



National Public Health Performance Standards Program

# Kankakee County Public Health System Assessment Final Report



Retreat Date  
September 30, 2011

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## Introduction

The Local Public Health System Assessment (LPHSA), convened by the Kankakee County Partnership for a Healthy Community, was conducted as one of the four assessments in the Mobilizing Action through Planning and Partnerships (MAPP) process. MAPP provides the framework for a comprehensive public health system assessment and plan, which is led and developed by public health system partners. The MAPP process requires engagement of the local public health system partners and the community at large. These stakeholders are engaged in various stages of the process. Results from the LPHSA will be analyzed with the reports from the other three assessments, which include the Community Health Status Assessment (CHSA), Community Themes and Strengths Assessment (CTSA) and the Forces of Change Assessment (FOCA). Strategic issues and health priorities will then be identified by examining the convergence of the results of the assessments and determining how the issues identified in the assessments affect the overall vision. Further analysis and prioritization of strategic issues will be conducted to develop a manageable list of strategic issues and priorities for the plan. Next, goals and strategies will be formulated to address the strategic issues. Finally, action plans will be developed for each strategic issue. Action plans will include objectives for achieving the goals, implementation plans, measurable outcomes of each objective and responsible parties for each objective. The plans will be coordinated and implemented to improve the local public health system and ultimately the overall health of the community.

## The Assessment Instrument (Field Test Version)

The NPHPSP local assessment instrument measures performance of the *local public health system (LPHS)* -- defined as the collective efforts of public, private and voluntary entities, as well as individuals and informal associations that contribute to the public's health within a jurisdiction. This may include organizations and entities such as the local health department, other governmental agencies, healthcare providers, human service organizations, schools and universities, faith institutions, youth development organizations, economic and philanthropic organizations, environmental agencies and many others. Any organization or entity that contributes to the health or well-being of a community is considered part of the public health system. Ideally, a group that is broadly representative of these public health system partners will participate in the assessment process. By sharing their diverse perspectives, all participants will gain a better understanding of each organization's contributions, the interconnectedness of activities, and how the public health system can be strengthened. The NPHPSP does not focus specifically on the capacity or performance of any single agency or organization.

The Local Instrument is framed around the ten **Essential Public Health Services (EPHS)** that are utilized in the field to describe the scope of public health. For each Essential Service in the Local Instrument, the model standards describe or correspond to the primary activities conducted at the local level. The number of model standards varies across the Essential Services; while some Essential Services include only two model standards, others include up to four. There are a total of 29 model standards in the field test version. For each standard in each essential service, there are a series of discussion questions and performance measures. The discussion questions allow for exploration of how the standard is being met within the LPHS so that performance measures may be rated.

By conducting the local assessment with the field test version of the LPHSA instrument, Kankakee County plays an important role in the evolution of the national standards and assessment process administered by the Centers for Disease Control and Prevention (CDC). Results of the Kankakee assessment and participant perceptions relative to the instrument will be considered by CDC when finalizing the updated version of the LPHSA tool.

Each EPHS, model standard, stem question and sub-question is scored by participants to assess system performance on the following scale:

Optimal Activity	greater than 75% of the activity is met
Significant Activity	greater than 50% but no more than 75% of the activity is met
Moderate Activity	greater than 25% but no more than 50% of the activity is met
Minimal Activity	greater than 0% but no more than 25% of the activity is met
No Activity	0% or absolutely no activity

NPHSP results are intended to be used for quality improvement purposes for the public health system and to guide the development of the overall public health infrastructure. Analysis and interpretation of data should also take into account variation in knowledge about the public health system among assessment participants; this variation may introduce a degree of random non-sampling error.

## The Assessment Methodology

Prior to the assessment retreat on September 30, 2011, all registered participants were invited to participate in a webinar orientation session presented by staff from the CDC, National Association of County and City Health Officials (NACCHO) and the Illinois Public Health Institute (IPHI). The orientation webinar provided an overview of the purpose, content and process for the assessment.

The assessment program began with a 45-minute overview presentation to welcome participants, review the process, introduce the staff and entertain questions. Participants were then broken into five groups; each breakout group was responsible for conducting the assessment for two essential services as follows:

<b>Group 1</b>	<i>EPHS 1</i>	Monitor health status to identify community health problems.
	<i>EPHS 2</i>	Diagnose and investigate health problems and health hazards in the community.
<b>Group 2</b>	<i>EPHS 3</i>	Inform, educate, and empower people about health issues.
	<i>EPHS 4</i>	Mobilize community partnerships to identify and solve health problems.
<b>Group 3</b>	<i>EPHS 5</i>	Develop policies and plans that support individual and community health efforts.
	<i>EPHS 6</i>	Enforce laws and regulations that protect health and ensure safety.
<b>Group 4</b>	<i>EPHS 7</i>	Link people to needed personal health services and assure the provision of health services.
	<i>EPHS 9</i>	Evaluate effectiveness, accessibility and quality of personal/population-based health services.
<b>Group 5</b>	<i>EPHS 8</i>	Assure a competent public and personal health care workforce.
	<i>EPHS 10</i>	Research for new insights and innovative solutions to health problems.

Each group was staffed by a trained facilitator and two recorders. Score cards were displayed and counted manually to capture participant scores for each measure. Following the facilitation of the assessment and scoring of measures, a debriefing was held with staff to discuss how the process worked in each group. A retreat evaluation survey was entered into Survey Monkey and distributed to all participants.

## Assessment Respondents

The Kankakee County Partnership for a Healthy Community, and its LPHSA Steering Committee, with the support of IPHI, invited public health stakeholders from Kankakee County to participate in a full day assessment retreat. The event organizers carefully considered how to balance participation across sectors and agencies and how to ensure that diverse perspectives, as well as adequate expertise, were represented in each breakout group.

The diverse set of local public health system assessment participants are reflected in Table 1 below.

<b>Table 1 Composition of Retreat Participants</b>		
<i>Constituency Represented</i>	<i>Total Attended</i>	<i>% of Total Attended</i>
Colleges and universities	7	15.2%
Community-based organizations*	1	2.2%
Public safety/emergency response (Emergency preparedness team members)	1	2.2%
Faith-based institutions*	1	2.2%
Health educators	4	8.7%
Hospitals / Health systems	12	26.1%
Long term care facilities	1	2.2%
Managed care organizations	1	2.2%
Non-profit organizations* / advocacy groups	4	8.7%
Other community/grassroots organizations	3	6.5%
Service providers	5	10.9%
The local board of health or other governing entity	1	2.2%
The local health department or other governmental public health agency	5	10.9%
TOTAL	46	1
<i>*Some multiservice organizations incorporated preschool and day care programs</i>		

Per the CDC's NPHPS Program Office, no more than one third of participants should be staff of the local health department, the agency responsible for assurance of public health core functions.



## Results of the Kankakee County Local Public Health System Assessment

### How well did the system perform the ten Essential Public Health Services (EPHS)?

Table 2 and Figures 1 - 2 together provide an overview of the local public health system's performance in each of the 10 Essential Public Health Services (EPHS).

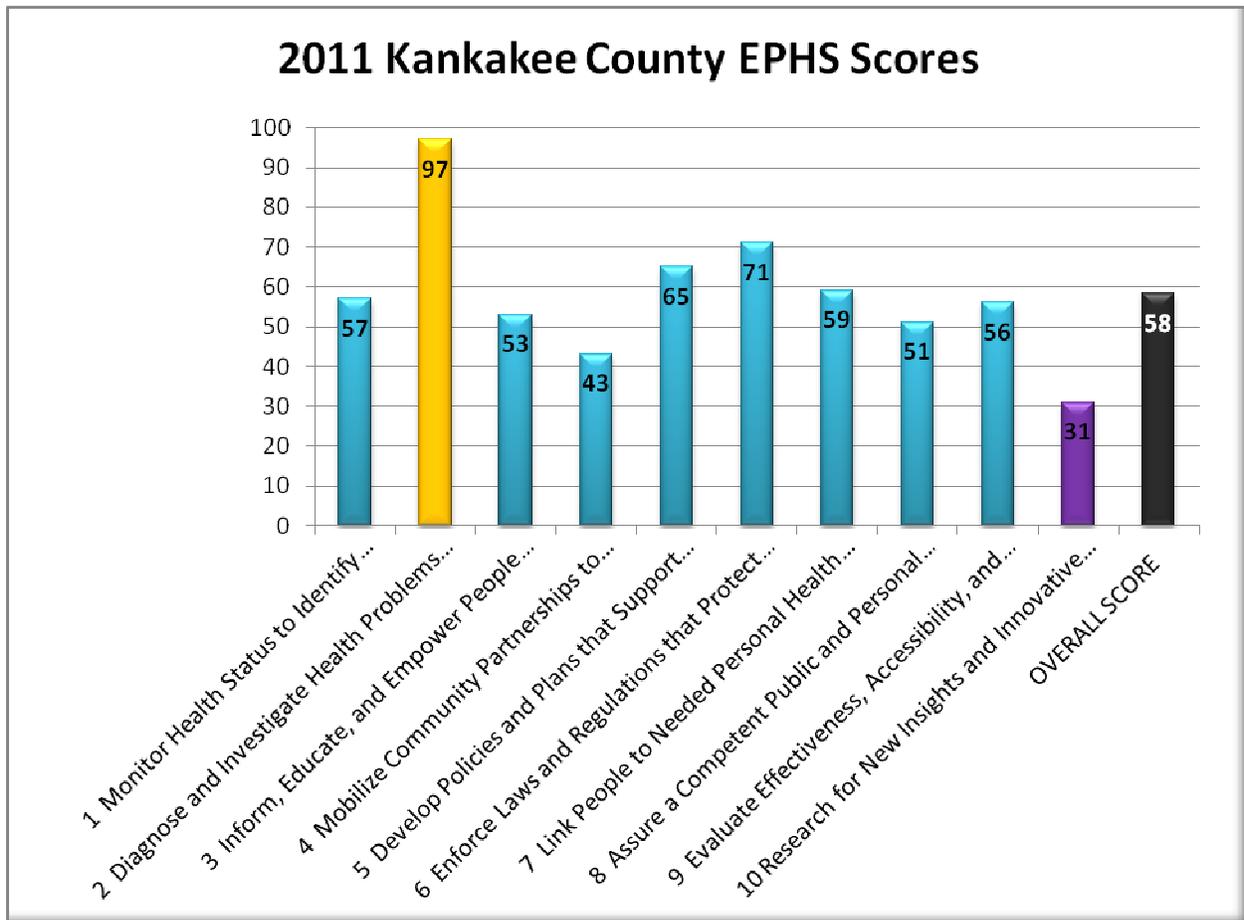
<b>Table 2</b> Summary Essential Public Health Service Scores	<b>2011 Score</b>	<b>Rank</b>
<b>1</b> Monitor Health Status to Identify Community Health Problems	57	5
<b>2</b> Diagnose and Investigate Health Problems and Health Hazards	97	1
<b>3</b> Inform, Educate, and Empower People about Health Issues	53	7
<b>4</b> Mobilize Community Partnerships to Identify and Solve Health Problems	43	9
<b>5</b> Develop Policies and Plans that Support Individual and Statewide Health Efforts	65	3
<b>6</b> Enforce Laws and Regulations that Protect Health and Ensure Safety	71	2
<b>7</b> Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	59	4
<b>8</b> Assure a Competent Public and Personal Health Care Workforce	51	8
<b>9</b> Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	56	6
<b>10</b> Research for New Insights and Innovative Solutions to Health Problems	31	10
<b>Overall Performance Score</b>	<b>58</b>	

**Table 2** (above) provides a quick overview of the system's performance in each of the ten Essential Public Health Services (EPHS). Each EPHS score is a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels).

## Essential Service Scores: Comparison of Overall Performance and Range of Activity

Each summary score for the essential services reflects a composite of responses for the model standards, multiple stem questions and sub-questions for each essential service. Users of this report may want to look closely at both the raw data and discussion notes highlighted under each Essential Public Health Service section (pp 17-62) to understand the reasons underlying wide variance of scores reported by each breakout group.

**Figure 1: 2011 Summary of EPHS Performance Scores and Overall Score**

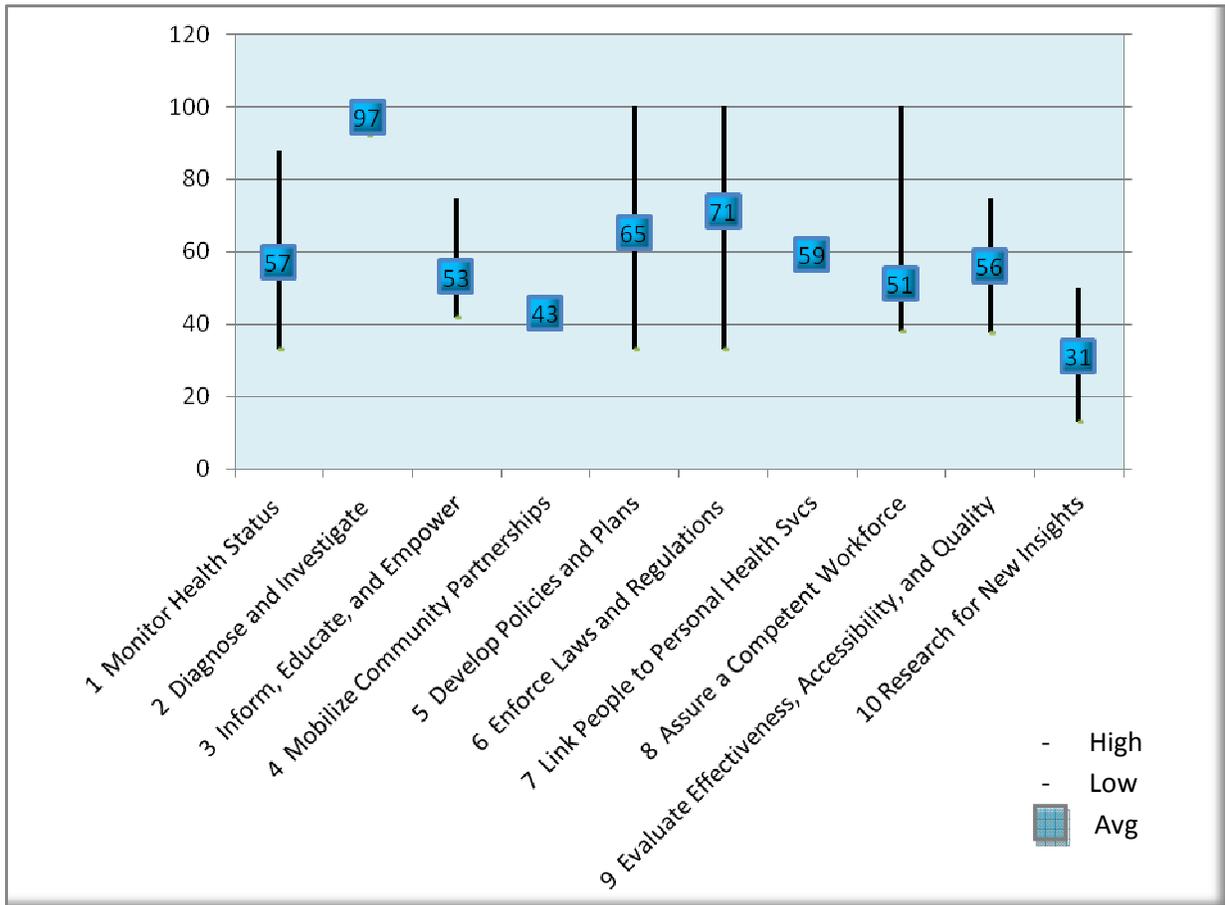


**Highest Ranked:** EPHS 2 (Diagnose and Investigate Health Problems / Hazards) was assessed as **HIGH OPTIMAL** activity.

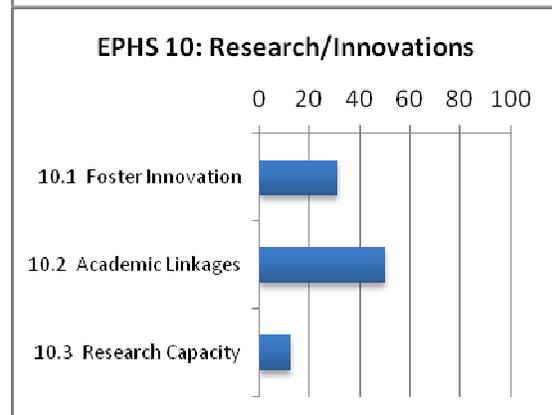
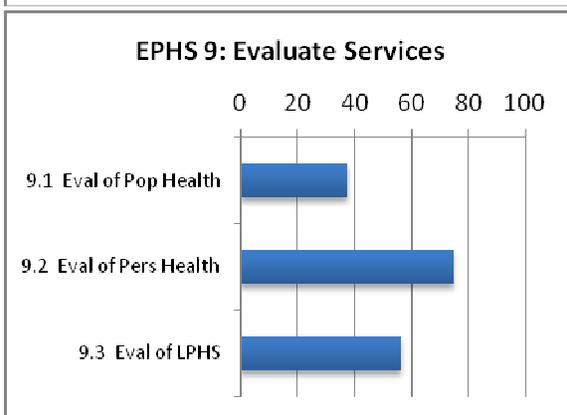
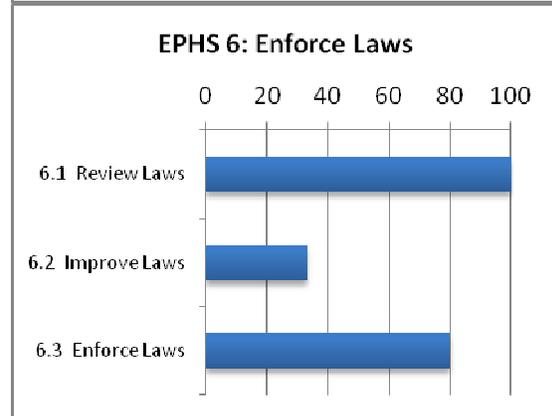
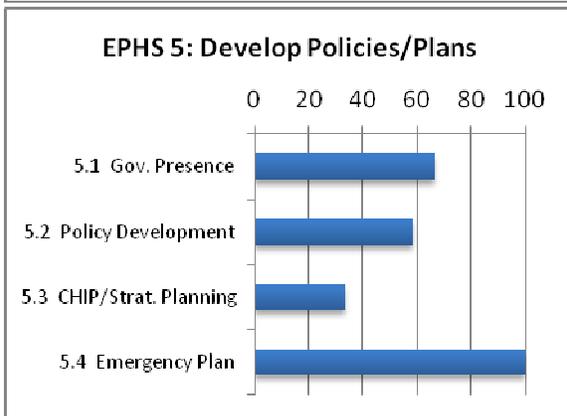
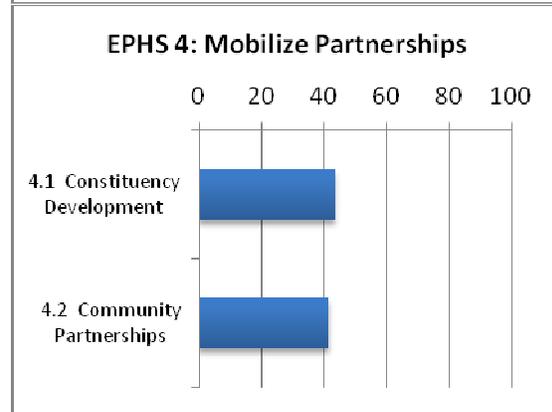
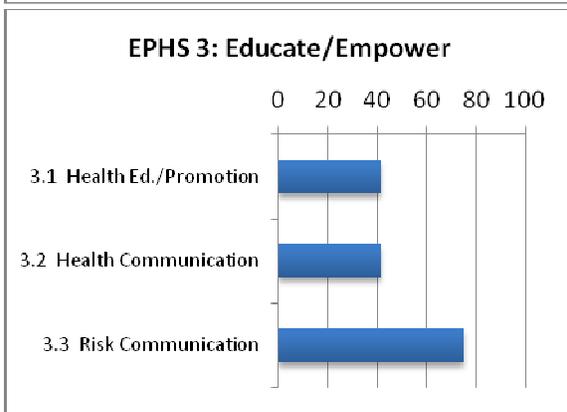
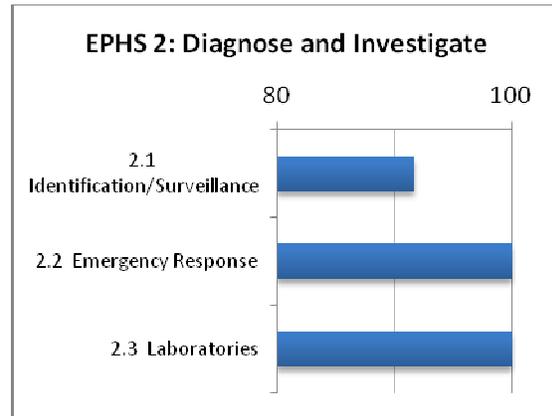
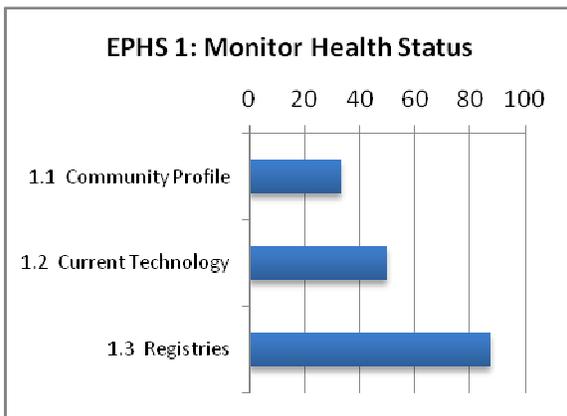
**Lowest Ranked:** EPHS 10 (Research for New Insights and Innovative Solutions to Health Problems) was assessed as **MODERATE** activity.

**Overall Performance:** **SIGNIFICANT ACTIVITY**

Figure 2: 2011 EPHS Performance Scores with Ranges of Activity (High, Low)



## Model Standard Performance by EPHS



## Composite Performance by EPHS

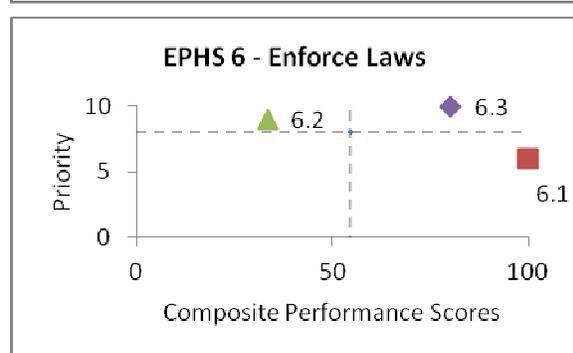
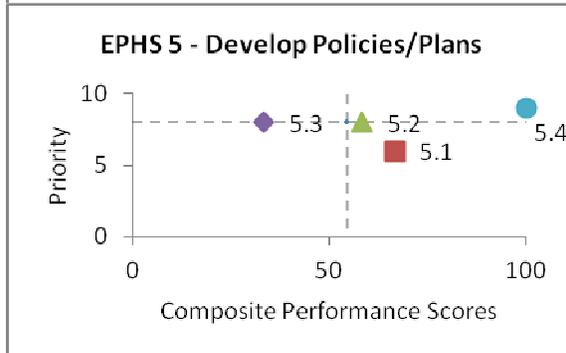
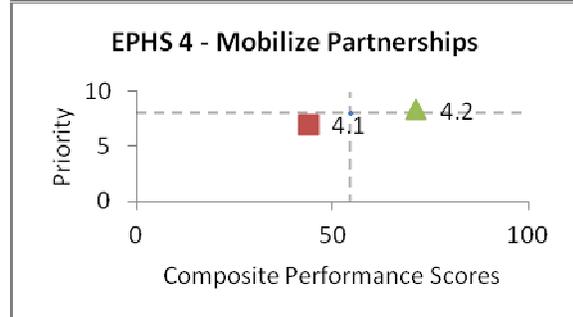
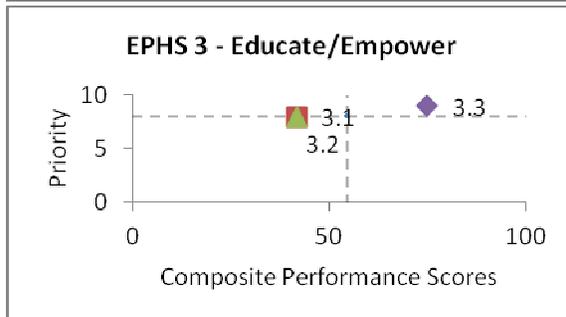
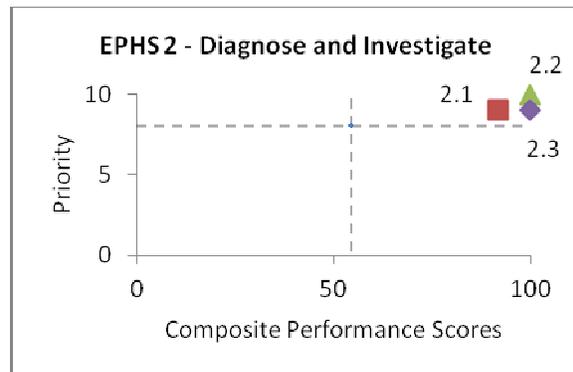
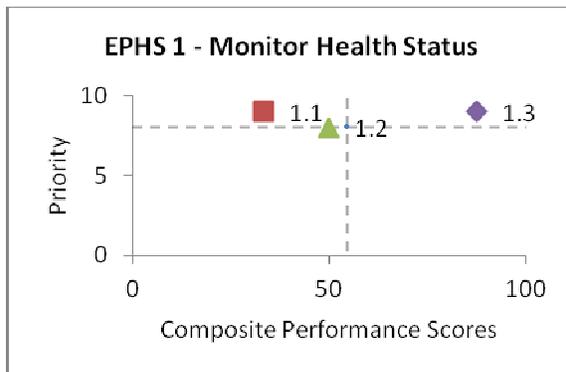
### Interpreting the Plot

Upper Left Quadrant - may need increased attention

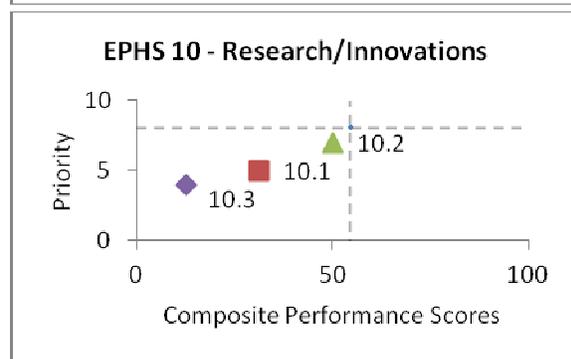
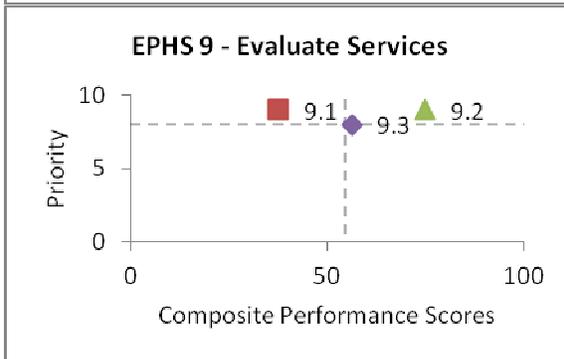
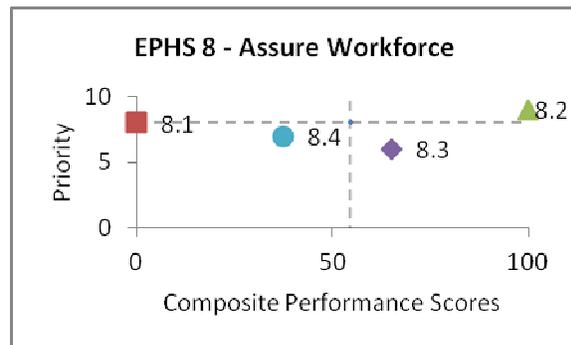
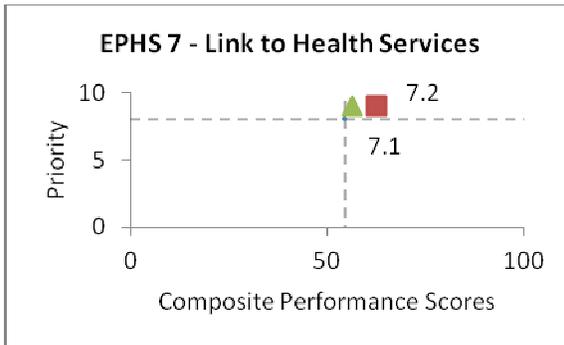
Upper Right Quadrant - important to maintain efforts

Lower Left Quadrant - potential area(s) to reduce efforts

Lower Right Quadrant - may need little or no attention



## Composite Performance by EPHS cont.



## Results by Essential Public Health Service: Scores and Common Themes

The following pages contain the performance score results for each essential public health service. Detailed scores for each essential public health service (EPHS), model standard, and indicator are included in Appendix 1, *Raw Scores of the NPHPSP Local Public Health System Assessment Report*.

- The Field Test Instrument discussion questions and the underlying activities are described for each EPHS and Model Standard.
- LPHSA results are reflected in table format for each EPHS. The overall score and performance category are indicated along with the overall ranking of the EPHS (its score relative to the other essential services assessed). The model standards with summary scores are highlighted in purple and described in the box below each line (highlighted in blue). Scores by each indicator are also included in the table.
- Strengths, weaknesses, opportunities for immediate improvement/partnership, and priorities or opportunities for longer term improvements are described for each EPHS. Themes that emerged through substantive breakout discussions are also summarized for each EPHS. Recorders captured the tone and content of the discussion so that major themes and recommendations could be shared with planners. The highlighted comments and themes included here should not be considered as an exhaustive evaluation of the local public health system. However, these participant perspectives should be taken into consideration in future quality improvement efforts.
- A statement summarizing the relationship of performance scores to priority scores is included at the end of each EPHS section. A bar graph indicating the scores for each model standard within that essential service is juxtaposed with the scatter gram of the composite scores.
- Upon completion of the LPHSA, and prior to reviewing assessment data, the Kankakee County Partnership for a Healthy Community prioritized each Model Standard by answering the question “On a scale of 1 to 10, what is the priority of this Model Standard to our public health system?” This information can be used to reinforce the performance improvement activities resulting from the assessment process.

## **Optional Section: Agency Contribution to Performance**

In addition to measuring overall system performance, the Local Public Health System Assessment assesses the contribution of the local public health agency to the total system effort for each essential public health service. Participants indicate the agency contribution using the numeric voting scale below:

- **Agency contribution of 0%**
- **Agency contribution of 1-25 %**
- **Agency contribution of 26-50 %**
- **Agency contribution of 51-75 %**
- **Agency contribution of 76-100 %**

The agency contribution results are presented at the end of each EPHS section, following the model standard scores and summary of strengths, weaknesses, and opportunities for improvement. The agency contribution scores represent participant perceptions of the local public health agency's total effort; they do NOT represent an evaluation of the agency or system performance. Planners should only consider whether the agency is contributing an appropriate level of service and whether any change in that contribution would influence system performance. The agency contribution should not be treated as a stand-alone indicator, but should be taken into consideration with the measures of performance for each model standard.

## EPHS 1. Monitor Health Status To Identify Community Health Problems

**Overall Score - 57 Overall Ranking: 5th**

To assess performance for Essential Public Health Service #1, participants were asked to address two key questions:

***What's going on in our community?  
Do we know how healthy we are?***

Monitoring health status to identify community health problems encompasses the following:

- Accurate, ongoing assessment of the community's health status.
- Identification of threats to health.
- Determination of health service needs.
- Attention to the health needs of groups that are at higher risk than the total population.
- Identification of community assets and resources that support the public health system in promoting health and improving quality of life.
- Use of appropriate methods and technology to interpret and communicate data to diverse audiences.
- Collaboration with other stakeholders, including private providers and health benefit plans, to manage multi-sectoral integrated information systems.

### Group Composition and Perspectives:

Partners who gathered to discuss the performance of the local public health system in monitoring health status to identify community health problems included:

#	Organization type	#	Organization type
I	The local health department or other governmental public health agency		State health department
	The local board of health or other governing entity		National level agency or organization
I	University or academic institutions	II	Community-based organizations
	Public health laboratories		Epidemiologists
III	Health/hospital system		Environmental health data experts
	Managed care organizations	I	Emergency preparedness team members
	Local chapter of national health-related group (e.g. March of Dimes)		Health and well-being focused coalition members
	The general public		Other _____

# EPHS 1. Monitor Health Status To Identify Community Health Problems

## Model Standard Scores

### 1.1 Population-Based Community Health Profile (CHP) MODERATE 33

The local public health system (LPHS) develops a community health profile (CHP) using data from a detailed community health assessment (CHA) to give an overall look at the community's health. The CHA includes information on health status, quality of life, risk factors, social determinants of health, and strengths of the community at least every 3 years. Data included in the community health profile are accurate, reliable, and interpreted according to the evidence base for public health practice. CHP data and information are displayed and updated according to the needs of the community.

With a CHA, a community receives an in-depth picture or understanding of the health of the community. From the CHA and CHP, the community can identify the most vulnerable populations and related health inequities, prioritize health issues, identify best practices to address health issues and put resources where they are most needed. The CHP also tracks the health of a community over time and compares local measures to other local, state, and national benchmarks.

- |       |  |    |
|-------|--|----|
| 1.1.1 | Conduct regular community health assessments                                       | 50 |
| 1.1.2 | Provide and update community health profile (CHP) reports with current information | 25 |
| 1.1.3 | Make the CHP available and promote its use among community members                 | 25 |

### 1.2 Current Technology to Manage & Communicate Population Health Data MODERATE 50

The local public health system (LPHS) provides the public with a clear picture of the current health of the community. Health problems are looked at over time and trends related to age, gender, race, ethnicity, and geographic distribution are examined. Data are shown in clear ways, including graphs, charts, and maps while the confidential health information of individuals is protected. Software tools are used to understand where health problems occur, allowing the community to plan efforts to lessen the problems and to target resources where they are most needed. The Community Health Profile (CHP) is available in both hard copy and online formats, and is regularly updated. Links to other sources of information are provided on websites.

- |       |   |    |
|-------|---|----|
| 1.2.1 | Use best available technology and methods to combine and show data on the public health   | 50 |
| 1.2.2 | Analyze health data, including geographic information, to see where health problems exist   | 50 |
| 1.2.3 | Use computer software to create charts, graphs, and maps which show trends over time and compare data for different population groups | 50 |

### 1.3 Maintenance of Population Health Registries OPTIMAL 88

The local public health system (LPHS) collects data on health-related events for use in population health registries. These registries allow more understanding of major health concerns, such as birth defects and cancer, and tracking of some healthcare delivery services, such as vaccination records. Registries also allow the LPHS to give timely information to at-risk persons. The LPHS assures accurate and timely reporting of all the information needed for health registries. Population health registry data are collected by the LPHS according to standards, so that they can be compared with other data from private, local, state, regional, and national sources. With many partners working together to contribute complete data, population registries provide information for policy decisions, program implementation, and population research.

- |       |  |     |
|-------|--|-----|
| 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  | 75  |

## Discussion Themes and Strengths for EPHS 1 Monitor Health Status to Identify Community Health Problems



- Programs driven by data
- Partners highly motivated to collaborate
- Emergency preparedness
- Partnerships and assessments
- Mass communications, automated messaging
- Willingness to share information



- Barriers to information sharing
- Inconsistency on geo-coding of data
- Complacency among general public
- Funding / resource limitations
- Under-resourced to use technology (e.g. time, talent)
- Systems are silos; lack of integration
- Data gaps; difficulty extracting relevant, accurate data



- Expand university collaborations, access to information including health issues, email notifications, emergency preparedness
- Increase access to all media including broadcast media, social media, computers, ad space (e.g. billboards)
- Promote partnerships to leverage resources and build knowledge
- Promote data sharing
- Promote service learning
- Expand SIREN notifications



- Promote data sharing
- Improve communications
- Explore school registries
- Build coalitions, encourage community-based planning, explore information sharing resources
- Promote collaborative projects and grants
- Evaluate economic factors related to preventive health services

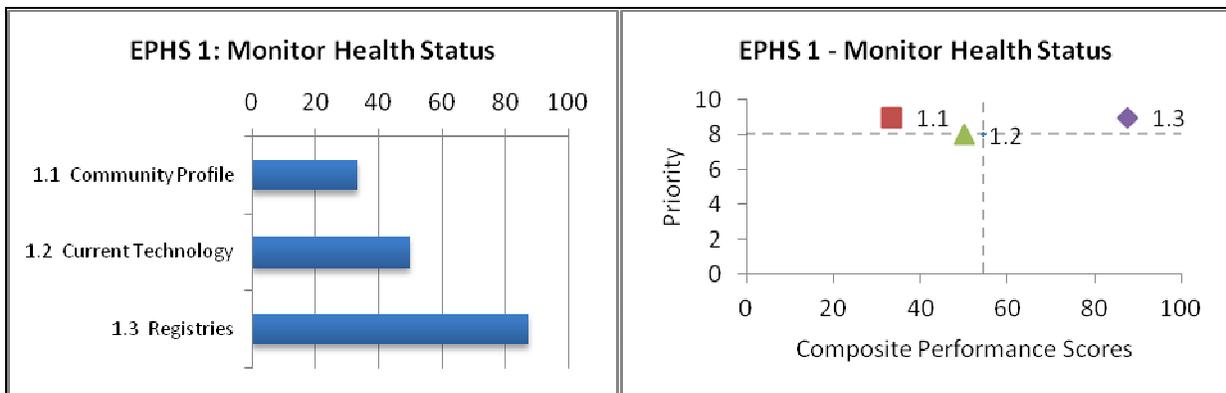
**Summary comments regarding Priority Scores for EPHS 1:**

**1.1 Population-Based Community Health Profile**

Only four out of 11 participants were aware of the Community Health Assessment (CHA) and only two had access to it. While the community is undergoing the assessment every five years, the consensus was that it is not being communicated and shared well. There is also a concern whether mental health data is being collected sufficiently.

**1.2 Current Technology to Manage and Communicate Population Health Data**

Similar to the item above, participants felt that appropriate technology was being used, but that data was not being communicated well.



<b>Agency Contribution to LPHSA</b>		<b>Model Standard Score</b>
<b>A1.1</b>	<b>51 – 75 %</b>	<b>1.1 – 33</b>
<b>A1.2</b>	<b>26 – 50 %</b>	<b>1.2 – 50</b>
<b>A1.3</b>	<b>51 – 75%</b>	<b>1.3 – 88</b>

**EPHS 1: Overall Score – 57 Significant Rank – 5<sup>th</sup>**

## EPHS 2. Diagnose and Investigate Health Problems and Health Hazards in the Community

**Overall Score - 97 Overall Ranking: 1<sup>st</sup>**

To assess performance for Essential Public Health Service #2, participants were asked to address three key questions:

***Are we ready to respond to health problems or threats in my community?***

***How quickly do we find out about problems?***

***How effective is our response?***

Diagnosing and investigating health problems and health hazards in the community encompass the following:

- Access to a public health laboratory capable of conducting rapid screening and high-volume testing.
- Active infectious disease epidemiology programs.
- Technical capacity for epidemiologic investigation of disease outbreaks and patterns of infectious and chronic diseases and injuries and other adverse health behaviors and conditions.

### Group Composition and Perspectives:

Partners who gathered to discuss the performance of the local public health system in monitoring health status to identify community health problems included:

#	Organization type	#	Organization type
I	The local health department or other governmental public health agency		Employers
	The local board of health or other governing entity		Managed care organizations
IIII	Hospitals		Primary care clinics, including Federally Qualified Health Centers (FQHCs)
I	Long-term care facilities		Physicians
I	Preschool and day care programs	I	Public safety and emergency response organizations
	Public and private schools		Public health laboratories
I	Colleges and universities		

## EPHS 2. Diagnose and Investigate Health Problems and Health Hazards in the Community Model Standard Scores

### 2.1 Identification and Surveillance of Health Threats OPTIMAL 92

The local public health system (LPHS) conducts surveillance to watch for outbreaks of disease, disasters and emergencies (both natural and manmade), and other emerging threats to public health. Surveillance data includes information on reportable diseases and potential disasters, emergencies or emerging threats. The LPHS uses surveillance data to notice changes or patterns right away, determine the factors that influence these patterns, investigate the potential dangers, and find ways to lessen the impact on public health. The best available science and technologies are used to understand the problems, determine the most appropriate solutions, and prepare for and respond to identified public health threats. To ensure the most effective and efficient surveillance, the LPHS connects its surveillance systems with state and national systems. To provide a complete monitoring of health events, all parts of the system work together to collect data and report findings.

- |       |   |     |
|-------|---|-----|
| 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  |

### 2.2 Investigation and Response to Public Health Threats and Emergencies OPTIMAL 100

The local public health system (LPHS) stays ready to handle possible threats to the public health. As a threat develops – such as an outbreak of a communicable disease, a natural disaster, or a chemical, radiological, nuclear, explosive, or other environmental event – a team of LPHS professionals works closely together to collect and understand related data. Many partners support the response with communication networks already in place among health related organizations, public safety, rapid response teams, the media, and the public. In a public health emergency, a jurisdictional Emergency Response Coordinator leads LPHS partners in the local investigation and response. The response to an emergent event is in accordance with current emergency operations coordination guidelines.

- |       |  |     |
|-------|--|-----|
| 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 | Rapidly and effectively 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 radiological public health emergencies   | 100 |
| 2.2.6 | Evaluate exercises and incidents for effectiveness and opportunities for improvement   | 100 |

## EPHS 2. Diagnose and Investigate Health Problems and Health Hazards in the Community Model Standard Scores

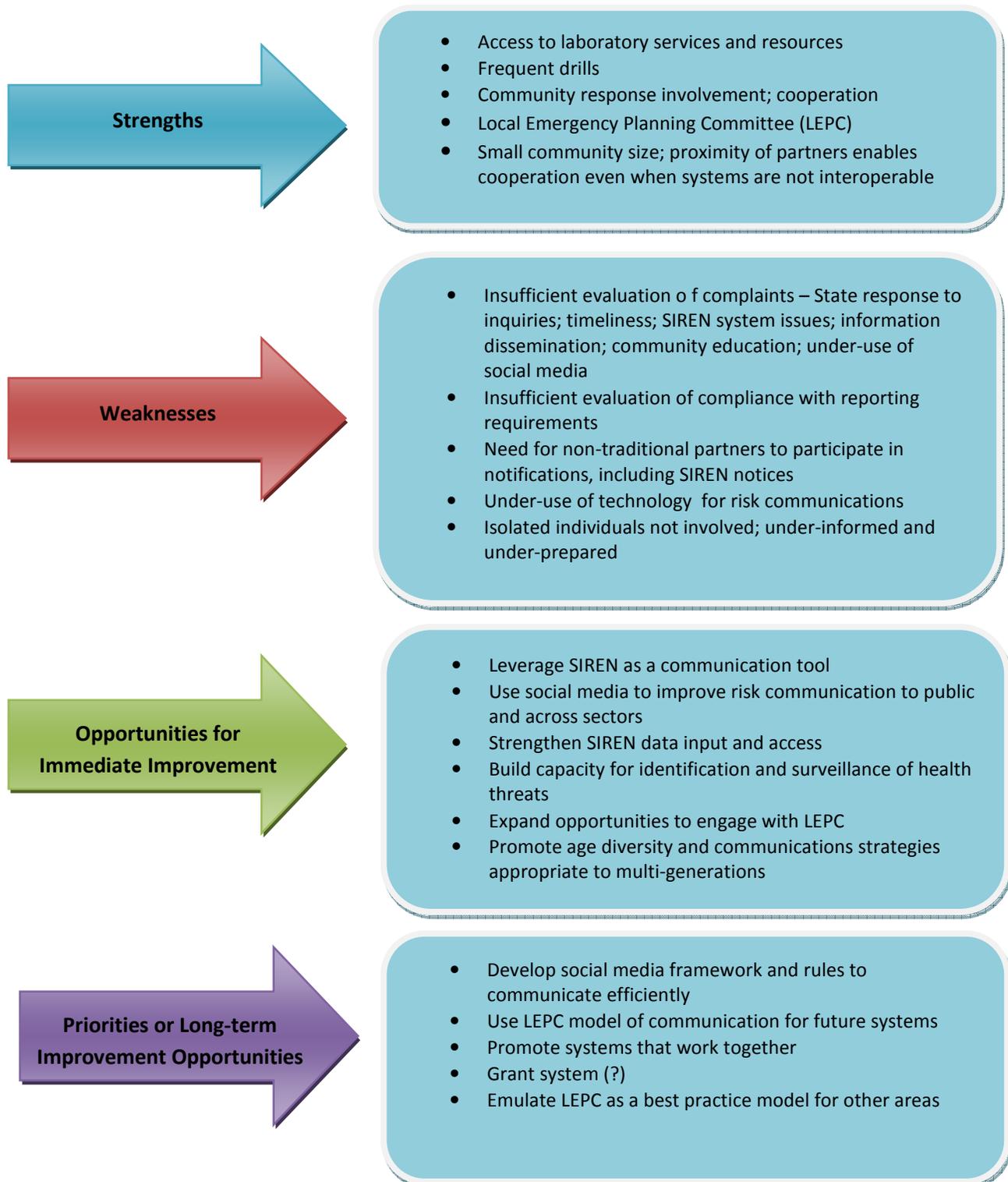
### 2.3 Laboratory Support for Investigation of Health Threats

**OPTIMAL 100**

The local public health system (LPHS) has the ability to produce timely and accurate laboratory results for public health concerns. Whether a laboratory is public or private, the LPHS sees that the correct testing is done and that the results are made available on time. Any laboratory used by public health meets all licensing and credentialing standards.

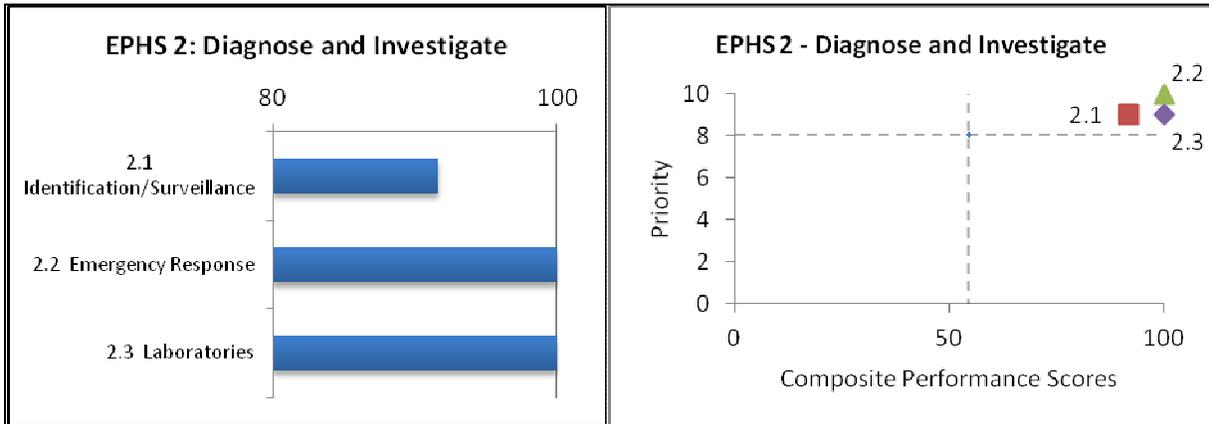
2.3.1	Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring	100
2.3.2	Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards	100
2.3.3	Use only licensed or 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

## Discussion Themes and Strengths for EPHS 2 Diagnose and Investigate Health Problems and Health Hazards in the Community



**Summary comments regarding Priority Scores for EPHS 2:**

No areas ranked  $\geq 8$  on priority and  $\leq 55$  on score (Upper Left Quadrant of Scatter Plots), indicating that they may require increased attention.



<b>Agency Contribution to LPHSA</b>		<b>Model Standard Score</b>
<b>A2.1</b>	<b>76 – 100 %</b>	<b>2.1 – 92</b>
<b>A2.2</b>	<b>76 – 100 %</b>	<b>2.2 – 100</b>
<b>A2.3</b>	<b>76 – 100 %</b>	<b>2.3 – 100</b>

**EPHS 2: Overall Score – 97 *Optimal* Rank – 1<sup>st</sup>**



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

**Overall Score - 53 Overall Ranking: 7<sup>th</sup>**

To assess performance for Essential Public Health Service #3, participants were asked to address the following key question:

***How well do we keep all segments of our community informed about health issues?***

Informing, educating, and empowering people about health issues encompass the following:

- Community development activities.
- Social marketing and targeted media public communication.
- Provision of accessible health information resources at community levels.
- Active collaboration with personal healthcare providers to reinforce health promotion messages and programs.
- Joint health education programs with schools, churches, worksites, and others.

### Group Composition and Perspectives:

Partners who gathered to discuss the performance of the local public health system in monitoring health status to identify community health problems included:

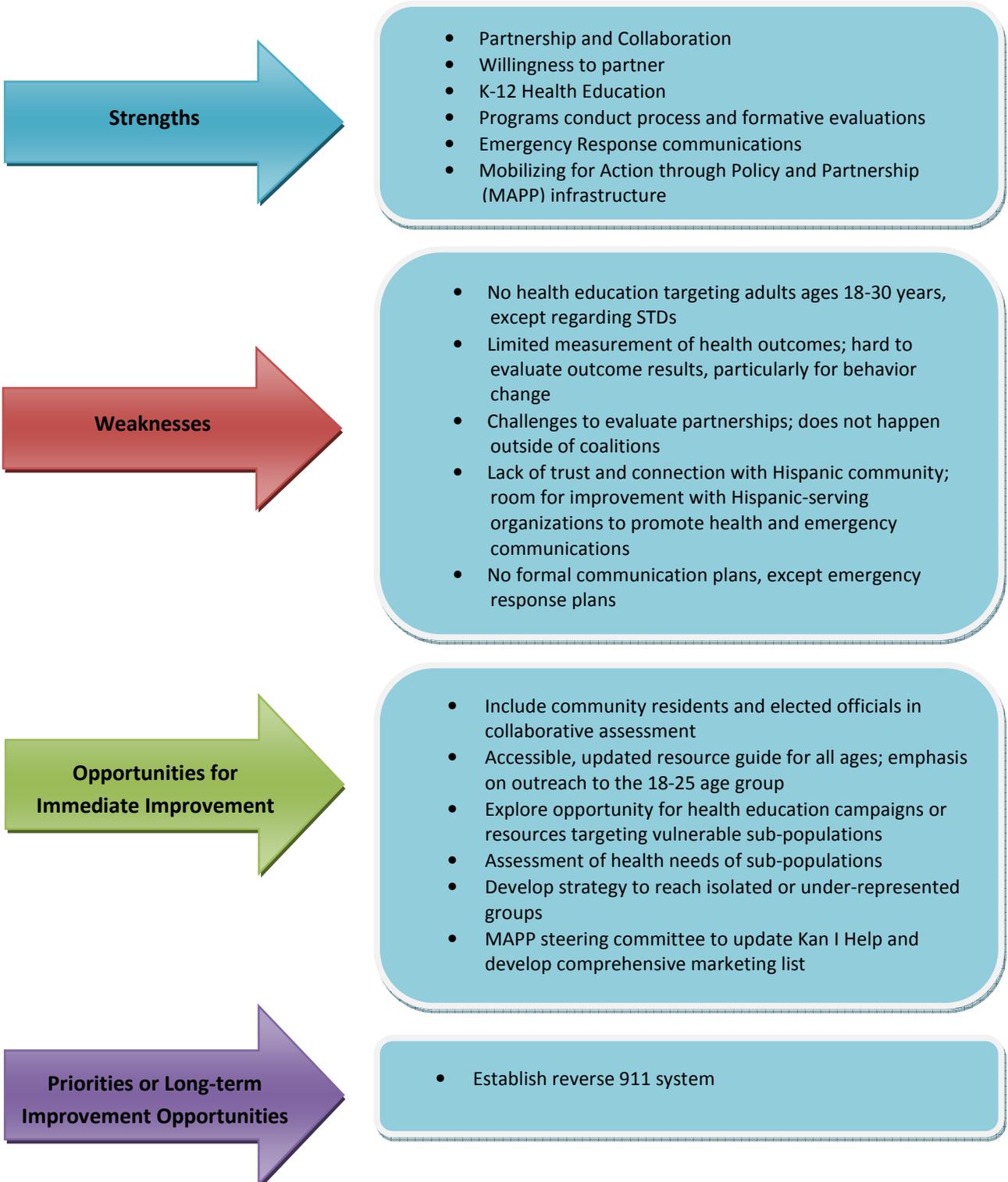
#	Organization type	#	Organization type
	The local health department or other governmental public health agency	I	Faith-based institutions
	The local board of health or other governing entity	I	Non-profit organizations/advocacy groups
	Public and private schools		Civic organizations
I	Colleges and universities		Neighborhood organizations
III	Health educators*	II	Other community/grassroots organizations
	Local businesses and employers		Public information officers
	Managed care organizations		Media

\*Three of four health educators were staff of local hospitals and health providers. They were counted as health educators based on the primary role of the participant.

## EPHS 3. Inform, Educate, and Empower Individuals and Communities about Health Issues Model Standard Scores

<b>3.1 Health Education and Promotion</b>	<b>MODERATE</b>	<b>42</b>
<p>The local public health system (LPHS) designs and puts in place health promotion and health education activities to enable and support efforts to exert control over the determinants of health and to create environments that support health. These promotional and educational activities are coordinated throughout the LPHS to address risk and protective factors at the individual, interpersonal, community, and societal levels. The LPHS includes the community in identifying needs, setting priorities and planning health promotional and educational activities. The LPHS plans for different reading abilities, language skills, and access to materials.</p>		
3.1.1	Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies	50
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 in setting priorities, developing plans and implementing health education and health promotion activities	25
<b>3.2 Health Communication</b>	<b>MODERATE</b>	<b>42</b>
<p>The local public health system (LPHS) uses health communication strategies to contribute to healthy living and healthy communities, including: increasing awareness of risks to health; ways to reduce health risk factors and increase health protective factors; promoting healthy behaviors; advocating organizational and community changes to support healthy living; increasing demand and support for health services; building a culture where health is valued; and creating support for health policies, programs and practices. Health communication uses a broad range of strategies, including print, radio, television, the internet, media campaigns, social marketing, entertainment education, and interactive media. The LPHS reaches out to the community through efforts ranging from one-on-one conversations to small group communication, to communications within organizations and the community, to mass media approaches. The LPHS works with many groups to understand the best ways to present health messages in each community setting and to find ways to cover the costs.</p>		
3.2.1	Develop health communication plans for relating to media and the public and for sharing information among LPHS organizations	25
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	50
3.2.3	Identify and train spokespersons on public health issues	50
<b>3.3 Risk Communication</b>	<b>SIGNIFICANT</b>	<b>75</b>
<p>The local public health system (LPHS) uses health risk communications strategies to allow individuals, groups and organizations, or an entire community to make optimal decisions about their health and well-being in emergency events. The LPHS recognizes a designated Public Information Officer for emergency public information and warning. The LPHS organizations work together to identify potential risks (crisis or emergency) that may affect the community and develop plans to effectively and efficiently communicate information about these risks. The plans include pre-event, event, and post-event communication strategies for different types of emergencies.</p>		
3.3.1	Develop an emergency communications plan for each stage of an emergency to allow for the effective creation and dissemination of information	75
3.3.2	Make sure that systems and mechanisms are in place and enough resources are available for a rapid emergency communication response	75
3.3.3	Provide crisis and emergency communication training for employees and volunteers	75

## Discussion Themes and Strengths for EPHS 3 Inform, Educate, and Empower Individuals and Communities about Health Issues



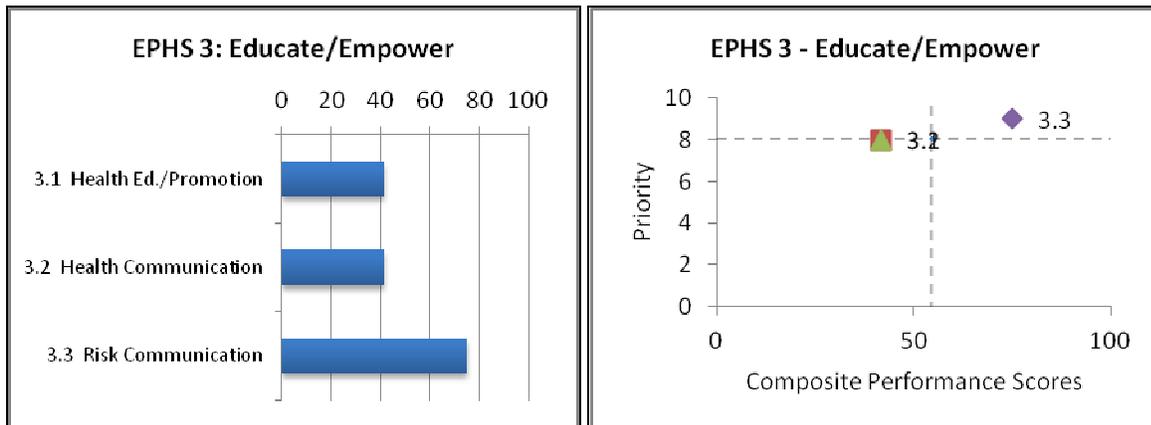
**Summary comments regarding Priority Scores for EPHS 3:**

**3.1 Health Education and Promotion**

Gaps identified included mental health, young adults and subpopulations in the community. There was also concerns about the shift from newspapers to social media and the lack of funding . Again, there was concern that information was not being adequately shared with the public.

**3.2 Health Communication**

Other than emergency plans and the school system, health communication plans remain informal. Organizations recognized that they may not be using the message for their target audiences.



<b>Agency Contribution to LPHSA</b>		<b>Model Standard Scores</b>
<b>A3.1</b>	<b>26 – 50 % (mid-moderate)</b>	<b>3.1 – 42</b>
<b>A3.2</b>	<b>26 – 50 % (mid-moderate)</b>	<b>3.2 – 42</b>
<b>A3.3</b>	<b>26 – 50% (mid-moderate)</b>	<b>3.3 – 75</b>

**EPHS 3: Overall Score – 53 *Significant* Rank – 7<sup>th</sup>**

## EPHS 4. Mobilize Community Partnerships to Identify and Solve Health Problems

**Overall Score - 43    Overall Ranking: 9<sup>th</sup>**

To assess performance for Essential Public Health Service #4, participants were asked to address the following key question:

***How well do we get people engaged in local health issues?***

Mobilizing community partnerships to identify and solve health problems encompasses the following:

- Convening and facilitating partnerships among groups and associations (including those not typically considered to be health related).
- Undertaking defined health improvement planning process and health projects, including preventive, screening, rehabilitation, and support programs.
- Building a coalition to draw on the full range of potential human and material resources to improve community health.

### Group Composition and Perspectives:

Partners who gathered to discuss the performance of the local public health system in monitoring health status to identify community health problems included:

#	Organization type	#	Organization type
	The local health department or other governmental public health agency	I	Faith-based institutions
	The local board of health or other governing entity	I	Non-profit organizations/advocacy groups
	Hospitals		Civic organizations
	Public and private schools		Neighborhood organizations
I	Colleges and universities	II	Other community/grassroots organizations
III	Health educators		Public information officers
	Local businesses and employers		Media
	Managed care organizations		The general public

## EPHS 4. Mobilize Community Partnerships to Identify and Solve Health Problems Model Standard Scores

### 4.1 Constituency Development MODERATE 44

The local public health system (LPHS) actively identifies and involves community partners -- the individuals and organizations (constituents) with opportunities to contribute to the health of communities. These stakeholders may include health; transportation, housing, environmental, and non-health related groups, as well as community members. The LPHS manages the process of establishing collaborative relationships among these and other potential partners. Groups within the LPHS communicate well with one another, resulting in a coordinated, effective approach to public health so that the benefits of public health are understood and shared throughout the community.

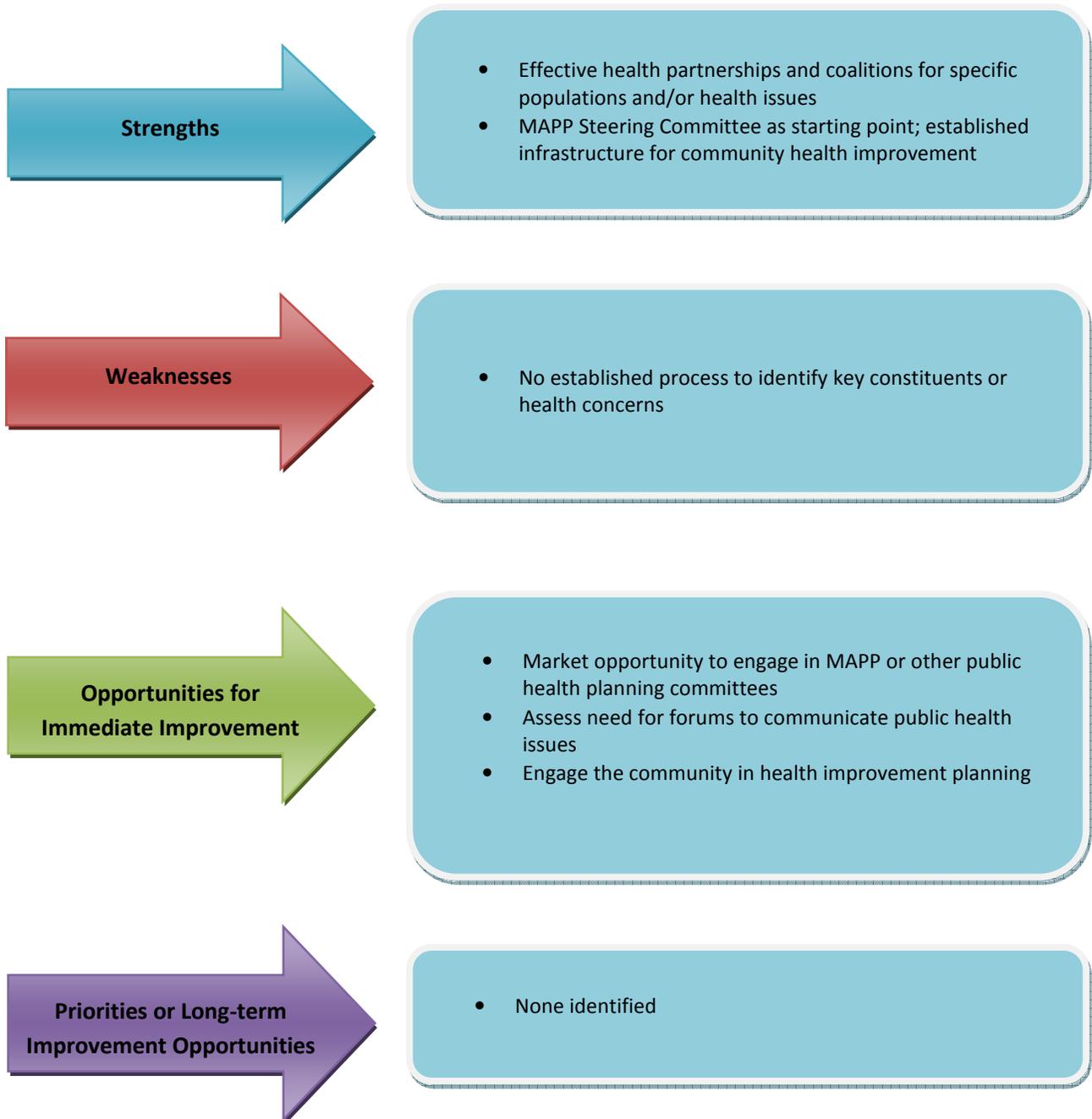
4.1.1	Maintain a complete and current directory of community organizations	75
4.1.2	Follow an established process for identifying key constituents related to overall public health interests and particular health concerns	50
4.1.3	Encourage constituents to participate in community health assessment, planning and improvement efforts	25
4.1.4	Create forums for communication of public health issues	25

### 4.2 Community Partnerships MODERATE 42

The local public health system (LPHS) encourages individuals and groups to work together so that community health may be improved. Public, private, and voluntary groups – through many different levels of information sharing, activity coordination, resource sharing, and in-depth collaborations – strategically align their interests to achieve a common purpose. By sharing responsibilities, resources, and rewards, community partnerships allow each member to share its expertise with others and strengthen the LPHS as a whole. A community group follows a collaborative, dynamic, and inclusive approach to community health improvement; it may exist as a formal partnership, such as a community health planning council, or as a less formal community group.

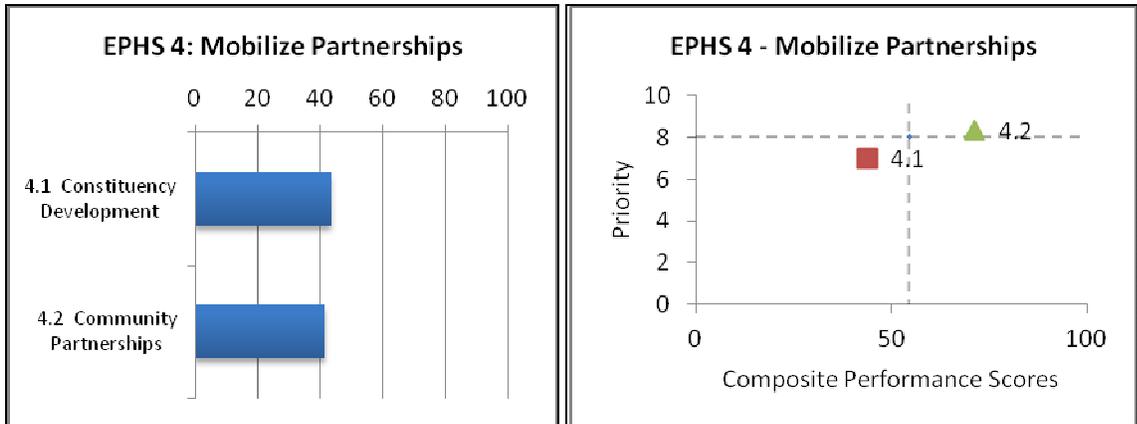
4.2.1	Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community	50
4.2.2	Establish a broad-based community health improvement committee	25
4.2.3	Assess how well community partnerships and strategic alliances are working to improve community health	25

## Discussion Themes and Strengths for EPHS 4 Mobilize Community Partnerships to Identify and Solve Health Problems



**Summary comments regarding Priority Scores for EPHS 4:**

No areas ranked  $\geq 8$  on priority and  $\leq 55$  on score (Upper Left Quadrant of Scatter Plots), indicating that they may require increased attention.



**Agency Contribution to LPHSA**

**A4.1**      **0 – 25 %**  
**A4.2**      **0 – 25 %**

**Model Standard Scores**

**4.1 – 44**  
**4.2 – 42**

**EPHS 4: Overall Score – 43    *Moderate*    Rank - 9<sup>th</sup>**

## EPHS 5. Develop Policies and Plans that Support Individual And Community Health Efforts

**Overall Score - 65      Overall Ranking: 3<sup>rd</sup>**

To assess performance for Essential Public Health Service #5, participants were asked to address the following key questions:

***What local policies in both the government and private sector promote health in my community?***

***How well are we setting healthy local policies?***

Developing policies and plans that support individual and community health efforts encompasses the following:

- Leadership development at all levels of public health.
- Systematic community-level and state-level planning for health improvement in all jurisdictions.
- Development and tracking of measurable health objectives from the community health plan as a part of continuous quality improvement strategy plan.
- Joint evaluation with the medical healthcare system to define consistent policy regarding prevention and treatment services.
- Development of policy and legislation to guide the practice of public health.

### Group Composition and Perspectives:

Partners who gathered to discuss the performance of the local public health system in monitoring health status to identify community health problems included:

#	Organization type	#	Organization type
I	The local health department or other governmental public health agency		Healthcare providers
	The local board of health or other governing entity		Colleges and universities
II	University or academic institutions		Local businesses and employers
III	Hospitals		Managed care organizations
	Health/public health director		Faith-based institutions
	Elected officials / policymakers	I	Non-profit organizations / advocacy groups
	Public health attorneys		Civic organizations
	Community health planners		Neighborhood organizations
	Emergency services personnel		Other community/grassroots organizations
	Law enforcement agencies		Media

## EPHS 5. Develop Policies and Plans that Support Individual And Community Health Efforts Model Standard Scores

### 5.1 Governmental Presence at the Local Level

**SIGNIFICANT**

**67**

The local public health system (LPHS) includes a governmental public health entity dedicated to the public health. The LPHS works with the community to make sure a strong local health department (or other governmental public health entity) exists and that it is doing its part in providing essential public health services. The governmental public health entity can be a regional health agency with more than one local area under its jurisdiction. The local health department (or other governmental public health entity) is accredited through the national voluntary accreditation program.

- |       |  |    |
|-------|--|----|
| 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 through the LPHS | 75 |
| 5.1.2 | See that the local health department is accredited through the national voluntary accreditation program  | 50 |
| 5.1.3 | Assure that the local health department has enough resources to do its part in providing essential public health services                                    | 75 |

### 5.2 Public Health Policy Development

**SIGNIFICANT**

**58**

The local public health system (LPHS) develops policies that will prevent, protect or promote the public health. Public health problems, possible solutions, and community values are used to inform the policies and any proposed actions, which may include new laws or changes to existing laws. Additionally, current or proposed policies that have the potential to affect the public health are carefully reviewed for consistency with public health policy through health impact assessments. The LPHS and its ability to make informed decisions are strengthened by community member input. The LPHS, together with the community, works to identify gaps in current policies and needs for new policies to improve the public health. The LPHS educates the community about policies to improve the public health and serves as a resource to elected officials who establish and maintain public health policies.

- |       |  |    |
|-------|--|----|
| 5.2.1 | Contribute to new or modified public health policies by engaging in activities that inform the policy development process and facilitate community involvement | 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 |

### 5.3 Community Health Improvement Process and Strategic Planning

**MODERATE**

**33**

The local public health system (LPHS) seeks to improve community health by looking at it from many sides, such as environmental health, healthcare services, business, economic, housing, land use, health equity, and other concerns that impact the public health. The LPHS leads a community-wide effort to improve community health by gathering information on health problems, identifying the community's strengths and weaknesses, setting goals, and increasing overall awareness of and interest in improving the health of the community. This community health improvement process provides ways to develop a community-owned plan that will lead to a healthier community. With the community health improvement effort in mind, each organization in the LPHS makes an effort to include strategies related to community health improvement goals in their own strategic plans.

5.3.1	Establish a community health improvement process, with broad-based diverse participation, that uses information from the community health assessment and perceptions of community members	50
5.3.2	Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps	25
5.3.3	Connect organizational strategic plans with the Community Health Improvement Plan	25

### 5.4 Plan for Public Health Emergencies

**OPTIMAL 100**

The local public health system (LPHS) adopts an emergency preparedness and response plan which describes what each organization in the LPHS should be ready to do in a public health emergency. The plan describes community interventions necessary to prevent, monitor, and manage all types of emergencies, including both natural and intentional disasters. The plan also looks at challenges of possible events, such as nuclear, biological, or terrorist events. Practicing for possible events takes place through regular exercises or drills. A task force sees that the necessary organizations and resources are included in the planning and practicing for all types of emergencies.

5.4.1	Maintain a task force 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

## Discussion Themes and Strengths for EPHS 5 Develop Policies and Plans that Support Individual And Community Health



- Strong inter-agency relationships; good relationships with elected officials
- Comprehensive set of services delivered through a set of partnerships
- Strong policies for infectious disease management
- Comprehensiveness; amount of engagement of the right people is pretty strong with emergency planning
- Moving to MAPP to try to address the weakness of past IPLANs (IL Project for Local Assessment of Need)



- Community engagement is lacking; no awareness of MAPP or IPLAN
- No systematic process to review policy
- Policy work is done in silos and not collaboratively
- Need to plan to address vulnerable populations in emergency response (e.g. mental health unit and childcare)
- Concerns about Red Cross emergency services
- Concerns about dollars and capacity



- Promote opportunities for community to be directly involved in MAPP (e.g. surveys, open forums, constituent visits)
- Institute systematic community health assessment activities
- Involve early childhood providers and advocates in emergency plan meetings

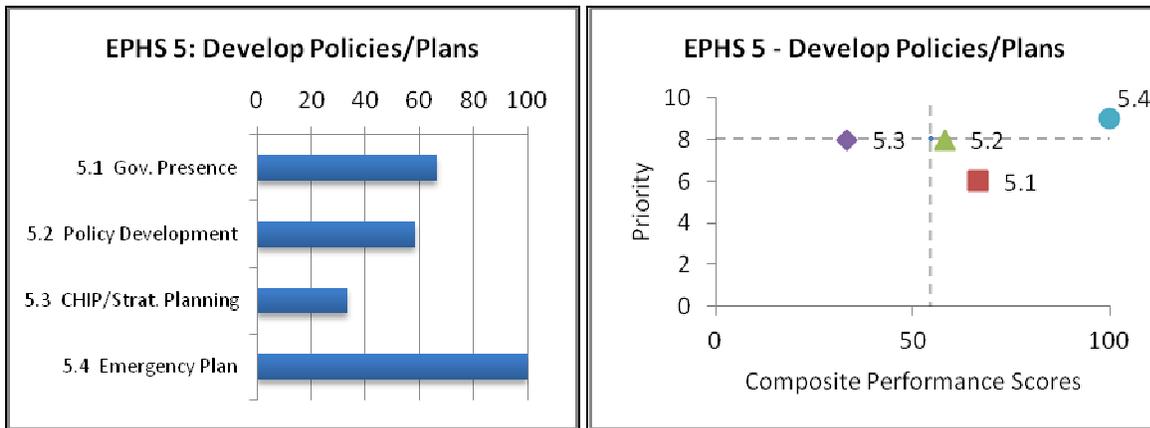


- Increase community involvement in policymaking
- MAPP needs to focus on implementation county wide
- Engage system partners to align and develop systems plan
- Disseminate results from the MAPP (and IPLAN) to a broad range of organizations; then implement recommendations and synthesize with the master plan

**Summary comments regarding Priority Scores for EPHS 5:**

**5.3 Community Health Improvement Process and Strategic Planning**

Not all participants were aware of the process. There were also questions raised about what the goals of the last IPLAN were and whether or not they had been met.



<b>Agency Contribution to LPHSA</b>		<b>Model Standard Scores</b>	
<b>A5.1</b>	<b>51 – 75%</b>	<b>5.1</b>	<b>– 67</b>
<b>A5.2</b>	<b>0 – 25%</b>	<b>5.2</b>	<b>– 58</b>
<b>A5.3</b>	<b>50 – 75%</b>	<b>5.3</b>	<b>– 33</b>
<b>A5.4</b>	<b>25 – 50%</b>	<b>5.4</b>	<b>– 100</b>

**EPHS 5: Overall Score – 65 *Significant* Rank – 3<sup>rd</sup>**



## EPHS 6. Enforce Laws and Regulations that Protect Health and Ensure Safety

**Overall Score - 71    Overall Ranking: 2<sup>nd</sup>**

To assess performance for Essential Public Health Service #6, participants were asked to address the following key question:

***When we enforce health regulations are we technically competent, fair, and effective?***

Enforcing laws and regulations that protect health and ensure safety encompasses the following:

- Enforcement of sanitary codes, especially in the food industry.
- Protection of drinking water supplies.
- Enforcement of clean air standards.
- Animal control activities.
- Follow-up of hazards, preventable injuries, and exposure-related diseases identified in occupational and community settings.
- Monitoring quality of medical services (e.g., laboratories, nursing homes, and home healthcare providers).
- Review of new drug, biologic, and medical device applications.

### Group Composition and Perspectives:

Partners who gathered to discuss the performance of the local public health system in monitoring health status to identify community health problems included:

#	Organization type	#	Organization type
I	The local health department or other governmental public health agency		Healthcare providers
	The local board of health or other governing entity		Colleges and universities
II	University or academic institutions		Local businesses and employers
III	Hospitals		Managed care organizations
	Health/public health director		Faith-based institutions
	Elected officials / policymakers	I	Non-profit organizations / advocacy groups
	Public health attorneys		Civic organizations
	Community health planners		Neighborhood organizations
	Emergency services personnel		Other community/grassroots organizations
	Law enforcement agencies		Media

## EPHS 6. Enforce Laws and Regulations that Protect Health and Ensure Safety **Model Standard Scores**

### 6.1 Review and Evaluation of Laws, Regulations, and Ordinances

**OPTIMAL** **100**

The local public health system (LPHS) reviews existing laws, regulations, and ordinances related to public health, including laws that prevent health problems, promote, or protect public health. The LPHS looks at federal, state, and local laws to understand the authority provided to the LPHS and the potential impact of laws, regulations, and ordinances on the health of the community. The LPHS also looks at any challenges involved in complying with laws, regulations, or ordinances, whether community members have any opinions or concerns, and whether any laws, regulations, or ordinances need to be updated.

6.1.1	Identify public health issues that can be addressed through laws, regulations, or ordinances	100
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	100
6.1.3	System review existing public health laws, regulations, and ordinances at least once every five years	100
6.1.4	Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances	100

### 6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances

**MODERATE** **33**

The local public health system (LPHS) works to change existing laws, regulations, or ordinances – or to create new ones – when they have determined that changes or additions would better prevent, protect or promote public health. To advocate for public health, the LPHS helps to draft the new or revised legislation, regulations, or ordinances, takes part in public hearings, and talks with lawmakers and regulatory officials.

6.2.1	Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances	50
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	25
6.2.3	Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances	25

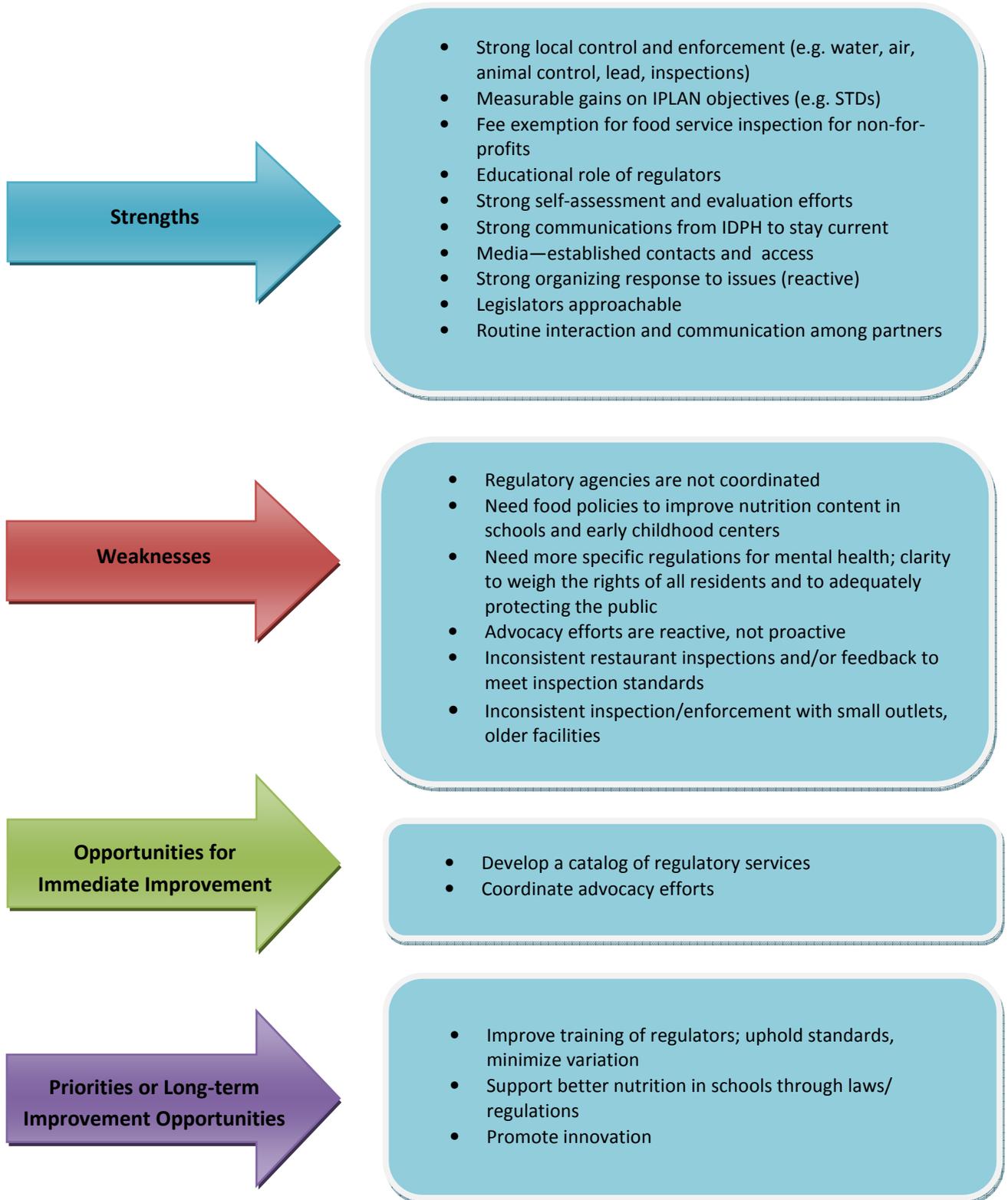
### 6.3 Enforcement of Laws, Regulations, and Ordinances

**OPTIMAL** **80**

The local public health system (LPHS) sees that public health laws, regulations, and ordinances are followed. The LPHS knows which governmental agency or other organization has the authority to enforce any given public health related requirement within its community, supports all organizations tasked with enforcement responsibilities, and assures that the enforcement is conducted within the law. The LPHS has sufficient authority to respond in an emergency event; and makes sure that individuals and organizations understand the requirements of relevant laws, regulation, and ordinances. The LPHS communicates the reasons for legislation and the importance of compliance.

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	100
6.3.3	Assure that all enforcement activities related to public health codes are done within the law	100
6.3.4	Inform and educate individuals and organizations about relevant laws, regulations, and ordinances	75
6.3.5	Evaluate how well local organizations comply with public health laws	50

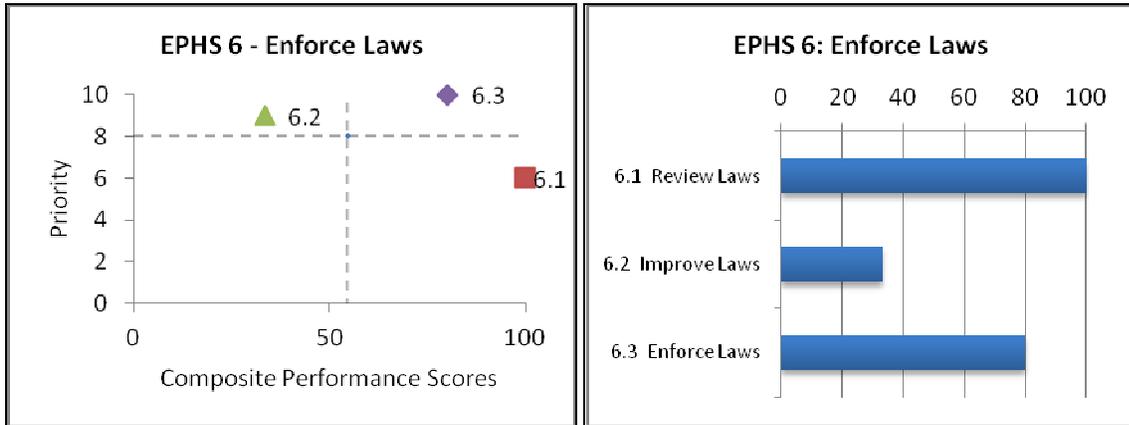
## Discussion Themes and Strengths for EPHS 6 Enforce Laws and Regulations that Protect Health and Ensure Safety



**Summary comments regarding Priority Scores for EPHS 6:**

**6.2 Involvement in the Improvement of Law, Regulations and Ordinances**

The participants felt that the community is not proactive in advocacy but rather adapts well to changes that are handed down. There were concerns specifically about mental health and food policy, as well as penalties related to the smoking ban.



<b>Agency Contribution to LPHSA</b>		<b>Model Standard Scores</b>
<b>A6.1</b>	<b>26 – 50 %</b>	<b>6.1 – 100</b>
<b>A6.2</b>	<b>0 – 25%</b>	<b>6.2 – 33</b>
<b>A6.3</b>	<b>26 – 50 %</b>	<b>6.3 – 80</b>

**EPHS 6: Overall Score – 71 *Significant* Rank – 2<sup>nd</sup>**

## EPHS 7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable

**Overall Score - 59      Overall Ranking: 4<sup>th</sup>**

To assess performance for Essential Public Health Service #7, participants were asked to address the following key question:

***Are people in my community receiving the medical care they need?***

Linking people to needed personal health services and ensuring the provision of health care when otherwise unavailable (sometimes referred to as outreach or enabling services) encompass the following:

- Assurance of effective entry for socially disadvantaged people into a coordinated system of clinical care.
- Culturally and linguistically appropriate materials and staff to ensure linkage to services for special population groups.
- Ongoing “care management.”
- Transportation services.
- Targeted health education/promotion/disease prevention to high-risk population groups.

### Group Composition and Perspectives:

Partners who gathered to discuss the performance of the local public health system in monitoring health status to identify community health problems included:

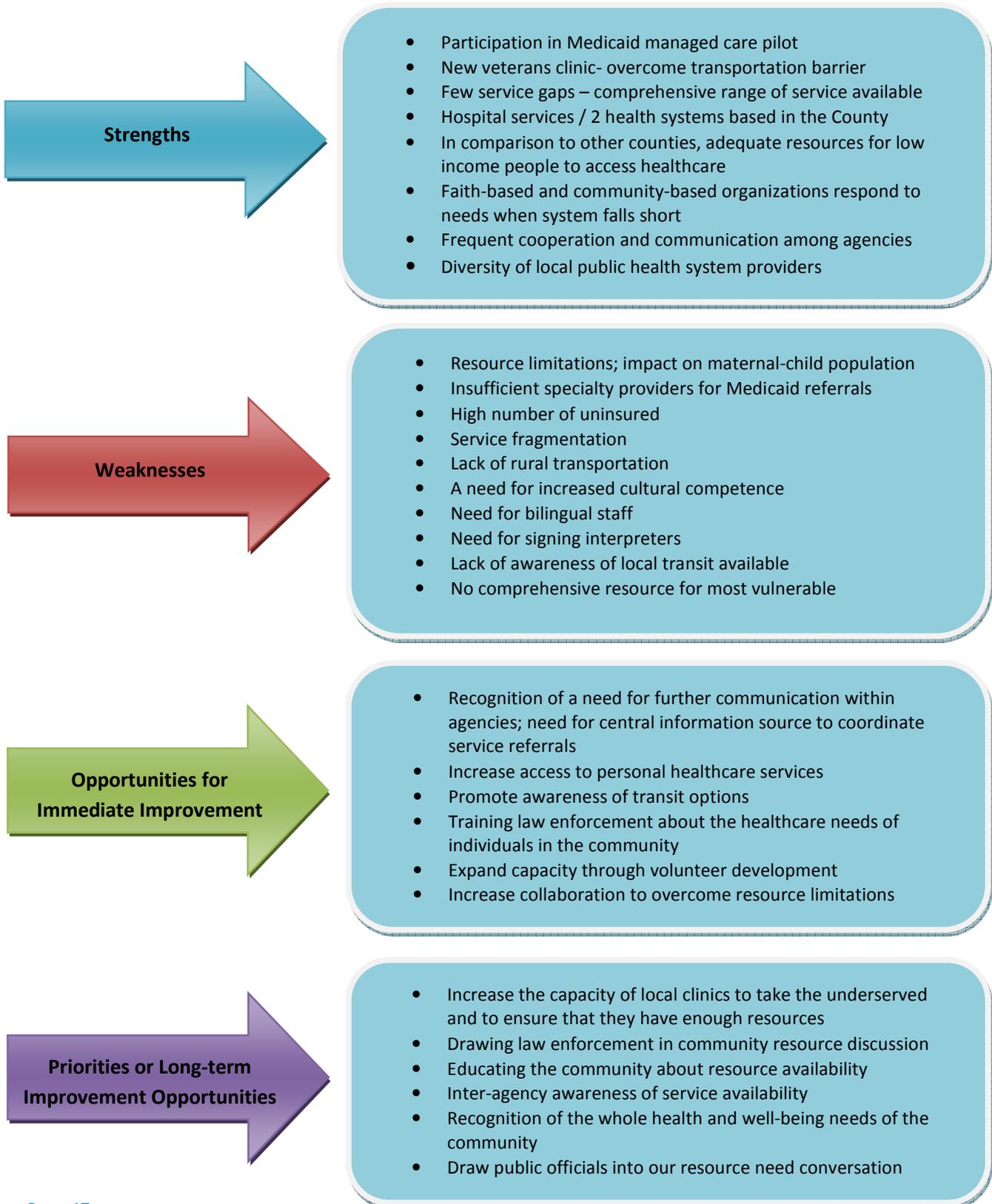
#	Organization type	#	Organization type
I	The local health department or other governmental public health agency		Service recipients
	The local board of health or other governing entity	I	Managed care organizations
I	Hospitals	II	Non-profit organizations/advocacy groups
III	Service providers		Nursing Homes
I	College or university		

## EPHS 7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable

### Model Standard Scores

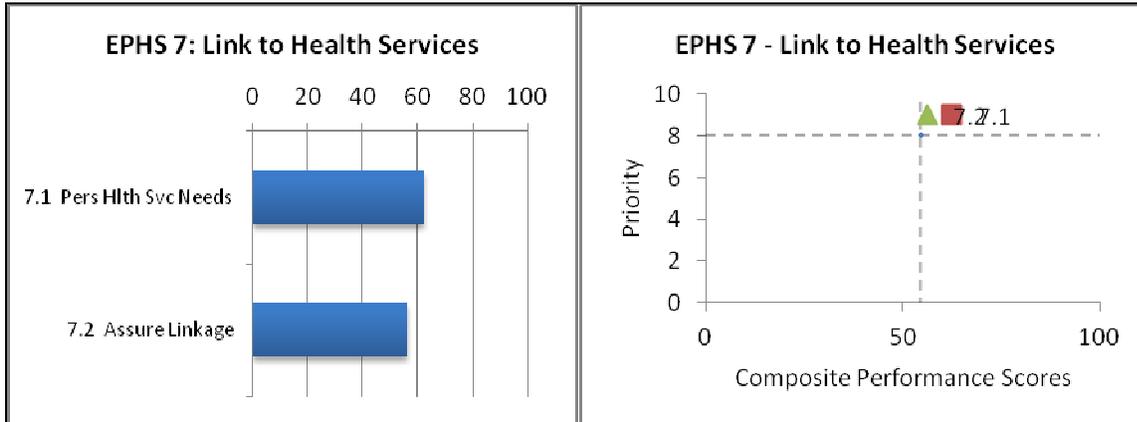
7.1 Identification of Personal Health Service Needs of Populations	SIGNIFICANT	63
<p>The local public health system (LPHS) identifies the personal health service needs of the community and identifies the barriers to receiving these services, especially among particular groups that may have difficulty accessing personal health services. The LPHS has defined roles and responsibilities for the local health department (or other governmental public health entity) and other partners (e.g. hospitals, managed care providers, and other community health agencies) in relation to overcoming these barriers and providing services.</p>		
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	75
7.1.3	Defines roles and responsibilities for partners to respond to the unmet needs of the community	50
7.1.4	Understand the reasons that people do not get the care they need	50
7.2 Assuring the Linkage of People to Personal Health Services	SIGNIFICANT	56
<p>The local public health system (LPHS) partners work together to meet the diverse needs of all populations. Partners see that persons are signed up for all benefits available to them and know where to refer people with unmet personal health service needs. The LPHS develops working relationships between public health, primary care, oral health, social services, and mental health systems as well as organizations that are not traditionally part of the personal health service system, such as housing, transportation, and grassroots organizations.</p>		
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	75

## Discussion Themes and Strengths for EPHS 7 Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable



**Summary comments regarding Priority Scores for EPHS 7:**

No areas ranked  $\geq 8$  on priority and  $\leq 55$  on score (Upper Left Quadrant of Scatter Plots), indicating that they may require increased attention.



<b>Agency Contribution to LPHSA</b>		<b>Model Standard Scores</b>
<b>A7.1</b>	<b>51–75%</b>	<b>7.1 – 63</b>
<b>A7.2</b>	<b>0 – 25%</b>	<b>7.2 – 56</b>

**EPHS 7: Overall Score – 59 *Significant* Rank - 4<sup>th</sup>**

## EPHS 8. Assure a Competent Public and Personal Health Care Workforce

**Overall Score - 51 Overall Ranking: 8<sup>th</sup>**

To assess performance for Essential Public Health Service #8, participants were asked to address the following key questions:

***Do we have a competent public health staff?  
How can we be sure that our staff stays current?***

Ensuring a competent public and personal health care workforce encompasses the following:

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

### Group Composition and Perspectives:

Partners who gathered to discuss the performance of the local public health system in monitoring health status to identify community health problems included:

#	Organization type	#	Organization type
I	The local health department or other governmental public health agency		Managed care organizations
	The local board of health or other governing entity	I	Foundations
II	Hospitals	I	Human resource departments
II	Colleges and universities	I	Advocacy organizations
	Employers		Other (community-based organizations)

## EPHS 8. Assure a Competent Public and Personal Health Care Workforce **Model Standard Scores**

### 8.1 Workforce Assessment, Planning, and Development

**NO ACTIVITY**

**0**

The local public health system (LPHS) assesses the local public health workforce – all who contribute to providing essential public health services for the community. Workforce assessment looks at what knowledge, skills, and abilities the local public health workforce needs and the numbers and kinds of jobs the system should have to adequately prevent, protect and promote health in the community. The LPHS also looks at the training that the workforce needs to keep its knowledge, skills, and abilities up to date. After the workforce assessment determines the number and types of positions the local public health workforce should include, the LPHS identifies gaps and works on plans to fill the gaps.

- |       |   |   |
|-------|---|---|
| 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       | 0 |
| 8.1.2 | Review the information from the workforce assessment and use it to find and address gaps in the local public health workforce   | 0 |
| 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 | 0 |

### 8.2 Public Health Workforce Standards

**OPTIMAL**

**100**

The local public health system (LPHS) maintains standards to see that workforce members are qualified to do their jobs, with the certificates, licenses, and education that are required by law or in local, state, or federal guidance. Information about the knowledge, skills, and abilities that are needed to provide essential public health services are used in personnel systems, so that position descriptions, hiring, and performance evaluations of workers are based on public health competencies

- |       |  |     |
|-------|--|-----|
| 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  | 100 |
| 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 | 100 |
| 8.2.3 | Base the hiring and performance review of members of the public health workforce in public health competencies   | 100 |

### 8.3 Life-Long Learning through Continuing Education, Training, and Mentoring

**SIGNIFICANT**

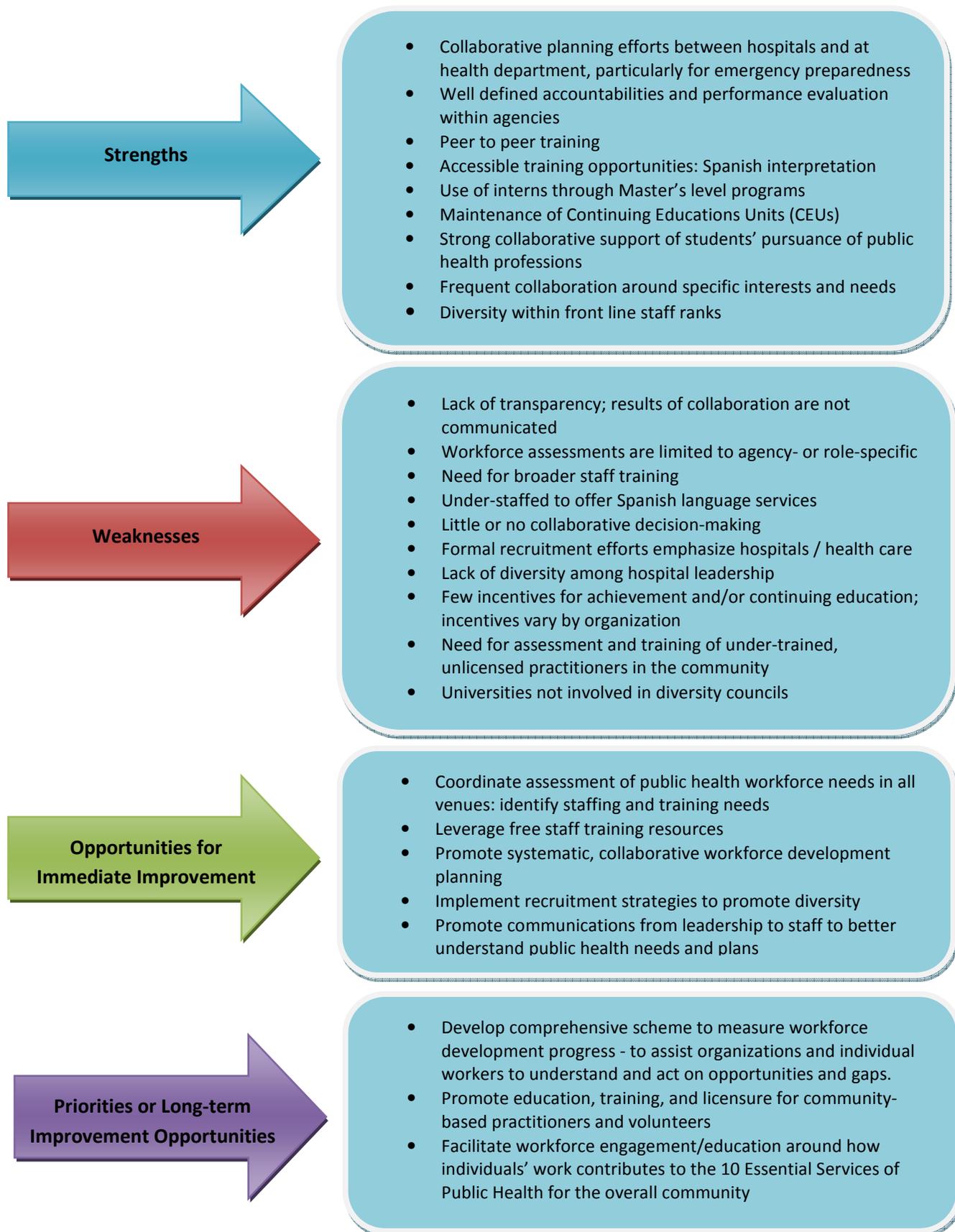
**65**

The local public health system (LPHS) encourages lifelong learning for the public health workforce. Both formal and informal opportunities in education and training are available to the workforce, including workshops, seminars, conferences, and online learning. Experienced staff persons are available to coach and advise newer employees. Interested workforce members have the chance to work with academic and research institutions, particularly those connected with schools of public health, public administration, and population health. As the academic community and the local public health workforce collaborate, the LPHS is strengthened. The LPHS trains its workforce to recognize and address the unique culture, language and health literacy of diverse consumers and communities and to respect all members of the public. The LPHS also educates its workforce about the many factors that can influence health, including interpersonal relationships, social surroundings, physical environment, and individual characteristics (such as economic status, genetics, behavioral risk factors, and health care).

Continued next page (indicators for Model Standard 8.3)

<b>8.3 Life-Long Learning through Continuing Education, Training, and Mentoring</b>		<b>SIGNIFICANT</b>	<b>65</b>
Continued from page 50			
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 practice-academic collaborations between public health workforce members and faculty and students of research institutions		100
8.3.5	Continually train the public health workforce to deliver services in a cultural competent manner and understand social determinants of health		50
<b>8.4 Public Health Leadership Development</b>		<b>MODERATE</b>	<b>38</b>
Leadership within the local public health system (LPHS) is demonstrated by organizations and individuals that are committed to improving the health of the community. Leaders work to continually develop the local public health system, create a shared vision of community health, find ways to make the vision happen, and to make sure that public health services are delivered. Leadership may come from the health department, from other governmental agencies, nonprofits, the private sector, or from several partners. The LPHS encourages the development of leaders that represent different groups of people in the community and respect community values.			
8.4.1	Provide access to formal and informal leadership development opportunities for employees at all organizational levels		50
8.4.2	Create a shared vision of community health and the public health system, welcoming all leaders and community members to work together		50
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

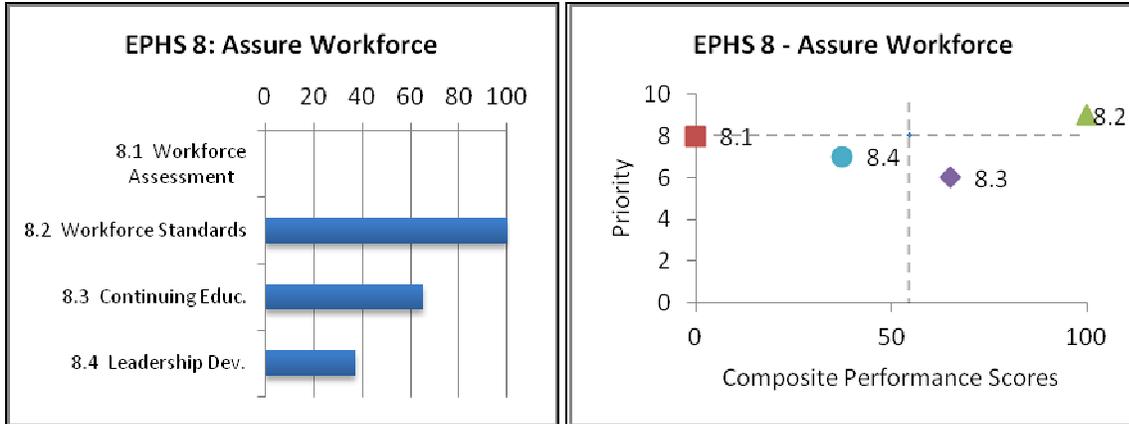
## Discussion Themes and Strengths for EPHS 8 Assure a Competent Public and Personal Health Care Workforce



**Summary comments regarding Priority Scores for EPHS 8:**

**8.1 Workforce Assessment, Planning and Development**

Participants felt there was a lack of systemic, coordinated planning to identify workforce needs.



<b>Agency Contribution to LPHSA</b>		<b>Model Standard Scores</b>
<b>A8.1</b>	<b>0 %</b>	<b>8.1 – 0</b>
<b>A8.2</b>	<b>0 – 25 %</b>	<b>8.2 – 100</b>
<b>A8.3</b>	<b>0 – 25 %</b>	<b>8.3 – 65</b>
<b>A8.4</b>	<b>0 – 25 %</b>	<b>8.4 – 38</b>

**EPHS 8: Overall Score – 51 *Significant* Rank – 8<sup>th</sup>**



## EPHS 9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

**Overall Score - 56 Overall Ranking: 6<sup>th</sup>**

To assess performance for Essential Public Health Service #9, participants were asked to address the following key questions:

***Are we doing any good?  
Are we doing things right?  
Are we doing the right things?***

Evaluating effectiveness, accessibility, and quality of personal and population-based health services encompasses the following:

- Assessing program effectiveness.
- Providing information necessary for allocating resources and reshaping programs.

### Group Composition and Perspectives:

Partners who gathered to discuss the performance of the local public health system in monitoring health status to identify community health problems included:

#	Organization type	#	Organization type
	The local health department or other governmental public health agency		Service recipients
	The local board of health or other governing entity		Managed care organizations
II	Hospitals	II	Non-profit organizations/advocacy groups
III	Service providers		Consultants

## EPHS 9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services **Model Standard Scores**

### 9.1 Evaluation of Population-Based Health Services **MODERATE** **38**

The local public health system (LPHS) evaluates population-based health services, which are aimed at disease prevention and health promotion for the entire community. Many different types of population-based health services are evaluated for their quality and effectiveness in targeting underlying risks. The LPHS uses nationally recognized resources to set goals for their work and identify best practices for specific types of preventive services (e.g. Healthy People 2020 or the Guide to Community Preventive Services). The LPHS uses data to evaluate whether population-based services are meeting the needs of the community and the satisfaction of those they are serving. Based on the evaluation, the LPHS may make changes and may reallocate resources to improve population-based health services.

9.1.1	Evaluate how well population based health services are working, including whether the goals that were set for programs were achieved	25
9.1.2	Assess whether community members, including those with a higher risk of having a health problem, are receiving services and are satisfied with the approaches to preventing disease, illness, and injury	50
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	25

### 9.2 Evaluation of Personal Health Services **SIGNIFICANT** **75**

The local public health system (LPHS) regularly evaluates the accessibility, quality, and effectiveness of personal health services. These services range from preventive care, such as mammograms or other preventive screenings or tests, to hospital care to care at the end of life. The LPHS sees that the personal health services in the area match the needs of the community, with available and effective care for all ages and groups of people. The LPHS works with communities to measure satisfaction with personal health services through multiple methods, including a survey that includes people who have received care and others who might have needed care or who may need care in the future. The LPHS uses findings from the evaluation to improve services and program delivery, using technological solutions such as electronic health records when indicated, and modifying organizational strategic plans as needed.

9.2.1	Evaluate the accessibility, quality, and effectiveness of personal health services	75
9.2.2	Compare the quality of personal health services to established guidelines	100
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 or communication among health care providers	75
9.2.5	Use evaluation findings to improve services and program delivery, and modify strategic plans as needed	50

### 9.3 Evaluation of the Local Public Health System **SIGNIFICANT** **56**

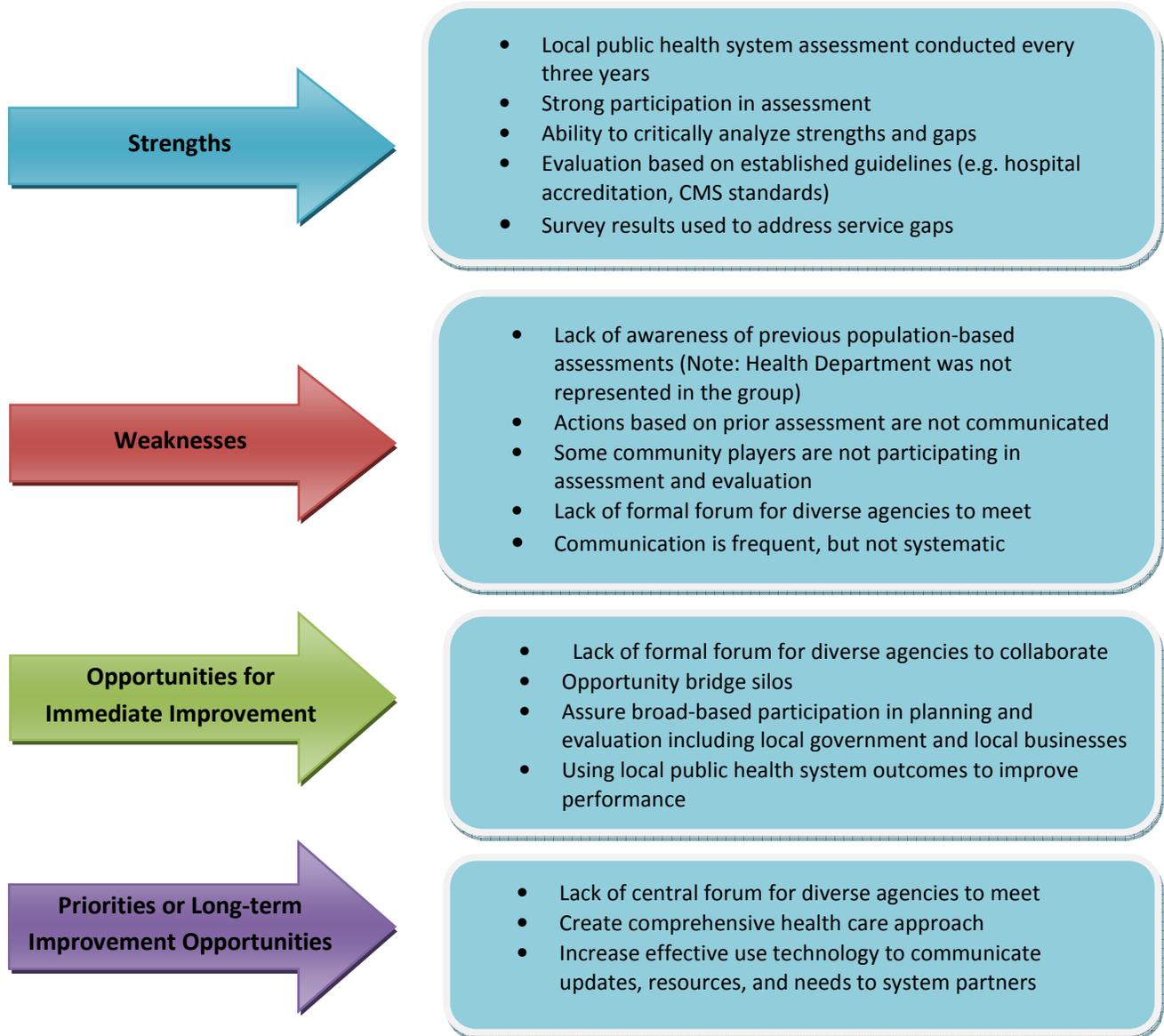
The local public health system (LPHS) evaluates itself to see how well it is working as a whole. Representatives from all groups (public, private, and voluntary) that provide essential public health services gather to conduct a systems evaluation. Together, using guidelines (such as this tool) that describe a model LPHS, participants evaluate LPHS activities and identify areas of the LPHS that need improvement. The results of the evaluation are also used during a community health improvement process.

Continued next page (indicators for Model Standard 9.3)

Continued from prior page 56

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	50
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	50

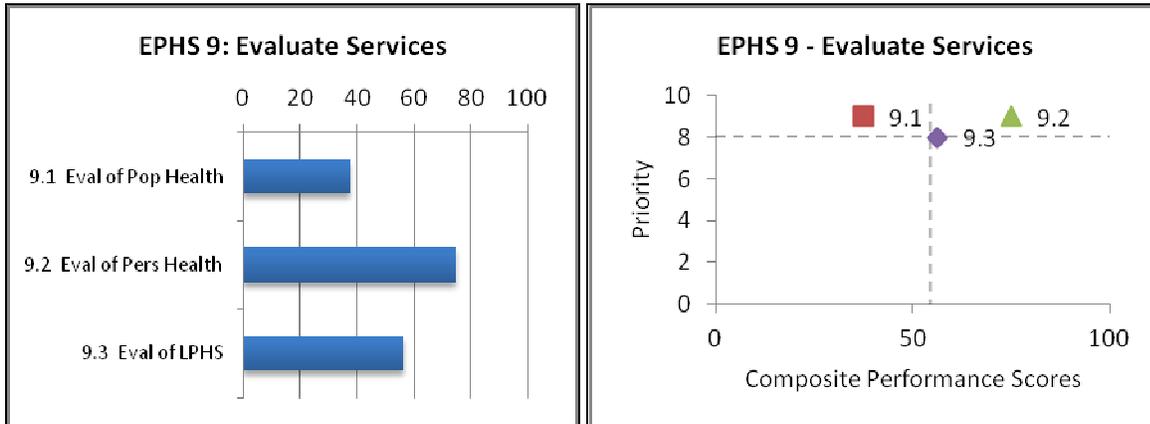
## Discussion Themes and Strengths for EPHS 9 Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services



**Summary comments regarding Priority Scores for EPHS 9:**

9.1 Evaluation of Population-Based Health Services

Flu tracking and Medicare statistics were mentioned. Otherwise, the group felt that this activity was not being done.



<b>Agency Contribution to LPHSA</b>		<b>Model Standard Scores</b>
<b>A9.1</b>	<b>26 – 50 %</b>	<b>9.1 – 38</b>
<b>A9.2</b>	<b>51 – 75 %</b>	<b>9.2 – 75</b>
<b>A9.3</b>	<b>26 – 50 %</b>	<b>9.3 – 56</b>

**EPHS 9: Overall Score – 56 *Moderate* Rank – 6<sup>th</sup>**



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

**Overall Score - 31    Overall Ranking: 10<sup>th</sup>**

To assess performance for Essential Public Health Service #10, participants were asked to address the following key question:

***Are we discovering and using new ways to get the job done?***

Researching for new insights and innovative solutions to health problems encompasses the following:

- Full continuum of innovation, ranging from practical field-based efforts to fostering change in public health practice to more academic efforts to encourage new directions in scientific research.
- Continuous linkage with institutions of higher learning and research.
- Internal capacity to mount timely epidemiologic and economic analyses and conduct health services research.

### Group Composition and Perspectives:

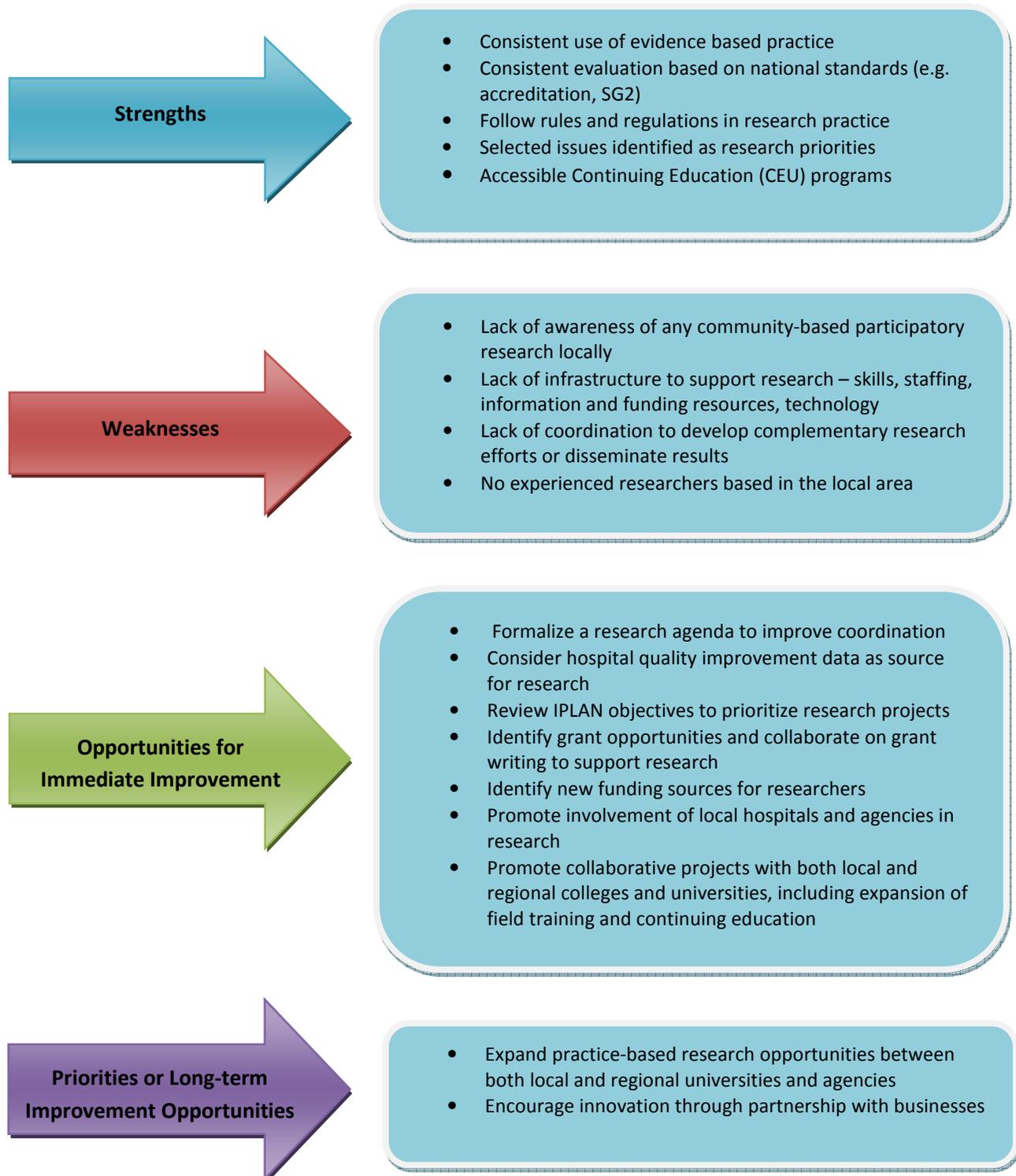
Partners who gathered to discuss the performance of the local public health system in monitoring health status to identify community health problems included:

#	Organization type	#	Organization type
I	The local health department or other governmental public health agency		Service providers
	The local board of health or other governing entity		Managed care organizations
II	Hospitals	I	Foundations
II	Colleges and universities	I	Human resource departments
	Employers	I	Advocacy organizations

## EPHS 10. Research for New Insights and Innovative Solutions to Health Problems Model Standard Scores

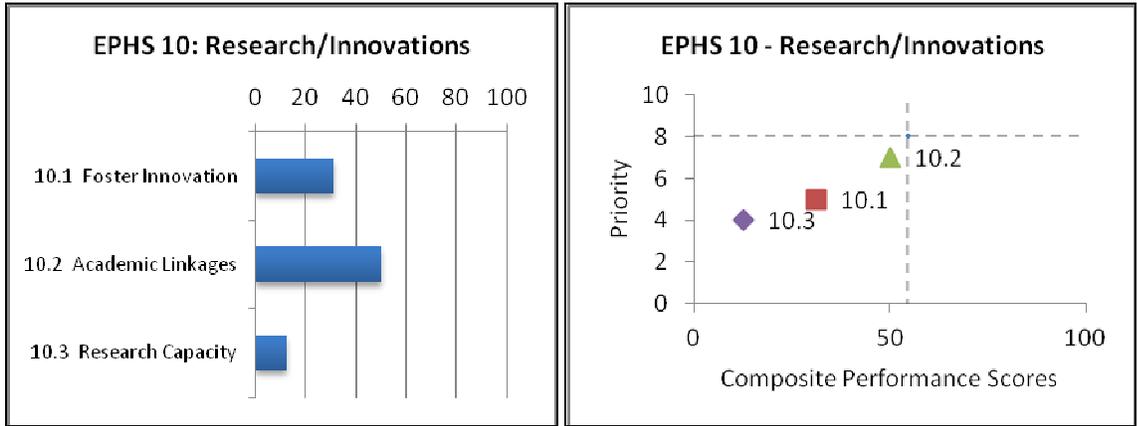
<b>10.1 Fostering Innovation</b>		<b>MODERATE</b>	<b>31</b>
Local public health system (LPHS) organizations try new and creative ways to improve public health practice. In both academic and practice settings, such as universities and local health departments, new approaches are studied to see how well they work.			
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		25
10.1.2	Suggest ideas about what currently needs to be studied in public health to research organizations		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		75
10.1.4	Encourage community participation in research, including deciding what will be studied, conducting research, and in sharing results		0
<b>10.2 Linkage with Institutions of Higher Learning and/or Research</b>		<b>MODERATE</b>	<b>50</b>
The local public health system (LPHS) establishes relationships with colleges, universities, and other research organizations. The LPHS is strengthened by ongoing communication between academics and LPHS organizations. They freely share information and best practices, and setting up formal or informal arrangements to work together. The LPHS connects with other research organizations, such as federal and state agencies, associations, private research organizations, and research departments or divisions of business firms. The LPHS does community-based participatory research, including the community as full partners from selection of the topic of study to design to sharing of findings. The LPHS works with one or more colleges, universities, or other research organizations to co-sponsor continuing education programs.			
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		75
10.2.2	Partner with colleges, universities, or other research organizations to do public health research, including community-based participatory research		0
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		75
<b>10.3 Capacity to Initiate or Participate in Research</b>		<b>MINIMAL</b>	<b>13</b>
The local public health system (LPHS) takes part in research to help improve the performance of the LPHS. This research includes the examination of how well LPHS members provide the Essential Public Health Services in the community (public health systems and services research) as well as studying what influences health care quality and service delivery in the community (health services research). The LPHS has access to researchers with the knowledge and skills to design and conduct health-related studies, supports their work with funding and data systems, and provides ways to share findings. Research capacity includes access to libraries and information technology, the ability to analyze complex data, and ways to share research findings with the community and use them to improve public health practice.			
10.3.1	Collaborate with researchers who offer knowledge & skills to design and conduct health-related studies		0
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		25
10.3.4	Evaluate public health systems research efforts throughout all stages of work from planning to impact on local public health practice		0

## Discussion Themes and Strengths for EPHS 10 Research for New Insights and Innovative Solutions to Health Problems



**Summary comments regarding Priority Scores for EPHS 10:**

No areas ranked  $\geq 8$  on priority and  $\leq 55$  on score (Upper Left Quadrant of Scatter Plots), indicating that they may require increased attention.



<b>Agency Contribution to LPHSA</b>		<b>Model Standard Scores</b>
<b>A10.1</b>	<b>0 %</b>	<b>10.1 – 31</b>
<b>A10.2</b>	<b>0 – 25 %</b>	<b>10.2 – 50</b>
<b>A10.3</b>	<b>0 %</b>	<b>10.3 – 13</b>

**EPHS 10: Overall Score – 31 *Moderate* Rank – 10<sup>th</sup>**

## **Appendices**

**APPENDIX 1**            **EPHS Raw Scores**

**APPENDIX 2**            **Orientation Slides as Handouts Retreat Preparation Handout**

**APPENDIX 3**            **Retreat Slides presented at Local Public Health System Assessment.**

**APPENDIX 4**            **Retreat Agenda**

**APPENDIX 5**            **Breakout Rosters**

**APPENDIX 6**            **Retreat Evaluation Results**



APPENDIX 1 EPHS RAW SCORES

		Performance Score	Priority Score
<b>ESSENTIAL PUBLIC HEALTH SERVICE SCORES</b>			
<b>ESSENTIAL SERVICE 1: Monitor Health Status to Identify Community Health Problems</b>		<b>57</b>	<b>8.67</b>
<b>1.1</b>	<b>Model Standard: Population-Based Community Health Profile (CHP)</b>	<b>33</b>	<b>9</b>
1.1.1	Conduct regular community health assessments?	50	
1.1.2	Provide and update community health profile reports with current information?	25	
1.1.3	Make the community health profile available and promote its use among community members and partners?	25	
<b>1.2</b>	<b>Model Standard: Current Technology to Manage and Communicate Population Health Data</b>	<b>50</b>	<b>8</b>
1.2.1	Use the best available technology and methods to combine and show data on the public health?	50	
1.2.2	Analyze health data, including geographic information, to see where health problems exist?	50	
1.2.3	Use computer software to create charts, graphs, and maps which show trends over time and compare data for different population groups?	50	
<b>1.3</b>	<b>Model Standard: Maintenance of Population Health Registries</b>	<b>88</b>	<b>9</b>
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?	75	
<b>ESSENTIAL SERVICE 2: Diagnose and Investigate Health Problems and Health Hazards</b>		<b>97</b>	<b>9.33</b>
<b>2.1</b>	<b>Model Standard: Identification and Surveillance of Health Threats</b>	<b>92</b>	<b>9</b>
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>	<b>100</b>	<b>10</b>
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	Rapidly and effectively 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 radiological public health emergencies?	100	
2.2.6	Evaluate exercises and incidents for effectiveness and opportunities for improvement?	100	
<b>2.3</b>	<b>Model Standard: Laboratory Support for Investigation of Health Threats</b>	<b>100</b>	<b>9</b>
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>53</b>	<b>8.33</b>
<b>3.1</b>	<b>Model Standard: Health Education and Promotion</b>	<b>42</b>	<b>8</b>
3.1.1	Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?	50	
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 in setting priorities, developing plans and implementing health education and health promotion activities?	25	
<b>3.2</b>	<b>Model Standard: Health Communication</b>	<b>42</b>	<b>8</b>
3.2.1	Develop health communication plans for relating to media and the public and for sharing information among LPHS organizations?	25	
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?	50	
3.2.3	Identify and train spokespersons on public health issues?	50	
<b>3.3</b>	<b>Model Standard: Risk Communication</b>	<b>75</b>	<b>9</b>
3.3.1	Develop an emergency communications plan for each stage of an emergency to allow for the effective creation and dissemination of information?	75	

APPENDIX 1 EPHS RAW SCORES

3.3.2	Make sure that systems and mechanisms are in place and enough resources are available for a rapid emergency communication response?	75	
3.3.3	Provide crisis and emergency communication training for employees and volunteers?	75	
<b>ESSENTIAL SERVICE 4: Mobilize Community Partnerships to Identify and Solve Health Problems</b>		<b>43</b>	<b>7.50</b>
<b>4.1</b>	<b>Model Standard: Constituency Development</b>	44	7
4.1.1	Maintain a complete and current directory of community organizations?	75	
4.1.2	Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?	50	
4.1.3	Encourage constituents to participate in community health assessment, planning and improvement efforts?	25	
4.1.4	Create forums for communication of public health issues?	25	
<b>4.2</b>	<b>Model Standard: Community Partnerships</b>	42	8
4.2.1	Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?	50	
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?	25	
<b>ESSENTIAL SERVICE 5: Develop Policies and Plans that Support Individual and Community Health Efforts</b>		<b>65</b>	<b>7.75</b>
<b>5.1</b>	<b>Model Standard: Governmental Presence at the Local Level</b>	67	6
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 through the LPHS?	75	
5.1.2	See that the local health department is accredited through the national voluntary accreditation program?	50	
5.1.3	Assure that the local health department has enough resources to do its part in providing essential public health services?	75	
<b>5.2</b>	<b>Model Standard: Public Health Policy Development</b>	58	8
5.2.1	Contribute to new or modified public health policies by engaging in activities that inform the policy development process and facilitate community involvement?	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>	33	8
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?	50	
5.3.2	Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?	25	
5.3.3	Connect organizational strategic plans with the Community Health Improvement Plan?	25	
<b>5.4</b>	<b>Model Standard: Plan for Public Health Emergencies</b>	100	9
5.4.1	Maintain a task force 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>		<b>71</b>	<b>8.33</b>
<b>6.1</b>	<b>Model Standard: Review and Evaluation of Laws, Regulations, and Ordinances</b>	100	6
6.1.1	Identify public health issues that can be addressed through laws, regulations, or ordinances?	100	
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?	100	
6.1.3	System review existing public health laws, regulations, and ordinances at least once every five years?	100	
6.1.4	Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?	100	
<b>6.2</b>	<b>Model Standard: Involvement in the Improvement of Laws, Regulations, and Ordinances</b>	33	9
6.2.1	Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?	50	
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?	25	
6.2.3	Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?	25	
<b>6.3</b>	<b>Model Standard: Enforcement of Laws, Regulations, and Ordinances</b>	80	10
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?	100	
6.3.3	Assure that all enforcement activities related to public health codes are done within the law?	100	
6.3.4	Inform and educate individuals and organizations about relevant laws, regulations, and ordinances?	75	
6.3.5	Evaluate how well local organizations comply with public health laws?	50	
<b>ESSENTIAL SERVICE 7: Link People to Needed Personal Health Services and Assure the Provision of Health</b>		<b>59</b>	<b>9.00</b>
<b>7.1</b>	<b>Model Standard: Identification of Personal Health Service Needs of Populations</b>	63	9
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?	75	
7.1.3	Defines roles and responsibilities for partners to respond to the unmet needs of the community?	50	
7.1.4	Understand the reasons that people do not get the care they need?	50	
<b>7.2</b>	<b>Model Standard: Assuring the Linkage of People to Personal Health Services</b>	56	9

APPENDIX 1 EPHS RAW SCORES

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?	75	
<b>ESSENTIAL SERVICE 8: Assure a Competent Public and Personal Health Care Workforce</b>		<b>51</b>	<b>7.50</b>
<b>8.1</b>	<b>Model Standard: Workforce Assessment, Planning, and Development</b>	<b>0</b>	<b>8</b>
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?	0	
8.1.2	Review the information from the workforce assessment and use it to find and address gaps in the local public health workforce?	0	
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?	0	
<b>8.2</b>	<b>Model Standard: Public Health Workforce Standards</b>	<b>100</b>	<b>9</b>
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?	100	
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?	100	
8.2.3	Base the hiring and performance review of members of the public health workforce in public health competencies?	100	
<b>8.3</b>	<b>Model Standard: Life-Long Learning through Continuing Education, Training, and Mentoring</b>	<b>65</b>	<b>6</b>
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 practice-academic collaborations between public health workforce members and faculty and students of research institutions?	100	
8.3.5	Continually train the public health workforce to deliver services in a cultural competent manner and understand social determinants of health?	50	
<b>8.4</b>	<b>Model Standard: Public Health Leadership Development</b>	<b>38</b>	<b>7</b>
8.4.1	Provide access to formal and informal leadership development opportunities for employees at all organizational levels?	50	
8.4.2	Create a shared vision of community health and the public health system, welcoming all leaders and community members to work together?	50	
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	
<b>ESSENTIAL SERVICE 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based</b>		<b>56</b>	<b>8.67</b>
<b>9.1</b>	<b>Model Standard: Evaluation of Population-Based Health Services</b>	<b>38</b>	<b>9</b>
9.1.1	Evaluate how well population-based health services are working, including whether the goals that were set for programs were achieved?	25	
9.1.2	Assess whether community members, including those with a higher risk of having a health problem, are receiving services and are satisfied with the approaches to preventing disease, illness, and injury?	50	
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?	25	
<b>9.2</b>	<b>Model Standard: Evaluation of Personal Health Services</b>	<b>75</b>	<b>9</b>
9.2.1	Evaluate the accessibility, quality, and effectiveness of personal health services?	75	
9.2.2	Compare the quality of personal health services to established guidelines?	100	
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 or communication among health care providers?	75	
9.2.5	Use evaluation findings to improve services and program delivery, and modify strategic plans as needed?	50	
<b>9.3</b>	<b>Model Standard: Evaluation of the Local Public Health System</b>	<b>56</b>	<b>8</b>
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?	50	
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?	50	
<b>ESSENTIAL SERVICE 10: Research for New Insights and Innovative Solutions to Health Problems</b>		<b>31</b>	<b>5.33</b>
<b>10.1</b>	<b>Model Standard: Fostering Innovation</b>	<b>31</b>	<b>5</b>
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?	25	
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?	75	

APPENDIX 1 EPHS RAW SCORES

10.1.4	Encourage community participation in research, including deciding what will be studied, conducting research, and in sharing results?	0	
<b>10.2</b>	<b>Model Standard: Linkage with Institutions of Higher Learning and/or Research</b>	<b>50</b>	<b>7</b>
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?	75	
10.2.2	Partner with colleges, universities, or other research organizations to do public health research, including community-based participatory research?	0	
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?	75	
<b>10.3</b>	<b>Model Standard: Capacity to Initiate or Participate in Research</b>	<b>13</b>	<b>4</b>
10.3.1	Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies?	0	
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?	25	
10.3.4	Evaluate public health systems research efforts throughout all stages of work from planning to impact on local public health practice?	0	
		Overall Scores (Average)	58.28 8.04
		Median	55 8.33

APPENDIX 1 RAW SCORES - PRIORITY SCORES

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

**APPENDIX 1 RAW SCORES - PRIORITY SCORES**

P6.1	On a scale of 1 to 10, what is the priority of this model standard - Review and Evaluation of Laws, Regulations and Ordinances - to our local public health system?	6
P6.2	On a scale of 1 to 10, what is the priority of this model standard - Involvement in the Improvement of Laws, Regulations, and Ordinances - to our local public health system?	9
P6.3	On a scale of 1 to 10, what is the priority of this model standard - Enforcement of Laws, Regulations, and Ordinances - to our local public health system?	10
<b>Essential Service #7 - Link people to needed personal health services and assure the provision of health care when otherwise unavailable</b>		
P7.1	On a scale of 1 to 10, what is the priority of this model standard - Identification of Personal Health Service Needs of Populations - to our local public health system?	9
P7.2	On a scale of 1 to 10, what is the priority of this model standard - Linkage of People to Personal Health Services - to our local public health system?	9
<b>Essential Service #8 - Assure a competent public health and personal health care workforce</b>		
P8.1	On a scale of 1 to 10, what is the priority of this model standard - Workforce Assessment, Planning and Development - to our local public health system?	8
P8.2	On a scale of 1 to 10, what is the priority of this model standard - Public Health Workforce Standards - to our local public health system?	9
P8.3	On a scale of 1 to 10, what is the priority of this model standard - Life-Long Learning through Continuing Education, Training and Mentoring - to our local public health system?	6
P8.4	On a scale of 1 to 10, what is the priority of this model standard - Public Health Leadership Development - to our local public health system?	7
<b>Essential Service #9 - Evaluate effectiveness, accessibility, and quality of personal and population-based health services</b>		
P9.1	On a scale of 1 to 10, what is the priority of this model standard - Evaluation of Population-based Health Services - to our local public health system?	9
P9.2	On a scale of 1 to 10, what is the priority of this model standard - Evaluation of Personal Health Services - to our local public health system?	9
P9.3	On a scale of 1 to 10, what is the priority of this model standard - Evaluation of the Local Public Health System - to our local public health system?	8
<b>Essential Service #10 - Research for new insights and innovative solutions to health problems</b>		
P10.1	On a scale of 1 to 10, what is the priority of this model standard - Fostering Innovation - to our local public health system?	5
P10.2	On a scale of 1 to 10, what is the priority of this model standard - Linkage with Institutions of Higher Learning and/or Research - to our local public health system?	7
P10.3	On a scale of 1 to 10, what is the priority of this model standard - Capacity to Initiate or Participate in Research - to our local public health system?	4

APPENDIX 1 RAW SCORES - AGENCY CONTRIBUTION

**National Public Health Performance Standards Program  
Local Public Health System Assessment  
Supplemental Questionnaire - Agency Contribution**

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

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



APPENDIX 1 RAW SCORES - AGENCY CONTRIBUTION

Essential Service #10 - Research for new insights and innovative solutions to health problems		
A10.1	How much of this model standard - Fostering Innovation - is achieved through the direct contribution of the local health department?	0%
A10.2	How much of this model standard - Linkage with Institutions of Higher Learning and/or Research - is achieved through the direct contribution of the local health department?	1-25%
A10.3	How much of this model standard - Capacity to Initiate or Participate in Research - is achieved through the direct contribution of the local health department?	0%



## Appendix 2 Orientation Slides

### Pre-assessment Orientation

**Webinar Host**  
Illinois Public Health Institute



*Participant Orientation for the  
Local Public Health System Assessment  
Retreat*



**Webinar Overview**



**Laurie Call**  
Director  
Center for Community Capacity Development  
Illinois Public Health Institute



### The MAPP Framework

- Use of NPHSP within MAPP ensures broad-based involvement
- MAPP provides the process for addressing strengths and weaknesses

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



### Webinar Objectives

*As a result of viewing this Webinar, participants will be able to:*

- Describe the National Public Health Performance Standards Program (NPHSP).
- Describe the 10 Essential Public Health Services.
- Explore how their organization or agency addresses the 10 Essential Public Health Services.



### Webinar Objectives

*As a result of viewing this Webinar, participants will be able to:*

- Understand the Local Public Health System Assessment (LPHSA) tool and how it will be facilitated.
- Explain benefits, value or purpose of the LPHSA process and results.
- Identify where to find additional information and resources to prepare for participating in the assessment.



### Webinar Technical Support

- Handout versions of slides available
- Need Technical Support?
  - ✓ Contact Sarah Rittner or Laurie Call at 312.850.4744 or [Sarah.Rittner@iphonline.org](mailto:Sarah.Rittner@iphonline.org) or [Laurie.Call@iphonline.org](mailto:Laurie.Call@iphonline.org)



Appendix 2 Orientation Slides cont.

### NPHPSP Vision

A partnership effort  
to improve the  
quality of  
**public health practice**  
and  
performance of  
**public health systems**




### Partners

- CDC – Overall lead for coordination
- ASTHO – Develop and support state instrument
- NACCHO – Develop and support local instrument; MAPP
- NALBOH – Develop and support governance instrument
- APHA –Marketing and communications
- PHF- Performance improvement; data collection and reporting system
- NNPHI – Support through institutes, training workshop and user calls











### Three NPHPSP Instruments



State



Local



Governance




### History of the NPHPSP

- Key Dates
  - > Began in 1998
  - > Version 1 instruments released in 2002
  - > Version 1 instruments used in more than 30 states (2002-2007)
  - > Development of Version 2 instruments (2005-2007)
  - > Version 2 released in Fall 2007
  - > Version 3.0 released for Field Testing Fall 2011
- Comprehensive Development of Instruments
  - > Practice-driven development by CDC and ASTHO, NACCHO and NALBOH Work Groups
  - > Field testing
  - > Validation studies




### Four Re-engineering Priorities

- Streamline the assessment tools
- Enhance systems building aspects of the assessment process
- Strengthen linkages with accreditation
- Promote quality and performance improvement activities




### Streamline Assessment Tools

- Fewer scored questions
  - ▲ Scoring at stem question level only
- Emphasize use of plain language




## Appendix 2 Orientation Slides cont.

### Enhance Systems Building Aspects of the Assessment Process

- Revised stem question language to reinforce system orientation
  - "At what level does the system. . ."
- List of potential system partners included at Essential Service level in State and Local Instruments
- Implementation Guide emphasizes techniques to build system connections



### Strengthen Linkages with Accreditation

- Detailed cross-walk between accreditation standards and NPHSP being created
  - Two potential supplemental components:
    - Recommendations for documentation/action for accreditation preparation; and
    - Questionnaire/note-taking format for accreditation coordinators.



### Promote Quality and Performance Improvement Activities

- Enhanced improvement guidance throughout the assessment process (pre-, during, and post-assessment)
- Framework to identify improvement opportunities within each Essential Service
- Revised template and guidance for identifying priorities



### Four Concepts Applied in NPHSP



- Based on the ten Essential Public Health Services
- Focus on the overall public health system
- Describe an optimal level of performance
- Support a process of quality improvement



### 1 The Essential Services as a Framework

- Provides a foundation for any public health activity
- Describes public health at both the state and local levels
- Instruments include sections addressing each ES



### PUBLIC HEALTH IN AMERICA

#### Public Health..

- Prevents epidemics and the spread of disease
- Protects against environmental hazards
- Prevents injuries
- Promotes and encourages healthy behaviors
- Responds to disasters and assists communities in recovery
- Assures the quality and accessibility of health services



Appendix 2 Orientation Slides cont.

### The Essential Public Health Services

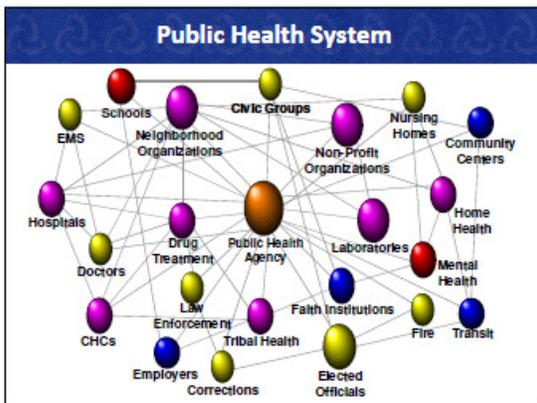
1. Monitor health status	6. Enforce laws and regulations
2. Diagnose and investigate health problems	7. Link people to needed health services
3. Inform, educate and empower people	8. Assure a competent workforce - public health and personal care
4. Mobilize communities to address health problems	9. Evaluate health services
5. Develop policies and plans	10. Conduct research for new innovations




### 2 Focus on the "System"

- More than just the public health agency
- "Public health system"
  - All public, private, and voluntary entities that contribute to public health in a given area.
  - A network of entities with differing roles, relationships, and interactions.
  - All entities contribute to the health and well-being of the community.



### A Well-Functioning Public Health System has...

- Strong partnerships, where partners recognize they are part of the PHS
- Effective channels of communication
- System-wide health objectives
- Resource sharing
- Leadership of governmental ph agency
- Feedback loops among state, local, federal partners





### 3 Optimal Level of Performance

- Each performance standard represents the "gold standard"
- Provide benchmarks to which state and local systems can strive to achieve
- Stimulate higher achievement





Appendix 2 Orientation Slides cont.

### 4 Stimulate Quality Improvement

- Standards should result in identification of areas for improvement
- Link results to an improvement process
- NPHPSP Local Instrument - used within the MAPP planning process




NPHPSP



NPHPSP

### ES 1 - Monitor Health to Identify and Solve Community Health Problems

- Accurate, periodic **assessment** of the **community's health status**, including:
  - Identification of health risks
  - Attention to vital statistics and disparities
  - Identifications of assets and resources
- Utilization of methods and technology (e.g., GIS) to **interpret and communicate data**
- Population health **registries**



NPHPSP

### ES 2 - Diagnose and Investigate Health Problems and Hazards in the Community

- Timely **identification and investigation** of health threats
- Availability of **diagnostic services**, including laboratory capacity
- Response plans** to address major health threats



NPHPSP

### ES 3 - Inform, Educate, and Empower People About Health Issues

- Initiatives using **health education and communication sciences** to:
  - Build knowledge and shape attitudes
  - Inform decision-making choice
  - Develop skills and behaviors for healthy living
- Health education and health promotion partnerships** within the community to support healthy living
- Media advocacy and social marketing**



NPHPSP

### ES 4 - Mobilize Community Partnerships to Identify and Solve Health Problems

- Constituency development and identification of **system partners** and stakeholders
- Coalition development**
- Formal and informal **partnerships** to promote health improvement



NPHPSP

## Appendix 2 Orientation Slides cont.

### ES 5 - Develop Policies and Plans that Support Individual and Community Health Efforts

- **Policy development** to protect health and guide public health practice
- Community and state **planning**
- **Alignment of resources** to assure successful planning



### ES 6 - Enforce Laws and Regulations that Protect Health and Ensure Safety

- **Review, evaluation, and revision** of legal authority, laws, and regulations
- **Education** about laws and regulations
- **Advocating** of regulations needed to protect and promote health
- Support of **compliance** efforts and enforcement as needed



### ES 7 - Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable

- **Identifying populations** with barriers to care
- **Effective entry** into a coordinated system of clinical care
- **Ongoing care management**
- **Culturally appropriate** and targeted health information for at risk population groups
- Transportation and other **enabling services**



### ES 8 - Assure a Competent Public and Personal Healthcare Workforce

- **Assessment** of the public health and personal health workforce
- Maintaining public health workforce **standards**
  - ▲ Efficient processes for licensing / credentialing requirements
  - ▲ Use of public health competencies
- **Quality improvement** and life-long learning
  - ▲ Leadership development
  - ▲ Cultural competence



### ES 9 - Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-based Health Services

- Evaluation answers:
  - ▲ Are we **doing things right**?
  - ▲ Are we **doing the right things**?
- Evaluation must be **ongoing** and should **examine**:
  - ▲ Personal health services
  - ▲ Population based services
  - ▲ The public health system
- Evaluation should **drive resource allocation** and program improvement



### ES 10 - Research for New Insights and Innovative Solutions to Health Problems

- **Identification and monitoring** of innovative solutions and cutting-edge research to advance public health
- **Linkages** between public health practice and academic / research settings
- Epidemiological studies, health policy analyses and health systems **research**.



## Appendix 2 Orientation Slides cont.

### What to Expect at the LPHSA Retreat

- Relationship Building and Networking
- Working Session (refer to your local materials/agenda)
- Collaborative Effort
- Contributing to a community assessment and strategic planning process to improve public health in your community
- Further opportunities to contribute




### Preparing for YOUR Participation in the LPHSA

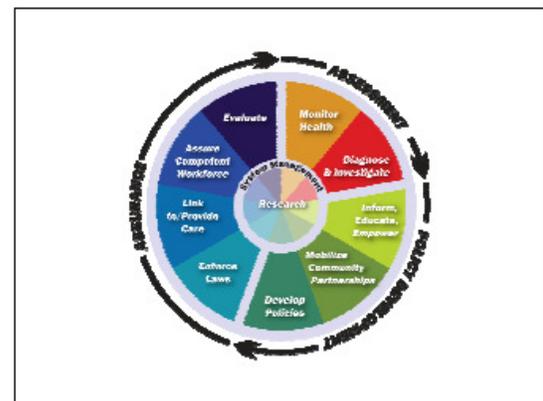
- Review the LPHSA Tool
- 4 Concepts Applied
  - > 10 Essential Services as Framework
  - > Focus on "System"
  - > Optimal Level of Performance
  - > Stimulate Quality Improvement
- Begin thinking about how your organization fits...




### Questions to Consider

- How does your organization's work fit into each Essential Public Health Service?
- How good is the collective effort of public, private and voluntary organizations at achieving the model standards for each Essential Public Health Service?
- What are some specific examples that explain your response?





### Framework for the Assessment

- Your facilitator will facilitate open discussion of local model standards
  - > Will draw out different points of view
  - > Will gather ratings on system performance on each question
  - > Will keep the process moving!
- Your role as a participant
  - > Be prepared to engage in discussion of collective performance of the system
  - > Actively listen to your colleagues




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

Participant Guide  
Essential Service Description

What's going on in our community?  
Do we know how healthy we are?

Monitoring health status to identify community health problems encompasses the following:

- Accounts, ongoing assessment of the community's health status.
- Identification of threats to health.
- Determination of health service needs.
- Attention to the health needs of groups that are at higher risk than the total population.
- Identification of community assets and resources that support the public health system in promoting health and increasing quality of life.
- Use of appropriate methods and technology to interpret and communicate data to diverse audiences.
- Collaboration with other stakeholders, including private providers and health benefit plans, to manage multistructured integrated information systems.

Partners gathered to discuss the performance of the local public health system in monitoring health status to identify community health problems may include:

<input type="checkbox"/> The local health department or other governmental public health agency	<input type="checkbox"/> State health department
<input type="checkbox"/> The local board of health or other governing entity	<input type="checkbox"/> National level agency or organization
<input type="checkbox"/> University or academic institutions	<input type="checkbox"/> Community-based organizations
<input type="checkbox"/> Public health laboratories	<input type="checkbox"/> Epidemiologists
<input type="checkbox"/> Health/hospital systems	<input type="checkbox"/> Environmental health data experts
<input type="checkbox"/> Municipal water organizations	<input type="checkbox"/> Emergency preparedness team members
<input type="checkbox"/> Local chapter of national health-related group (e.g., March of Dimes)	<input type="checkbox"/> Health and well-being focused coalition members
	<input type="checkbox"/> The general public
	<input type="checkbox"/> Other _____

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## Appendix 2 Orientation Slides cont.

**Participant Guide**  
**Model Standard Description**

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

The local public health system (LPHS) develops a community health profile (CHP) using data from a detailed community health assessment (CHA) to give an overall look at the community's health. The CHA includes information on health status, quality of life, risk factors, social determinants of health, and strengths of the community at least every 3 years. Data included in the community health profile are accurate, reliable, and interpreted according to the evidence base for public health practice. CHP data and information are displayed and updated according to the needs of the community.

With a CHA, a community receives an in-depth picture or understanding of the health of the community. From the CHA and CHP, the community can identify the most vulnerable populations and related health inequities, prioritize health issues, identify best practices to address health issues and put resources where they are most needed. The CHP also tracks the health of a community over time and compares local measures to other local, state, and national benchmarks.

To accomplish this, members of the LPHS work together to:

- Conduct regular community health assessments.
- Provide and update community health profile reports with current information.
- Make the community health profile available and promote its use among community members and partners.

**Participant Guide**  
**Model Standard Discussion Questions and Performance Measures**

**Model Standard 1.1 Discussion Questions**

**Awareness**

- Did most of you know about the assessment?
- Do you all have access to the CHP?

**Involvement**

- How many of you (or those listed on the previous page) participated in the assessment?

**Frequency**

- How often is the CHP completed?
- How often is all the data updated in the CHP?

**Quality and Comprehensiveness**

- Which data sets are included in the CHP?
- How is the CHP used to monitor progress towards local health priorities? (State health priorities? Healthy People 2020 national objectives?)
- How is the CHP looking at data over time to track trends?
- How is the data helping the LPHS identify health disparities?

**Utility**

- How easily accessible is the general public to the CHP?
- How is the CHP promoted to the community?
- How is the CHP used to inform health policy and planning decisions?

**Performance Measures**

**At what level does the local public health system...**

**1.1.1 Conduct regular community health assessments?**

- No Activity
- Minimal
- Moderate
- Significant
- Optimal

**1.1.2 Provide and update community health profile reports with current information?**

- No Activity
- Minimal
- Moderate
- Significant
- Optimal

**1.1.3 Make the community health profile available and promote its use among community members and partners?**

- No Activity
- Minimal
- Moderate
- Significant
- Optimal

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NO ACTIVITY	MINIMAL ACTIVITY	MODERATE ACTIVITY	SIGNIFICANT ACTIVITY	OPTIMAL ACTIVITY
NO ACTIVITY	MINIMAL ACTIVITY	MODERATE ACTIVITY	SIGNIFICANT ACTIVITY	OPTIMAL ACTIVITY
NO ACTIVITY	Greater than zero, but no more than 25% of the activity described within the question is met within the public health system.	Greater than 25%, but no more than 50% of the activity described within the question is met within the public health system.	Greater than 50%, but no more than 75% of the activity described within the question is met within the public health system.	Greater than 75% of the activity described within the question is met within the public health system.

**Participant Guide**  
**Essential Service Summary Notes Page**

**Summary Notes**  
Essential Service 1: Monitor Health Status to Identify Community Health Problems

Strength	Weakness	How to Plan to Address Weakness/Address	What to Highlight/Emphasize/Communicate
Model Standard 1.1: Population-Based Community Health Profile (CHP)			
Model Standard 1.2: Current Technology to Manage and Communicate Population Health Data			
Model Standard 1.3: Performance of Agency Health and Data			

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**Local Public Health Agency Questions**

- LPHA leadership question in each Essential Service
- Agency Contribution Question
  - What proportion of the collective efforts of the local public health system in this model standard are directly contributed by the local public health department?

NPHPSP

**Next Steps**

- Reflect on the Questions on Slide 39
- Review Participant Materials with Emphasis on the Essential Service Model Standards for the Break-Out Group You Selected or Are Assigned
- For More Info on NPHPSP, visit: <http://www.cdc.gov/od/ocphp/nphpsp/>
- Arrive Early for Breakfast and Check-in
- Dress in Layers for your Comfort
- Complete the Feedback Evaluation

NPHPSP

Appendix 2 Orientation Slides cont.



**NPHPSP**  
National Public Health Performance Standards Program

*Thank you for your participation.*



*The Illinois Public Health Institute provides local Technical Assistance and support with administering the LPHSA and with planning and facilitating the MAPP process. For TA, contact Laurie Call at the Center for Community Capacity Development at IPHI.*

Contact Laurie at [laurie.call@iphionline.org](mailto:laurie.call@iphionline.org)





Appendix 3 Retreat Slides



**NPHPSP**  
National Public Health Performance Standards Program



**Kankakee County  
Local Public Health  
System Assessment**  
September 30, 2011

**Assessment Convener:**  
The Kankakee County Partnership for a Healthy Community

**Assessment Technical Assistance Provided by:**  
Illinois Public Health Institute,  
Center for Community Capacity Development



**NPHPSP**  
National Public Health Performance Standards Program  
Kankakee County Local Public Health System Assessment  
September 30, 2011

**WELCOME**  
*Greg Carrell,*  
United Way of Kankakee County

**Introduction of Committee**  
*Bonnie Schaafsma,*  
Kankakee County Health Department

**Partnership for Planning and Action**

- Illinois Project for the Local Assessment of Needs (IPLAN)
- Mobilizing Action Through Planning and Partnerships (MAPP) – Assessment and Planning Framework
- Kankakee County Partnership for a Healthier Community





**Steering Committee**

St. Anne Jaeger- PFHC Chair- Ass. Vice President of Mission Services, Provena St. Mary's Hospital  
 Dr. John Jurica- PFHC Co-Chair- Vice President for Medical Affairs, Riverside Medical Center  
 Bonnie Schaafsma- PFHC Co-Chair- Administrator, Kankakee County Health Department  
 Greg Carrell- Executive Director, United Way of Kankakee County  
 Tomie Carter- PFHC Coordinator- Community Benefit Manager, Provena St. Mary's Hospital  
 Margaret Frogge- Senior Vice President Corporate Strategy, Riverside Medical Center  
 Greg Harris- Administrator, Catholic Charities, Diocese of Joliet  
 Dr. Carl Leeb- Professor of Theology & Dean of School of Theology and Christian Ministry, Olive Nazarene University  
 Dr. Jim Upchurch- Dean of School of Education, Olive Nazarene University  
 Dr. John Amondano- President, Kankakee Community College  
 Pam Guzikowski- Director, Provena Home Health Care  
 Jackie Haas- Director, Helen Wheeler Center for Community Mental Health  
 Pastor Larry Garcia- Hispanic Partnership  
 Dr. Houston Thompson- Board Member, United Way of Kankakee County  
 Theodius Pass- Administrator, NMACP

**Reminders for the Assessment**

- County Self - Assessment**
  - > Candor
  - > Think "System"
  - > Focus Discussion on Standard and Measure
- Results Inform Performance Improvement**

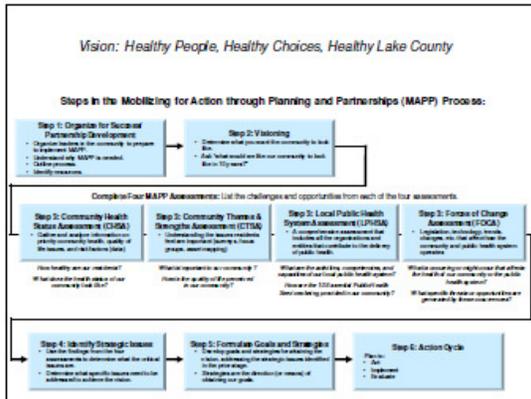


**NPHPSP**  
National Public Health Performance Standards Program  
Lake County Local Public Health System Assessment  
June 10, 2011

**ASSESSMENT OVERVIEW**  
*Laurie Call*  
Director,  
Center for Community Capacity Development  
Illinois Public Health Institute  
[Laurie.Call@iphonline.org](mailto:Laurie.Call@iphonline.org)



## Appendix 3 Retreat Slides cont.



## The MAPP Framework

- Use of NPHSP within MAPP ensures broad-based involvement
- MAPP provides the process for addressing strengths and weaknesses

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

Time	Agenda Item
8:00 AM	Registration and Breakfast – Iroquois Rm D152
8:30 AM	Welcome and Opening Remarks NPHSP Assessment Orientation Review
9:45 AM	Breakout Session I: <ul style="list-style-type: none"> <li>Group A – Cavalier Rm L120</li> <li>Group B – D151</li> <li>Group C – D124</li> <li>Group D – D123</li> <li>Group E – Conference Rm D140</li> </ul>
12:15 PM	Lunch Break- Iroquois Rm D152
1:00 PM	Breakout Session II: <ul style="list-style-type: none"> <li>Group A – Cavalier Rm L120</li> <li>Group B – D151</li> <li>Group C – D124</li> <li>Group D – D123</li> <li>Group E – Conference Rm D140</li> </ul>
3:00 PM	NPHSP Assessment Recap Next Steps and Evaluation – Conference Room D140
4:00 PM	Adjourn

## Facilitators and Recorders

- Group A (Essential Services 1 and 2) – Cavalier Rm L120  
-Steve Sewaryn, Facilitator  
-Victoria Conley, Scorer
- Group B (Essential Service 3 and 4) – Room D151  
-Laurie Call, Facilitator  
-Kristen Kallinski, Scorer  
-Cornelius Davis, Recorder
- Group C (Essential Services 5 and 6) – Room D124  
-Elissa Bassler, Facilitator  
-Amy Dillman, Scorer  
-Zachary Baker, Recorder
- Group D (Essential Services 7 and 9) – Room D123  
-Amari Tokars, Facilitator  
-Felicia Fatt, Scorer  
-Jessica Voss, Recorder
- Group E (Essential Services 8 and 10) – Conference Rm D140  
-Sarah Rittner, Facilitator  
-Jana Pierce, Scorer  
-Joseph Knight, Recorder

## Forum Support

- Assessment Support
  - Laurie Call, Illinois Public Health Institute
- Staff Support
  - Torrie Carter, Provena St. Mary's Hospital

## NPHSP Orientation

Let's review and prepare for today!

Appendix 3 Retreat Slides cont.

### NPHPSP Vision

A partnership effort  
to improve the  
quality of  
public health practice  
and  
performance of  
public health systems




### Partners

- CDC – Overall lead for coordination
- ASTHO – Develop and support state instrument
- NACCHO – Develop and support local instrument; MAPP
- NALBOH – Develop and support governance instrument
- APHA – Marketing and communications
- PHF – Performance improvement; data collection and reporting system
- NNPHI – Support through institutes, training workshop and user calls





### Four Concepts Applied in NPHPSP

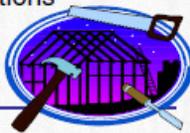


1. Based on the ten Essential Public Health Services
2. Focus on the overall public health system
3. Describe an optimal level of performance
4. Support a process of quality improvement




### 1 The Essential Services as a Framework

- Provides a foundation for any public health activity
- Describes public health at both the state and local levels
- Instruments include sections addressing each ES




### The Essential Public Health Services

1. Monitor health status	6. Enforce laws and regulations
2. Diagnose and investigate health problems	7. Link people to needed health services
3. Inform, educate and empower people	8. Assure a competent workforce - public health and personal care
4. Mobilize communities to address health problems	9. Evaluate health services
5. Develop policies and plans	10. Conduct research for new innovations



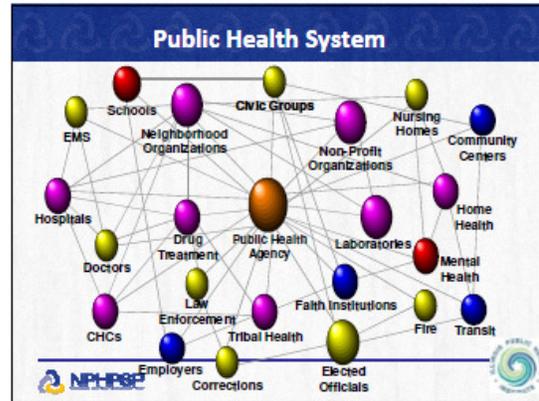


Appendix 3 Retreat Slides cont.

### 2 Focus on the "System"

- More than just the public health agency
- "Public health system"
  - All public, private, and voluntary entities that contribute to public health in a given area.
  - A network of entities with differing roles, relationships, and interactions.
  - All entities contribute to the health and well-being of the community.



### 3 Optimal Level of Performance

- Each performance standard represents the "gold standard"
- Provide benchmarks to which state and local systems can strive to achieve
- Stimulate higher achievement





### 4 Stimulate Quality Improvement

- Standards should result in identification of areas for improvement
- Link results to an improvement process
- NPHSP Local Instrument - used within the MAPP planning process






### Framework for the Assessment

- Your facilitator will facilitate open discussion of local model standards
  - Will draw out different points of view
  - Will gather ratings on system performance on each question
  - Will keep the process moving!
- Your role as a participant
  - Be prepared to engage in discussion of collective performance of the system
  - Actively listen to your colleagues

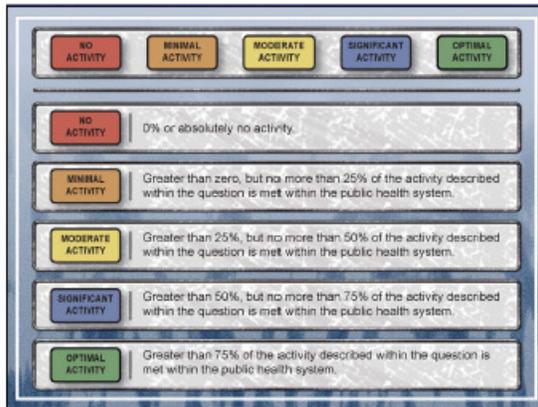



### Determining Responses

- Think about the discussion/ responses to discussion questions related to:
  - Awareness of activity
  - Involvement with activity
  - Frequency of activity
  - Quality and Comprehensiveness of activity
  - Utility of the activity or results of the activity
- One final set of responses should be developed; Working towards "Consensus" on final scores




Appendix 3 Retreat Slides cont.



### Reasonable Consensus

- Goal is to have a score that is a good representation of the collective voice
  - ▲ Is this a score you can live with?
  - ▲ You might not agree 100%, but good representation of collective discussion.




Move to Break-Out Groups

### Summary and Wrap-up Guidance Questions

Select a participant to report out on the following:

- *What did you learn from the discussion about how this Essential Service is carried out in the County?*
  - System Strengths
  - System Weaknesses
  - Opportunities for Immediate Improvement/ Partnerships
  - Priorities
- *Were your previous opinions confirmed or were there surprises? How so?*




### Wrap-up

Recap of discussion (2-3 minutes each)

- **Group 1**
  1. Monitor health status
  2. Diagnose and investigate health problems
- **Group 2**
  3. Inform, educate and empower people
  4. Mobilize communities to address health problems

### Wrap-up

- **Group 3**
  5. Develop policies and plans
  6. Enforce laws and regulations
- **Group 4**
  7. Link people to needed health services
  9. Evaluate health services
- **Group 5**
  8. Assure competent workforce - PH and personal care
  10. Conduct research for new innovations

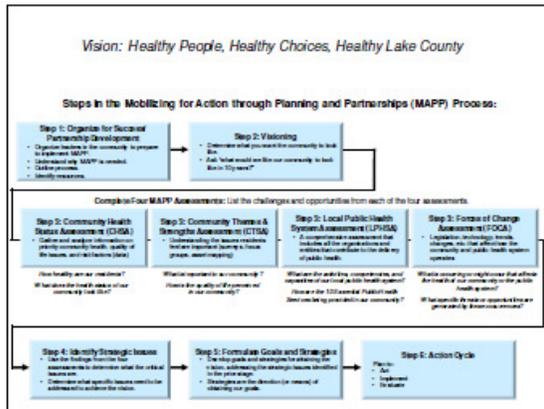
Appendix 3 Retreat Slides cont.

### Immediate Next Steps

- Enter Scores and Data
- CDC Analysis of NPHPSP scores
- Feedback to CDC on Process
- Report of NPHPSP Outcomes
  - Steering Committee
  - All participants in assessment

### 2011/12 Next Steps

- Finalize Other 3 Assessments
  - Community Themes and Strengths Assessment
  - Community Health Status Assessment
  - Forces of Change Assessment
- Analyze Results and Select Priorities
- Asset Mapping
- Develop Community Health Improvement Plan
- Form Sub-Committees to Address Priorities
- Develop, Implement and Evaluate Plans






**Thank you for your participation.**

*The Illinois Public Health Institute provides local Technical Assistance and support with administering the LPHSA and with planning and facilitating the MAPP process. For TA, contact Laurie Call at the Center for Community Capacity Development at IPHI.*

Contact Laurie at [laurie.call@iphionline.org](mailto:laurie.call@iphionline.org)








**Kankakee County Public Health System Assessment Retreat  
September 30, 2011  
Agenda**

<b>8:00 – 8:30</b>	<b>Registration</b> Continental Breakfast	<b>Iroquois room D152</b>
<b>8:30 – 9:30</b>	<b>Welcome</b> Opening Remarks Agenda/Instructions NPHPSP Orientation Review	<b>Iroquois room D152</b> Bonnie Schaafsma Greg Carrell
<b>9:30 – 9:45</b>	<b>Transition</b>	
<b>9:45 – 12:15</b>	<b><u>Breakout Session 1</u></b> Group A (Essential Service 1) Group B (Essential Service 3) Group C (Essential Service 5) Group D (Essential Service 7) Group E (Essential Service 8)	Cavalier Rm L120 D151 D124 D123 Conference Hall D140
<b>12:15-1:00</b>	<b>Lunch</b>	<b>Iroquois room D152</b>
<b>1:00 – 3:00</b>	<b><u>Breakout Session 2</u></b> Group A (Essential Service 2) Group B (Essential Service 4) Group C (Essential Service 6) Group D (Essential Service 9) Group E (Essential Service 10)	Cavalier Rm L120 D151 D124 D123 Conference Hall D140
<b>3:00 – 3:15</b>	<b>Transition</b>	
<b>3:30 – 4:00</b>	<b>Wrap Up and Next Steps</b>	<b>Conference Hall D140</b>



## Appendix 5 Breakout Rosters

ESSENTIAL SERVICES 1 & 2	
Name	Organization/Title
Pam Boundreau	Kankakee County Health Department, Director Client Services
Brenda Menard	Riverside Medical Center, Director Clinical Resource Manager
Emma Ratajczak	American Red Cross, Disaster Services Coordinator
Tony Brunello	Provena St.Mary's Hospital, Director of Cardiology Services
Kevin Hack	Riverside Medical Center, Director of Emergency Services
Susan Day	Olivet Community College, Nursing Professor
Debbi Baldauff	Catholic Charities, Assistant Director of Senior Services
Dianne Maxwell	GROW in Illinois, Assistant for Program and Residential Coordination
Mary Shore	Riverside Medical Center, Director Quality Improvement

ESSENTIAL SERVICES 3 & 4	
Name	Organization/Title
Kim Mau	Kankakee Community College, Associate Dean of Health, Riverside Oaks Board
Martha Bouk	Riverside Medical, Nurse, Infection Prevention
Paula Morris	Provena St Mary's Hospital, Nurse, Infection Prevention
Lynn Zugenbuehler	Kankakee YMCA, Pioneer Coalition
Larry Garcia	New Life Church, Pastor
	Hispanic Partnership, President
Linda Hildbrandt	Kankakee County Health Dept, Health Educator
Carole Frankie	RN,NAACP, Hispanic Partnership, Iroquois Health Coordinator

<b>ESSENTIAL SERVICES 3 &amp; 4 cont.</b>	
<b>Name</b>	<b>Organization/Title</b>
Kay Pangile	Kankakee and Iroquois Pioneer Coalition, Regional Superintendent
Fred Brown	Grow in Illinois

<b>ESSENTIAL SERVICES 5 &amp; 6</b>	
<b>Name</b>	<b>Organization/Title</b>
John Bevis	Kankakee Health Department, Director of Environmental Health
Jim Upchurch	Olivet Nazarene University, Professor
Sandra Knight	YWCA, Executive Director
Craig Bishop	Olivet Nazarene University, Director of Public Safety, Teacher in Criminal Justice Program
Matt McBurnie	Riverside Health Foundation
Torrie Carter	Provena St. Mary's, Community Benefits Director
Jim Simone	Riverside Medical Center, Director of Substance Abuse Program (Early Prevention)
Rita Morris	Provena St. Mary's Hospital, Director of Quality

<b>ESSENTIAL SERVICES 7 &amp; 9</b>		
<b>Name</b>	<b>Organization</b>	
Maggie Frogge	Senior Vice President of Corporate Strategy, Riverside Health Center	
Pete LaMotte	Provena St. Mary's Hospital, Director of Social Work	
Kathy Peterson	Independent Living	
Kim Gehling	Prairie State Legal Services	
Pam Gulczynski	Provena Home Health, Director	
Greg Harris	Catholic Charities, Director of Community Services	
Melissa Morehouse	Harbor House	
Ann Brzeszkiewicz	School-based Health Center	
Liz Hammond	Riverside Behavioral Health	

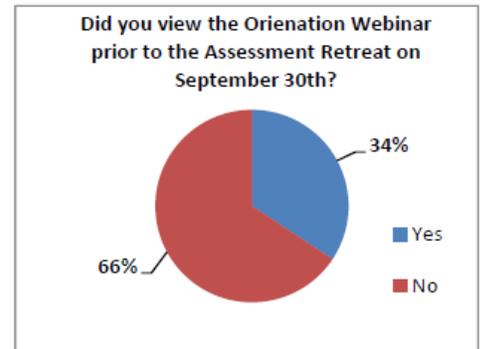
<b>ESSENTIAL SERVICES 8 &amp; 10</b>		
<b>Name</b>	<b>Organization</b>	
Yvonne Chafant	Provena St. Mary's Hospital, Foundation	
Deb Denson	Kankakee Community College, Assistant Director	
Kris	Kankakee County Health Department, Administrative Coordinator	
Carl Leth	Olivet Community College, Dean of School of Theology	
Kim Mau	Kankakee Community College, Associate Dean	
John Jurica	Riverside Medical Center, Vice President for Medical Affairs	
Sr. Anne Jaeger	Provena St. Mary's Hospital, Vice President of Mission Services	



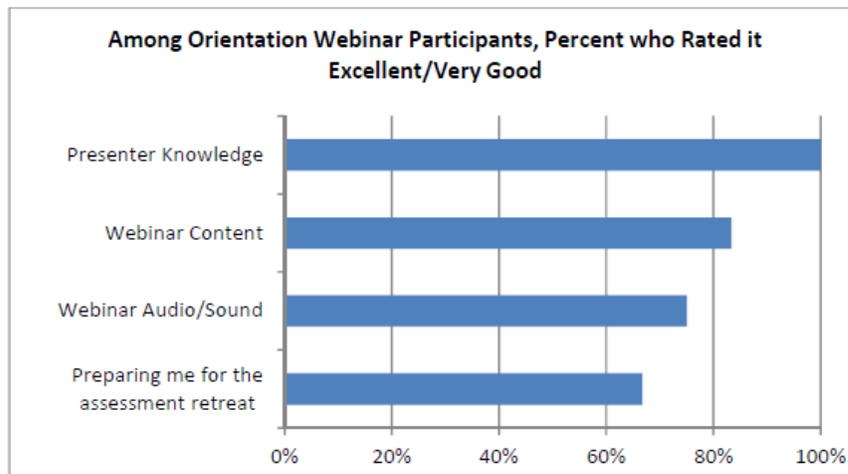
## Appendix 6 Retreat Evaluation Results

### Kankakee LPHSA Participant Evaluation

Overall, only 34% of participants reviewed the webinar prior to the retreat. Two participants commented that they tried to access the webinar but the server was unavailable, and one stated that they did not receive the information prior to the retreat.

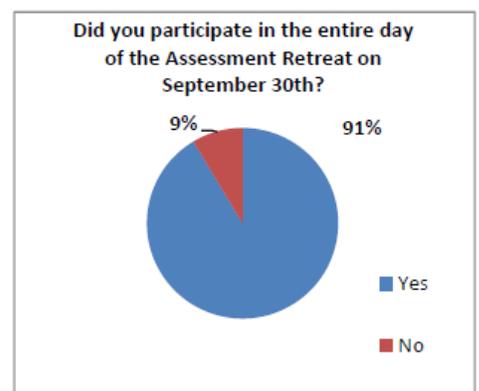


Among the 12 participants who did view the webinar, they rated it highly overall; no participants rated it as poor or very poor.

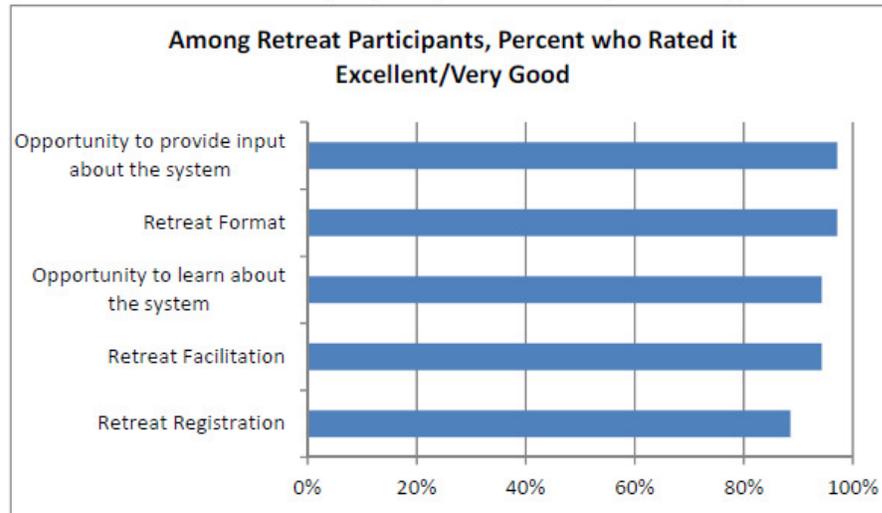


Specific comments regarding the webinar included that “the preview at the retreat was helpful” and “we were very well prepared by the webinar”. Two participants commented that it was long and they would have liked to know the time commitment before starting. One wished to have received the information earlier.

By far, most participants were able to attend the entire retreat. The three who had to leave at some point all indicated a prior commitment.

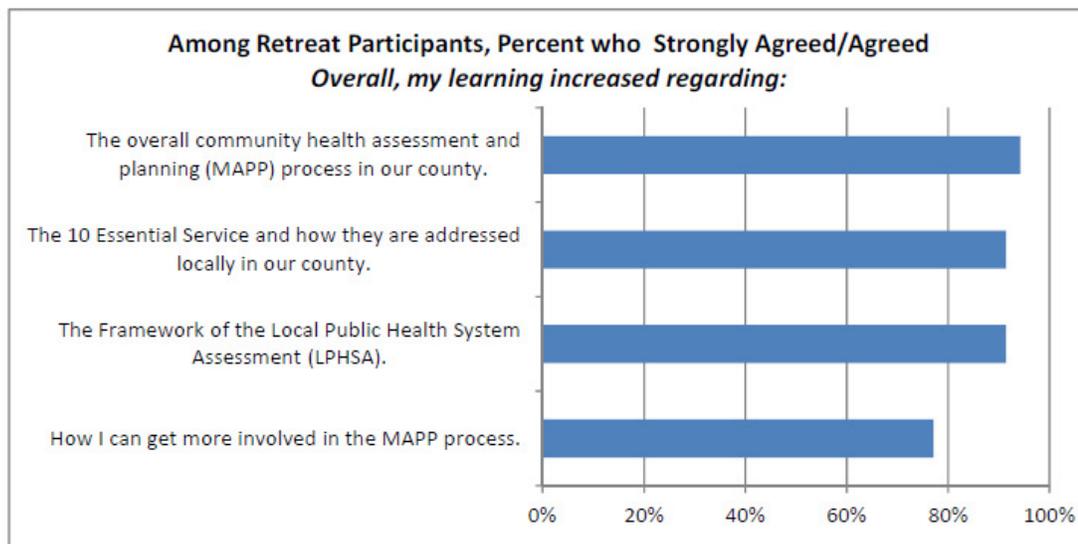


All the aspects of the retreat were well-received; no participants rated it as poor or very poor.



The only comments given about the registration process were specific concerns, such as one person not having a nametag and another receiving conflicting information about the starting time.

Again, participants rated their learning highly. However, 3% disagreed that their learning increased regarding how to get involved with the MAPP process.



The majority of comments in response to the overall assessment process were positive about the experience and organization; many participants also commented on the ability to meet others and learn about new agencies. Some specific comments included:

- “Need to have a continuing forum to address our needs & issues of public health system and an opportunity to exchange information.”
- “I like that the variety of people is diverse - also like that the discussion is structured to help with the validity of the assessment.”
- “Need to define "assessment" better to all participants.”

- “Not sure if groups were of full potential by not matching jobs/knowledge to content. Also, listening to wrap comments validated how conversations are lead by experiences of people in that group.”
- “I don't feel the County Health dept should have been present as certain people may not have been as forthcoming with them present.”

Most participants listed the most useful aspect of the process. Six each described networking, the discussion and the variety of perspective; five mentioned community involvement.

Fewer participants responded about the least useful aspect of the process, but there was a wide variety of topics.

- “Occurs too infrequently - not enough time to engage in deeper discussion.”
- “The process can seem fatiguing and painful! However, the discipline is appreciated.”
- “Maybe more carefully spread the expertise of people in each room more carefully. Also talk more about how we can change what we do instead of just what we should focus on.”
- “It is hard to see value on 1st step of 2yr process. Almost need a hint of what's to come from this.”
- “It has to be done...”
- “Numerical/color coded voting a little time consuming.”
- “Discussing about evaluation was difficult because the voting questions were complicated and not enough people knew about it.”
- “The welcome meeting.”

In other sections on the evaluation, another participant also noted challenges about the voting system and there was another question about how the data will be used.

The following comments were listed under the final question for general comments. There were also a few comments thanking the facility and leaders for their efforts:

- “I would like to have a contact list of the participants that focused on #3 & 4 (group B).”
- “Geographic gaps and reporting finding and interagency communication seem to be the overall areas for needed improvement. Also it would be helpful to know what type of agency/provider fills these sheets out. (student, law enforcement, hospital, agency).”
- “Some of information may have been lost by wrap up.”
- “Seems like our group was very critical.”
- “Need to focus on poor, Hispanic, homeless, no info from one course - establish "safe houses" for needy people to learn where to get help!”
- “Very informative I learned a lot and will communicate with other agencies about this assessment.”
- “Excellent presenter. Great to meet with wide variety of service providers.”
- “Possibly start sooner with communication to ensure all participants receive information to fully contribute.”
- “As a student, observing will be beneficial to my knowledge base of what the community is doing. Discussing what gaps there are and who still needs services to be met and how to work together to get it was very important to me.”