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.1.1.3 Utilization of personal health care services? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.1.1.4 Barriers to access among populations with special needs? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.1.1.4 Discussion Toolbox

In considering question 7.1.1.4, are barriers to access considered with respect to:

- ❑ Age?
- ❑ Gender?
- ❑ Sexual orientation?
- ❑ Literacy level?
- ❑ Financial status?
- ❑ Culture, race, or ethnicity?
- ❑ Geographic location?
- ❑ Language?
- ❑ Religion?
- ❑ National origin (including immigration status)?
- ❑ Insurance status?
- ❑ Physical or mental disabilities?

7.1.2 Through collaborations with local public health systems and health care providers, does the SPHS take action to eliminate barriers to access to personal health care? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Do SPHS collaborative partnerships take action to:

7.1.2.1 Assess the availability of personal health services throughout the state? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.1.2.1 Discussion Toolbox

In considering question 7.1.2.1, do these services include:

- ❑ Outreach services to link people to needed 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?

7.1.2.2 Improve personal health service delivery? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.1.2.2 Discussion Toolbox
In considering question 7.1.2.2, do access programs and initiatives:
- ❑ Identify persons who are eligible for Medicaid or other state medical assistance programs prior to their presentation to a medical facility for care?
- ❑ Facilitate the placement of providers in health professional shortage areas?
- ❑ Address cultural and linguistic needs of populations served?

7.1.2.3 Inform policymakers of the barriers to personal health care access experienced by the state's population? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.1.2.4 Recommend needed changes in state policy to increase access to personal health care for populations in need? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.1.2.5 Improve the working relationships of members of state and local public health systems and health care providers? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.1.2.5 Discussion Toolbox
In considering question 7.1.2.5, do these providers include:
- ❑ Physicians?
- ❑ Hospitals?
- ❑ Nurses?
- ❑ Dentists?
- ❑ Social workers?
- ❑ Public health departments?

7.1.2.6 Prepare for hospital and health professional surge capacity that will be needed in the event of an emergency? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.1.3 Does the SPHS have an entity responsible for monitoring and coordinating personal health care delivery within the state? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Does this coordinating entity have the capability to:

7.1.3.1 Manage a systems approach to assessing and improving the accessibility of personal health care? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.1.3.2 Review the quality of personal health care? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.1.3.3 Make recommendations to policy leaders and safety-net providers on methods to improve delivery of personal health services? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.1.4 Does the SPHS mobilize its assets, including local public health systems, to reduce health disparities in the state? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Does this effort produce:

7.1.4.1 A plan for reducing or eliminating health disparities? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.1.4.2 A preparedness plan, including organizational roles and responsibilities, for meeting the needs of vulnerable populations in the event of a natural disaster or other emergency? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

SPHS Model Standard 7.2: State-Local Relationships

The SPHS works with local public health systems to provide assistance, capacity building, and resources for local efforts to identify underserved populations and develop innovative approaches for meeting their health care needs.

To accomplish this, the SPHS:

- Provides technical assistance in systems approaches for identifying and meeting personal health care needs of underserved populations.
- Provides technical assistance in quality improvement of personal health care delivery and management to providers in local public health systems.

Please answer the following questions related to Model Standard 7.2:

7.2.1 Does the SPHS provide technical assistance to local public health systems on methods to assess and meet the needs of underserved populations?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Does this assistance address:

7.2.1.1 Local partnership development to coordinate personal health service delivery?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.2.1.2 Assessment methods for identifying underserved populations?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.2.1.3 Planning tools for designing programs or initiatives to reduce barriers to health care access?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.2.1.4 Approaches to coordinate complementary programs (such as WIC and childhood immunization programs) to optimize access to needed services?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.2.1.5 Methods for identifying local surge capacity needed in the event of an emergency?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.2.1.6 Approaches for planning for the needs of vulnerable populations in the event of an emergency?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.2.2 Does the SPHS provide technical assistance to providers who deliver personal health care to underserved populations?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.2.2 Discussion Toolbox

In considering 7.2.2, does the technical assistance focus on:

- ❑ Implementing culturally and linguistically accessible services?
- ❑ Promoting health literacy?
- ❑ Case management, including self-management?
- ❑ Specific needs of underserved populations, including wrap-around services?
- ❑ Quality improvement processes for personal health care delivery?

SPHS Model Standard 7.3: Performance Management and Quality Improvement

The SPHS reviews the effectiveness of its performance in the provision of personal health care to the state's population. Members of the SPHS actively use the information from these reviews to continuously improve the quality of it efforts to link people to needed personal health services.

To accomplish this, the SPHS:

- Reviews health care quality, access, and appropriateness (using such resources as *Health Plan and Employer Data and Information Set* (HEDIS), reports published by DHHS' Agency for Healthcare Research and Quality, and the *Guide to Clinical Preventive Services*).
- Manages the overall performance of its activities to link people to needed health services for the purpose of quality improvement.

Please answer the following questions related to Model Standard 7.3:

7.3.1 Does the SPHS review personal health care access, appropriateness and quality? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Do these reviews examine:

7.3.1.1 Reports on the extent and quality of prevention services in managed care? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.3.1.2 Hospital report cards? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.3.1.3 Reports on patient safety? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.3.1.4 State or national health care quality reports? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.3.1.5 State or national health care disparities reports? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.3.1.6 Opportunities for change to improve health care quality? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.3.1.7 Changes to barriers to personal health care? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.3.1.7 Discussion Toolbox

In considering question 7.3.1.7, are the following reviewed:

- ❑ Changes in the availability of personal health care?
- ❑ Extent to which clinical preventive care guidelines are followed?
- ❑ The timeliness of the delivery of the personal health care?
- ❑ The use of health services by underserved populations?
- ❑ Feedback from service recipients?

7.3.2 Does the SPHS actively manage and improve the overall performance of its activities to link people to needed personal health care services?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.3.2 Discussion Toolbox

In considering 7.3.2, do SPHS organizations:

- ❑ Use relevant standards or benchmarks to establish system-wide expectations for linking people to needed services and improving access to care?
- ❑ Measure performance?
- ❑ Report on progress to systems partners?
- ❑ Conduct ongoing quality improvement activities using performance information? (Examples of QI activities are setting priorities, updating policies to improve effectiveness, and the continuous application of new knowledge and evidence to practice.)

SPHS Model Standard 7.4: Public Health Capacity and Resources

The SPHS effectively invests in and utilizes its human, information, organizational and financial resources to assure the provision of personal health care to meet the needs of the state's population.

To accomplish this, the SPHS:

- Commits adequate financial resources for the provision of needed personal health care.
- Aligns organizational relationships to focus statewide assets on linking people to needed personal health care and assuring the provision of health care.
- Uses a workforce skilled in the evaluation, analysis, delivery, and management of personal health services.

Please answer the following questions related to Model Standard 7.4:

7.4.1 Does the SPHS commit financial resources to assure the provision of personal health care?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.4.1 Discussion Toolbox

In considering 7.4.1, do SPHS organizations:

- ❑ Allocate existing resources to linking people to the health care they need?
- ❑ Share financial resources to invest in the provision of needed health care?
- ❑ Seek new resources for health care provision where otherwise unavailable?

7.4.2 Do SPHS organizations align and coordinate their efforts to provide needed personal health care?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Do SPHS organizations:

7.4.2.1 Align their organizational strategic plans to improve system performance in linking people to needed services?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.4.2.2 Coordinate technology resources to more effectively conduct outreach to link people to needed care?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.4.2.3 Utilize the leadership of the state public health agency in linking people to needed personal health care?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.4.2.3 Discussion Toolbox

In considering question 7.4.2.3, does the state public health agency:

- ❑ Work collaboratively with systems partners to improve its efforts to link people to needed personal health care?
- ❑ Provide leadership in establishing state policy that promotes linking people with needed personal health care and the reduction of barriers to health care access?
- ❑ Invest in professional expertise needed to carry out analysis, technical assistance and improvements in personal health care delivery?
- ❑ Promote evidence-based solutions for resolving issues that arise in efforts to link people to needed personal health care?

7.4.3 Does the SPHS have the professional expertise to carry out the functions of linking people to needed personal health care?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Is the SPHS workforce:

7.4.3.1 Skilled in health care monitoring, analysis, management and service delivery?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.4.3.1 Discussion Toolbox

In considering question 7.4.3.1, do these workforce skills include:

- ❑ Expertise in health service monitoring and evaluation (e.g., monitoring availability, utilization, and effectiveness of health services)?
- ❑ Expertise in the analysis of health services (e.g., policy analysis, financial and economic analysis, and health care systems analysis)?
- ❑ Expertise in managing health services quality improvement programs (e.g., quality improvement and staff development in health care programs)?
- ❑ Expertise in the delivery of health services programs and linking people to needed services (e.g., knowledge of eligibility requirements, cross-cultural communication skills, interagency collaborative skills, innovative delivery methods to reach underserved populations)?

7.4.3.2 Sufficiently staffed to carry out activities to link people to needed personal health services?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

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

This service includes:

- Education, training, development, and assessment of health professionals--including partners, volunteers and other lay community health workers--to meet statewide needs for public and personal health services.
- Efficient processes for credentialing technical and professional health personnel.
- Adoption of continuous quality improvement and life-long learning programs.
- Partnerships with professional workforce development programs to assure relevant learning experiences for all participants.
- Continuing education in management, cultural competence, and leadership development programs.

SPHS Model Standard 8.1: Planning and Implementation

The state public health system (SPHS) identifies the public health workforce needs of the state and implements recruitment and retention policies to fill those needs. The public health workforce is the array of personnel providing population-based and personal (clinical) health services in public and private settings across the state, all working to improve the public's health through community prevention and clinical prevention services. The SPHS provides training and continuing education to assure that the workforce will effectively deliver the Essential Public Health Services.

To accomplish this, the SPHS:

- Assesses the numbers, qualifications, and location of the population-based and personal health care workforce required to meet statewide health needs.
- Based on workforce assessments, develops a statewide workforce plan(s) that establishes strategies and actions needed to recruit, maintain and sustain a competent and diverse workforce.
- Provides human resource development programs focused on enhancing the skills and competencies of the workforce.
- Assures that the population-based and health care workforce in the state attain the highest level of knowledge and functioning in the practice of their professions.
- Supports continuous professional development through programs focused on life-long learning.

Please answer the following questions related to Model Standard 8.1:

8.1.1 Does the SPHS conduct assessments of its workforce needs to deliver effective population-based and personal health services in the state?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Does the SPHS assess:

8.1.1.1 Population-based workforce needs in the state?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.1.1.2 Personal health care workforce needs in the state?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.1.1.1 – 8.1.1.2 Discussion Toolbox

In considering questions 8.1.1.1 and 8.1.1.2, do the assessments of the population-based workforce and the personal health care workforce:

- ❑ Enumerate the workforce in the state?
- ❑ Define the required qualifications for the workforce?
- ❑ Define how many personnel are required to meet statewide service delivery needs?
- ❑ Define the geographic distribution of personnel required to meet statewide service needs?
- ❑ Determine how well education and credentialing requirements are met by the current workforce?
- ❑ Determine if compensation (salary and benefits) is adequate to maintain qualified technical and professional personnel?
- ❑ Assess gaps in the geographic distribution and competency of the current workforce?
- ❑ For the population-based workforce, utilize information from learning management systems on individual needs of members of the workforce?
- ❑ For the population-based workforce, assess the impact of the aging of the public health workforce?
- ❑ For the population-based workforce, conduct salary comparisons for major workforce job titles?

8.1.2 Does the SPHS develop a statewide workforce plan(s) to guide its activities in workforce development? *(Note: the SPHS may have one or more workforce plans, but the plan(s) should address both population-based and personal health care workforce.)*

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Does the workforce plan(s) address:

8.1.2.1 The population-based workforce, guiding improvements in this segment of the SPHS workforce? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.1.2.2 The personal health care workforce, guiding improvements in this segment of the SPHS workforce? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.1.2.1–8.1.2.2 Discussion Toolbox

In considering 8.1.2.1 and 8.1.2.2, do the workforce plans for the population-based workforce and the personal health care workforce:

- ❑ Result from a collaborative process by SPHS partners in academic and practice settings?
- ❑ Do these partners include schools of public health; health professional schools; including medical; nursing and dental schools; public health preparedness centers; public health training networks; and/or community college training programs?
- ❑ Address long-term strategies to recruit and retain qualified personnel throughout the state?
- ❑ Address the SPHS member organizations' strengths and weaknesses in workforce core competencies needed to deliver the Essential Public Health Services? (Public health core competencies include: Analytic Skills/Assessment; Basic Public Health Science; Cultural Competency; Communications; Community Dimensions of Practice; Financial Planning and Management; Leadership and Systems Thinking; and Policy Development / Program Planning.)
- ❑ Address initiatives needed to improve the education of the future workforce?
- ❑ Address initiatives needed in in-service programs to meet the education and training needs of the current workforce?
- ❑ Identify actions to improve the quality of the workforce?
- ❑ Identify actions to improve the diversity of the workforce?
- ❑ Identify actions to improve the understanding throughout the workforce of the *Public Health Code of Ethics*?

8.1.3 Do SPHS human resources development programs provide training to enhance the technical and professional competencies of the workforce? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Does training address, at a minimum:

8.1.3.1 Leadership and management skills? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.1.3.2 Understanding the multiple determinants of health (i.e., conditions underlying health including cultural, social, economic, educational, genetic, and environmental determinants)? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.1.3.3 Use of information technologies in public health practice? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.1.3.4 Individual and organizational roles in an incident command system? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.1.3.5 Core competencies needed to deliver the Essential Public Health Services, including a basic understanding of public health and emergency management? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.1.3.6 Bridging medicine and public health training in medical schools and schools of public health? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.1.4 Does the SPHS assure that individuals in the population-based and personal health care workforce achieve the highest level of professional practice? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Are competencies assured through:

8.1.4.1 Educational requirements in the hiring process? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.1.4.2 Professional certifications, licenses, or credentialing? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.1.4.3 Recognition for completion of advanced competency-based training? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.1.4.3 Discussion Toolbox

In considering question 8.1.4.3, examples might include:

- ❑ Advanced certification for emergency management personnel?
- ❑ Emergency preparedness competencies?
- ❑ Informatics competencies?
- ❑ Genomics competencies?
- ❑ Epidemiology competencies?
- ❑ Cultural competencies?

8.1.4.4 Organizational reviews, including accreditation, that recognize workforce competencies? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.1.5 Does the SPHS support initiatives that encourage life-long learning? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Do these initiatives include:

8.1.5.1 Career ladders and other developmental programs to provide advancement opportunities? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.1.5.2 Coaching or mentoring programs to assist personnel to begin or advance within their occupation? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.1.5.3 Funds or time off to help members of the workforce participate in educational programs that build additional technical and professional skills? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.1.5.4 Marketing these opportunities to heighten worker awareness? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.1.5.5 Encouragement for members of workforce to apply their leadership skills to health improvement activities in their communities (outside of their agency work)? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.1.5.6 Learning management systems supporting distance learning and management of training needs and resources? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

SPHS Model Standard 8.2: State-Local Relationships

The SPHS works with local public health systems to provide assistance, capacity building, and resources for local efforts to assure a competent population-based and personal health care workforce.

To accomplish this, the SPHS:

- Assists local public health systems in assessing the needs of the population-based and personal health care workforces.
- Provides assistance to local public health systems in recruitment, retention, and performance improvement strategies to improve the availability and competency of the local workforce.
- Assures the availability of educational course work to enhance the skills of the workforce of local public health systems.

Please answer the following questions related to Model Standard 8.2:

8.2.1 Does the SPHS assist local public health systems in completing assessments of their population-based and personal health care workforces? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.2.2 Does the SPHS assist local public health systems with workforce development? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Is assistance provided to improve workforce development strategies for:

8.2.2.1 Using competency-based workforce standards? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.2.2.2 Employee recruitment and retention to fill gaps? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.2.2.3 Improving workforce performance? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.2.3 Does the SPHS assure educational course work and training is available and accessible to enhance the skills of the workforce of local public health systems? — NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.2.3 Discussion Toolbox

In considering 8.2.3, does the training include, at a minimum:

- ❑ Cultural competency?
- ❑ Leadership development?
- ❑ Management training?
- ❑ Core competencies needed to deliver the Essential Public Health Services?
- ❑ The multiple determinants of health?
- ❑ Emergency preparedness and response competencies?
- ❑ Incident command system and emergency operations?
- ❑ *The Public Health Code of Ethics*?

SPHS Model Standard 8.3: Performance Management and Quality Improvement

The SPHS reviews the effectiveness of its performance in assuring a competent population-based and personal health care workforce. Members of the SPHS actively use the information from these reviews to continuously improve the quality of workforce development efforts.

To accomplish this, the SPHS:

- Reviews both the implementation of its workforce development plans to determine their effectiveness in developing a workforce that meets current and future demand for health services in the state and the use of quality improvement resources to improve the skills of individual workers.
- Through an academic-practice partnership(s), reviews the preparation of personnel entering the workforce.
- Manages the overall performance of its workforce development activities for the purpose of quality improvement

Please answer the following questions related to Model Standard 8.3:

8.3.1 Does the SPHS review its workforce development activities?

NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

8.3.1 Discussion Toolbox

In considering 8.3.1, do these reviews examine whether:

- ❑ Skilled personal health care workers are available to meet the state's needs?
- ❑ Skilled population-based workers are available to meet the state's needs?
- ❑ Recruitment of public health workers is effective?
- ❑ Retention of personal health care workers is effective?
- ❑ Education, training, and credentialing programs are of high quality (i.e., effective in helping workers attain core competencies and professional skills)?
- ❑ Learning management systems are used to identify needed competency-based training and educational opportunities for workers?

8.3.2 Does the SPHS review the extent to which academic-practice partnership(s) address the preparation of personnel entering the SPHS workforce?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.2.3 Discussion Toolbox

In considering 8.3.2, do the academic-practice partnerships review whether:

- ❑ Entry-level workforce is adequately prepared to meet needs in the state?
- ❑ Consultations between practitioners and teachers assure that curriculum meets the needs of practice?
- ❑ Instructors are competent to prepare entry-level workforces to meet the health services needs of the state?
- ❑ Education programs are properly accredited to prepare individuals to meet standards of credentialing in health-related occupations?

8.3.3 Does the SPHS actively manage and improve the overall performance of its workforce development activities?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.3.3 Discussion Toolbox

In considering 8.3.3, do SPHS organizations:

- ❑ Use relevant standards or benchmarks to establish system-wide expectations for workforce development?
- ❑ Measure performance milestones?
- ❑ Report on progress to systems partners?
- ❑ Conduct ongoing quality improvement activities using performance information? (Examples of QI activities are setting priorities, updating policies to improve effectiveness, and the continuous application of new knowledge and evidence to practice.)

SPHS Model Standard 8.4: Public Health Capacity and Resources

The SPHS effectively invests in and utilizes its human, information, organizational and financial resources to assure a competent population-based and personal health care workforce.

To accomplish this, the SPHS:

- Commits adequate financial resources to support workforce development.
- Aligns organizational relationships to focus statewide assets on workforce development.
- Uses the skills of the SPHS workforce in the management of human resources and workforce development programs supporting the delivery of high quality personal and population-based services throughout the state.

Please answer the following questions related to Model Standard 8.4:

8.4.1 Does the SPHS commit financial resources to workforce development efforts?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.4.1 Discussion Toolbox

In considering 8.4.1, do SPHS organizations:

- ❑ Allocate existing financial resources to assure adequate numbers of skilled personnel in the SPHS workforce?
- ❑ Seek new resources for workforce development activities?
- ❑ Share financial resources to invest in workforce development? Are there investments in: system-wide cultural competency in its workforce; life-long learning programs; leadership development programs; expanding the competencies of the current workforce in all areas of the state; learning management systems; and or recruitment and retention of qualified personnel?

8.4.2 Do SPHS organizations align and coordinate their efforts to effectively conduct workforce development activities?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Do SPHS organizations:

8.4.2.1 Align their organizational strategic plans to improve system performance in workforce development?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.4.2.2 Coordinate technology resources to more effectively conduct workforce development?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

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8.4.2.3 Utilize the leadership of the state public health agency in workforce development?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.4.2.3 Discussion Toolbox

In considering question 8.4.2.3, does the state public health agency:

- ❑ Work collaboratively with systems partners to improve workforce development efforts?
- ❑ Provide leadership in establishing state policy that promotes workforce development?
- ❑ Invest in professional expertise needed to carry out workforce development?
- ❑ Promote evidence-based solutions for resolving issues that arise in workforce development efforts?

8.4.3 Does the SPHS have the professional expertise to carry out workforce development activities?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Is the SPHS workforce:

8.4.3.1 Skilled in human resource development?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.4.3.1 Discussion Toolbox

In considering question 8.4.3.1, does this expertise include:

- ❑ Defining competencies required to deliver quality health services in the state?
- ❑ Assessing competencies of the health services workforce?
- ❑ Examining credentials and credentialing opportunities for individual worker improvement?
- ❑ Establishing workforce performance appraisal systems?
- ❑ Developing curricula to build workforce competencies?
- ❑ Presenting curricula in a training or educational format to build workforce competencies?

8.4.3.2 Sufficiently staffed to carry out workforce development activities?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

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

This service includes:

- Evaluation and critical review of health programs, based on analyses of health status and service utilization data, are conducted to determine program effectiveness and to provide information necessary for allocating resources and reshaping programs for improved efficiency, effectiveness, and quality.

- Assessment of and quality improvement in the State Public Health System's performance and capacity.

SPHS Model Standard 9.1: Planning and Implementation

The state public health system (SPHS) conducts evaluations to improve the effectiveness of population-based services and personal health services within the state. Evaluation is considered a core activity of the public health system and essential to understand how to improve the quality of services to the state's population. Routine evaluations identify strengths and weaknesses in programs, services and the public health system overall and are actively used in quality and performance improvement.

To accomplish this, the SPHS:

- Evaluates the availability, utilization, appropriateness, and effectiveness of population-based health services (e.g., injury prevention, promotion of physical activity, immunization) within the state using national guidelines, such as CDC's *Guide to Community Preventive Services*.

- Evaluates the effectiveness of personal health services within the state using national guidelines, such as the *Guide to Clinical Preventive Services*.

- Evaluates the performance of the state public health system in delivering Essential Public Health Services to the state's population.

Note: Also see Essential Service # 7 for Personal Health Care Evaluation.

Please answer the following questions related to Model Standard 9.1:

9.1.1 Does the SPHS routinely evaluate population-based health services within the state? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Do these evaluations address:

9.1.1.1 Use of evaluation designs that involve stakeholders in the program, including local public health systems? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.1.1.2 Examinations of comparisons of current population-based program experience with nationally recognized standards of best practice and program effectiveness? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.1.1.3 Examinations of consumer satisfaction with population-based services, including the perspectives of consumers who experience problems with population-based health services? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.1.1.4 Focus on the effectiveness of population-based programs? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.1.1.4 Discussion Toolbox

In considering 9.1.1.4, do population-based services evaluations address:

- ❑ Availability and utilization of population-based health programs?
- ❑ Appropriateness of population-based health programs?
- ❑ Outcomes of population-based health programs?
- ❑ Reach of services into populations in need or at risk?

9.1.1.5 Monitoring of credentials and licenses of population-based health professionals? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.1.1.6 Regular use of evaluation findings in state health improvement activities? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.1.2 Does the SPHS evaluate the effectiveness of personal health services within the state? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Do personal health services evaluations address:

9.1.2.1 A broad scope of personal health care facilities and services that are routinely evaluated for compliance with applicable state and national standards and benchmarks? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.1.2.1 Discussion Toolbox

In considering question 9.1.2.1, are the following services evaluated:

- ❑ Primary health care services?
- ❑ In-patient hospital services?
- ❑ Emergency care services?
- ❑ Ambulatory surgery services?
- ❑ Rehabilitative care services?
- ❑ Home health care services?
- ❑ Long-term care services?
- ❑ Hospice services?

9.1.2.2 Monitoring of credentials and licenses of health care professionals? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.1.2.3 Regular use of evaluation findings in state health improvement activities? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.1.3 Does the SPHS establish and/or use standards to assess the performance of the state public health system? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Do evaluations of the state public health system:

9.1.3.1 Use standards for the evaluation of systems, capacity, and infrastructure? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.1.3.2 Address the effectiveness of the delivery of the Essential Public Health Services throughout the state? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.1.3.3 Identify strengths and areas of needed improvement in the SPHS? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.1.3.4 Examine the extent to which statewide organizations operate as a system? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.1.3.4 Discussion Toolbox

In considering 9.1.3.4, does the SPHS possess these system attributes:

- ❑ Strong partnership, where partners recognize they are part of the SPHS?
- ❑ Effective channels of communication?
- ❑ Sharing resources, including coordinated approach to seeking new resources?
- ❑ System-wide objectives for improving health are addressed in organizational strategic plans?
- ❑ State public health agency plays a key leadership role in SPHS?
- ❑ Local public health systems provide feedback on SPHS performance?

9.1.3.5 Examine the role of statewide organizations in evaluating the organizational performance of their local counterparts, through program evaluation, certification, accreditation, licensing, or other means (e.g., role of the state public health agency in evaluating local public health agencies, role of state Red Cross in evaluating local Red Cross chapters)? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

SPHS Model Standard 9.2: State-Local Relationships

The SPHS works with local public health systems to provide assistance, capacity building, and resources for local efforts to evaluate the performance and effectiveness of population-based programs, personal health services, and local public health systems.

To accomplish this, the SPHS:

- Provides technical assistance to local public health systems in the evaluation of population-based programs, personal health services, and overall local public health systems performance, using performance benchmarks, such as the Baldrige National Quality Program and the National Public Health Performance Standards.
- Shares results of state-level performance evaluations with local public health systems for use in local health improvement and strategic planning processes.

Please answer the following questions related to Model Standard 9.2:

9.2.1 Does the SPHS provide technical assistance (e.g., consultations, training) to local public health systems in their evaluations?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Do SPHS organizations provide assistance in:

9.2.1.1 Evaluating population-based services? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.2.1.2 Evaluating personal health services? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.2.1.3 Evaluating local public health systems? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.2.1.1 – 9.2.1.3 Discussion Toolbox

In considering questions 9.2.1.1 – 9.2.1.3, does this assistance include:

- ❑ Designing evaluation studies?
- ❑ Routine monitoring of population-based programs?
- ❑ Use of nationally-developed assessment and evaluation instruments, such as the National Public Health Performance Standards?
- ❑ Use of state-based performance assessment tools?
- ❑ Using evaluation findings in performance improvement processes?
- ❑ Conducting consumer satisfaction studies?
- ❑ Evaluating organizational performance (e.g., using the Baldrige criteria, state accreditation standards and measures)?

9.2.2 Does the SPHS share results of state-level performance evaluations with local public health systems for use in local planning processes?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

SPHS Model Standard 9.3: Performance Management and Quality Improvement

The SPHS reviews the effectiveness of its performance in evaluating the effectiveness, accessibility, and quality of population-based programs, personal health services, and public health systems. Members of the SPHS actively use the information from these reviews to continuously improve the quality of evaluation efforts.

To accomplish this, the SPHS:

- Reviews its evaluation activities to assure their appropriateness in scope and methodology, using nationally recognized resources, such as CDC's *Principles of Program Evaluation.*
- Manages the overall performance of its evaluation activities for the purpose of quality improvement.

Please answer the following questions related to Model Standard 9.3:

9.3.1 Does the SPHS regularly review the effectiveness of its evaluation activities? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Do these reviews examine:

9.3.1.1 The scope of evaluations to assure they are appropriate to inform program and service delivery decisions? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.3.1.2 The use of robust evaluation methodologies? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.3.1.3 Evaluation protocols used when weaknesses in program or service quality become apparent? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.3.2 Does the SPHS actively manage and improve the overall performance of its evaluation activities? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.3.2 Discussion Toolbox

In considering 9.3.2, do SPHS organizations:

- ❑ Use relevant standards or benchmarks to establish system-wide expectations for evaluation?
- ❑ Measure performance milestones?
- ❑ Report on progress to systems partners?
- ❑ Conduct ongoing quality improvement using performance information? (Examples of QI activities are setting priorities, updating policies to improve effectiveness, and the continuous application of new knowledge and evidence to practice.)

SPHS Model Standard 9.4: Public Health Capacity and Resources

The SPHS effectively invests in and utilizes its human, information, organizational and financial resources to evaluate the effectiveness, accessibility and quality of population-based and personal health services. Evaluations are appropriately resourced so they can be routinely conducted.

To accomplish this, the SPHS:

- Commits adequate financial resources for evaluation activities.
- Aligns organizational relationships to focus statewide assets on evaluating population-based and personal health services.
- Uses a workforce skilled in monitoring and analyzing the performance and capacity of the state public health system and its programs and services.

Please answer the following questions related to Model Standard 9.4:

9.4.1 Does the SPHS commit financial resources for evaluation? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.4.1 Discussion Toolbox

In considering 9.4.1, do SPHS organizations:

- ❑ Allocate existing financial resources to a broad scope of evaluation efforts (e.g., program monitoring, process evaluations, outcome evaluations, self-evaluations, etc.)?
- ❑ Share financial resources to support evaluation activities?
- ❑ Seek new resources for evaluation activities?

9.4.2 Do SPHS organizations align and coordinate their efforts to conduct evaluations? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Do SPHS organizations:

9.4.2.1 Align their organizational strategic plans to improve system performance in evaluation? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.4.2.2 Coordinate technology resources to more effectively conduct evaluation? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.4.2.3 Use the leadership of the state public health agency in conducting evaluations of programs, services and systems?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.4.2.3 Discussion Toolbox

In considering question 9.4.2.3, does the state public health agency:

- ❑ Work collaboratively with systems partners to improve its evaluation efforts?
- ❑ Provide leadership in establishing state policy that promotes evaluation?
- ❑ Invest in professional expertise needed to carry out evaluation activities?
- ❑ Promote evidence-based solutions obtained in evaluations to improve the practice of public health?

9.4.3 Does the SPHS have the professional expertise to carry out evaluation activities?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Is the SPHS workforce:

9.4.3.1 Skilled in evaluation?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.4.3.1 Discussion Toolbox

In considering question 9.4.3.1, do these workforce skills include:

- ❑ Quantitative evaluation methods?
- ❑ Qualitative evaluation methods?
- ❑ Service-specific performance standards development?
- ❑ Public health systems performance standards use?
- ❑ Database development, data collection and evaluation analysis?
- ❑ Application of performance evaluation findings to quality improvement activities?

9.4.3.2 Sufficiently staffed to carry out evaluations?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

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

This service includes:

- A full continuum of research ranging from field-based efforts to foster improvements in public health practice to formal scientific research.
- Linkage with research institutions and other institutions of higher learning.
- Internal capacity to mount timely epidemiologic and economic analyses and conduct needed health services research.

SPHS Model Standard 10.1: Planning and Implementation

The state public health system (SPHS) contributes to public health science by identifying and participating in research activities that address new insights in the implementation of the Essential Public Health Services. SPHS organizations foster innovation by continuously using best scientific knowledge and new knowledge about effective practice in their work to improve the health of the state's population.

To accomplish this, the SPHS:

- Establishes a statewide public health academic-practice collaboration to foster innovations in public health and personal health care practice by disseminating and applying research findings and new knowledge to improve the practice of public health.
- Develops a public health research agenda focused on public health performance, public health problems and public health systems issues, bridging the interests of the research community and the needs of the practice community.
- Conducts and participates in public health research to maximize learning about more effective methods of improving health.

Please answer the following questions related to Model Standard 10.1:

10.1.1 Does the SPHS maintain an active academic-practice collaboration(s) to promote and organize research activities and disseminate and use research findings in practice? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Does the academic-practice collaboration:

10.1.1.1 Produce joint research projects? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

10.1.1.2 Facilitate faculty-staff exchanges (e.g. joint appointments, student placements)? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

10.1.1.3 Organize Academic Health Departments? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

10.1.1.4 Produce reports that translate research findings into specific practice applications? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

10.1.1.5 Carry out a statewide dissemination process for sharing research findings on public health practice innovations, including best practices? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

10.1.1.5 Discussion Toolbox

In considering question 10.1.1.5, are research findings disseminated:

- ❑ To local public health systems?
- ❑ To other states?
- ❑ On a web site?
- ❑ In easily accessible libraries with relevant professional, scientific and research journals?
- ❑ Through consultations and technical assistance?
- ❑ In an understandable "best practice" format?

10.1.2 Does the SPHS have a public health research agenda? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Is the research agenda:

10.1.2.1 Designed to improve health outcomes? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

10.1.2.2 Developed through academic-practice collaboration(s)? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

10.1.2.2 Discussion Toolbox

In considering question 10.1.2.2, do participants in agenda-setting include:

- ❑ Research institutions?
- ❑ Institutions of higher education?
- ❑ Local public health systems?
- ❑ Public health agencies in other states?
- ❑ Other public health system partners?

10.1.2.3 Focused on gaining a better understanding of performance factors associated with delivery of the Essential Public Health Services? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

10.1.2.4 Focused on research issues identified in the state public health improvement plan? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

10.1.2.5 Relevant to research issues for diverse populations and communities? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

10.1.2.6 Designed to examine the connections among health-related problems? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

10.1.2.7 Regularly updated to reflect current public health issues and concerns? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

10.1.3 Does the SPHS participate in and conduct research relevant to public health services? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Does the SPHS:

10.1.3.1 Contribute to the design of research studies? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

10.1.3.2 Implement and/or participate in research studies to identify or test innovative population- based health interventions? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

10.1.3.3 Publish research findings in recognized public health literature? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

SPHS Model Standard 10.2: State-Local Relationships

The SPHS works with local public health systems to provide assistance, capacity building, and resources for local efforts to carry out research for new insights and innovative solutions to health problems.

To accomplish this, the SPHS:

- Assists local public health systems in their research activities, including promoting community-based participatory research.
- Assists local public health systems in the interpretation and application of research findings to improve public health practice at the local level.

Please answer the following questions related to Model Standard 10.2:

10.2.1 Does the SPHS provide technical assistance to local public health systems with research activities? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

Is this assistance focused on:

10.2.1.1 Building skills in research design and methods? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

10.2.1.2 Partnering with research organizations? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

10.2.1.3 Obtaining academic health department designation for interested local health departments? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

10.2.1.4 Conducting population-based research studies? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

10.2.1.5 Community-based participatory research projects? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

10.2.1.5 Discussion Toolbox

In considering question 10.2.1.5, are:

- ❑ Incentives provided for communities to get involved in community-based participatory research?
- ❑ Local public health systems prepared to partner with community members in the design and execution of a research study?

10.2.2 Does the SPHS assist local public health systems in their use of research findings? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

Does assistance include:

10.2.2.1 Disseminating research findings to local public health systems (e.g., through libraries, Internet, best practice reports)? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

10.2.2.2 Applying research findings in practice settings? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

NPHPSP

SPHS Model Standard 10.3: Performance Management and Quality Improvement

The SPHS reviews the effectiveness of its performance in conducting and using research for new insights and innovative solutions to health problems. Members of the SPHS actively use the information from these reviews to continuously improve the quality of research efforts.

To accomplish this, the SPHS:

- Regularly monitors its research activities for relevance to current issues in practice and for appropriateness in scope and methodology.
- Manages the overall performance of its research activities for the purpose of quality improvement.

Please answer the following questions related to Model Standard 10.3:

10.3.1 Does the SPHS review its public health research activities? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Do these reviews examine:

10.3.1.1 The relevance of the public health research agenda? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

10.3.1.2 Implementation of research studies, including data collection, testing and analysis? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

10.3.1.3 Dissemination of research findings within practice community? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

10.3.1.4 Evidence-based public health practices? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

10.3.2 Does the SPHS actively manage and improve the overall performance of its research activities? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

10.3.2 Discussion Toolbox

In considering 10.3.2, do SPHS organizations:

- ❑ Use relevant standards or benchmarks to establish system-wide expectations for research?
- ❑ Measure performance milestones?
- ❑ Report on progress to systems partners?
- ❑ Conduct ongoing quality improvement activities using performance information? (Examples of QI activities are setting priorities, updating policies to improve effectiveness, and the continuous application of new knowledge and evidence.)

SPHS Model Standard 10.4: Public Health Capacity and Resources

The SPHS effectively invests, manages, and utilizes its human, information, organizational and financial resources for the conduct of research to meet the needs of the state's population.

To accomplish this, the SPHS:

- Commits adequate financial resources for research to foster innovations and increase the effectiveness of public health practice.
- Aligns organizational relationships to focus statewide assets on research and applying new evidence to practice.
- Uses a workforce skilled in conducting and applying research relevant to the practice of the Essential Public Health Services.

Please answer the following questions relating to Model Standard10.4:

10.4.1 Does the SPHS commit financial resources to research relevant to health improvement?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

10.4.1 Discussion Toolbox

In considering 10.4.1, do SPHS organizations:

- ❑ Allocate existing resources to research studies designed to increase the effectiveness of public health?
- ❑ Share financial resources to invest in the research function?
- ❑ Seek new resources for research activities through grant writing or budget requests?

10.4.2 Do SPHS organizations align and coordinate their efforts to conduct research?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Do SPHS organizations:

10.4.2.1 Align their organizational strategic plans to improve system performance in research?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

10.4.2.2 Coordinate technology resources to more effectively conduct research relevant to public health practice (e.g., database development to support research studies)?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

NPHPSP

10.4.2.3 Utilize the leadership of the state public health agency in conducting, participating in and using public health research?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

10.4.2.3 Discussion Toolbox

In considering question 10.4.2.3, does the state public health agency:

- ❑ Work collaboratively with systems partners to improve its research efforts?
- ❑ Provide leadership in establishing state policy that promotes research?
- ❑ Invest in professional expertise needed to carry out research activities?
- ❑ Promote evidence-based solutions for resolving issues that arise in research efforts and in using research results to improve the practice of public health?

10.4.3 Does the SPHS have the professional expertise to carry out research activities?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Is the SPHS workforce:

10.4.3.1 Skilled in research activities?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

10.4.3.1 Discussion Toolbox

In considering question 10.4.3.1, is the workforce skilled in:

- ❑ Epidemiology, including the availability of doctoral level expertise?
- ❑ Biostatistics, including the availability of doctoral level expertise?
- ❑ Public health systems research, including the availability of doctoral level expertise?
- ❑ Health services research, including the availability of doctoral level expertise?
- ❑ Research methods?
- ❑ Applying research findings to practice?
- ❑ Writing research proposals to pursue funding?

10.4.3.2 Sufficiently staffed to carry out research activities?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Respondent Information Form (RIF)

Respondent Information Form (RIF)

Demographic Information

User ID#: _____
Name of State Public Health Agency: _____
Name of State Health Official: _____
Title: _____
Address _____
State _____ Zip _____ Email _____
Phone _____ Fax _____

Name of Contact Person _____
Title _____ Email _____
Phone _____ Fax _____

1. What is the current population of your state?
   a. Population: _____
   b. Year of population estimate: _____

2. How many people are employed by your state public health agency?
   Total FTEs: _____

3. What is the total agency budget? _____

4. Categorize your state public health agency relationship to local public health agencies
   a. ____ Centralized (Local public health services are provided through units and/or staff of the state public health agency)
   b. ____ Decentralized (Local public health services are provided through agencies that are organized and operated by units of local government)
   c. ____ Mixed authority (Local public health services are provided through agencies organized and operated by units of local governments in some jurisdictions and by the state in other jurisdictions)
   d. ____ Shared authority (Local public health services are subject to the shared authority of both the state agency and the local government)
   e. ____ None (There are no local public health agencies in my state)

5. How much time has the state health official held his/her position?
   ____ years _____ months

About Your State's Assessment Process

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

6. During the assessment process, what type of decision making process was used?
(Check 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):

7. 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):

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

   a. Total number of participants: _____

   b. From the list below, select the types of organizations that participants represented.

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

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

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

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

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

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

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

12. Would you complete the NPHPSP assessment process again?

- ☐ Yes
- ☐ No
- ☐ Maybe

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

_____
_____
_____
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_____

Next Steps: Performance Improvement

14. 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

State Public Health System Assessment Supplemental Questionnaire - Priority of Model Standards

OVERVIEW: This optional questionnaire is made available so that states may consider the priority of each model standard to their system. States 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)?" States 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 - Planning and Implementation around Essential Service #1 - to our state 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 - State-Local Relationships around Essential Service #1 - to our state 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 - Performance Management and Quality Improvement around Essential Service #1 - to our state public health system?	1 2 3 4 5 6 7 8 9 10
P1.4	On a scale of 1 to 10, what is the priority of this model standard - Public Health Capacity and Resources around Essential Service #1 - to our state 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 - Planning and Implementation around Essential Service #2 - to our state 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 - State-Local Relationships around Essential Service #2 - to our state 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 - Performance Management and Quality Improvement around Essential Service #2 - to our state public health system?	1 2 3 4 5 6 7 8 9 10
P2.4	On a scale of 1 to 10, what is the priority of this model standard - Public Health Capacity and Resources around Essential Service #2 - to our state 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 - Planning and Implementation around Essential Service #3 - to our state 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 - State-Local Relationships around Essential Service #3 - to our state 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 - Performance Management and Quality Improvement around Essential Service #3 - to our state public health system?	1 2 3 4 5 6 7 8 9 10
P3.4	On a scale of 1 to 10, what is the priority of this model standard - Public Health Capacity and Resources around Essential Service #3 - to our state public health system?	1 2 3 4 5 6 7 8 9 10
Essential Service #4 - Mobilize partnerships to identify and solve health problems		
P4.1	On a scale of 1 to 10, what is the priority of this model standard - Planning and Implementation around Essential Service #4 - to our state 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 - State-Local Relationships around Essential Service #4 - to our state public health system?	1 2 3 4 5 6 7 8 9 10

Model Standard Number	Question	Response (please circle)
P4.3	On a scale of 1 to 10, what is the priority of this model standard - Performance Management and Quality Improvement around Essential Service #4 - to our state public health system?	1 2 3 4 5 6 7 8 9 10
P4.4	On a scale of 1 to 10, what is the priority of this model standard - Public Health Capacity and Resources around Essential Service #4 - to our state public health system?	1 2 3 4 5 6 7 8 9 10
Essential Service #5 - Develop policies and plans that support individual and statewide health efforts		
P5.1	On a scale of 1 to 10, what is the priority of this model standard - Planning and Implementation around Essential Service #5 - to our state 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 - State-Local Relationships around Essential Service #5 - to our state 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 - Performance Management and Quality Improvement around Essential Service #5 - to our state 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 - Public Health Capacity and Resources around Essential Service #5 - to our state public health system?	1 2 3 4 5 6 7 8 9 10
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 - Planning and Implementation around Essential Service #6 - to our state 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 - State-Local Relationships around Essential Service #6 - to our state 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 - Performance Management and Quality Improvement around Essential Service #6 - to our state public health system?	1 2 3 4 5 6 7 8 9 10
P6.4	On a scale of 1 to 10, what is the priority of this model standard - Public Health Capacity and Resources around Essential Service #6 - to our state 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 - Planning and Implementation around Essential Service #7 - to our state 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 - State-Local Relationships around Essential Service #7 - to our state public health system?	1 2 3 4 5 6 7 8 9 10
P7.3	On a scale of 1 to 10, what is the priority of this model standard - Performance Management and Quality Improvement around Essential Service #7 - to our state public health system?	1 2 3 4 5 6 7 8 9 10
P7.4	On a scale of 1 to 10, what is the priority of this model standard - Public Health Capacity and Resources around Essential Service #7 - to our state public health system?	1 2 3 4 5 6 7 8 9 10

Model Standard Number	Question	Response (please circle)
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 - Planning and Implementation around Essential Service #8 - to our state 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 - State-Local Relationships around Essential Service #8 - to our state 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 - Performance Management and Quality Improvement around Essential Service #8 - to our state 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 Capacity and Resources around Essential Service #8 - to our state 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 - Planning and Implementation around Essential Service #9 - to our state 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 - State-Local Relationships around Essential Service #9 - to our state 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 - Performance Management and Quality Improvement around Essential Service #9 - to our state public health system?	1 2 3 4 5 6 7 8 9 10
P9.4	On a scale of 1 to 10, what is the priority of this model standard - Public Health Capacity and Resources around Essential Service #9 - to our state 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 - Planning and Implementation around Essential Service #10 - to our state 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 - State-Local Relationships around Essential Service #10 - to our state 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 - Performance Management and Quality Improvement around Essential Service #10 - to our state public health system?	1 2 3 4 5 6 7 8 9 10
P10.4	On a scale of 1 to 10, what is the priority of this model standard - Public Health Capacity and Resources around Essential Service #10 - to our state public health system?	1 2 3 4 5 6 7 8 9 10

Agency Contribution Questionnaire

National Public Health Performance Standards Program

State Public Health System Assessment Supplemental Questionnaire - Agency Contribution

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

Model Standard Number	Question	Response *(please circle)*
Essential Service #1 - Monitor health status to identify health problems		
A1.1	How much of this model standard - Planning and Implementation around Essential Service #1 - is achieved through the direct contribution of the state public health agency?	0-25% 26-50% 51-75% 76-100%
A1.2	How much of this model standard - State-Local Relationships around Essential Service #1 - is achieved through the direct contribution of the state public health agency?	0-25% 26-50% 51-75% 76-100%
A1.3	How much of this model standard - Performance Management and Quality Improvement around Essential Service #1 - is achieved through the direct contribution of the state public health agency?	0-25% 26-50% 51-75% 76-100%
A1.4	How much of this model standard - Public Health Capacity and Resources around Essential Service #1 - is achieved through the direct contribution of the state public health agency?	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 - Planning and Implementation around Essential Service #2 - is achieved through the direct contribution of the state public health agency?	0-25% 26-50% 51-75% 76-100%
A2.2	How much of this model standard - State-Local Relationships around Essential Service #2 - is achieved through the direct contribution of the state public health agency?	0-25% 26-50% 51-75% 76-100%
A2.3	How much of this model standard - Performance Management and Quality Improvement around Essential Service #2 - is achieved through the direct contribution of the state public health agency?	0-25% 26-50% 51-75% 76-100%
A2.4	How much of this model standard - Public Health Capacity and Resources around Essential Service #2 - is achieved through the direct contribution of the state public health agency?	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 - Planning and Implementation around Essential Service #3 - is achieved through the direct contribution of the state public health agency?	0-25% 26-50% 51-75% 76-100%
A3.2	How much of this model standard - State-Local Relationships around Essential Service #3 - is achieved through the direct contribution of the state public health agency?	0-25% 26-50% 51-75% 76-100%
A3.3	How much of this model standard - Performance Management and Quality Improvement around Essential Service #3 - is achieved through the direct contribution of the state public health agency?	0-25% 26-50% 51-75% 76-100%
A3.4	How much of this model standard - Public Health Capacity and Resources around Essential Service #3 - is achieved through the direct contribution of the state public health agency?	0-25% 26-50% 51-75% 76-100%

Model Standard Number	Question	Response (please circle)
Essential Service #4 - Mobilize partnerships to identify and solve health problems		
A4.1	How much of this model standard - Planning and Implementation around Essential Service #4 - is achieved through the direct contribution of the state public health agency?	0-25% 26-50% 51-75% 76-100%
A4.2	How much of this model standard - State-Local Relationships around Essential Service #4 - is achieved through the direct contribution of the state public health agency?	0-25% 26-50% 51-75% 76-100%
A4.3	How much of this model standard - Performance Management and Quality Improvement around Essential Service #4 - is achieved through the direct contribution of the state public health agency?	0-25% 26-50% 51-75% 76-100%
A4.4	How much of this model standard - Public Health Capacity and Resources around Essential Service #4 - is achieved through the direct contribution of the state public health agency?	0-25% 26-50% 51-75% 76-100%
Essential Service #5 - Develop policies and plans that support individual and statewide health efforts		
A5.1	How much of this model standard - Planning and Implementation around Essential Service #5 - is achieved through the direct contribution of the state public health agency?	0-25% 26-50% 51-75% 76-100%
A5.2	How much of this model standard - State-Local Relationships around Essential Service #5 - is achieved through the direct contribution of the state public health agency?	0-25% 26-50% 51-75% 76-100%
A5.3	How much of this model standard - Performance Management and Quality Improvement around Essential Service #5 - is achieved through the direct contribution of the state public health agency?	0-25% 26-50% 51-75% 76-100%
A5.4	How much of this model standard - Public Health Capacity and Resources around Essential Service #5 - is achieved through the direct contribution of the state public health agency?	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 - Planning and Implementation around Essential Service #6 - is achieved through the direct contribution of the state public health agency?	0-25% 26-50% 51-75% 76-100%
A6.2	How much of this model standard - State-Local Relationships around Essential Service #6 - is achieved through the direct contribution of the state public health agency?	0-25% 26-50% 51-75% 76-100%
A6.3	How much of this model standard - Performance Management and Quality Improvement around Essential Service #6 - is achieved through the direct contribution of the state public health agency?	0-25% 26-50% 51-75% 76-100%
A6.4	How much of this model standard - Public Health Capacity and Resources around Essential Service #6 - is achieved through the direct contribution of the state public health agency?	0-25% 26-50% 51-75% 76-100%

Model Standard Number	Question	Response (please circle)
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 - Planning and Implementation around Essential Service #7 - is achieved through the direct contribution of the state public health agency?	0-25% 26-50% 51-75% 76-100%
A7.2	How much of this model standard - State-Local Relationships around Essential Service #7 - is achieved through the direct contribution of the state public health agency?	0-25% 26-50% 51-75% 76-100%
A7.3	How much of this model standard - Performance Management and Quality Improvement around Essential Service #7 - is achieved through the direct contribution of the state public health agency?	0-25% 26-50% 51-75% 76-100%
A7.4	How much of this model standard - Public Health Capacity and Resources around Essential Service #7 - is achieved through the direct contribution of the state public health agency?	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 - Planning and Implementation around Essential Service #8 - is achieved through the direct contribution of the state public health agency?	0-25% 26-50% 51-75% 76-100%
A8.2	How much of this model standard - State-Local Relationships around Essential Service #8 - is achieved through the direct contribution of the state public health agency?	0-25% 26-50% 51-75% 76-100%
A8.3	How much of this model standard - Performance Management and Quality Improvement around Essential Service #8 - is achieved through the direct contribution of the state public health agency?	0-25% 26-50% 51-75% 76-100%
A8.4	How much of this model standard - Public Health Capacity and Resources around Essential Service #8 - is achieved through the direct contribution of the state public health agency?	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 - Planning and Implementation around Essential Service #9 - is achieved through the direct contribution of the state public health agency?	0-25% 26-50% 51-75% 76-100%
A9.2	How much of this model standard - State-Local Relationships around Essential Service #9 - is achieved through the direct contribution of the state public health agency?	0-25% 26-50% 51-75% 76-100%
A9.3	How much of this model standard - Performance Management and Quality Improvement around Essential Service #9 - is achieved through the direct contribution of the state public health agency?	0-25% 26-50% 51-75% 76-100%
A9.4	How much of this model standard - Public Health Capacity and Resources around Essential Service #9 - is achieved through the direct contribution of the state public health agency?	0-25% 26-50% 51-75% 76-100%

Model Standard 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 - Planning and Implementation around Essential Service #10 - is achieved through the direct contribution of the state public health agency?	0-25% 26-50% 51-75% 76-100%
A10.2	How much of this model standard - State-Local Relationships around Essential Service #10 - is achieved through the direct contribution of the state public health agency?	0-25% 26-50% 51-75% 76-100%
A10.3	How much of this model standard - Performance Management and Quality Improvement around Essential Service #10 - is achieved through the direct contribution of the state public health agency?	0-25% 26-50% 51-75% 76-100%
A10.4	How much of this model standard - Public Health Capacity and Resources around Essential Service #10 - is achieved through the direct contribution of the state public health agency?	0-25% 26-50% 51-75% 76-100%

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