



National Public Health Performance Standards Program

Local Public Health System Performance Standards



Foreword

The purpose of the National Public Health Performance Standards Program (NPHPSP) is to provide measurable performance standards that public health systems can use to ensure the delivery of public health services. The NPHPSP includes three instruments:

- **The State Public Health System Assessment Instrument (State Instrument)** focuses on the “state public health system.” The state public health system includes state public health agencies and other partners that contribute to public health services at the state level.
- **The Local Public Health System Assessment Instrument (Local Instrument)** focuses on the “local public health system” or all entities that contribute to the delivery of public health services within a community. This system includes all public, private, and voluntary entities, as well as individuals and informal associations.
- **The Local Public Health Governance Assessment Instrument (Governance Instrument)** focuses on the governing body ultimately accountable for public health at the local level. Such governing bodies may include boards of health or county commissioners.

This foreword provides an introduction to the standards established for local public health systems and found in the Local Instrument. The primary goal of the Local Instrument is to promote continuous quality improvement of local public health systems. Use of the Local Instrument can result in stronger connections among local public health system partners, greater awareness of the interconnectedness of public health activities, and the identification of strengths and weaknesses that can be addressed through improvement efforts.

The Concepts Applied in the NPHPSP

There are four concepts that have helped to frame the NPHPSP:

1. The standards are **designed around the ten Essential Public Health Services**. The use of the Essential Services assures that the standards fully cover the gamut of public health action needed at state and community levels.
2. The standards **focus on the overall public health system**, rather than a single organization. A public health system includes all public, private, and voluntary entities that contribute to public health activities within a given area. This assures that the contributions of all entities are recognized in assessing the provision of essential public health services.
3. The standards **describe an optimal level of performance** rather than provide minimum expectations. This assures that the standards can be used for continuous quality improvement. The standards can stimulate greater accomplishment and provide a level to which all public health systems can aspire to achieve.

4. The standards are intended to **support a process of quality improvement**. System partners should use the assessment process and the performance standards results as a guide for learning about public health activities throughout the system and determining how to make improvements.

About this Document

This document includes only the standards for local public health systems. A full assessment instrument, with questions that address the concepts in each standard, also is available. The questions in the assessment instrument are used to determine how well a public health system is meeting each standard.

Sites may want to consider sharing this abbreviated document rather than the full instrument with participants. It can be used as an educational resource about key activities in public health practice. Additionally, some sites have found that focusing discussion on the standards rather than on the lengthier set of questions can allow for a more lively and engaged discussion around public health activities. The facilitator and recorder can use the discussion points to identify consensus responses for the questions under each standard. After the assessment discussions, sites submit responses through a web-based site for data collection and report generation.

Ideally, state and local public health systems will choose to conduct the state, local and governance performance assessments through a coordinated statewide approach. The resulting information will provide an in-depth understanding of the strengths and weaknesses at the state and local levels and allow for comprehensive systems improvement planning. NPHPSP partners are available to support training and technical assistance needs as states move toward statewide implementation.

Acknowledgment

The Local Public Health System Performance Assessment Instrument was principally developed by the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC). Other collaborative partners include the Association of State and Territorial Health Officials, the National Association of Local Boards of Health, the American Public Health Association, the National Network of Public Health Institutes, and the Public Health Foundation. Academic partners representing the Association of Schools of Public Health also made considerable contributions. Finally we thank the numerous field test sites for their thoughtful application of and feedback on the instrument; their participation was extremely valuable in identifying areas for improvement.

For More Information

The assessment instruments, User Guide, frequently-asked-questions, and other resources are available. These tools and other information about the National Public Health Performance Standards can be obtained at <<http://www.phppo.cdc.gov/nphpsp>> or by calling 1-800-747-7649.

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

For the LPHS, this service includes:

- Accurate, periodic assessment of the community’s health status, including:
 - Identification of health risks and determination of health service needs.
 - Attention to the vital statistics and health status of groups that are at higher risk than the total population.
 - Identification of community assets and resources that support the local public health system (LPHS) in promoting health and improving quality of life.
- Utilization of appropriate methods and technology, such as geographic information systems, to interpret and communicate data to diverse audiences.
- Collaboration among all LPHS components, including private providers and health benefit plans, to establish and use population health information systems, such as disease or immunization registries.

Indicator 1.1: Population-Based Community Health Profile (CHP)

LPHS Model Standard:

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

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

To accomplish this, the Local Public Health System (LPHS):

- Conducts regular community health assessments to monitor progress towards health-related objectives.
- Compiles and periodically updates a community health profile using community health assessment data.

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

Indicator 1.2: Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data

LPHS Model Standard:

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

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

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

To accomplish this, the LPHS:

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

Indicator 1.3: Maintenance of Population Health Registries

LPHS Model Standard:

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

LOCAL PUBLIC HEALTH SYSTEM PERFORMANCE STANDARDS

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

To accomplish this, the LPHS:

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

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

For the LPHS, this service includes:

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

Indicator 2.1: Identification and Surveillance of Health Threats

LPHS Model Standard:

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

In order to accomplish this, the LPHS:

- Collects timely reportable disease information from community health professionals who submit information on possible disease outbreaks.
- Uses state-of-the-art information technology and communication systems to support surveillance and investigation activities.
- Has access to Masters and/or Doctoral level statistical and epidemiological expertise to assess, investigate, and analyze health threats and health hazards.
- Has a procedure to alert communities to possible health threats and disease outbreaks.

Indicator 2.2: Plan for Public Health Emergencies

LPHS Model Standard:

An emergency preparedness and response plan describes the roles, functions and responsibilities of LPHS entities in the event of one or more types of public health emergencies. Careful planning and mobilization of resources and partners prior to an event is crucial to a prompt and effective response. LPHS entities, including the local

public health agency, law enforcement, fire departments, health care providers, and other partners work collaboratively to formulate emergency response plans and procedures. The plan should create a dual-use response infrastructure, in that it outlines the capacity of the LPHS to respond to all public health emergencies (including natural disasters), while taking into account the unique and complex challenges presented by chemical hazards or bioterrorism.

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

- Defines and describes public health disasters and emergencies that might trigger implementation of the LPHS emergency response plan.
- Develops a plan that defines organizational responsibilities, establishes communication and information networks, and clearly outlines alert and evacuation protocols.
- Tests the plan each year through the staging of one or more “mock events.”
- Revises its emergency response plan at least every two years.

Indicator 2.3: Investigate and Respond to Public Health Emergencies

LPHS Model Standard:

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

In order to investigate public health emergencies, the LPHS:

- Designates an Emergency Response Coordinator.
- Develops written epidemiological case investigation protocols for immediate investigation of:
 - communicable disease outbreaks,
 - environmental health hazards,
 - potential chemical and biological agent threats,
 - radiological threats,
 - and large scale disasters.
- Maintains written protocols to implement a program of source and contact tracing for communicable diseases or toxic exposures.
- Maintains a roster of personnel with the technical expertise to respond to potential biological, chemical, or radiological public health emergencies.
- Evaluates past incidents for effectiveness and opportunities for improvement.

Indicator 2.4: Laboratory Support for Investigation of Health Threats

LPHS Model Standard:

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

In order to accomplish this, the LPHS:

- Maintains ready access to laboratories capable of supporting investigations of public health problems, hazards, and emergencies.
- Maintains ready access to laboratories capable of meeting routine diagnostic and surveillance needs.
- Confirms that laboratories are in compliance with regulations and standards through credentialing and licensing agencies.
- Maintains guidelines or protocols to address the handling of laboratory samples, which describe procedures for storing, collecting, labeling, transporting, and delivering laboratory samples, and for determining the chain of custody regarding the handling of these samples.

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

For the LPHS, this service includes:

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

Indicator 3.1: Health Education

LPHS Model Standard:

Public health education is the process by which the LPHS conveys information and facilitates the development of health enhancing skills among individuals and groups in the community. Factual information is provided for informed decision-making on issues affecting individual and community health. A broad-based group of entities are involved in public health education, including the local governmental public health agency, health care providers, hospitals, and community-based organizations. Education services are provided to assist individuals and groups in the community to voluntarily act on their decisions, establish healthy behaviors, and use knowledge to change social conditions affecting health. Public health education serves to reinforce health promotion messages within the community, ultimately helping to reduce health risk and improve health status.

To provide effective public health education, the LPHS:

- Provides the general public and policy leaders with information on health risk, health status, and health needs in the community as well as information on policies and programs that can improve community health.
- Uses appropriate media (print, radio, television, and Internet) to communicate health information to the community-at-large.
- Provides health information to enable individuals and groups, including vulnerable populations and those at increased risk, to make informed decisions about healthy living and lifestyle choices and sponsors educational programs to develop knowledge, skills, and behavior needed to improve individual and community health.

- Evaluates the appropriateness, quality, and effectiveness of public health education activities at least every two years.

Indicator 3.2: Health Promotion Activities to Facilitate Healthy Living in Healthy Communities

LPHS Model Standard:

Health promotion activities include any combination of educational and environmental supports that give individuals, groups, or communities' greater control over conditions affecting their health. Health promotion activities include: educational programs to develop healthy behaviors, support groups, media campaigns to reinforce the practice of healthy behaviors, policies, laws or other programs that provide incentives to practice healthy behaviors.

The LPHS designs and implements a wide range of health promotion activities to facilitate healthy living in healthy communities. Health promotion activities are based on models proven to be effective. The LPHS applies a variety of strategies and methods to affect change on multiple levels of the social and physical environment (e.g., individual, family, organizational, and community levels) in order to accomplish desired health promotion goals and objectives. A strong collaborative network, including public agencies, private sector organizations, voluntary associations, the faith community, and community groups is active in health promotion activities.

To accomplish this, the LPHS:

- Conducts health promotion activities for the community-at-large or for populations at increased risk for negative health outcomes.
- Develops collaborative networks for health promotion activities that facilitate healthy living in healthy communities.
- Assesses the appropriateness, quality, and effectiveness of health promotion activities at least every two years.

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

For the LPHS, this service includes:

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

Indicator 4.1: Constituency Development

LPHS Model Standard:

Constituents of the LPHS include all persons and organizations that directly contribute to or benefit from public health. These may include members of the public served by the LPHS, the governmental bodies it represents, and other health, environmental, and non-health-related organizations in the community. Constituency development is the process of establishing collaborative relationships among the LPHS and all current and potential constituents.

As part of constituency development activities, the LPHS develops a communications/media strategy designed to educate the community about the benefits of public health and the role of the LPHS in improving community health. The LPHS operationalizes the communications/media strategy through formal and informal community networks, which may include schools, the faith community, and community associations.

For effective constituency development, the LPHS:

- Has a process to identify key constituents for population-based health in general (e.g., improved health and quality of life at the community level) or for specific health concerns (e.g., a particular health theme, disease, risk factor, life stage need).
- Encourages the participation of its constituents in community health activities, such as in identifying community issues and themes and in engaging in volunteer public health activities.
- Establishes and maintains a comprehensive directory of community organizations.

- Uses broad-based communication strategies to strengthen linkages among LPHS organizations and to provide current information about public health services and issues.

Indicator 4.2: Community Partnerships

LPHS Model Standard:

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

Multi-sector partnerships such as community health improvement committees (community committees) exist in some communities as formally constituted bodies (e.g., a community health_planning council) while in other communities they are less formal groups. The community committee is a dynamic collaboration designed to be comprehensive and inclusive in its approach to community health improvement. Participation in the community committee varies to address priority health issues, leverage community resources, and to provide the essential service of public health.

To accomplish this, the LPHS:

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

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

For the LPHS, this service includes:

An effective governmental presence at the local level.

- Development of policy to protect the health of the public and to guide the practice of public health.
- Systematic community-level and state-level planning for health improvement in all jurisdictions.
- Alignment of LPHS resources and strategies with the community health improvement plan.

Indicator 5.1: Governmental Presence at the Local Level

LPHS Model Standard:

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

The LPHS includes a local governmental public health entity. A governmental public health entity within the LPHS assures:

- Delivery of the Essential Public Health Services to the community.
- The participation of all relevant stakeholders in the development and implementation of the community health improvement plan.
- An appropriate relationship with its local governing entity (e.g., local board of health, county commission, state health agency).
- Coordination with the state public health system.

Indicator 5.2: Public Health Policy Development

LPHS Model Standard:

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

To assure effective public health policy, the LPHS:

- Contributes to the development and/or modification of public health policy by facilitating community involvement in the process and by engaging in activities that inform the process.
- Reviews existing policies at least every two years and alerts policymakers and the public of potential unintended outcomes and consequences.
- Advocates for prevention and protection policies, particularly for policies that affect populations who bear a disproportionate burden of mortality or morbidity.

Indicator 5.3: Community Health Improvement Process

LPHS Model Standard:

Community health improvement is not limited to issues classified within traditional public health or health services categories, but may include environmental, business, economic, housing, land use, and other community issues indirectly affecting the public’s health. The community health improvement process involves an ongoing collaborative, community-wide effort by the LPHS to identify, analyze, and address health problems; assess applicable data; inventory community health assets and resources; identify community perceptions; develop and implement coordinated strategies; develop measurable health objectives and indicators; identify accountable entities; and cultivate community “ownership” of the entire process. The community health improvement process provides the opportunity to develop a community-owned plan that will ultimately lead to a healthier community.

To accomplish this, the LPHS:

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

Indicator 5.4: Strategic Planning and Alignment with the Community Health Improvement Process

LPHS Model Standard:

Strategic planning is a disciplined effort to produce fundamental decisions and actions that shape and guide what an organization is, what it does, and why it does it. Strategic planning requires information gathering, an exploration of alternatives, and an emphasis on the future implications of present decisions. The strategic planning process can facilitate communication and participation, accommodate divergent interests and values, and foster orderly decision-making that leads to successful implementation, and, ultimately, quality improvement.

Strategic planning includes the identification of forces and trends in the external environment that might impact the health of individuals, the health of the community or the effectiveness of the LPHS. Strategic planning also includes the assessment of the strengths and weaknesses of the organization.

To optimize community resources and encourage complementary action, each organization within the LPHS:

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

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

- Conducts organizational strategic planning activities and uses strategic planning to align its goals, objectives, strategies, and resources with the community health improvement process.

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

For the LPHS, this service includes:

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

Indicator 6.1: Review and Evaluate Laws, Regulations and Ordinances

LPHS Model Standard:

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

In order to accomplish this, the LPHS:

- Identifies public health issues that can only be addressed through laws, regulations, or ordinances.
- Has access to a current compilation of federal, state, and local laws, regulations, and ordinances that protect the public's health.
- Reviews public health laws and regulations at least once every 5 years.
- Has access to legal counsel for assistance in the review of laws, regulations and ordinances.

Indicator 6.2: Involvement in the Improvement of Laws, Regulations, and Ordinances

LPHS Model Standard:

Having identified local public health issues that are not adequately being addressed through existing laws and regulations, the LPHS participates actively in the modification of existing laws and regulations and the formulation of new laws and regulations

designed to assure and improve the public's health. This participation includes the drafting of proposed legislation and regulations, involvement in public hearings, and periodic communication with legislators and regulatory officials.

In order to accomplish this, the LPHS:

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

Indicator 6.3: Enforce Laws, Regulations and Ordinances

LPHS Model Standard:

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

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

- Identifies organizations within the LPHS that have authority to enforce public health laws, regulations, or ordinances.
- Assures that all enforcement activities are conducted in a timely manner in accordance with laws, regulations, and ordinances.
- Informs and educates individuals and organizations of the meaning and purpose of public health laws, regulations, and ordinances with which they are required to comply.
- Evaluates the compliance of regulated organizations and entities.

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

For the LPHS, this service includes:

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

Indicator 7.1: Identification of Populations with Barriers to Personal Health Services

LPHS Model Standard:

The LPHS assures equitable access to personal health services for all community residents. The LPHS identifies populations who may encounter barriers to personal health services. Vulnerable populations may encounter barriers to personal health services due to age, a lack of education, poverty, culture, race, language barriers, religion, national origin, physical disability, mental disability, or lack of health insurance.

Indicator 7.2: Identifying Personal Health Service Needs of Populations

LPHS Model Standard:

The LPHS provides personal health services that are accessible, acceptable, and available to its population. The LPHS has defined and agreed upon relative roles and responsibilities for the local governmental public health entity, hospitals, managed care plans, and other community health care providers in relation to providing these services.

In order to accomplish this, the LPHS:

- Defines personal health service needs for the general population. This includes defining specific preventive, curative, and rehabilitative health service needs for the catchment areas within its jurisdiction.
- Assesses the extent to which personal health services are provided.
- Identifies the personal health service needs of populations who may encounter barriers to the receipt of personal health services.

Indicator 7.3: Assuring the Linkage of People to Personal Health Services

LPHS Model Standard:

The organizations within the LPHS (e.g., the local public health agency, hospitals, managed care plans, other community health care providers) agree on their roles and responsibilities in order to provide needed personal health services. The LPHS supports and coordinates partnerships and referral mechanisms among the community's public health, primary care, oral health, social service, and mental health systems to optimize access to needed personal health services. The LPHS seeks to create innovative partnerships with other organizations—such as libraries, parenting centers, and service organizations—that will help to enhance the effectiveness of LPHS personal health services.

In order to accomplish this, the LPHS:

- Assures the linkage of individuals to personal health services, including populations who may encounter barriers to care.
- Provides community outreach and linkage services in a manner that recognizes the diverse needs of unserved and underserved populations.
- Enrolls eligible beneficiaries in state Medicaid or Medical Assistance Programs.
- Coordinates the delivery of personal health and social services with service providers to optimize access.
- Conducts an analysis of age-specific participation in preventive services.

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

For the LPHS, this service includes:

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

Indicator 8.1: Workforce Assessment

LPHS Model Standard:

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

To accomplish this, organizations within the LPHS:

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

Indicator 8.2: Public Health Workforce Standards

LPHS Model Standard:

Organizations within the LPHS develop and maintain public health workforce standards for individuals who deliver and/or contribute to the Essential Public Health Services. Public health workforce qualifications include certifications, licenses, and education required by law or established by local, state, or federal policy guidelines. In addition,

core and specific competencies that are needed to provide the Essential Public Health Services are incorporated into personnel systems. These standards are linked to job performance through clearly written position descriptions and regular performance evaluations.

To accomplish this, organizations within the LPHS:

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

Indicator 8.3: Life-Long Learning Through Continuing Education, Training, and Mentoring

LPHS Model Standard:

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

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

To accomplish this, organizations within the LPHS:

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

Indicator 8.4: Public Health Leadership Development

LPHS Model Standard:

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

To accomplish this, the organizations within the LPHS:

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

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

For the LPHS, this service includes:

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

Indicator 9.1: Evaluation of Population-Based Health Services

LPHS Model Standard:

The LPHS regularly evaluates the accessibility, quality, and effectiveness of population-based health services (e.g., injury prevention, physical activity, immunizations) and progress towards program goals. Using established criteria for performance, LPHS organizations and their contractors are evaluated against specific indicators for population-based services. The evaluation of population-based health services is built on the analysis of health status, service utilization, and community satisfaction data to assess program effectiveness and to provide information to allocate resources and reshape programs.

To accomplish this, the LPHS:

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

Indicator 9.2: Evaluation of Personal Health Services

LPHS Model Standard:

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

To accomplish this, organizations within the LPHS:

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

Indicator 9.3: Evaluation of the Local Public Health System

LPHS Model Standard:

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

To accomplish this, the LPHS:

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

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

For the LPHS, this service includes:

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

Indicator 10.1: Fostering Innovation

LPHS Model Standard:

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

To accomplish this, organizations within the LPHS:

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

Indicator 10.2: Linkage with Institutions of Higher Learning and/or Research

LPHS Model Standard:

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

sponsor continuing education programs. Resources such as a technical library, on-line services, and information technology support these linkages.

To accomplish this, the LPHS:

- Partners with institutions of higher learning or research to conduct research activities related to the Essential Public Health Services.
- Develops relationships with these institutions that range from patterns of consultation to formal and informal affiliations.
- Encourages proactive interaction between the academic/research and practice communities, including field training experiences and continuing education opportunities.

Indicator 10.3: Capacity to Initiate or Participate in Timely Epidemiological, Health Policy, and Health Systems Research

LPHS Model Standard:

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

The capacity to initiate or participate in timely epidemiological, policy, and health systems research begins with ready access to researchers with the knowledge and skill to design and conduct research in those areas. This capacity also includes the availability of resources, facilities for analyses, and the ability to disseminate and apply research findings to improve public health practice.

To accomplish this, the LPHS:

- Has access to researchers with the knowledge and skill to design and conduct health-related studies.
- Ensures the availability of resources (e.g., databases, information technology) to facilitate research.
- Plans for the dissemination of research findings to public health colleagues (e.g., publication in journals, websites).
- Evaluates the development, implementation, and impact of LPHS research efforts.