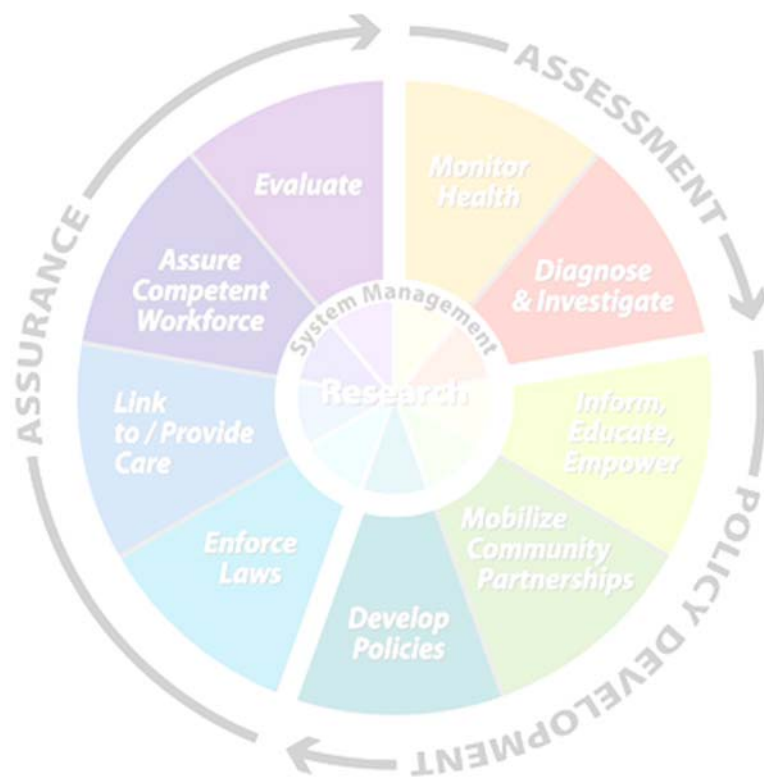


# Lake County, Florida



**LOCAL PUBLIC HEALTH  
SYSTEM ASSESSMENT**

**2016**



2016 Local Public Health System Assessment  
Lake County, Florida

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Version 1.0

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# 1 Administrator Foreword



Aaron Kissler, MPH, Administrator  
Florida Department of Health in Lake County

The Florida Department of Health, nationally accredited by the Public Health Accreditation Board, works to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

Many assessments are being done right now across the county—across multiple agencies, multiple topic areas, and multiple populations. It is our hope that this information will be used:

- to improve public health activities in our community.
- by program administrators and decision-makers as a resource to guide decisions and improve the local public health system.

Protecting and addressing the community’s health is something that all of us are responsible for— not just “health” agencies. Each agency plays an important role in promoting health and wellbeing of community members. Each person has important knowledge about how the agencies and groups in our community work; together we can create a complete picture of how we are protecting and addressing health in the community.

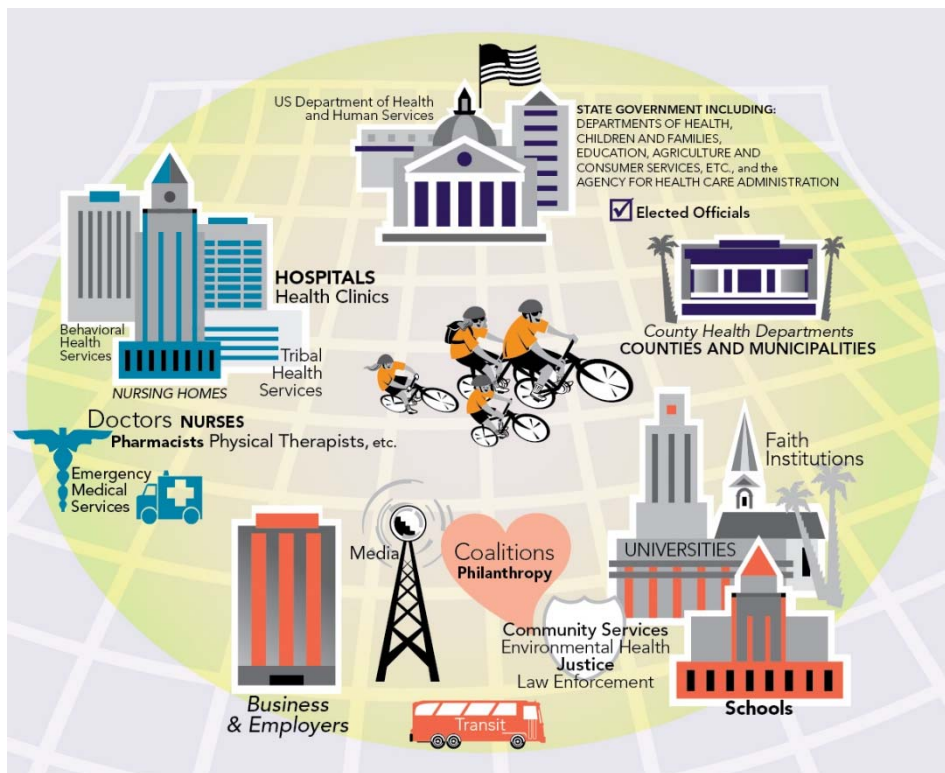


Figure 1. The Public Health System



## Acknowledgements

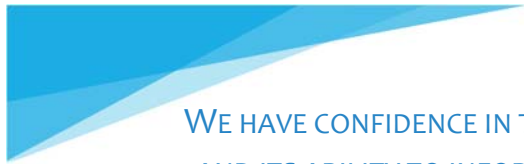
In order to get a good understanding of how our local public health system works, it is important that people from many different organizations are involved in the evaluation process. A total of 90 attendees representing 37 unduplicated organizations and 10 departmental units participated in the workshop series. We would like to thank all of the organizations and individuals that were willing to invest their time and energy in the assessment process to the benefit of the Lake County, Florida community.

Table 1. Participating Organizations

<b>American Cancer Society, Florida Division, Inc.</b>	<b>Lake County Government</b>
<b>Be Free Lake, Safe Climate Coalition of Lake County, Inc.</b>	<i>Community Services Department, Health and Human Services Division</i>
<b>Benton House of Clermont, Clermont SLP, LLC</b>	<i>Public Resources Department, Extension Services Division</i>
<b>Central Florida Health, Leesburg Regional Medical Center &amp; The Villages Hospital</b>	<i>Public Safety Department, Emergency Management Division</i>
<b>City of Fruitland Park</b>	<b>Lake County Healthy Start, Kids Central, Inc.</b>
<b>City of Tavares</b>	<b>Lake County Schools, Student Services Department</b>
<b>Community Primary Health Clinic, Florida Hospital Waterman</b>	<b>Lake County Shared Services Network, Lake County Schools</b>
<b>Florida Department of Health- Regional Units</b>	<b>Lake County Sheriff's Office</b>
<i>Division of Disease Control and Health Protection, Bureau of Epidemiology</i>	<b>Lake Emergency Management Services</b>
<b>Florida Department of Health in Lake County</b>	<b>Lake Technical College, Lake Technical Center, Inc.</b>
<i>Administrator</i>	<b>Lake-Sumter Medical Society, Inc.</b>
<i>Administrative Services Unit</i>	<b>Lake-Sumter State College</b>
<i>Clinical Services Unit</i>	<b>LifeStream Behavioral Center</b>
<i>Community Health Unit</i>	<b>Lifetime Dental, Inc.</b>
<i>Environmental Health Unit</i>	<b>LovExtension, Inc.</b>
<i>Epidemiology Unit</i>	<b>Orange County Government, Health Services Department, Ryan White Planning Council, Orlando EMA</b>
<i>Performance and Quality Improvement Unit</i>	<b>Residents of Lake County, Florida</b>
<i>Preparedness Unit</i>	<b>South Lake Hospital, Inc.</b>
<b>Florida Department of Health in Orange County</b>	<b>South Lake Tablet, Inc.</b>
<i>Administrator</i>	<b>United Way of Lake and Sumter Counties, Inc.</b>
<b>Florida Department of Children &amp; Families,</b>	<b>University of Florida, Florida Community Health Worker Coalition</b>
<i>Community ACCESS Network</i>	<b>University of South Florida, College of Public Health</b>
<b>Florida Hospital Waterman</b>	<b>We Care of Lake County, Inc.</b>
<b>Florida House of Representatives, District 32</b>	
<i>State Representative Larry Metz</i>	
<b>Greater Clermont Cancer Foundation, Inc.</b>	
<b>HealthSouth Rehabilitation Hospital of Sumter/Lake County, LLC</b>	
<b>Healthy Living Magazine, Akers Media Group, Inc.</b>	
<b>Lake Cares Food Pantry, Lake Cares, Inc.</b>	
<b>Lake Community Action Agency, Inc., Head Start and Early Head Start Programs</b>	

## Executive Summary

The local public health system assessment is a process for evaluating and documenting how well the local public health system is organized, governed, and fulfills the essential services of public health.



WE HAVE CONFIDENCE IN THIS ASSESSMENT  
AND ITS ABILITY TO INFORM A COMMUNITY  
ABOUT HOW WELL THE SYSTEM IS  
FUNCTIONING AT A LOCAL LEVEL.

Aaron Kissler, MPH, Administrator  
Florida Department of Health in Lake County

The Florida Department of Health in Lake County facilitated this process in order to:

- learn about how well the public health system in our community works right now.
- find ways to improve the performance of our system by working together with agencies throughout our community.

The Ten Essential Services provided the framework for the assessment. The assessment process did significantly influence knowledge of the Ten Essential Public Health Services.

A total of 90 attendees representing 37 unduplicated organizations participated in the workshop series. A diverse and balanced composition of public health system partners were represented, and the assessment was well received among participants. Community investment in the assessment process was proportionate to departmental effort.

The local public health system was scored in perceived performance and priority. Common themes of discussion across all services and standards were identified. An optimal level of performance is the level to which all local public health systems should aspire. This places the overall local public health system in the Significant Activity performance category for all essential services.

The highest ranked service for performance was Essential Service (ES) 2, *Diagnose and Investigate Health Problems and Health Hazards*. The highest ranked service for priority was ES3, *Inform, Educate, and Empower People about Health Issues*.

The three lowest ranking services for performance were ES7, *Link People to Needed Personal Health Services and Assure the Provision of Healthcare When Otherwise Unavailable*, ES8, *Assure a Competent Public Health and Personal Healthcare Workforce*, and ES10, *Research for New Insights and Innovative Solutions to Health Problems*. ES10 was also perceived as having lowest priority.

This assessment folds into the Mobilizing for Action through Planning and Partnerships (MAPP) model of community health improvement as one of four types of assessments that informs a community's strategic planning for health. It helps us identify strengths and weaknesses in our local public health system.



## 2 Background

### Overview

#### National Public Health Performance Standards

The National Public Health Performance Standards (NPHPS) were developed collaboratively by the program’s national partner organizations. The NPHPS partner organizations include: Centers for Disease Control and Prevention; American Public Health Association; Association of State and Territorial Health Officials; National Association of County and City Health Officials; National Association of Local Boards of Health; National Network of Public Health Institutes; and the Public Health Foundation.

The 2016 Lake County, Florida local public health system assessment involves the use of a nationally recognized tool called the National Public Health Performance Standards Local Assessment Instrument (local instrument). We thank the staff of these organizations for their time and expertise in creating the assessment tool, guidance and report documents, and consultation for its application in our community.

#### Assessment Structure

##### Local Public Health System

This is a system-focused assessment. The system includes all public and private entities that contribute to public health in Lake County, Florida.

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*We all provide important services that can improve community health, and it is all of us together that make up the public health system.*

*Page Barningham, MPA, CCHW*

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##### Ten Essential Public Health Services

As part of the core functions of public health (assessment, policy development, and assurance), the Ten Essential Public Health Services describe the public health activities that all communities should undertake according to the NPHPS.

#### The Ten Essential Public Health Services

1. **Monitor** health status to identify and solve community health problems.
2. **Diagnose and investigate** health problems and health hazards in the community.
3. **Inform, educate and empower** people about health issues.
4. **Mobilize** community partnerships and action 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** 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.

**Framework**

The Ten Essential Services provide the framework for the assessment. Each essential service contains two to four Model Standards, and each model standard contains two to six Benchmark Activities.

**Performance Measures**

Benchmark activities are phrased as questions about the local public health system and act as the performance measures of the assessment.

The activities associated with each model standard were phrased in the form of a question, starting with “At what level does the local public health system...” and then scored by participants to assess system performance on the following scale:

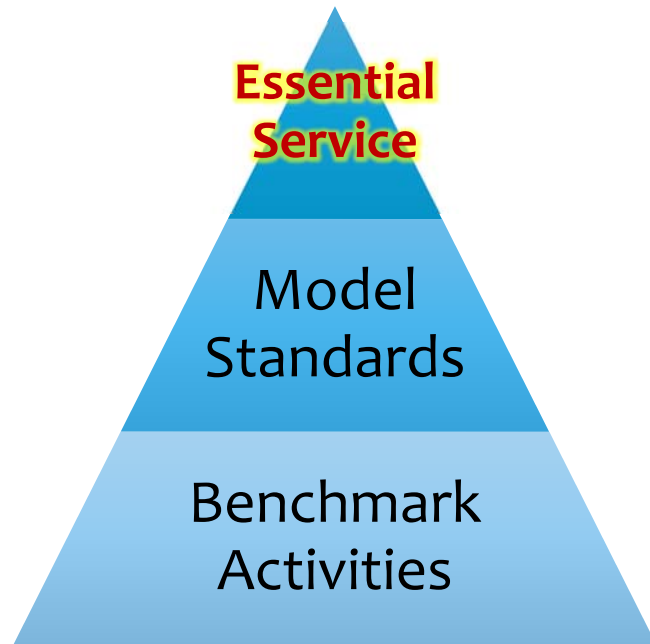


Figure 2. Assessment Structure

Table 2. Activity Category Definitions

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

The following page overviews the relationship of the Ten Essential Public Health Services and their associated Model Standards within the Core Public Health Functions conceptual framework. More information on the Public Health System, Ten Essential Public Health Services, and a full version of the local assessment instrument (version 3.0) used can be found on the Centers for Disease Control and Prevention’s National Public Health Performance Standards website, located at <http://www.cdc.gov/nphpsp/benefits.html>.



### 3 Results

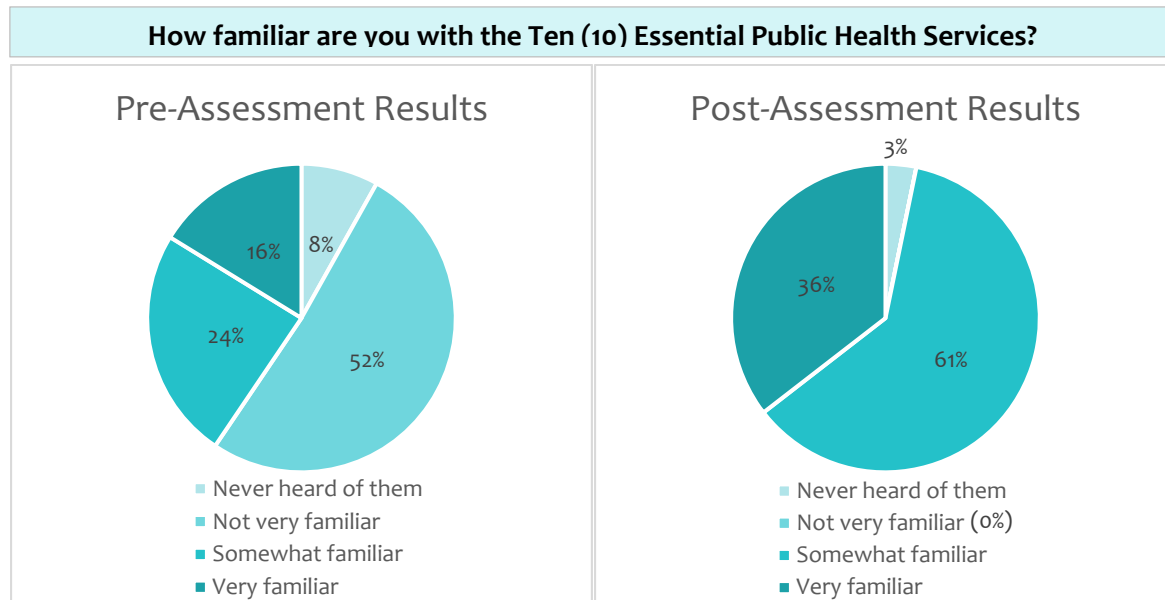
#### Participant Knowledge

Participants were pre and post surveyed on two major conceptual components of the Local Public Health System Assessment:

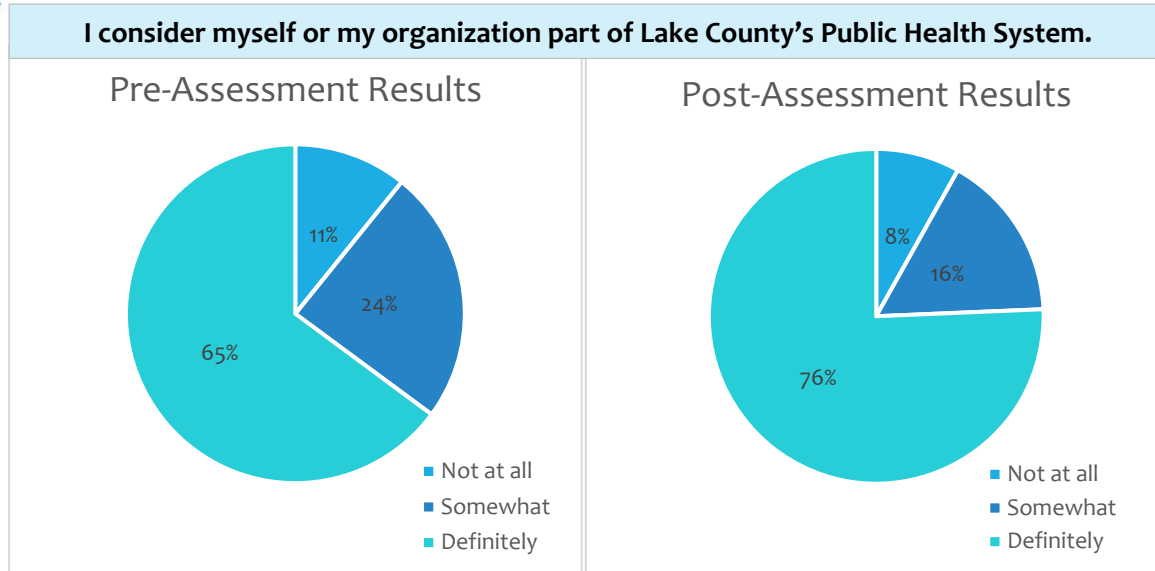
1. Familiarity with the Ten Essential Public Health Services; and
2. Identification with the Public Health System

*An increase in familiarity is important because the Essential Public Health Services serve as a community framework for the core functions of public health, and a foundation for collective public health activity.*

The assessment process did significantly influence knowledge of the Ten Essential Public Health Services. Less than half (40%) of respondents reported being “somewhat” or “very” familiar with the essential services prior to the assessment. After the assessment, almost all respondents (97%) felt that they were either somewhat or very familiar with the services, indicating that learning had occurred. An increase in familiarity is important because the Essential Public Health Services serve as a community framework for the core functions of public health, and a foundation for collective public health activity.



There were modest gains in the participants’ feelings of identification with the public health system, with over three-quarters of participants responding that they definitely considered themselves or their organizations part of the system after the completion of the assessment. Additional post-assessment feedback is presented in the evaluation section of this summary report.



## Performance Scores

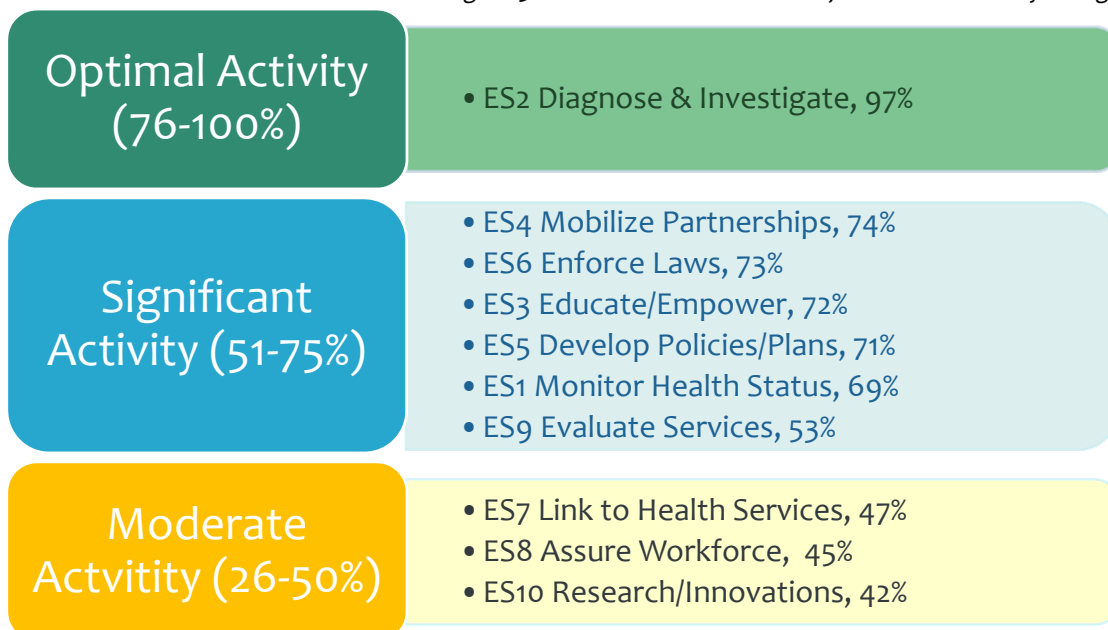
### Essential Services

The local public health system assessment is a community review and assessment of public health system performance based on a set of national standards for each of the ten essential services. Essential services describe what public health seeks to accomplish and how it will carry out its basic responsibilities. In an ideal public health system, all activities would be performing at an optimal level of performance, defined as the system meeting greater than 75% of activity for all benchmarks within each model standard. An optimal level of performance is the level to which all local public health systems should aspire.

#### Essential Services: Summary Overview

A summary overview of performance scoring by essential service is listed below:

Figure 3. 2016 Essential Services Performance Scores by Category





**Essential Services: Highest Ranking Performance**

The highest ranked service was **Essential Service 2, Diagnose and Investigate Health Problems and Health Hazards**. With a performance score at 97%, and was the only essential service scoring in the Optimal Activity category.

Six essential services were ranked in the Significant Activity category.

All essential services scored as having Moderate Activity or greater. Moderate Activity, as a composite of model standard activity scoring, indicates greater than 25% but no more than 50% met.



The average system performance score was **64%**. This places the overall local public health system in the **Significant Activity** performance category for all essential services.

No essential services scored in the Minimal Activity (1-25%) or Zero Activity (0%) categories.

The average system performance score was 64%. This places the overall local public health system in the Significant Activity performance category for all essential services.

**Essential Services: Lowest Ranking Performance**

The three lowest ranking services falling into the Moderate Activity performance category were **Essential Service 7, Link People to Needed Personal Health Services and Assure the Provision of Healthcare When Otherwise Unavailable**, **Essential Service 8, Assure a Competent Public Health and Personal Healthcare Workforce**, and **Essential Service 10, Research for New Insights and Innovative Solutions to Health Problems**.

**Model Standards**

Model standards represent the major components or practice areas of each essential service. Generally, there are two to four model standards for each essential service. A description of all model standards for each essential service, including the benchmark activity questions and their performance scores can be found within the local instrument.

**Model Standards: Summary Overview**

Below is a summary overview of scoring by model standard, ranked from highest to lowest performance scoring. The last column indicates the range between scores of the benchmark activities that make up each model standard.

	Model Standard	Performance	Overall Score	Range
2.2	Emergency Response	Optimal	100	100
2.3	Laboratories	Optimal	100	100
5.4	Emergency Plan	Optimal	100	100
2.1	Identification/Surveillance	Optimal	92	75-100
3.3	Risk Communication	Optimal	92	75-100
4.1	Constituency Development	Optimal	81	75-100
6.1	Review Laws	Optimal	81	75-100



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6.3	Enforce Laws	Optimal	80	50-100
1.2	Current Technology	Significant	75	75
1.3	Registries	Significant	75	50-100
5.1	Governmental Presence	Significant	75	50-100
3.2	Health Communication	Significant	67	50-75
4.2	Community Partnerships	Significant	67	50-75
9.2	Evaluation of Personal Health	Significant	60	50-75
1.1	Community Health Assessment	Significant	58	50-75
3.1	Health Education/Promotion	Significant	58	50-75
5.3	CHIP/Strategic Planning	Significant	58	50-75
6.2	Improve Laws	Significant	58	50-75
8.2	Workforce Standards	Significant	58	50-75
9.3	Evaluation of LPHS	Significant	56	25-75
8.3	Continuing Education	Significant	55	50-75
5.2	Policy Development	Moderate	50	50
7.1	Personal Health Service Needs	Moderate	50	25-75
10.2	Academic Linkages	Moderate	50	50
7.2	Assure Health Service Linkage	Moderate	44	25-50
9.1	Evaluation of Population Health	Moderate	44	25-50
8.1	Workforce Assessment	Moderate	42	25-50
10.1	Foster Innovation	Moderate	38	25-50
10.3	Research Capacity	Moderate	38	25-50
8.4	Leadership Development	Minimal	25	25

Figure 4. Model Standard Performance by Category, including scoring ranges

**Model Standards: Highest Ranking Performance**

All three model standards for **Essential Service 2, Diagnose and Investigate Health Problems and Health Hazards**, were scored as having optimal performance. The model standards for this essential service include **Model Standards 2.1, Identifying and Monitoring Health Threats, 2.2 Investigating and Responding to Public Health Threats and Emergencies, and 2.3 Laboratory Support for Investing Health Threats.**

**Model Standards: Lowest Ranking Performance**

All three model standards for **Essential Service 10, Research for New Insights and Innovative Solutions to Health Problems**, were scored as having Moderate performance. The model standards for this essential service include **Model Standards 10.1, Fostering Innovation, 10.2 Linking with Institutions of Higher Learning and/or Research, and 10.3, Capacity to Initiate or Participate in Research.** The lowest performing model standard was **Model Standard 8.4, Public Health Leadership Development.**

**Benchmark Activities**

The final model standard scoring is a composite of all benchmark activity scoring. 108 benchmark activities were assessed based on the perception of how well the activity was being met within the local public health system as a whole. The benchmark score ranges indicate the range that all activities within the model standard were scored. The system may identify best practices and areas of celebration within higher ranking benchmark activities. Lower ranking benchmark activities may warrant further system review or focus.

**Benchmark Activities: Summary Overview**

Below is a summary overview of scoring for all benchmark activities.

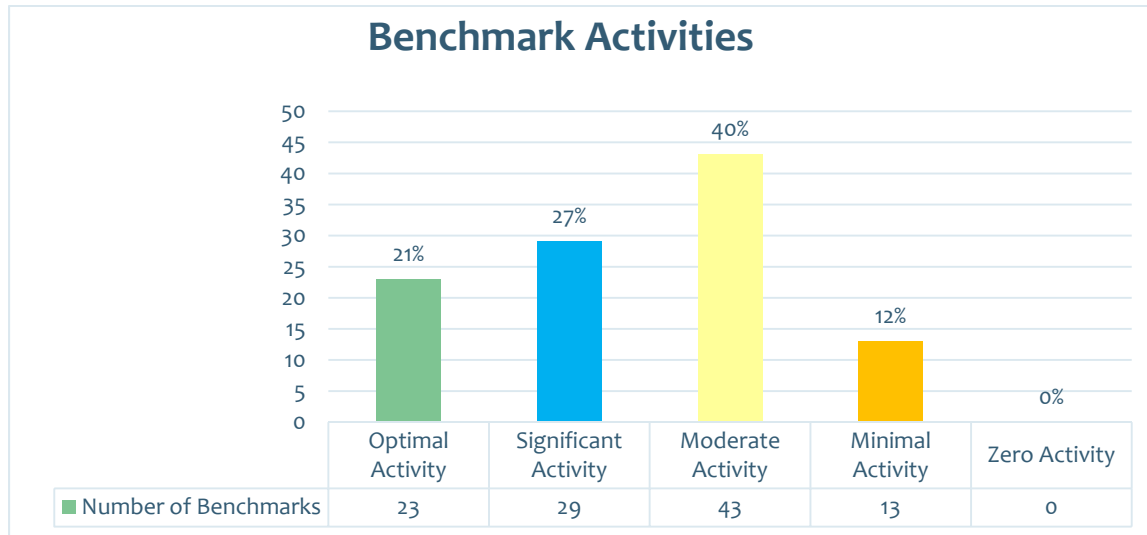


Figure 5. Benchmark Activities Performance Scoring, Percentage of Total

**Benchmark Activities: Highest Ranking Performance**

Benchmark activities are scored by voting on a series of questions. Responses to these questions indicate how well the model standard, which portrays the highest level of performance or "gold standard", is being met. Approximately two-thirds of all benchmark activities were scored as having either Significant or Moderate Activity. Twenty three benchmarks (21%) were ranked as having Optimal Activity, defined as greater than 75% of the activity described within the question met.

All ten benchmark activities within **Model Standards 2.2, Investigating and Responding to Public Health Threats and Emergencies** and **2.3, Laboratory Support for Investing Health Threats** were scored as having Optimal Activity.

Additionally, all three benchmark activities within **Model Standard 5.4, Planning and Public Health Emergencies**, were scored as having Optimal Activity.

**Questions with Optimal Activity Scoring (23)**

All benchmark activity questions are system-focused, and begin with "At what level does the local public health system..."

Table 3. Twenty-Three Questions voted >75% of the activity within the question met

1.3.1	Collect data on specific health concerns to provide the data to population health registries in a timely manner, consistent with current standards?
2.1.1	Participate in a comprehensive surveillance system with national, state and local partners to identify, monitor, share information, and understand emerging health problems and threats?
2.1.2	Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies and emerging threats (natural and manmade)?
2.2.1	Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case finding, contact tracing, and source identification and containment?



2.2.2	Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?
2.2.3	Designate a jurisdictional Emergency Response Coordinator?
2.2.4	Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?
2.2.5	Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies?
2.2.6	Evaluate incidents for effectiveness and opportunities for improvement?
2.3.1	Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring?
2.3.2	Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?
2.3.3	Use only licensed or credentialed laboratories?
2.3.4	Maintain a written list of rules related to laboratories, for handling samples (collecting, labeling, storing, transporting, and delivering), for determining who is in charge of the samples at what point, and for reporting the results?
3.3.1	Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?
3.3.2	Make sure resources are available for a rapid emergency communication response?
4.1.1	Maintain a complete and current directory of community organizations?
5.1.2	See that the local health department is accredited through the national voluntary accreditation program?
5.4.1	Support a workgroup to develop and maintain preparedness and response plans?
5.4.2	Develop a plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed?
5.4.3	Test the plan through regular drills and revise the plan as needed, at least every two years?
6.1.4	Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?
6.3.3	Assure that all enforcement activities related to public health codes are done within the law?
6.3.5	Evaluate how well local organizations comply with public health laws?

**Benchmark Activities: Lowest Ranking Performance**

There were no benchmark activities that were scored as having No Activity, defined as 0% or absolutely no activity within the question is met.

Thirteen benchmarks (12%) were ranked as having Minimal Activity, defined as greater than zero but no more than 25% of the activity described within the question is met. All four benchmark activities within **Model Standard 8.4, Public Health Leadership Development** were scored as having Minimal Activity.

**Questions with Minimal Activity Scoring (13)**

All benchmark activity questions are system-focused, and begin with “*At what level does the local public health system...*”

*Table 4. Thirteen Questions voted greater than zero but no more than 25% of the activity within the question met*

7.1.3	Define partner roles and responsibilities to respond to the unmet needs of the community?
7.2.4	Coordinate the delivery of personal health and social services so that everyone has access to the care they need?



8.4.1	Provide access to formal and informal leadership development opportunities for employees at all organizational levels?
8.4.2	Create a shared vision of community health and the public health system, welcoming all leaders and community members to work together?
8.4.3	Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?
8.4.4	Provide opportunities for the development of leaders representative of the diversity within the community?
8.1.3	Provide information from the workforce assessment to other community organizations and groups, including governing bodies and public and private agencies, for use in their organizational planning?
9.3.4	Use results from the evaluation process to improve the LPHS?
10.1.2	Suggest ideas about what currently needs to be studied in public health to organizations that do research?
10.1.4	Encourage community participation in research, including deciding what will be studied, conducting research, and in sharing results?
10.3.2	Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?
10.3.4	Evaluate public health systems research efforts throughout all stages of work from planning to impact on local public health practice?

## Prioritization Ranking

Priority rankings are based on the local instrument priority and participant survey responses. The prioritization ranking measures which services and activities are perceived as having the greatest priority relative to each other.

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*Quadrants can be used as a way for planners to weigh potential actions versus their perceived significance in the local public health system to maximize impact within the community.*

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### Essential Service Prioritization

In terms of perceived priority, the top 5 essential services rankings were:

1. **ES3**, *Inform, Educate, and Empower People about Health Issues*
2. **ES2**, *Diagnose and Investigate Health Problems and Health Hazards*
3. **ES1**, *Monitor Health Status to Identify Community Health Problems*
4. **ES7**, *Link People to Needed Personal Health Services and Assure the Provision of Healthcare when Otherwise Unavailable*
5. **ES4**, *Mobilize Community Partnerships to Identify and Solve Health Problems*

### Prioritization Matrix

The prioritization matrix compares perceived performance versus perceived importance and assigns a Quadrant ranking. Quadrants can be used as a way for planners to weigh potential actions versus their perceived significance in the local public health system to maximize impact within the community.

Table 5. Quadrant Ranking Criteria and Significance

Performance Ranking	Priority Ranking	Quadrant	Significance to Local Public Health System
Lower Performance	Higher Priority	A	These activities may need increased attention.
Higher Performance	Higher Priority	B	These activities are being done well, and it is important to maintain efforts.
Higher Performance	Lower Priority	C	These activities are being done well, consideration may be given to reducing effort in these areas.
Lower Performance	Lower Priority	D	These activities could be improved, but are of low priority. They may need little or no attention at this time.

All essential services and model standards are considered important to the function of the local public health system. For the purposes of this comparison, with 1 being the highest scoring, and 10 being the lowest scoring of the Ten Essential Services, the top half scores are ranked as “Higher” and the bottom half scores ranked as “Lower”.

Two essential services, **Essential Service 1**, *Monitor Health Status to Identify Community Health Problems*, and **Essential Service 7**, *Link People to Needed Personal Health Services and Assure the Provision of Healthcare when Otherwise Unavailable*, were ranked within Quadrant A.

Essential Service	2016 Performance Score	Rank	2016 Priority Score	Rank	Quadrant
ES1 Monitor Health Status	6 <sup>th</sup> of 10	Lower	3 <sup>rd</sup> of 10	Higher	A
ES2 Diagnose & Investigate	1 <sup>st</sup> of 10	Higher	2 <sup>nd</sup> of 10	Higher	B
ES3 Educate/Empower	4 <sup>th</sup> of 10	Higher	1 <sup>st</sup> of 10	Higher	B
ES4 Mobilize Partnerships	2 <sup>nd</sup> of 10	Higher	5 <sup>th</sup> of 10	Higher	B
ES5 Develop Policies/Plans	5 <sup>th</sup> of 10	Higher	7 <sup>th</sup> of 10	Lower	C
ES6 Enforce Laws	3 <sup>rd</sup> of 10	Higher	8 <sup>th</sup> of 10	Lower	C
ES7 Link to Health Services	8 <sup>th</sup> of 10	Lower	4 <sup>th</sup> of 10	Higher	A
ES8 Assure Workforce	9 <sup>th</sup> of 10	Lower	6 <sup>th</sup> of 10	Lower	D
ES9 Evaluate Services	7 <sup>th</sup> of 10	Lower	9 <sup>th</sup> of 10	Lower	D
ES10 Research/Innovations	10 <sup>th</sup> of 10	Lower	10 <sup>th</sup> of 10	Lower	D

Figure 6. Essential Services, Quadrant Rankings

**Model Standard Prioritization**

On a scale of 1-10, with ten being the highest priority, there were no model standards that ranked below 7 on the rating scale. The activities of the following eight (8) model standards may need increased attention due to their quadrant ranking.





**Eight (8) Model Standards in Quadrant A: Higher Priority / Lower Performance**

1. 10.1 Foster Innovation
2. 9.3 Evaluation of Local Public Health System
3. 8.1 Evaluation of Population Health
4. 7.1 Workforce Standards
5. 3.1 Workforce Assessment
6. 7.1 Personal Health Services Needs
7. 3.1 Health Education & Promotion
8. 1.1 Community Health Assessment

The activities of the following three (3) model standards may need continued maintenance of effort due to their quadrant ranking.

**Three (3) Model Standards in Quadrant B: Higher Priority / Higher Performance**

1. 6.1 Review Laws
2. 4.2 Community Partnerships
3. 2.1 Identification/Surveillance

**System Performance Changes over Time**

The last local public health system assessment was performed in 2012. Both assessments scored the system in the Significant Activity category overall. The instrument methods allow for flexibility to meet local community needs and therefore process differences may be present between assessments conducted over time.

**Essential Service 4**, *Mobilize Community Partnerships to Identify and Solve Health Problems* saw the largest improvement in perceived performance, increasing 36% and moving from Moderate to Significant Activity. The largest decrease in scoring with a 27% drop and a movement from Significant Activity to Moderate Activity was found in **Essential Service 10**, *Research for New Insights and Innovative Solutions to Health Problems*.

The chart below details the changes in perceived system performance by essential service.

#	Essential Service	2012 Score	2012 Performance	2016 Score	2016 Performance	Change
2	Diagnose and Investigate Health Problems and Health Hazards	93	Optimal Activity	97	Optimal Activity	↑ 4%
4	Mobilize Community Partnerships to Identify and Solve Health Problems	38	Moderate Activity	74	Significant Activity	↑ 36%
6	Enforce Laws and Regulations that Protect Health and Ensure Safety	83	Optimal Activity	73	Significant Activity	↓ 10%
3	Inform, Educate, and Empower People about Health Issues	55	Significant Activity	72	Significant Activity	↑ 17%
5	Develop Policies and Plans that Support Individual and Community Health Efforts	60	Significant Activity	71	Significant Activity	↑ 11%
1	Monitor Health Status to Identify Community Problems	65	Significant Activity	69	Significant Activity	↑ 4%



9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	38	Moderate Activity	53	Significant Activity	↑ 15%
7	Link People to Needed Personal Health Services and Assure the Provision of Healthcare when Otherwise Unavailable	53	Significant Activity	47	Moderate Activity	↓ 6%
8	Assure a Competent Public Health and Personal Healthcare Workforce	62	Significant Activity	45	Moderate Activity	↓ 17%
10	Research for New Insights and Innovative Solutions to Health Problems	69	Significant Activity	42	Moderate Activity	↓ 27%
	<b>Overall</b>	62	<b>Significant Activity</b>	64	<b>Significant Activity</b>	↓ 2%

Table 6. Essential Service Performance Ratings, 2012 vs. 2016

## Common Themes & Best Practices

### Common Themes

Participants identified system strengths, weaknesses, and opportunities for improvement within the essential services’ model standards during the facilitated discussion portion of the assessment. Several common themes were noted from participants that span across multiple model standards and essential services. The discussion highlights noted below are recurring topics of discussion from participants that cross-cut more than one essential service or model standard.

#### Frequently Cited Strengths

- Emergency Operations planning and response framework
- Abundance of local-level data about community health needs available to inform decision-making
- Coordination and willingness to collaborate between healthcare organizations across the public health system

#### Frequently Cited Weaknesses/Challenges

- Communication and navigation across the public health system for organizations and individuals
- Staffing and budget cuts/reductions
- Changing prioritization of health issues and activities (Chronic versus Episodic)
- Silos of information within the system preventing health organization, planning and implementation successes
- Face-to-face services spaced widely apart as a result of county’s wide geography
- Health literacy rates in local community
- Lack of community awareness about health issues, including risk and protective factors, particularly for vulnerable populations

---

*Identifying common themes can stimulate the local public health system’s continuous quality improvement processes.*

---



### **Frequently Cited Opportunities**

- Proactive initiatives that are joint efforts and relay the same message through multiple outlets
- Use of media outlets, including electronic and social media outlets, for health information dissemination
- Establishment of a formal health group or coalition to mobilize various public health system partners
- Consideration of health operations using the structure of emergency operations command system
- Coordination of personal health and social services between service providers, including integrated behavioral and healthcare services

Identifying common themes can stimulate the local public health system's continuous quality improvement processes by serving as a reference point for learning about activities throughout the system and determining how to make improvements to enhance system performance.

### **Best Practices**

Participants also cited best practices they have encountered within the current local public health system. Identifying what seems to work in public health gives organizations the ability to weigh best practice implementation within their own operations. Best practices may improve benchmark activities while balancing the unique qualities of the entities within the community. When highlighted, these practices are also opportunities to celebrate shared successes in public health. Additional points of dialogues are summarized in the *Summary Infographics*.

### **Best Practices Cited**

- GIS mapping, such as transit maps
- Joint agency investigations, monitoring, and initiatives
- Emerging disease surveillance and response (Ebola, H1N1, Zika)
- Participation in surveillance by the county's sentinel doctors
- Hospital participation in Healthiest Weight initiatives
- Use of electronic and social media for information dissemination
- Services, educational activities and events accessible to citizens on weekends and evenings
- Emergency Operations planning and response framework
- Tobacco Cessation campaigns and Drug-Free living initiatives
- Integrated behavioral and healthcare services, including dental
- Certified community health workers
- Staff trained in Automated Community Connection to Economic Self Sufficiency (ACCESS)
- Community Healthcare Worker Coalition mentoring program
- University of South Florida online undergraduate Public Health Program
- Hospital healthcare professional scholarship programs and incentives
- Lake County Quality of Life Report, Florida CHARTS, State/county population registries
- Lake County Shared Services Network
- Local Public Health System Assessment
- School, College & University student affiliations & recruitment activities
- Lake-Sumter State College Health Academy Program
- Hospital and Emergency Services Sepsis Monitoring Program



## Evaluation

### Participant Feedback

At the conclusion of each session, participants were given an opportunity to provide feedback about the event and sign-up for participation in future health planning activities.

Participant feedback compiled from the local public health system assessment meeting series was overwhelmingly positive; on a scale with “1” being “very poor” and “5” being “excellent”, the meeting series had an overall evaluation score of 4.6.

Evaluation Domain	Score
Meeting organization	4.7
Meeting facilitation	4.7
Meeting format	4.6
Opportunity to provide input about the system	4.7
Opportunity to learn about the system	4.5

Table 7. 2016 LPHSA Participant Feedback Scoring

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“Effective.  
Collaborative. Diverse.”

“Very informative.”

“Valuable process.”

~Participant feedback forms, 2016  
LPHSA

---

The assessment process was also well-received in the community. In general, participants reported that networking, learning about the public health system, and the diversity of participation as the most useful aspects of the process. Time constraints were cited as the least useful aspects of the process. Overall, participants reported that the local instrument was a good tool, and the process was very well organized and informative.

Community investment in the assessment process, in the form of meeting participation time and travel, was proportionate to departmental effort. It is estimated that local public health system assessment planning, preparation, and implementation activities had a ratio of direct cost to community investment of approximately 1:1.

### Data Limitations

Results of this assessment are intended to serve as a supplement to a thoughtful and comprehensive community health review to inform the strategic planning process. In general, note that assessment results are derivatives of input collected from individual perception. While a broad representation of organizations from the local public health system was sought, participant voted based on their individual experiences and knowledge-base of the local public health system. Accordingly, results are subject to variations of perception and interpretation of the terms used in the instrument, including essential services, model standards, and associated activities.

The findings and conclusions stemming from the use of this assessment are those of the end users; interpretation is not provided or endorsed by the department, nor do they represent departmental views or policies. The instrument methods allow for flexibility to meet local community needs and therefore process differences may be present between assessments conducted over time. A full review of the limitations of the local public health system assessment data is provided in the NPHPS auto-generated report presented as an Appendix to this summary. Please direct any questions to [DOHLakeCHIP@flhealth.gov](mailto:DOHLakeCHIP@flhealth.gov).

## 4 Appendices

### Appendix 1: Methods

Appendix 1 describes the methods used by the Florida Department of Health in Lake County, using the instrument facilitation guide and in consultation with NACCHO.

### Appendix 2: 2016 NPHPS Report

Appendix 2 contains the 2016 NPHPS auto-report, automatically generated from the local assessment raw data by the National Public Health Performance Standards (NPHPS) program website and national partner organizations.

## Summary Infographics

This report, and the 2016 Local Public Health System Assessment data for Lake County, Florida by each essential service is currently available on the Florida Department of Health in Lake County webpage at [lake.flhealth.gov](http://lake.flhealth.gov). Individual essential service data is presented as a two-page infographic.

Each infographic includes:

- the essential service's performance and priority ranking
- any associated model stands for the essential service and their performance rankings
- a prioritization matrix for the essential service
- perceived system strengths, weaknesses, and opportunities regarding the essential service
- essential service performance changes over time
- current and future public health system partner visioning

Thank you for continuing to make Lake County, Florida a great place to live, work, and play. We welcome you to contact our offices to learn more and be a part of about Lake County's Community Health Improvement activities!

**Vision:** To be the Healthiest State in the Nation



Accredited Health Department  
Public Health Accreditation Board

**Florida Health:** the first accredited public health system in the U.S.

**Mission:** To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

**Florida Department of Health in Lake County**

P.O. Box 1305 • Tavares, Florida 32778-1305

Phone: 352-589-6424 • Fax: 352-589-6492

[lake.flhealth.gov](http://lake.flhealth.gov)

## Appendix 1: Methods

### Format

The Lake County Local Public Health System Assessment (LPHSA) was conducted in a series of weekly facilitated workshops that ran on alternating weekdays from April 2016 through May 2016. Five face-to-face workshops were held beginning at 9:00am at the Lake County Extension Services Building in Tavares, Florida on the following days:

	Date	Essential Service
Monday	April 11 <sup>th</sup> 2016	ES1 & ES2
Tuesday	April 19 <sup>th</sup> 2016	ES3 & ES4
Wednesday	April 27 <sup>th</sup> 2016	ES5 & ES6
Thursday	May 5 <sup>th</sup> 2016	ES7 & ES9
Monday	May 9 <sup>th</sup> 2016	ES8 & ES10

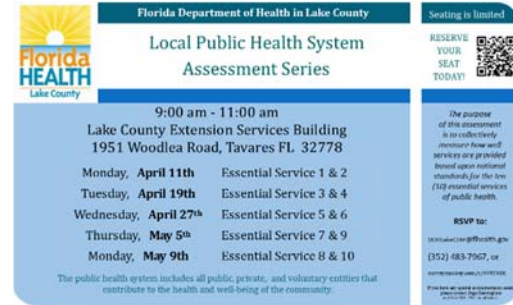


Figure 1. Example 2016 LPHSA flyer

Two essential services were evaluated at each workshop. Essential services were grouped for review based on the type of organizations that were recommended by the local instrument to participate in the discussion. Participants were asked to RSVP to the event in advance, and were provided with a brief introduction of the purpose of the assessment, essential services and associated model standards that would be evaluated, and a link to the full local instrument.

### Recruitment

A public announcement of the workshop series was released on April 1<sup>st</sup> 2016 through a press release distributed by the Florida Department of Health in Lake County (FDOH-Lake). Workshop series flyers were distributed to all FDOH-Lake locations for posting and disseminated electronically via email externally and internally to network points of contact, which were then re-disseminated through secondary network channels and website postings.

### Attendance and Representation

The assessment process relies on broad community representation from organizations representing all sectors of the public health system. Therefore, emphasis was placed on recruitment efforts to ensure broad representation and a significant amount of time devoted to engagement activities. Participation from targeted sectors was encouraged via phone and reinforced using email follow-up, and again with distribution of information through secondary network channels.



A total of 90 attendees representing 37 unduplicated organizations participated in the workshop series. A diverse and balanced composition of public health system partners were represented:

*Table 1. Participants by Organization Type*

Organization Type	#	Organization Type	#
County Government & Municipalities	6	Social Service Facilities & Service Providers	5
Schools, Colleges & Universities	5	Coalitions & Advocacy Groups	5
Hospitals & Emergency Medical Service Providers	4	Healthcare Facilities & Service Providers	4
Philanthropic & Health Financing Organizations	2	Media Outlets	2
State Agencies & Programs	1	Mental Health Facilities & Service Providers	1
Elected Officials	1	Citizens	1
County Health Department	1	10 DOH-Lake units represented	

Instrument

The National Public Health Performance Standards, Local Public Health System Assessment Instrument, version 3.0, (local instrument) was the tool used for the assessment. Each two-hour session began with a 25-minute presentation to welcome and introduce participants, provide an overview of the process and the Ten Essential Public Health Services, and answer participant questions. Trained department staff were present to facilitate and document discussions during each meeting.

Essential Services, Model Standards, and Activities

The assessment process consists of an overview of the essential service, review and discussion of the model standards associated with the essential service, and voting on the performance measures for each model standard. The local instrument identifies model standards associated with each of the Essential Public Health services. There are 10 EPHS, 30 model standards, and 108 performance measures total.

Dialogue and Voting Process

A facilitated dialogue surrounding each model standard is followed by participants voting on the performance of the local public health system activities for that standard. Participants were asked to evaluate performance of the system by scoring the specific activities associated with each model standard.

Performance measures are the local instrument’s benchmark activities listed as a series of questions within each of the model standards. A description of all national standards for each essential service, including the benchmark activity questions and their performance scores can be found within the *2016 NPHPS Report*, in the section titled *Individual Questions and Responses*.



The activities associated with each model standard were phrased in the form of a question, starting with “At what level does the local public health system....” and then scored by participants to assess system performance on the following scale:

*Table 2. Activity Category Definitions*

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

Manual voting cards were used to document votes and then votes were tallied by the scribe. Group consensus was sought but scoring remained voter-specific. Where voting did not result in consensus, a calculation was used to identify the group’s overall performance score.

### Optional Surveys

As an optional survey of the local instrument, a priority of model standards questionnaire was also performed. Participants were asked to rank the model standards against each other and also asked to rank the essential services in order of increasing priority to the local public health system. This resulted in the prioritization matrix of both the model standards and essential services. The Agency Contribution Questionnaire was not conducted in this assessment cycle, but may be performed by the department in the future.



# Appendix 2: 2016 NPHPS Report



## **National Public Health Performance Standards**



### **Local Assessment Report**

Florida Department of Health in Lake County

April - May 2016

## **Program Partner Organizations**

American Public Health Association

[www.apha.org](http://www.apha.org)

Association of State and Territorial Health Officials

[www.astho.org](http://www.astho.org)

Centers for Disease Control and Prevention

[www.cdc.gov](http://www.cdc.gov)

National Association of County and City Health Officials

[www.naccho.org](http://www.naccho.org)

National Association of Local Boards of Health

[www.nalboh.org](http://www.nalboh.org)

National Network of Public Health Institutes

[www.nnphi.org](http://www.nnphi.org)

Public Health Foundation

[www.phf.org](http://www.phf.org)

The findings and conclusions stemming from the use of NPHPS tools are those of the end users. They are not provided or endorsed by the Centers for Disease Control and Prevention, nor do they represent CDC's views or policies.



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## **Acknowledgements**

The National Public Health Performance Standards (NPHPS) was developed collaboratively by the program's national partner organizations. The NPHPS partner organizations include: Centers for Disease Control and Prevention (CDC); 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); and then Public Health Foundation (PHF). We thank the staff of these organizations for their time and expertise in the support of the NPHPS.

## **Background**

The NPHPS is a partnership effort to improve the practice of public health and the performance of public health systems. The NPHPS assessment instruments guide state and local jurisdictions in evaluating their current performance against a set of optimal standards. Through these assessments, responding sites can consider the activities of all public health system partners, thus addressing the activities of all public, private and voluntary entities that contribute to public health within the community.

The NPHPS assessments are intended to help users answer questions such as "What are the components, activities, competencies, and capacities of our public health system?" and "How well are the ten Essential Public Health Services being provided in our system?" The dialogue that occurs in the process of answering the questions in the assessment instrument can help to identify strengths and weaknesses, determine opportunities for immediate improvements, and establish priorities for long term investments for improving the public health system.

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
- Public Health Governing Entity Performance Assessment Instrument.

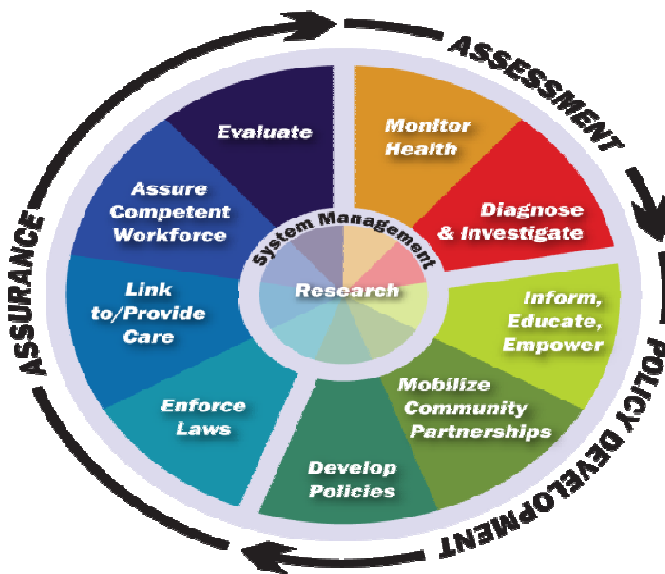
The information obtained from assessments may then be used to improve and better coordinate public health activities at state and local levels. In addition, the results gathered provide an understanding of how state and local public health systems and governing entities are performing. This information helps local, state and national partners make better and more effective policy and resource decisions to improve the nation's public health as a whole.

**Introduction**

The NPHPS Local Public Health System Assessment Report is designed to help health departments and public health system partners create a snapshot of where they are relative to the National Public Health Performance Standards and to progressively move toward refining and improving outcomes for performance across the public health system.

The NPHPS state, local, and governance instruments also offer opportunity and robust data to link to health departments, public health system partners and/or community-wide strategic planning processes, as well as to Public Health Accreditation Board (PHAB) standards. For example, assessment of the environment external to the public health organization is a key component of all strategic planning, and the NPHPS assessment readily provides a structured process and an evidence-base upon which key organizational decisions may be made and priorities established. The assessment may also be used as a component of community health improvement planning processes, such as Mobilizing for Action through Planning and Partnerships (MAPP) or other community-wide strategic planning efforts, including state health improvement planning and community health improvement planning. The NPHPS process also drives assessment and improvement activities that may be used to support a Health Department in meeting PHAB standards. Regardless of whether using MAPP or another health improvement process, partners should use the NPHPS results to support quality improvement.

The self-assessment is structured around the Model Standards for each of the ten Essential Public Health Services, (EPHS), hereafter referred to as the Essential Services, which were developed through a comprehensive, collaborative process involving input from national, state and local experts in public health. Altogether, for the local assessment, 30 Model Standards serve as quality indicators that are organized into the ten essential public health service areas in the instrument and address the three core functions of public health. Figure 1 below shows how the ten Essential Services align with the three Core Functions of Public Health.



**Figure 1.** The ten Essential Public Health Services and how they relate to the three Core Functions of Public Health.

## Purpose

The primary purpose of the NPHPS Local Public Health System Assessment Report is to promote continuous improvement that will result in positive outcomes for system performance. Local health departments and their public health system partners can use the Assessment Report as a working tool to:

- Better understand current system functioning and performance;
- Identify and prioritize areas of strengths, weaknesses, and opportunities for improvement;
- Articulate the value that quality improvement initiatives will bring to the public health system;
- Develop an initial work plan with specific quality improvement strategies to achieve goals;
- Begin taking action for achieving performance and quality improvement in one or more targeted areas; and
- Re-assess the progress of improvement efforts at regular intervals.

This report is designed to facilitate communication and sharing among and within programs, partners, and organizations, based on a common understanding of how a high performing and effective public health system can operate. This shared frame of reference will help build commitment and focus for setting priorities and improving public health system performance. Outcomes for performance include delivery of all ten essential public health services at optimal levels.

## About the Report

### Calculating the Scores

The NPHPS assessment instruments are constructed using the ten Essential Services as a framework. Within the Local Instrument, each Essential Service includes between 2-4 Model Standards that describe the key aspects of an optimally performing public health system. Each Model Standard is followed by assessment questions that serve as measures of performance. Responses to these questions indicate how well the Model Standard - which portrays the highest level of performance or "gold standard" - is being met.

Table 1 below characterizes levels of activity for Essential Services and Model Standards. Using the responses to all of the assessment questions, a scoring process generates score for each Model Standard, Essential Service, and one overall assessment score.

**Table 1. Summary of Assessment Response Options**

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

## Understanding Data Limitations

There are a number of limitations to the NPHPS assessment data due to self-report, wide variations in the breadth and knowledge of participants, the variety of assessment methods used, and differences in interpretation of assessment questions. Data and resultant information should not be interpreted to reflect the capacity or performance of any single agency or organization within the public health system or used for comparisons between jurisdictions or organizations. Use of NPHPS generated data and associated recommendations are limited to guiding an overall public health infrastructure and performance improvement process for the public health system as determined by organizations involved in the assessment.

All performance scores are an average; Model Standard scores are an average of the question scores within that Model Standard, Essential Service scores are an average of the Model Standard scores within that Essential Service and the overall assessment score is the average of the Essential Service scores. The responses to the questions within the assessment are based upon processes that utilize input from diverse system participants with different experiences and perspectives. The gathering of these inputs and the development of a response for each question incorporates an element of subjectivity, which may be minimized through the use of particular assessment methods. Additionally, while certain assessment methods are recommended, processes differ among sites. The assessment methods are not fully standardized and these differences in administration of the self-assessment may introduce an element of measurement error. In addition, there are differences in knowledge about the public health system among assessment participants. This may lead to some interpretation differences and issues for some questions, potentially introducing a degree of random non-sampling error.

## Presentation of results

The NPHPS has attempted to present results - through a variety of figures and tables - in a user-friendly and clear manner. For ease of use, many figures and tables use short titles to refer to Essential Services, Model Standards, and questions. If you are in doubt of these definitions, please refer to the full text in the assessment instruments.

Sites may have chosen to complete two additional questionnaires, the Priority of Model Standards Questionnaire assesses how performance of each Model Standard compares with the priority rating and the Agency Contribution Questionnaire assesses the local health department's contribution to achieving the Model Standard. Sites that submitted responses for these questionnaires will see the results included as additional components of their report.

## Results

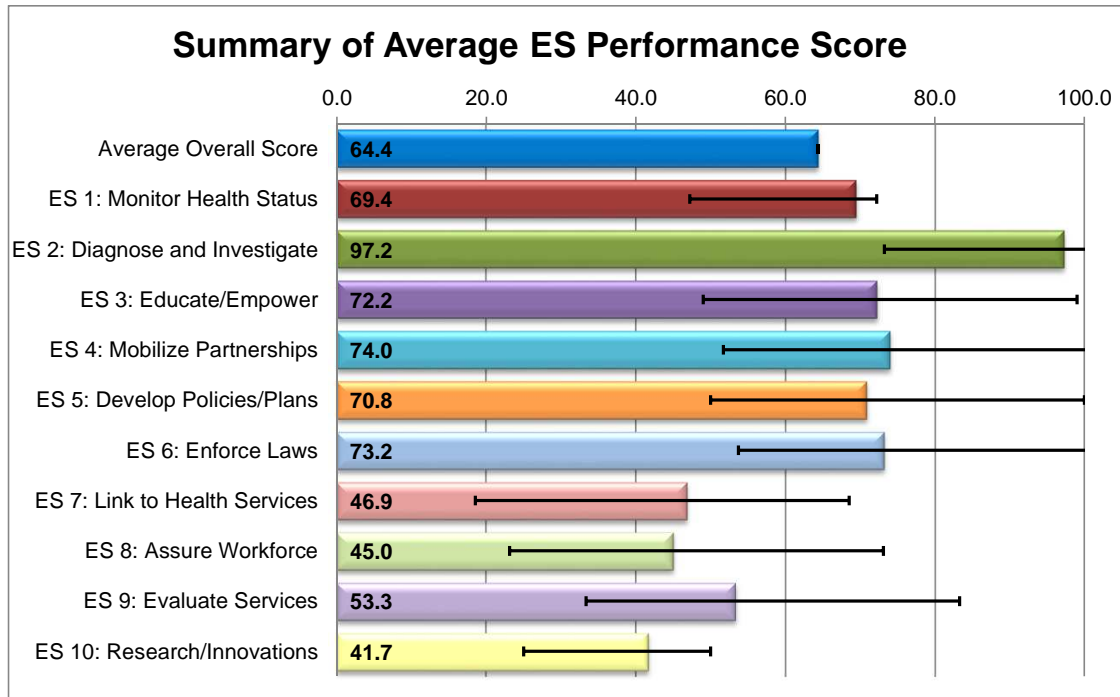
Now that your assessment is completed, one of the most exciting, yet challenging opportunities is to begin to review and analyze the findings. As you recall from your assessment, the data you created now establishes the foundation upon which you may set priorities for performance improvement and identify specific quality improvement (QI) projects to support your priorities.

Based upon the responses you provided during your assessment, an average was calculated for each of the ten Essential Services. Each Essential Service score can be interpreted as the overall degree to which your public health system meets the performance standards (quality indicators) for each Essential Service. Scores can range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum value of 100% (all activities associated with the standards are performed at optimal levels).

Figure 2 displays the average score for each Essential Service, along with an overall average assessment score across all ten Essential Services. Take a look at the overall performance scores for each Essential Service. Examination of these scores can immediately give a sense of the local public health system's greatest strengths and weaknesses. Note the black bars that identify the range of reported performance score responses within each Essential Service.

## Overall Scores for Each Essential Public Health Service

Figure 2. Summary of Average Essential Public Health Service Performance Scores

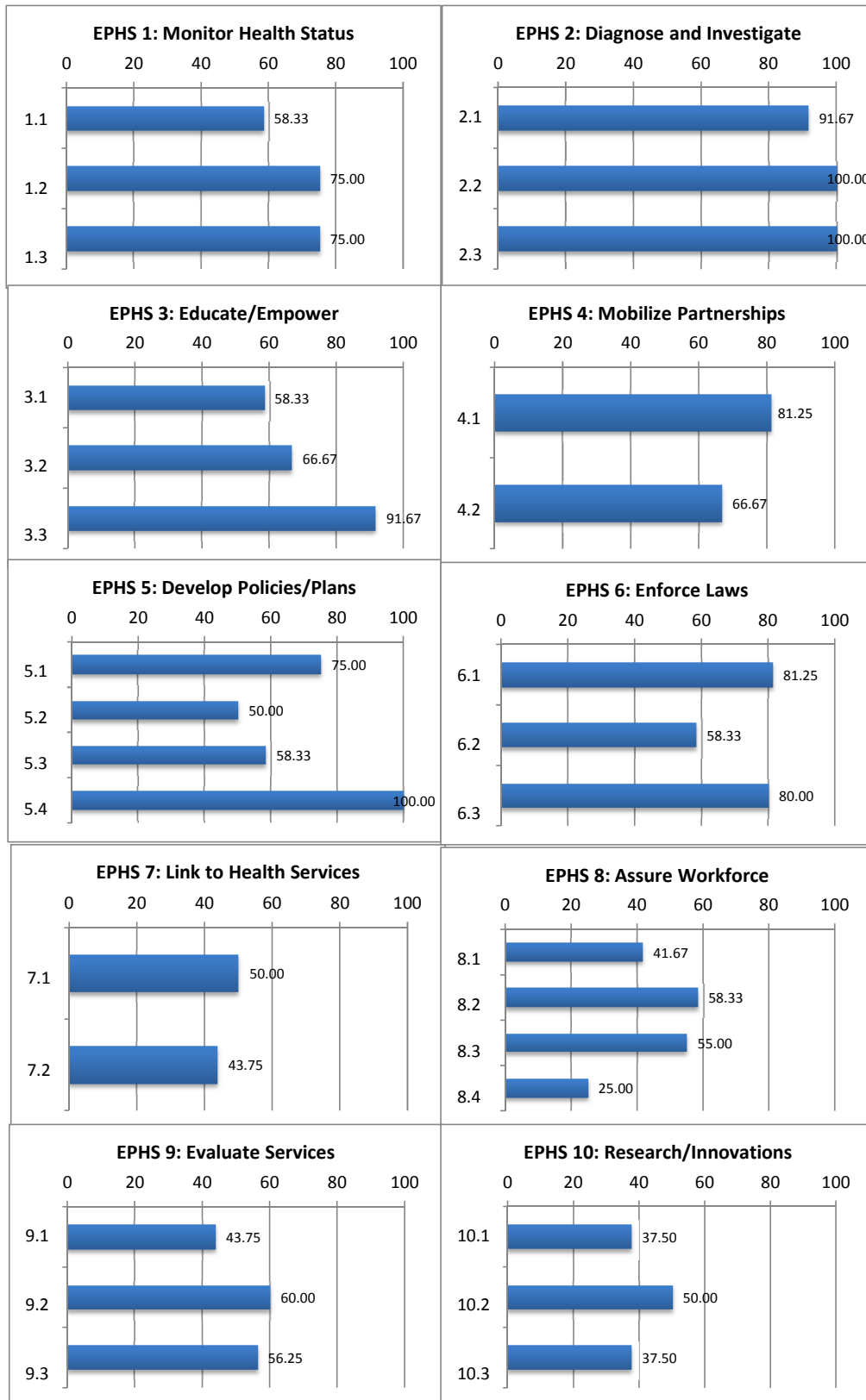


## Performance Scores by Essential Public Health Service for Each Model Standard

Figure 3 and Table 2 on the following pages display the average performance score for each of the Model Standards within each Essential Service. This level of analysis enables you to identify specific activities that contributed to high or low performance within each Essential Service.



**Figure 3. Performance Scores by Essential Public Health Service for Each Model Standard**



In Table 2 below, each score (performance, priority, and contribution scores) at the Essential Service level is a calculated average of the respective Model Standard scores within that Essential Service. Note – The priority rating and agency contribution scores will be blank if the Priority of Model Standards Questionnaire and the Agency Contribution Questionnaire are not completed.

**Table 2. Overall Performance, Priority, and Contribution Scores by Essential Public Health Service and Corresponding Model Standard**

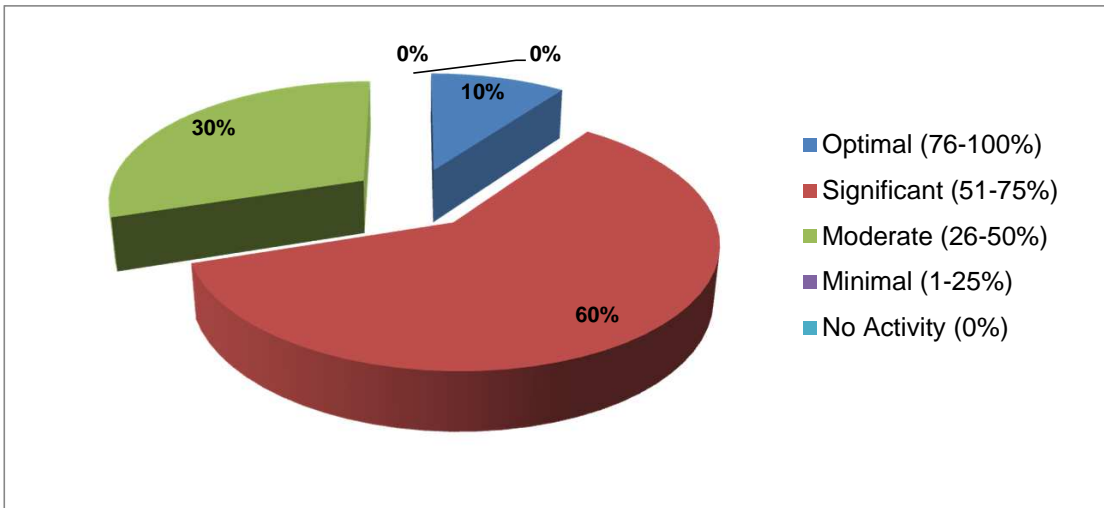
Model Standards by Essential Services	Performance Scores	Priority Rating	Agency Contribution Scores
<b>ES 1: Monitor Health Status</b>	<b>69.4</b>	<b>9.0</b>	
1.1 Community Health Assessment	58.3	10.0	
1.2 Current Technology	75.0	9.0	
1.3 Registries	75.0	8.0	
<b>ES 2: Diagnose and Investigate</b>	<b>97.2</b>	<b>9.0</b>	
2.1 Identification/Surveillance	91.7	10.0	
2.2 Emergency Response	100.0	9.0	
2.3 Laboratories	100.0	8.0	
<b>ES 3: Educate/Empower</b>	<b>72.2</b>	<b>9.0</b>	
3.1 Health Education/Promotion	58.3	10.0	
3.2 Health Communication	66.7	9.0	
3.3 Risk Communication	91.7	8.0	
<b>ES 4: Mobilize Partnerships</b>	<b>74.0</b>	<b>9.5</b>	
4.1 Constituency Development	81.3	9.0	
4.2 Community Partnerships	66.7	10.0	
<b>ES 5: Develop Policies/Plans</b>	<b>70.8</b>	<b>8.3</b>	
5.1 Governmental Presence	75.0	7.0	
5.2 Policy Development	50.0	8.0	
5.3 CHIP/Strategic Planning	58.3	9.0	
5.4 Emergency Plan	100.0	9.0	
<b>ES 6: Enforce Laws</b>	<b>73.2</b>	<b>9.3</b>	
6.1 Review Laws	81.3	10.0	
6.2 Improve Laws	58.3	9.0	
6.3 Enforce Laws	80.0	9.0	
<b>ES 7: Link to Health Services</b>	<b>46.9</b>	<b>9.5</b>	
7.1 Personal Health Service Needs	50.0	10.0	
7.2 Assure Linkage	43.8	9.0	
<b>ES 8: Assure Workforce</b>	<b>45.0</b>	<b>8.5</b>	
8.1 Workforce Assessment	41.7	10.0	
8.2 Workforce Standards	58.3	10.0	
8.3 Continuing Education	55.0	7.0	
8.4 Leadership Development	25.0	7.0	
<b>ES 9: Evaluate Services</b>	<b>53.3</b>	<b>9.3</b>	
9.1 Evaluation of Population Health	43.8	10.0	
9.2 Evaluation of Personal Health	60.0	8.0	
9.3 Evaluation of LPHS	56.3	10.0	
<b>ES 10: Research/Innovations</b>	<b>41.7</b>	<b>9.3</b>	
10.1 Foster Innovation	37.5	10.0	
10.2 Academic Linkages	50.0	9.0	
10.3 Research Capacity	37.5	9.0	
<b>Average Overall Score</b>	<b>64.4</b>	<b>9.1</b>	<b>NA</b>
<b>Median Score</b>	<b>70.1</b>	<b>9.2</b>	<b>NA</b>

\*As an optional survey, the Agency Contribution Questionnaire, was not conducted in this assessment cycle.

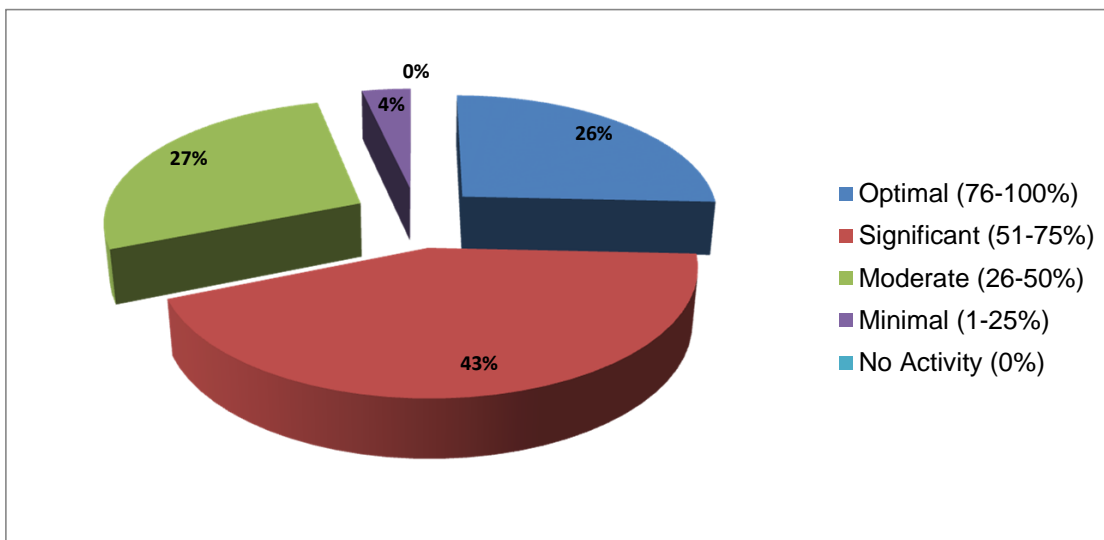
### Performance Relative to Optimal Activity

Figures 4 and 5 display the proportion of performance measures that met specified thresholds of achievement for performance standards. The five threshold levels of achievement used in scoring these measures are shown in the legend below. For example, measures receiving a composite score of 76-100% were classified as meeting performance standards at the optimal level.

**Figure 4. Percentage of the system's Essential Services scores that fall within the five activity categories.** This chart provides a high level snapshot of the information found in Figure 2, summarizing the composite performance measures for all 10 Essential Services.



**Figure 5. Percentage of the system's Model Standard scores that fall within the five activity categories.** This chart provides a high level snapshot of the information found in Figure 3, summarizing the composite measures for all 30 Model Standards.



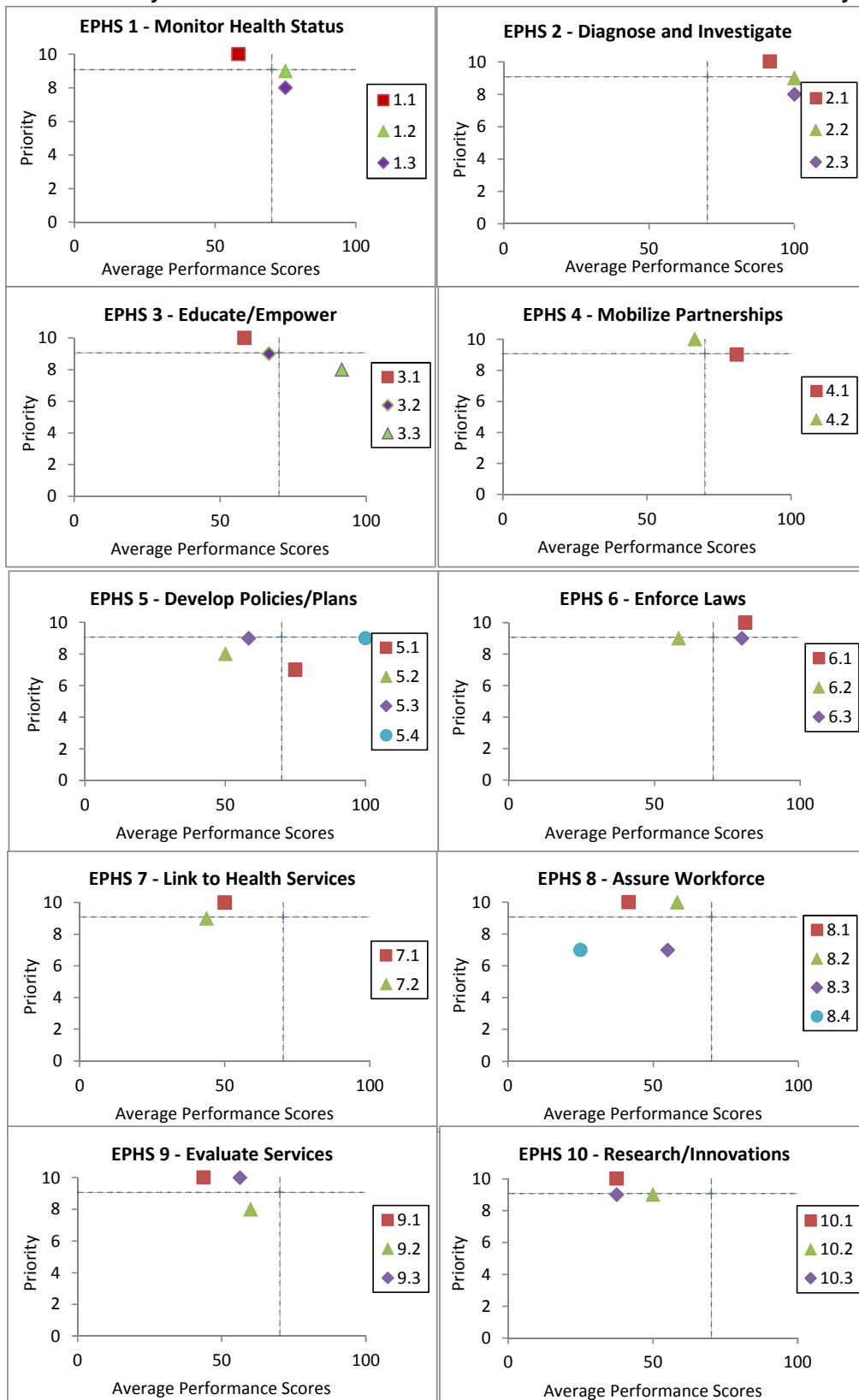
### Priority of Model Standards Questionnaire Section (Optional Survey)

If you completed the Priority Survey at the time of your assessment, your results are displayed in this section for each Essential Service and each Model Standard, arrayed by the priority rating assigned to each. The four quadrants, which are based on how the performance of each Essential Service and/or Model Standard compares with the priority rating, should provide guidance in considering areas for attention and next steps for improvement.

Quadrant A	(High Priority and Low Performance) – These activities may need increased attention.
Quadrant B	(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.
Quadrant C	(Low Priority and High Performance) – These activities are being done well, consideration may be given to reducing effort in these areas.
Quadrant D	(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.

Note - For additional guidance, see Figure 4: Identifying Priorities - Basic Framework in the *Local Implementation Guide*.

**Figure 7. Summary of Essential Public Health Service Model Standard Scores and Priority Ratings**



Note – Figure 7 will be blank if the Priority of Model Standards Questionnaire is not completed.

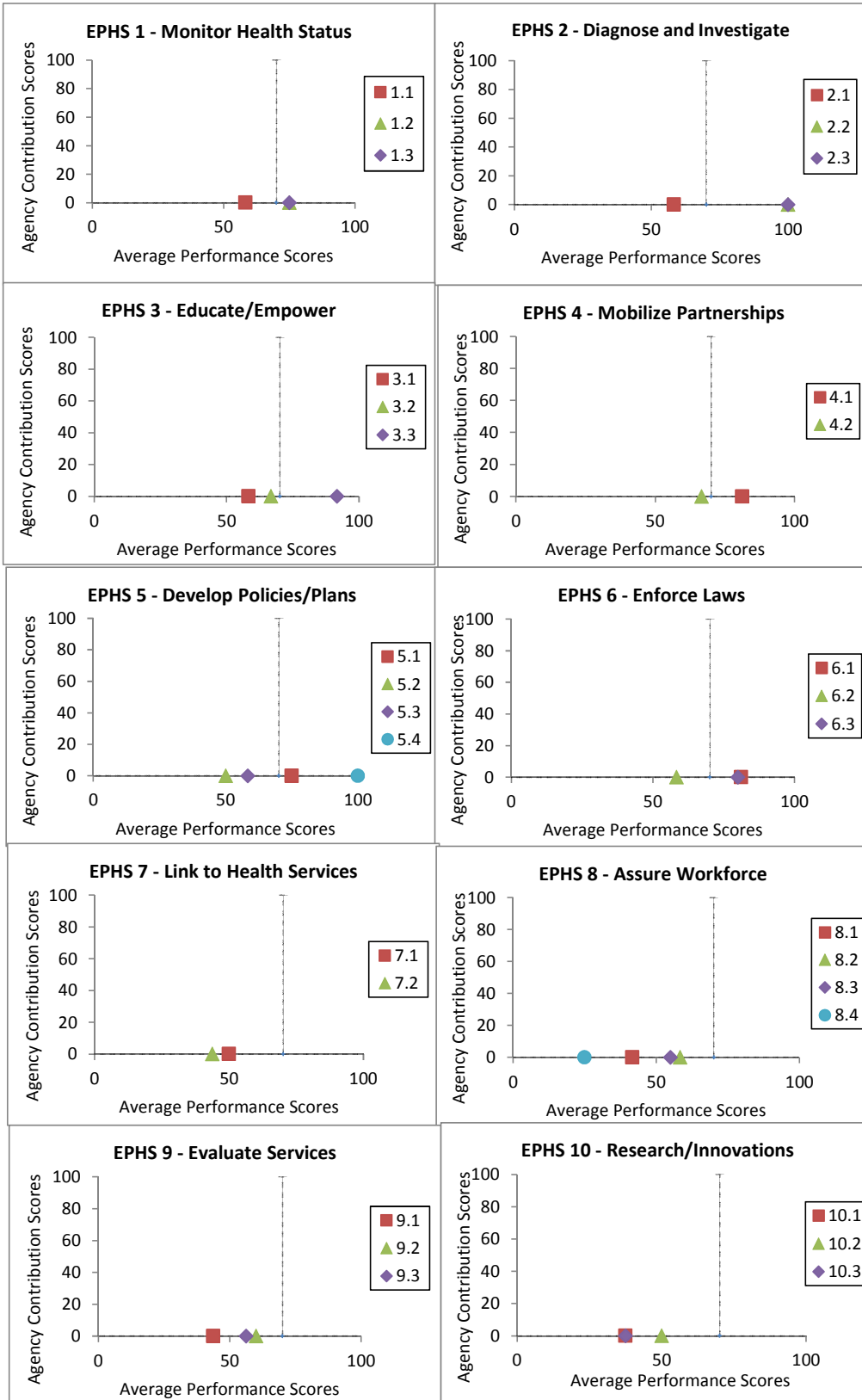
Table 3 below displays priority ratings (as rated by participants on a scale of 1-10, with 10 being the highest priority) and performance scores for Model Standards, arranged under the four quadrants. Consider the appropriateness of the match between the importance ratings and current performance scores and also reflect back on the qualitative data in the Summary Notes section to identify potential priority areas for action planning. Note – Table 3 will be blank if the Priority of Model Standards Questionnaire is not completed.

**Table 3. Model Standards by Priority and Performance Score**

Quadrant	Model Standard	Performance Score (%)	Priority Rating
Quadrant A	10.1 Foster Innovation	37.5	10
Quadrant A	9.3 Evaluation of LPHS	56.3	10
Quadrant A	9.1 Evaluation of Population Health	43.8	10
Quadrant A	8.2 Workforce Standards	58.3	10
Quadrant A	8.1 Workforce Assessment	41.7	10
Quadrant A	7.1 Personal Health Services Needs	50.0	10
Quadrant A	3.1 Health Education/Promotion	58.3	10
Quadrant A	1.1 Community Health Assessment	58.3	10
Quadrant B	6.1 Review Laws	81.3	10
Quadrant B	4.2 Community Partnerships	66.7	10
Quadrant B	2.1 Identification/Surveillance	91.7	10
Quadrant C	6.3 Enforce Laws	80.0	9
Quadrant C	5.4 Emergency Plan	100.0	9
Quadrant C	5.1 Governmental Presence	75.0	7
Quadrant C	4.1 Constituency Development	81.3	9
Quadrant C	3.3 Risk Communication	91.7	8
Quadrant C	3.2 Health Communication	66.7	9
Quadrant C	2.3 Laboratories	100.0	8
Quadrant C	2.2 Emergency Response	100.0	9
Quadrant C	1.3 Registries	75.0	8
Quadrant C	1.2 Current Technology	75.0	9
Quadrant D	10.3 Research Capacity	37.5	9
Quadrant D	10.2 Academic Linkages	50.0	9
Quadrant D	9.2 Evaluation of Personal Health	60.0	8
Quadrant D	8.4 Leadership Development	25.0	7
Quadrant D	8.3 Continuing Education	55.0	7
Quadrant D	7.2 Assure Linkage	43.8	9
Quadrant D	6.2 Improve Laws	58.3	9
Quadrant D	5.3 CHIP/Strategic Planning	58.3	9
Quadrant D	5.2 Policy Development	50.0	8

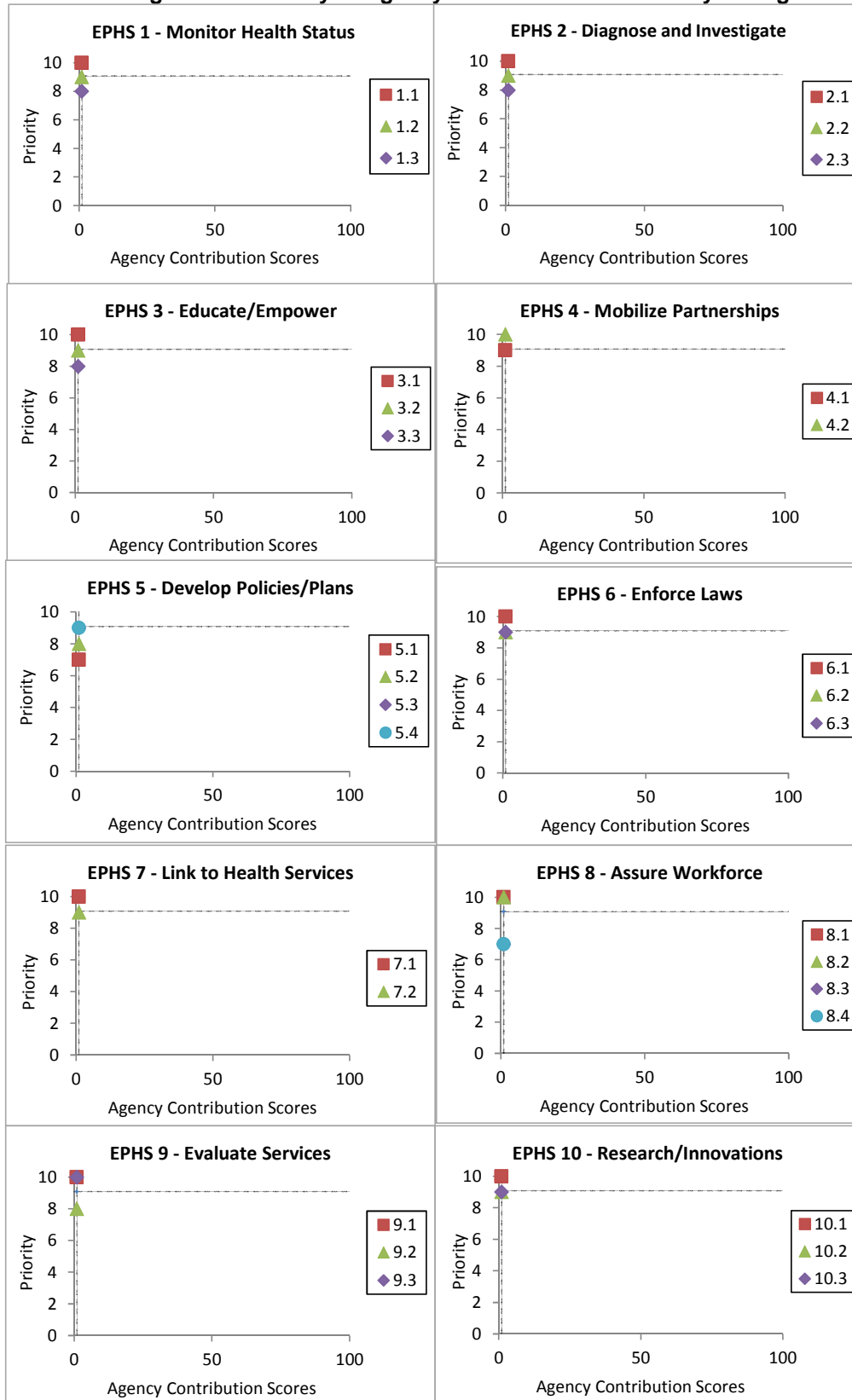


**Figure 8. Summary of Essential Public Health Service Performance Scores and Contribution Ratings**





**Figure 9. Summary of Agency Contribution and Priority Rating**



## **Analysis and Discussion Questions**

Having a standard way in which to analyze the data in this report is important. This process does not have to be difficult; however, drawing some initial conclusions from your data will prove invaluable as you move forward with your improvement efforts. It is crucial that participants fully discuss the performance assessment results. The bar graphs, charts, and summary information in the Results section of this report should be helpful in identifying high and low performing areas. Please refer to Appendix H of the Local Assessment Implementation Guide. This referenced set of discussion questions will help guide you as you analyze the data found in the previous sections of this report.

Using the results in this report will help you to generate priorities for improvement, as well as possible improvement projects. Your data analysis should be an interactive process, enabling everyone to participate. Do not be overwhelmed by the potential of many possibilities for QI projects – the point is not that you have to address them all now. Consider this step as identifying possible opportunities to enhance your system performance. Keep in mind both your quantitative data (Appendix A) and the qualitative data that you collected during the assessment (Appendix B).

## **Next Steps**

Congratulations on your participation in the local assessment process. A primary goal of the NPHPS is that data is used proactively to monitor, assess, and improve the quality of essential public health services. This report is an initial step to identifying immediate actions and activities to improve local initiatives. The results in this report may also be used to identify longer-term priorities for improvement, as well as possible improvement projects.

As noted in the Introduction of this report, NPHPS data may be used to inform a variety of organization and/or systems planning and improvement processes. Plan to use both quantitative data (Appendix A) and qualitative data (Appendix B) from the assessment to identify improvement opportunities. While there may be many potential quality improvement projects, do not be overwhelmed – the point is not that you have to address them all now. Rather, consider this step as a way to identify possible opportunities to enhance your system performance and plan to use the guidance provided in this section, along with the resources offered in Appendix C, to develop specific goals for improvement within your public health system and move from assessment and analysis toward action.

Note: Communities implementing Mobilizing for Action through Planning and Partnerships (MAPP) may refer to the MAPP guidance for considering NPHPS data along with other assessment data in the Identifying Strategic Issues phase of MAPP.

## Action Planning

In any systems improvement and planning process, it is important to involve all public health system partners in determining ways to improve the quality of essential public health services provided by the system. Participation in the improvement and planning activities included in your action plan is the responsibility of all partners within the public health system.

Consider the following points as you build an Action Plan to address the priorities you have identified

- Each public health partner should be considered when approaching quality improvement for your system
- The success of your improvement activities are dependent upon the active participation and contribution of each and every member of the system
- An integral part of performance improvement is working consistently to have long-term effects
- A multi-disciplinary approach that employs measurement and analysis is key to accomplishing and sustaining improvements

You may find that using the simple acronym, 'FOCUS' is a way to help you to move from assessment and analysis to action.

**F**        **Find** an opportunity for improvement using your results.

**O**        **Organize** a team of public health system partners to work on the improvement. Someone in the group should be identified as the team leader. Team members should represent the appropriate organizations that can make an impact.

**C**        **Consider** the current process, where simple improvements can be made and who should make the improvements.

**U**        **Understand** the problem further if necessary, how and why it is occurring, and the factors that contribute to it. Once you have identified priorities, finding solutions entails delving into possible reasons, or "root causes," of the weakness or problem. Only when participants determine why performance problems (or successes!) have occurred will they be able to identify workable solutions that improve future performance. Most performance issues may be traced to well-defined system causes, such as policies, leadership, funding, incentives, information, personnel or coordination. Many QI tools are applicable. You may consider using a variety of basic QI tools such as brainstorming, 5-whys, prioritization, or cause and effect diagrams to better understand the problem (refer to Appendix C for resources).

**S**        **Select** the improvement strategies to be made. Consider using a table or chart to summarize your Action Plan. Many resources are available to assist you in putting your plan on paper, but in general you'll want to include the priority selected, the goal, the improvement activities to be conducted, who will carry them out, and the timeline for completing the improvement activities. When complete, your Action Plan should contain documentation on the indicators to be used, baseline performance levels and targets to be achieved, responsibilities for carrying out improvement activities and the collection and analysis of data to monitor progress. (Additional resources may be found in Appendix C.)

### **Monitoring and Evaluation: Keys to Success**

Monitoring your action plan is a highly proactive and continuous process that is far more than simply taking an occasional "snap-shot" that produces additional data. Evaluation, in contrast to monitoring, provides ongoing structured information that focuses on why results are or are not being met, what unintended consequences may be, or on issues of efficiency, effectiveness, and/or sustainability.

After your Action Plan is implemented, monitoring and evaluation continues to determine whether quality improvement occurred and whether the activities were effective. If the Essential Service performance does not improve within the expected time, additional evaluation must be conducted (an additional QI cycle) to determine why and how you can update your Action Plan to be more effective. The Action Plan can be adjusted as you continue to monitor and evaluate your efforts.

## APPENDIX A: Individual Questions and Responses

### Performance Scores

ESSENTIAL SERVICE 1: Monitor Health Status to Identify Community Health Problems		
<b>1.1</b>	<b>Model Standard: Population-Based Community Health Assessment (CHA)</b> <i>At what level does the local public health system:</i>	
1.1.1	Conduct regular community health assessments?	75
1.1.2	Continuously update the community health assessment with current information?	50
1.1.3	Promote the use of the community health assessment among community members and partners?	50
<b>1.2</b>	<b>Model Standard: Current Technology to Manage and Communicate Population Health Data</b> <i>At what level does the local public health system:</i>	
1.2.1	Use the best available technology and methods to display data on the public's health?	75
1.2.2	Analyze health data, including geographic information, to see where health problems exist?	75
1.2.3	Use computer software to create charts, graphs, and maps to display complex public health data (trends over time, sub-population analyses, etc.)?	75
<b>1.3</b>	<b>Model Standard: Maintenance of Population Health Registries</b> <i>At what level does the local public health system:</i>	
1.3.1	Collect data on specific health concerns to provide the data to population health registries in a timely manner, consistent with current standards?	100
1.3.2	Use information from population health registries in community health assessments or other analyses?	50

ESSENTIAL SERVICE 2: Diagnose and Investigate Health Problems and Health Hazards		
<b>2.1</b>	<b>Model Standard: Identification and Surveillance of Health Threats</b> <i>At what level does the local public health system:</i>	
2.1.1	Participate in a comprehensive surveillance system with national, state and local partners to identify, monitor, share information, and understand emerging health problems and threats?	100
2.1.2	Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies and emerging threats (natural and manmade)?	100
2.1.3	Assure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise?	75
<b>2.2</b>	<b>Model Standard: Investigation and Response to Public Health Threats and Emergencies</b> <i>At what level does the local public health system:</i>	
2.2.1	Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case finding, contact tracing, and source identification and containment?	100
2.2.2	Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?	100
2.2.3	Designate a jurisdictional Emergency Response Coordinator?	100

2.2.4	Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?	100
2.2.5	Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies?	100
2.2.6	Evaluate incidents for effectiveness and opportunities for improvement?	100
<b>2.3</b>	<b>Model Standard: Laboratory Support for Investigation of Health Threats</b> <i>At what level does the local public health system:</i>	
2.3.1	Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring?	100
2.3.2	Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?	100
2.3.3	Use only licensed or credentialed laboratories?	100
2.3.4	Maintain a written list of rules related to laboratories, for handling samples (collecting, labeling, storing, transporting, and delivering), for determining who is in charge of the samples at what point, and for reporting the results?	100

<b>ESSENTIAL SERVICE 3: Inform, Educate, and Empower People about Health Issues</b>		
<b>3.1</b>	<b>Model Standard: Health Education and Promotion</b> <i>At what level does the local public health system:</i>	
3.1.1	Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?	75
3.1.2	Coordinate health promotion and health education activities to reach individual, interpersonal, community, and societal levels?	50
3.1.3	Engage the community throughout the process of setting priorities, developing plans and implementing health education and health promotion activities?	50
<b>3.2</b>	<b>Model Standard: Health Communication</b> <i>At what level does the local public health system:</i>	
3.2.1	Develop health communication plans for relating to media and the public and for sharing information among LPHS organizations?	75
3.2.2	Use relationships with different media providers (e.g. print, radio, television, and the internet) to share health information, matching the message with the target audience?	75
3.2.3	Identify and train spokespersons on public health issues?	50
<b>3.3</b>	<b>Model Standard: Risk Communication</b> <i>At what level does the local public health system:</i>	
3.3.1	Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?	100
3.3.2	Make sure resources are available for a rapid emergency communication response?	100
3.3.3	Provide risk communication training for employees and volunteers?	75

**ESSENTIAL SERVICE 4: Mobilize Community Partnerships to Identify and Solve Health Problems**

<b>4.1</b>	<b>Model Standard: Constituency Development</b> <i>At what level does the local public health system:</i>	
4.1.1	Maintain a complete and current directory of community organizations?	100
4.1.2	Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?	75
4.1.3	Encourage constituents to participate in activities to improve community health?	75
4.1.4	Create forums for communication of public health issues?	75
<b>4.2</b>	<b>Model Standard: Community Partnerships</b> <i>At what level does the local public health system:</i>	
4.2.1	Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?	75
4.2.2	Establish a broad-based community health improvement committee?	50
4.2.3	Assess how well community partnerships and strategic alliances are working to improve community health?	75

<b>ESSENTIAL SERVICE 5: Develop Policies and Plans that Support Individual and Community Health Efforts</b>		
<b>5.1</b>	<b>Model Standard: Governmental Presence at the Local Level</b> <i>At what level does the local public health system:</i>	
5.1.1	Support the work of a local health department dedicated to the public health to make sure the essential public health services are provided?	75
5.1.2	See that the local health department is accredited through the national voluntary accreditation program?	100
5.1.3	Assure that the local health department has enough resources to do its part in providing essential public health services?	50
<b>5.2</b>	<b>Model Standard: Public Health Policy Development</b> <i>At what level does the local public health system:</i>	
5.2.1	Contribute to public health policies by engaging in activities that inform the policy development process?	75
5.2.2	Alert policymakers and the community of the possible public health impacts (both intended and unintended) from current and/or proposed policies?	50
5.2.3	Review existing policies at least every three to five years?	50
<b>5.3</b>	<b>Model Standard: Community Health Improvement Process and Strategic Planning</b> <i>At what level does the local public health system:</i>	
5.3.1	Establish a community health improvement process, with broad-based diverse participation, that uses information from both the community health assessment and the perceptions of community members?	75
5.3.2	Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?	50
5.3.3	Connect organizational strategic plans with the Community Health Improvement Plan?	50
<b>5.4</b>	<b>Model Standard: Plan for Public Health Emergencies</b> <i>At what level does the local public health system:</i>	
5.4.1	Support a workgroup to develop and maintain preparedness and response plans?	100

5.4.2	Develop a plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed?	100
5.4.3	Test the plan through regular drills and revise the plan as needed, at least every two years?	100

<b>ESSENTIAL SERVICE 6: Enforce Laws and Regulations that Protect Health and Ensure Safety</b>		
6.1	<b>Model Standard: Review and Evaluation of Laws, Regulations, and Ordinances</b> <i>At what level does the local public health system:</i>	
6.1.1	Identify public health issues that can be addressed through laws, regulations, or ordinances?	75
6.1.2	Stay up-to-date with current laws, regulations, and ordinances that prevent, promote, or protect public health on the federal, state, and local levels?	75
6.1.3	Review existing public health laws, regulations, and ordinances at least once every five years?	75
6.1.4	Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?	100
6.2	<b>Model Standard: Involvement in the Improvement of Laws, Regulations, and Ordinances</b> <i>At what level does the local public health system:</i>	
6.2.1	Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?	75
6.2.2	Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote the public health?	50
6.2.3	Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?	50
6.3	<b>Model Standard: Enforcement of Laws, Regulations, and Ordinances</b> <i>At what level does the local public health system:</i>	
6.3.1	Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?	75
6.3.2	Assure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies?	75
6.3.3	Assure that all enforcement activities related to public health codes are done within the law?	100
6.3.4	Educate individuals and organizations about relevant laws, regulations, and ordinances?	50
6.3.5	Evaluate how well local organizations comply with public health laws?	100

<b>ESSENTIAL SERVICE 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable</b>		
7.1	<b>Model Standard: Identification of Personal Health Service Needs of Populations</b> <i>At what level does the local public health system:</i>	



7.1.1	Identify groups of people in the community who have trouble accessing or connecting to personal health services?	75
7.1.2	Identify all personal health service needs and unmet needs throughout the community?	50
7.1.3	Defines partner roles and responsibilities to respond to the unmet needs of the community?	25
7.1.4	Understand the reasons that people do not get the care they need?	50
7.2	<b>Model Standard: Assuring the Linkage of People to Personal Health Services</b> <i>At what level does the local public health system:</i>	
7.2.1	Connect (or link) people to organizations that can provide the personal health services they may need?	50
7.2.2	Help people access personal health services, in a way that takes into account the unique needs of different populations?	50
7.2.3	Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs)?	50
7.2.4	Coordinate the delivery of personal health and social services so that everyone has access to the care they need?	25

<b>ESSENTIAL SERVICE 8: Assure a Competent Public and Personal Health Care Workforce</b>		
8.1	<b>Model Standard: Workforce Assessment, Planning, and Development</b> <i>At what level does the local public health system:</i>	
8.1.1	Set up a process and a schedule to track the numbers and types of LPHS jobs and the knowledge, skills, and abilities that they require whether those jobs are in the public or private sector?	50
8.1.2	Review the information from the workforce assessment and use it to find and address gaps in the local public health workforce?	50
8.1.3	Provide information from the workforce assessment to other community organizations and groups, including governing bodies and public and private agencies, for use in their organizational planning?	25
8.2	<b>Model Standard: Public Health Workforce Standards</b> <i>At what level does the local public health system:</i>	
8.2.1	Make sure that all members of the public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and meet the law?	75
8.2.2	Develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the essential public health services?	50
8.2.3	Base the hiring and performance review of members of the public health workforce in public health competencies?	50
8.3	<b>Model Standard: Life-Long Learning through Continuing Education, Training, and Mentoring</b> <i>At what level does the local public health system:</i>	
8.3.1	Identify education and training needs and encourage the workforce to participate in available education and training?	75
8.3.2	Provide ways for workers to develop core skills related to essential public health services?	50
8.3.3	Develop incentives for workforce training, such as tuition reimbursement, time off for class, and pay increases?	50

8.3.4	Create and support collaborations between organizations within the public health system for training and education?	50
8.3.5	Continually train the public health workforce to deliver services in a cultural competent manner and understand social determinants of health?	50
8.4	<b>Model Standard: Public Health Leadership Development</b> <i>At what level does the local public health system:</i>	
8.4.1	Provide access to formal and informal leadership development opportunities for employees at all organizational levels?	25
8.4.2	Create a shared vision of community health and the public health system, welcoming all leaders and community members to work together?	25
8.4.3	Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?	25
8.4.4	Provide opportunities for the development of leaders representative of the diversity within the community?	25

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

9.1	<b>Model Standard: Evaluation of Population-Based Health Services</b> <i>At what level does the local public health system:</i>	
9.1.1	Evaluate how well population-based health services are working, including whether the goals that were set for programs were achieved?	50
9.1.2	Assess whether community members, including those with a higher risk of having a health problem, are satisfied with the approaches to preventing disease, illness, and injury?	25
9.1.3	Identify gaps in the provision of population-based health services?	50
9.1.4	Use evaluation findings to improve plans and services?	50
9.2	<b>Model Standard: Evaluation of Personal Health Services</b> <i>At what level does the local public health system:</i>	
9.2.1	Evaluate the accessibility, quality, and effectiveness of personal health services?	50
9.2.2	Compare the quality of personal health services to established guidelines?	50
9.2.3	Measure satisfaction with personal health services?	75
9.2.4	Use technology, like the internet or electronic health records, to improve quality of care?	75
9.2.5	Use evaluation findings to improve services and program delivery?	50
9.3	<b>Model Standard: Evaluation of the Local Public Health System</b> <i>At what level does the local public health system:</i>	
9.3.1	Identify all public, private, and voluntary organizations that provide essential public health services?	75
9.3.2	Evaluate how well LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing to essential public health services?	75

9.3.3	Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?	50
9.3.4	Use results from the evaluation process to improve the LPHS?	25

<b>ESSENTIAL SERVICE 10: Research for New Insights and Innovative Solutions to Health Problems</b>		
<b>10.1</b>	<b>Model Standard: Fostering Innovation</b> <i>At what level does the local public health system:</i>	
10.1.1	Provide staff with the time and resources to pilot test or conduct studies to test new solutions to public health problems and see how well they actually work?	50
10.1.2	Suggest ideas about what currently needs to be studied in public health to organizations that do research?	25
10.1.3	Keep up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health?	50
10.1.4	Encourage community participation in research, including deciding what will be studied, conducting research, and in sharing results?	25
<b>10.2</b>	<b>Model Standard: Linkage with Institutions of Higher Learning and/or Research</b> <i>At what level does the local public health system:</i>	
10.2.1	Develop relationships with colleges, universities, or other research organizations, with a free flow of information, to create formal and informal arrangements to work together?	50
10.2.2	Partner with colleges, universities, or other research organizations to do public health research, including community-based participatory research?	50
10.2.3	Encourage colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education?	50
<b>10.3</b>	<b>Model Standard: Capacity to Initiate or Participate in Research</b> <i>At what level does the local public health system:</i>	
10.3.1	Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies?	50
10.3.2	Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?	25
10.3.3	Share findings with public health colleagues and the community broadly, through journals, websites, community meetings, etc?	50
10.3.4	Evaluate public health systems research efforts throughout all stages of work from planning to impact on local public health practice?	25

## APPENDIX 6 : Additional Resources

### General

Association of State and Territorial Health Officers (ASTHO)

<http://www.astho.org/>

CDC/Office of State, Tribal, Local, and Territorial Support (OSTLTS)

<http://www.cdc.gov/ostlts/programs/index.html>

Guide to Clinical Preventive Services

<http://www.ahrq.gov/clinic/pocketgd.htm>

Guide to Community Preventive Services

[www.thecommunityguide.org](http://www.thecommunityguide.org)

National Association of City and County Health Officers (NACCHO)

<http://www.naccho.org/topics/infrastructure/>

National Association of Local Boards of Health (NALBOH)

<http://www.nalboh.org>

Being an Effective Local Board of Health Member: Your Role in the Local Public Health System

<http://www.nalboh.org/pdf/LBOH%20Guide%20-%20Booklet%20Format%202008.pdf>

Public Health 101 Curriculum for governing entities

[http://www.nalboh.org/pdf/Bd%20Gov%20pdfs/NALBOH\\_Public\\_Health101Curriculum.pdf](http://www.nalboh.org/pdf/Bd%20Gov%20pdfs/NALBOH_Public_Health101Curriculum.pdf)

## **Accreditation**

ASTHO's Accreditation and Performance Improvement resources  
<http://astho.org/Programs/Accreditation-and-Performance/>

NACCHO Accreditation Preparation and Quality Improvement  
<http://www.naccho.org/topics/infrastructure/accreditation/index.cfm>

Public Health Accreditation Board  
[www.phaboard.org](http://www.phaboard.org)

## **Health Assessment and Planning (CHIP/ SHIP)**

Healthy People 2010 Toolkit:

Communicating Health Goals and Objectives

<http://www.healthypeople.gov/2010/state/toolkit/12Marketing2002.pdf>

Setting Health Priorities and Establishing Health Objectives

<http://www.healthypeople.gov/2010/state/toolkit/09Priorities2002.pdf>

Healthy People 2020:

[www.healthypeople.gov](http://www.healthypeople.gov)

MAP-IT: A Guide To Using Healthy People 2020 in Your Community

<http://www.healthypeople.gov/2020/implementing/default.aspx>

Mobilizing for Action through Planning and Partnership:

<http://www.naccho.org/topics/infrastructure/mapp/>

MAPP Clearinghouse

<http://www.naccho.org/topics/infrastructure/mapp/framework/clearinghouse/>

MAPP Framework

<http://www.naccho.org/topics/infrastructure/mapp/framework/index.cfm>

National Public Health Performance Standards Program

<http://www.cdc.gov/nphpsp/index.html>

## **Performance Management /Quality Improvement**

American Society for Quality; Evaluation and Decision Making Tools: Multi-voting

<http://asq.org/learn-about-quality/decision-making-tools/overview/overview.html>

Improving Health in the Community: A Role for Performance Monitoring

<http://www.nap.edu/catalog/5298.html>

National Network of Public Health Institutes Public Health Performance Improvement Toolkit

<http://nnphi.org/tools/public-health-performance-improvement-toolkit-2>

Public Health Foundation – Performance Management and Quality Improvement

<http://www.phf.org/focusareas/Pages/default.aspx>

Turning Point

<http://www.turningpointprogram.org/toolkit/content/silostosystems.htm>

US Department of Health and Human Services Public Health System, Finance, and Quality Program

<http://www.hhs.gov/ash/initiatives/quality/finance/forum.html>

## **Evaluation**

CDC Framework for Program Evaluation in Public Health

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4811a1.htm>

Guide to Developing an Outcome Logic Model and Measurement Plan (United Way)

[http://www.yourunitedway.org/media/Guide\\_for\\_Logic\\_Models\\_and\\_Measurements.pdf](http://www.yourunitedway.org/media/Guide_for_Logic_Models_and_Measurements.pdf)

National Resource for Evidence Based Programs and Practices

[www.nrepp.samhsa.gov](http://www.nrepp.samhsa.gov)

W.K. Kellogg Foundation Evaluation Handbook

<http://www.wkkf.org/knowledge-center/resources/2010/W-K-Kellogg-Foundation-Evaluation-Handbook.aspx>

W.K. Kellogg Foundation Logic Model Development Guide

<http://www.wkkf.org/knowledge-center/resources/2006/02/WK-Kellogg-Foundation-Logic-Model-Development-Guide.aspx>