



NPHPSP

NATIONAL PUBLIC HEALTH PERFORMANCE STANDARDS PROGRAM

STRENGTHENING SYSTEMS, IMPROVING THE PUBLIC'S HEALTH



National Public Health Performance Standards Program (NPHPSP) Local Public Health System Assessment Report

June 2012

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Department
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Assessment

Analysis

Action

Centers for Disease Control and Prevention
Office for State, Tribal, Local and Territorial Support
Division of Public Health Performance Improvement
Agency and Systems Improvement Branch

Local Public Health System Assessment



NPHSP

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Program Partner Organizations

American Public Health Association

www.apha.org

Association of State and Territorial Health Officials

www.astho.org

Centers for Disease Control and Prevention

www.cdc.gov

National Association of County and City Health Officials

www.naccho.org

National Network of Public Health Institutes

www.nnphi.org

Public Health Foundation

www.phf.org

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Jackson County Local Public Health System

Program Partner Organizations

97th Medical Group-Altus Air Force Base
Altus Air Force Base Fire Department
Altus Christian Academy
Altus Fire/Rescue Department
Altus Hispanic Association
Altus Police Department
Altus Public Schools
Altus Times News
American Red Cross
Blair Public School
City of Altus
Duke Chamber of Commerce
English Village Manor
Friendship Volunteer Fire Department
Jackson County Board of Health
Jackson County Commissioners
Jackson County Community Health Action Team
Jackson County Department of Human Services
Jackson County Emergency Management Services
Jackson County Free Health Clinic
Jackson County Health Department
Jackson County Memorial Hospital
KEYB Media Specialties
KWHW-Monarch Broadcasting
Next Generation Child Care
Pathways
Rotary Club of Altus
Salvation Army
Southwest Oklahoma Community Action Group, Inc.
Southwest Technology Center
Southwest Oklahoma Development Authority
Southwest Youth Services
Western Oklahoma State College

Acknowledgements

The National Public Health Performance Standards Program (NPHPSP), 2011 re-engineered version, was developed collaboratively by the program's national public health partner organizations. The NPHPSP Partner organizations include: Centers for Disease Control and Prevention (CDC); American Public Health Association (APHA); Association of State and Territorial Health Officials (ASTHO); National Association of County and City Health Officials (NACCHO); National Association of Local Boards of Health (NALBOH); National Network of Public Health Institutes (NNPHI); and the Public Health Foundation (PHF).

Our deep appreciation is also extended to the many state, local and board of health representatives who provided input on the 2011 re-engineered assessment instruments. Feedback based on their experiences with the NPHPSP assessment instruments and process has resulted in a more streamlined and meaningful instrument for all NPHPSP users.

We thank all those who contributed their time and expertise in the creation of the re-engineered 'local public health system assessment instrument' that supports the findings contained in this report.

Background

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

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

Three assessment instruments have been designed to assist state and local partners in assessing and improving their public health systems or boards of health. These instruments are the:

- State Public Health System Performance Assessment Instrument,
- Local Public Health System Performance Assessment Instrument, and
- Local Public Health Governance Performance Assessment Instrument.

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

NPHPSP Mission and Goals

To improve the quality of public health practice and performance of public health systems by:

1. Providing performance standards for public health systems and encouraging their widespread use;
2. Engaging and leveraging national, state, and local partnerships to build a stronger foundation for public health preparedness;
3. Promoting continuous quality improvement of public health systems; and
4. Strengthening the science base for public health practice improvement.

The development of the NPHPSP was initiated in 1998 under the leadership of CDC and in strong collaboration with national public health partners. The original assessment instruments were released in 2002 and remained in the field until 2007. An update was conducted from 2005-2007, and the NPHPSP Version 2 instruments were released in 2007 and are currently in the field. Through December 1, 2011, it is estimated that one or more of the instruments (state, local, and/or governance) has been used in 45 states (state instrument = 27; local instrument = 612; and governance instrument = 254). Of these, approximately 37 tribal organizations have utilized the NPHPSP instruments (state instrument = 4; local instrument = 27; and governance instrument = 6).

The National Public Health Performance Standards Program (NPHPSP) is designed to measure and improve public health system performance at the state and local levels. To fulfill this role effectively, the standards and program guidance for assessment and improvement activities are periodically updated to reflect current practice, experience from the field, and new developments in public health practice. After three years in the field, the currently available standards and instruments have been update to reflect relevant public health content and increased process guidance. The timing of updating the instruments has also presented a unique opportunity to initiate a reengineering process that addressed several important and relevant developments in public health practice, most notably the recent launch of national voluntary public health agency accreditation in 2011. **This report reflects results based on the 2011 re-engineered local public health system assessment.**

The challenge of preventing illness and improving health is ongoing and complex. The ability to meet this challenge rests on the capacity and performance of public health systems. Through well equipped, high-performing public health systems, this challenge can be addressed. Public health performance standards are intended to guide the development of stronger public health systems capable of improving the health of populations. The development of high-performing public health systems will increase the likelihood that all citizens have access to a defined optimal level of public health services. Through periodic assessment guided by model performance standards, public health leaders can improve collaboration and integration among the many components of a public health system, and more effectively and efficiently use resources while improving health intervention services.

Introduction

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

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

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

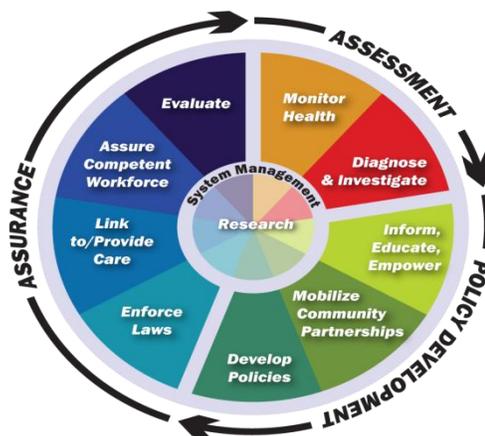


Figure 1. The ten essential public health services and how they relate to the three core functions of public health.

Purpose

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

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

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

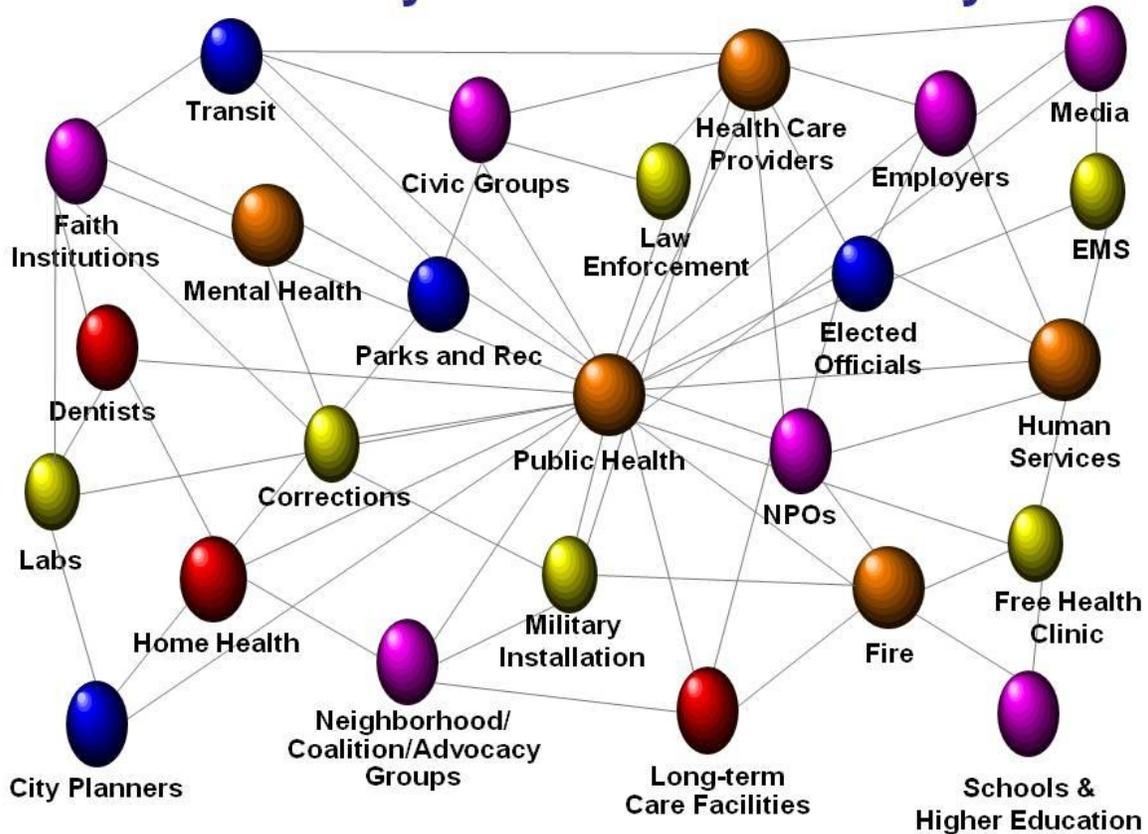
The Centers for Disease Control and Prevention has created this NPHPSP LPHS Assessment Report as a concise, yet comprehensive resource designed to provide 2011 sites with resources for understanding and analyzing your assessment data, identifying priorities for improvement and establishing an initial Action Plan with your public health system partners. Using this report will increase your knowledge and awareness of improving the delivery of essential public health services in your system.

Process

A core team of individuals was formed at the Jackson County Health Department to develop a list of key community leaders representing different sectors and communities within Jackson County. Twenty-five key sectors were identified in Jackson County (Diagram 1). Community leaders from each sector were contacted and invited to participate in the assessment process.

Jackson County Key Community Sectors (Diagram1)

Jackson County Local Public Health System



Five meetings were conducted from Tuesday, January 10, 2012 through February 7, 2012. The meetings lasted an average of 3 ½ hours in length. The Essential Services were divided up in groups of 2 based upon the target participatory sectors. Prior to each meeting participants were sent descriptions of the Essential Service, background information, relevant data, and questions for consideration to review and discuss at each meeting. The facilitator for the meetings was trained in ToP (Technology of Participation) method. Top methods enable participation all the way from the initial brainstorm to the final statement of consensus. This approach allowed the group to work together and collaborate to spark creative solutions and breakthrough strategies.

Participants were given voting cards with explanations on voting procedures. Each Essential Service was discussed and then participants were given the opportunity to list strengths, weaknesses, opportunities for immediate improvement/partnerships, and priorities or longer-term improvement opportunities. Participants were asked to come to a consensus on their voting score through discussion. There were three recorders to capture comments from participants.

The Local Public Health System Assessment Priority of Model Standards and the Local Public Health System Assessment Supplemental Agency Contribution Questionnaires were conducted by surveys sent through Survey Monkey. The Local Public Health System Assessment Priority of Model Standards survey was sent to respondents on March 7, 2012. Respondents were given a 2 week window to respond to the survey. Due to low response on first round the survey was extended for another 2 week window and closed April 6, 2012. Thirty-one of forty-three respondents completed the Priority of Model Standards Questionnaire. The Local Public Health System Assessment Supplemental Agency Contribution Questionnaire was sent to respondents on April 9, 2012. Respondents were given a 2 week period to respond and the response period was extended an additional two weeks. The survey closed on May 4, 2012. Twenty-six of forty-three respondents completed the Supplemental Questionnaire Agency Contribution Questionnaire. The data was analyzed utilizing qualitative methods. These results are found in Table 2.

Respondents were asked to identify missing sectors from the meetings. Sectors missing were: Jackson County Sheriff's Office, faith-based organizations, transit, dental providers, health care providers, and veterinary.

About the Report

Calculating the scores

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

All respondents responded to assessment questions in the 2011 re-engineered instrument using the response options in Table 1 below. These same categories are used in this report to characterize levels of activity for Essential Services and Model Standards. Using the responses to all of the assessment questions, a scoring process generates scores for each first-tier or "stem" question, Model Standard, Essential Service, and one overall assessment score.

Table 1. Summary of Assessment Response Options

No Activity	0% or absolutely no activity
Minimal Activity	Greater than zero, but no more than 25% of the activity described within the question is met.
Moderate Activity	Greater than 25%, but no more than 50% of the activity described within the question is met.
Significant Activity	Greater than 50%, but no more than 75% of the activity described within the question is met.
Optimal Activity	Greater than 75% of the activity described within the question is met.

Understanding data limitations

Respondents to the self-assessment should understand what the performance scores represent and potential data limitations. All performance scores are an average; Model Standard scores are an average of the stem question scores within that Model Standard, Essential Service scores are an average of the Model Standard scores within that Essential Service and the overall assessment score is the average of the Essential Service scores. The responses to the questions within the assessment are based upon processes that utilize input from diverse system participants with different experiences and perspectives. The gathering of these inputs and the development of a response for each question incorporates an element of subjectivity, which may be minimized through the use of particular assessment methods. Additionally, while certain assessment methods are recommended, processes differ among sites. The assessment methods are not fully standardized and these differences in administration of the self-assessment may introduce an element of measurement error. In addition, there are differences

in knowledge about the public health system among assessment participants. This may lead to some interpretation differences and issues for some questions, potentially introducing a degree of random non-sampling error.

Because of the limitations noted, the results and recommendations associated with these reported data should be used for quality improvement purposes. More specifically, results should be utilized for guiding an overall public health infrastructure and performance improvement process for the public health system. These data represent the collective performance of all organizational participants in the assessment of the local public health system. The data and results should not be interpreted to reflect the capacity or performance of any single agency or organization.

Presentation of results

The NPHPSP has attempted to present results - through a variety of figures and tables - in a user-friendly and clear manner. Results are presented in a Microsoft Word document, which allows users to easily copy and paste or edit the report for their own customized purposes.

For ease of use, many figures and tables use short titles to refer to Essential Services, Model Standards, and questions. If in doubt of the meaning, please refer to the full text in the assessment instruments.

Sites may have chosen to complete two additional questionnaires - one which asks about the priority of each Model Standard and the second which assesses the local health department's contribution to achieving the Model Standard. Sites that submitted responses for these questionnaires will see the results included as an additional component of their report.

Results

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

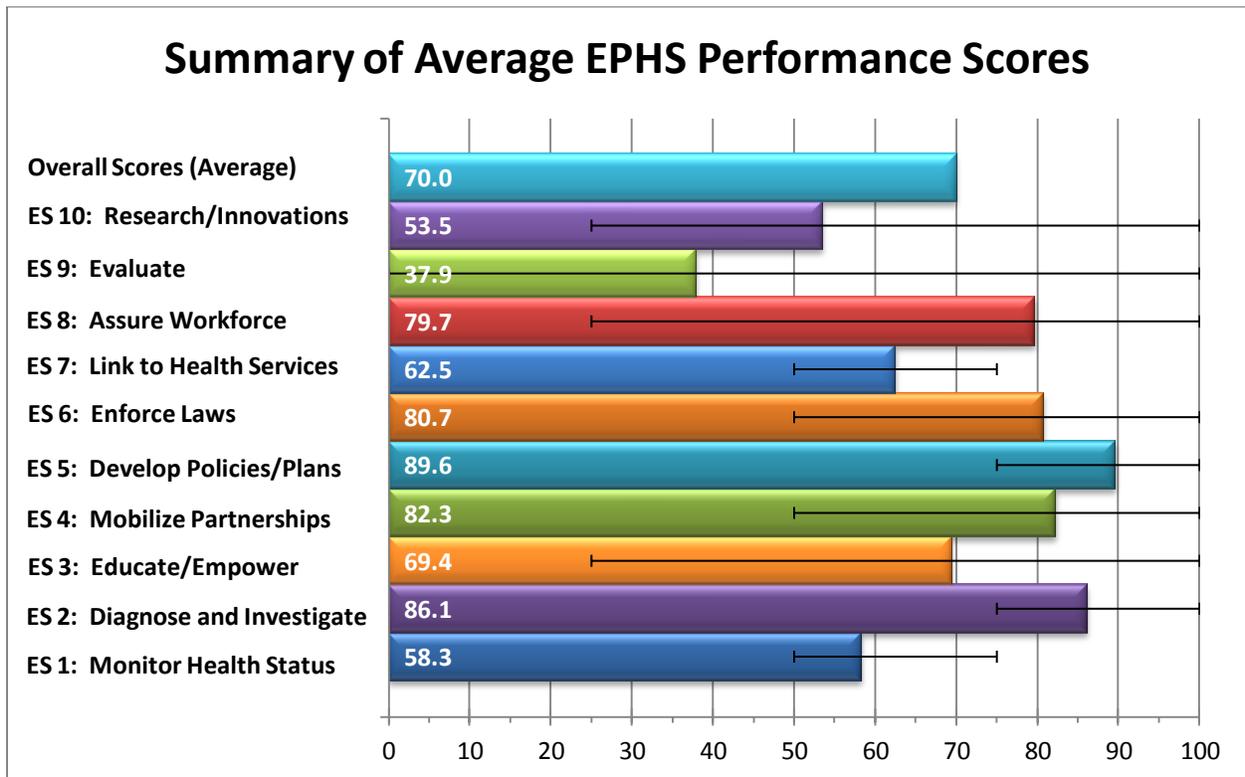
Based upon the responses you provided during your assessment, an average was calculated for each of the ten Essential Public Health Services (EPHS). Each Essential Service score can be interpreted as the overall degree to which your public health system meets the performance standards (quality indicators)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

Figure 2 displays the average score for each Essential Service, along with an overall average assessment score across all 10 Essential Services. Take a look at the overall performance scores

for each Essential Service. Examination of these scores can immediately give a sense of the local public health system's greatest strengths and weaknesses. Note the black bars that identify the range of performance score responses within each Essential Service.

Overall Scores for Each Essential Service

Figure 2. Summary of Average EPHS Performance Scores



Performance Scores by Essential Service for Each Model Standard

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

Note: In Table 2 – each score (performance, priority, and contribution scores) at the Essential Service level is a calculated average of the respective Model Standard scores within that Essential Service..

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

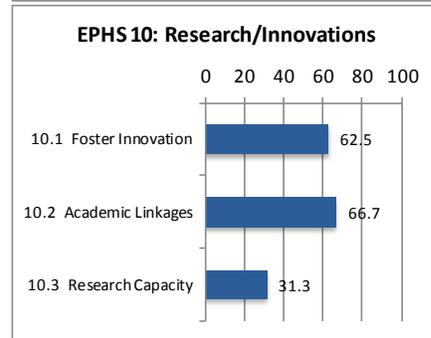
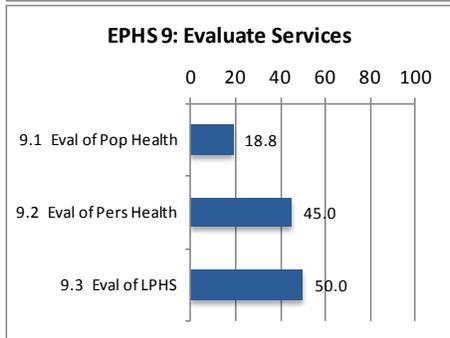
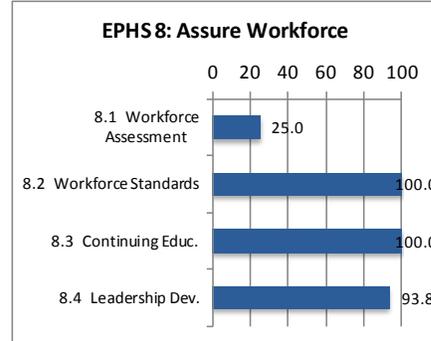
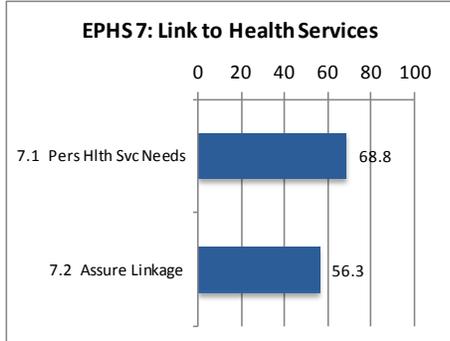
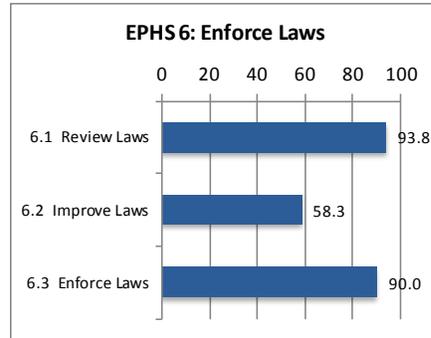
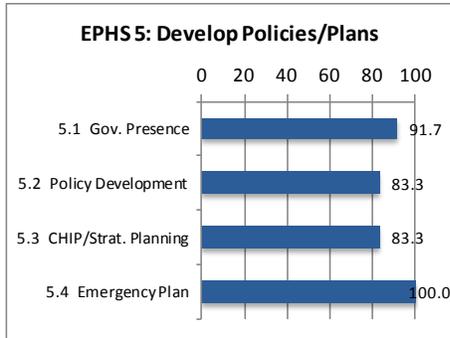
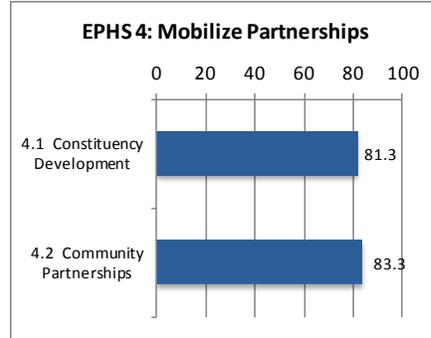
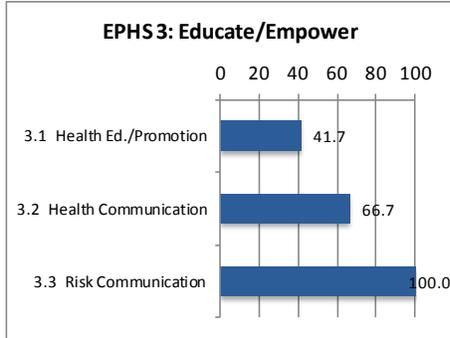
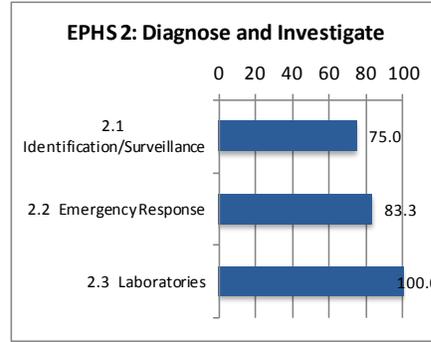
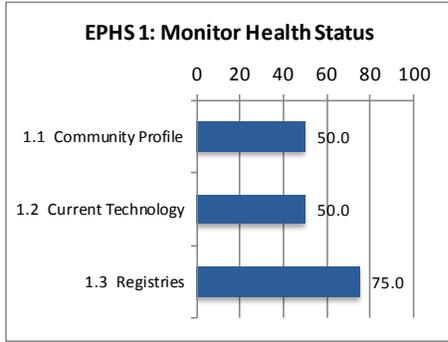


Table 2. Performance, Priority and Contribution Scores by Essential Service for Each Model Standard

	Performance Score (%)	Priority Score (1 to 10)	LHD Contribution Score (%)
ES 1: Monitor Health Status	58.3	9	
1.1 Community Profile	50.0	9	75
1.2 Current Technology	50.0	9	75
1.3 Registries	75.0	8	75
ES 2: Diagnose and Investigate	86.1	9	
2.1 Identification/Surveillance	75.0	9	100
2.2 Emergency Response	83.3	9	100
2.3 Laboratories	100.0	8	100
ES 3: Educate/Empower	69.4	9	
3.1 Health Education/Promotion	41.7	10	100
3.2 Health Communication	66.7	8	100
3.3 Risk Communication	100.0	8	75
ES 4: Mobilize Partnerships	82.3	10	
4.1 Constituency Development	81.3	9	75
4.2 Community Partnerships	83.3	10	100
ES 5: Develop Policies/Plans	89.6	8	
5.1 Governmental Presence	91.7	7	50
5.2 Policy Development	83.3	8	75
5.3 CHIP/Strategic Planning	83.3	8	100
5.4 Emergency Plan	100.0	10	75
ES 6: Enforce Laws	80.7	8	
6.1 Review Laws	93.8	8	75
6.2 Improve Laws	58.3	10	75
6.3 Enforce Laws	90.0	7	75
ES 7: Link to Health Services	62.5	10	
7.1 Personal Health Svc Needs	68.8	9	75
7.2 Assure Linkage	56.3	10	75
ES 8: Assure Workforce	79.7	9	
8.1 Workforce Assessment	25.0	8	75
8.2 Workforce Standards	100.0	10	75
8.3 Continuing Education	100.0	8	75
8.4 Leadership Development	93.8	9	75
ES 9: Evaluate Services	37.9	9	
9.1 Evaluation of Pop Health	18.8	9	75
9.2 Evaluation of Personal Health	45.0	8	75
9.3 Evaluation of LPHS	50.0	10	75
ES 10: Research/Innovations	53.5	9	
10.1 Foster Innovation	62.5	9	50
10.2 Academic Linkages	66.7	9	50
10.3 Research Capacity	31.3	8	50
Overall Scores	70.0	9	77.5
Median	74.6	9	77.5

Performance Relative to Optimal Activity

Figures 4 and 5 display the proportion of performance measures that met specified thresholds of achievement for performance standards. The five threshold levels of achievement used in scoring these measures are shown in the legend below. For example, measures receiving a composite score of 76-100% were classified as meeting performance standards at the optimal level. Figure 4 summarizes the composite performance measures for all 10 Essential Service and Figure 5 summarizes the composite measures for all 30 Model Standards.

Figure 4. Percentage of the system's Essential Services scores that fall within the five activity categories. This chart provides a high level snapshot of the information found in Figure 1.

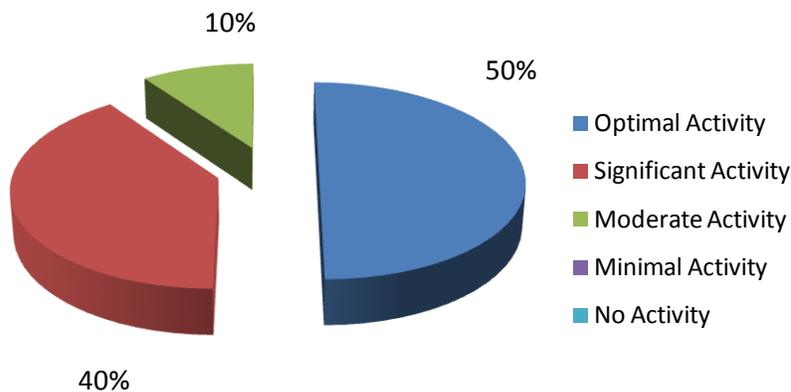
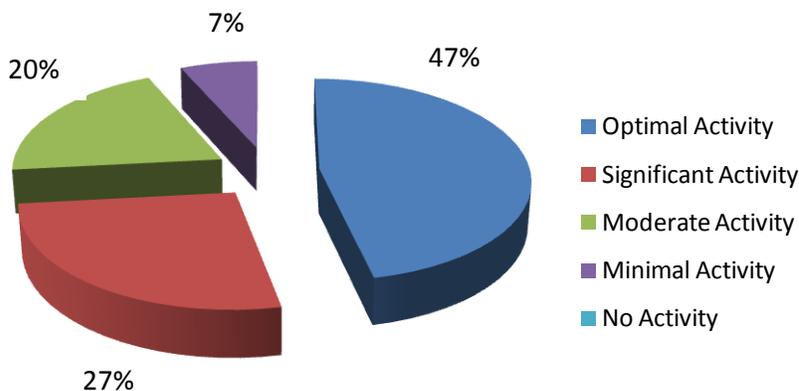


Figure 5. Percentage of the system's Model Standard scores that fall within the five activity categories. This chart provides a high level snapshot of the information found in Figure 3.



Model Scores and Priority Rankings

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

In Figure 6 below, the upper left quadrant (A) contains activities that were considered to have high importance and low performance and may need increased attention. Activities appearing in the top right quadrant (B) were considered to have high importance and high performance – and you may want to consider how to maintain these efforts. The lower right quadrant (C) contains activities that were considered to have low importance and high performance and consideration may be given to reducing efforts in these areas. Finally, the lower left quadrant (D) contains activities that were considered to have low importance and low performance – and may need little or no attention.

Recipients of the priority results section may find that the scatter plot figures include data points that overlap. This is unavoidable when presenting results that represent similar data; in these cases, sites may find that the table (Table 3) listing of results will more clearly show the results found in each quadrant.

Figure 6. Identifying Priorities Basic Framework

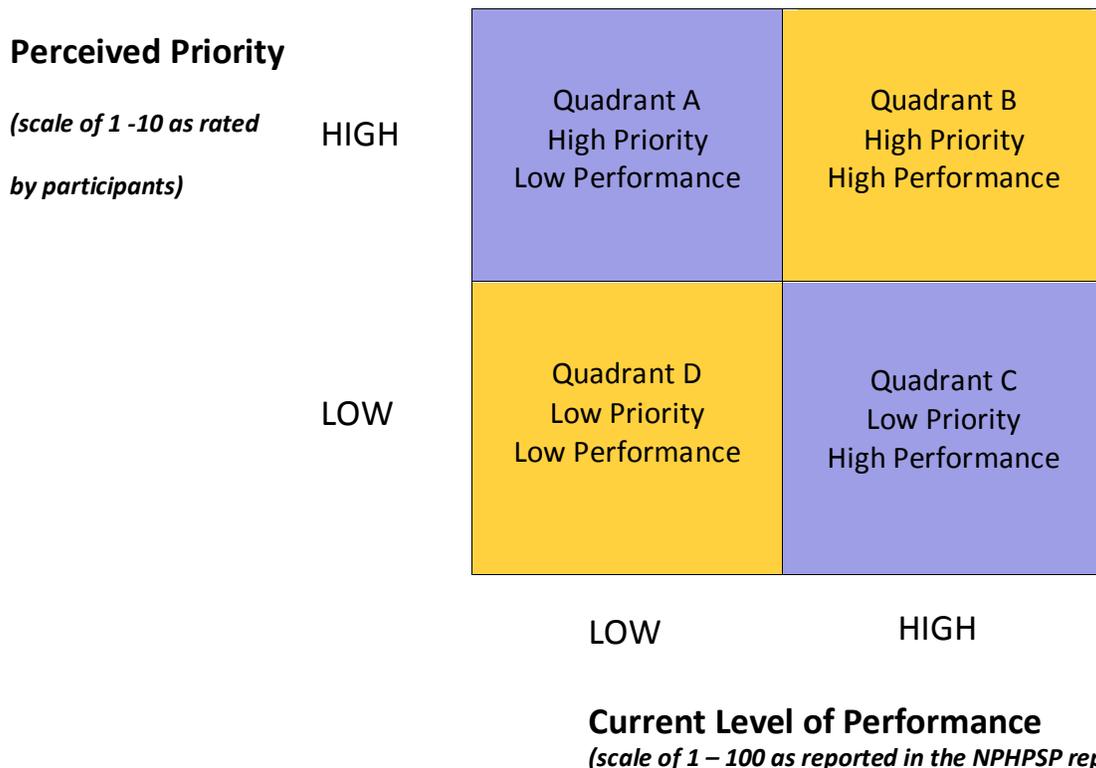
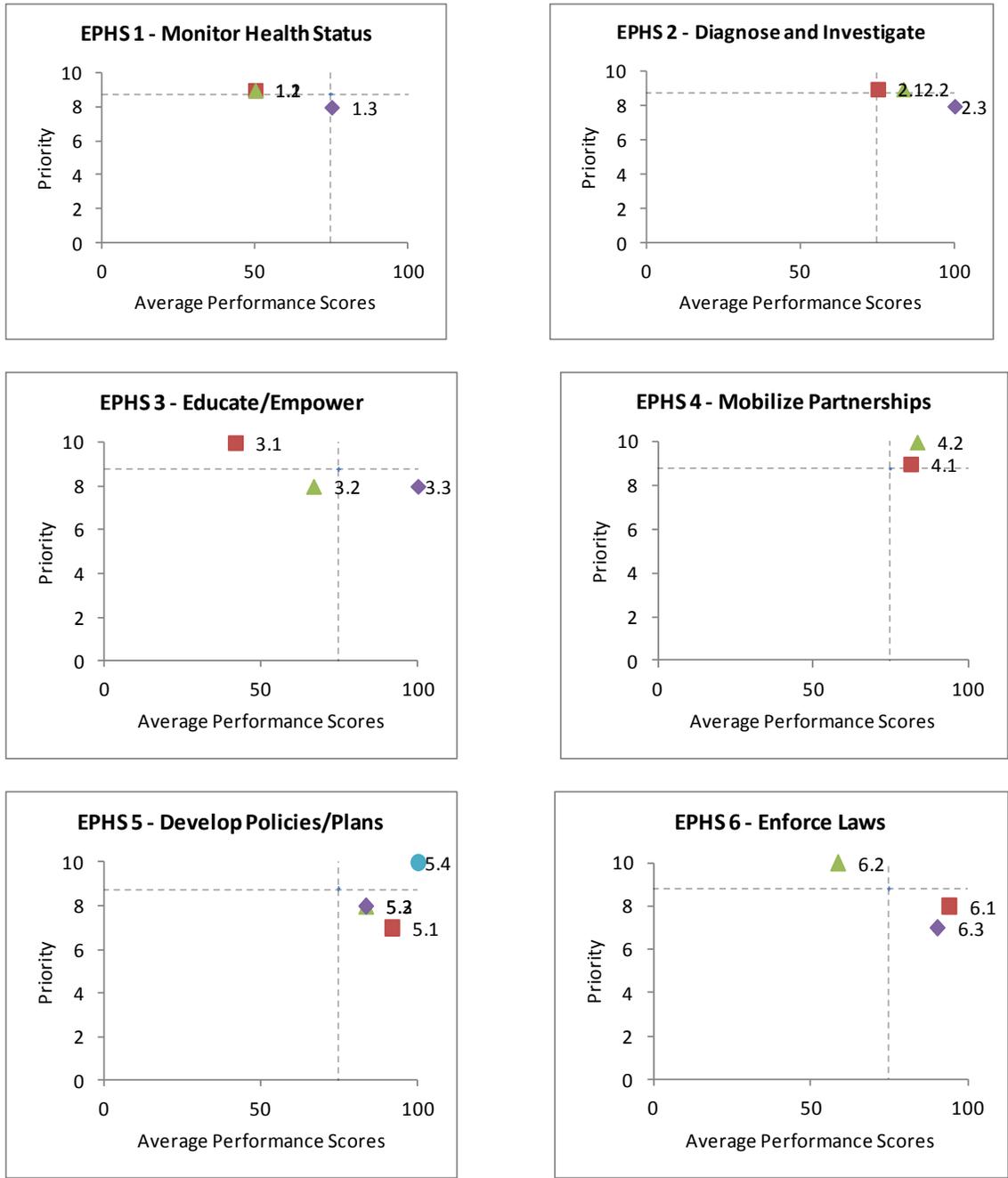


Figure 7. Summary of EPHS Model Standard Scores and Priority Ratings



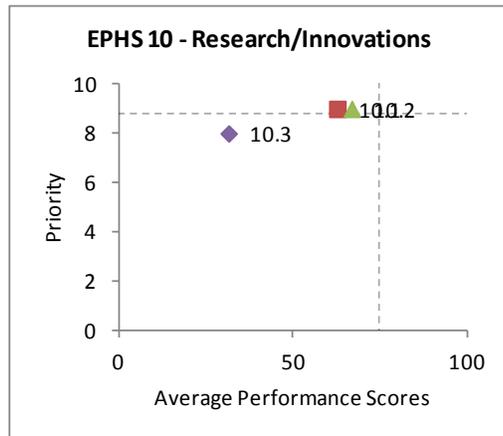
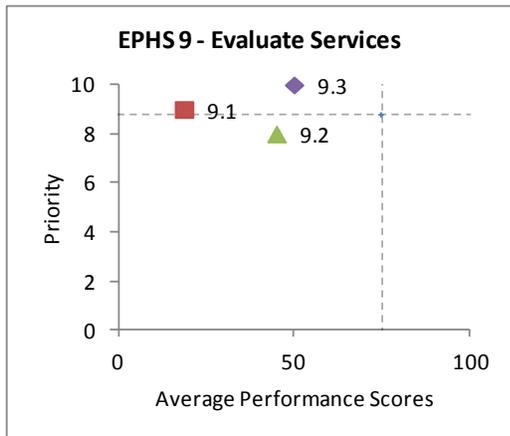
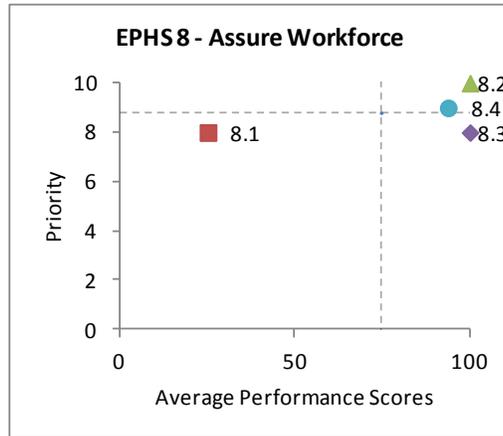
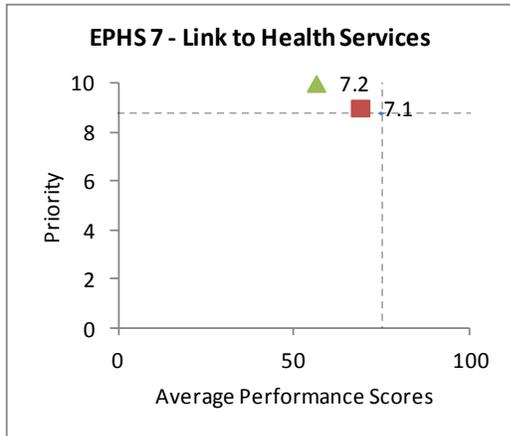


Table 3 below displays priority ratings (as rated by participants on a scale of 1-10, with 10 being the highest priority) and performance scores for Model Standards, arranged under the four quadrants. Consider the appropriateness of the match between the importance ratings and current performance scores and also reflect back on the qualitative data in Appendix B to identify potential priority areas for action planning.

Table 3. Model Standards by priority and performance score, with areas for attention

Model Standard	Priority Rating (1 to 10)	Performance Score (%)
Quadrant A (High Priority/Low Performance) - These important activities may need increased attention.		
1.1 Population-Based Community Health Profile	9	50.0 (Moderate)
1.2 Access to and Utilization of Current Technology to manage, display, Analyze and Communicate Population health Data	9	50.0 (Moderate)
3.1 Health Education and Promotion	10	41.7 (Moderate)
6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances	10	58.3 (Significant)
7.1 Identification of Populations w/Barriers to Personal Health Service	9	68.8 (Significant)
7.2 Assuring the Linkage of People to Personal Health Services	10	56.3 (Significant)
9.1 Evaluation of Population-based Health Services	9	18.8 (Minimal)
9.3 Evaluation of the Local Public Health System	10	50.0 (Moderate)
10.1 Fostering Innovation	9	62.5 (Significant)
10.2 Linkage with Institutions of Higher Learning and/or Research	9	66.7 (Significant)
Quadrant B (High Priority/High Performance) - These activities are being done well, and it is important to maintain efforts.		
2.1 Identification and Surveillance of health Threats	9	75.0 (Significant)
2.2 Investigation and Response to Public Health Threats and Emergencies	9	83.3 (Optimal)
4.1 Constituency Development	9	81.3 (Optimal)
4.2 Community Partnerships	10	83.3 (Optimal)
5.4 Plan for Public health Emergencies	10	100.0 (Optimal)
8.2 Public health Workforce Standards	10	100.0 (Optimal)
8.4 Public Health Leadership Development	9	93.8 (Optimal)
Quadrant C (Low Priority/High Performance) - These activities could be improved, but are of low priority. They may need little or no attention at this time.		
1.3 Maintenance of Population Health Registries	8	75.0 (Significant)
2.3 Laboratory support for Investigation of health Threats	8	100.0 (Optimal)
3.3 Risk Communication	8	100.0 (Optimal)
5.1 Government Presence at the Local Level	7	91.7 (Optimal)
5.2 Public health Policy Development	8	83.3 (Optimal)
5.3 Community Health Improvement Process	8	83.3 (Optimal)
6.1 Review and Evaluate Laws, Regulations, and Ordinances	8	93.8 (Optimal)
6.3 Enforce Laws, Regulations and Ordinances	7	90.0 (Optimal)
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	8	100.0 (Optimal)
Quadrant D (Low Priority/Low Performance) - These activities are being done well, but the system can shift or reduce some resources or attention to focus on higher priority activities.		
3.2 Health Communication	8	66.7 (Significant)
8.1 Workforce Assessment	8	25.0 (Minimal)
9.2 Evaluation of Personal Health Care Services	8	45.0 (Moderate)
10.3 Capacity to initiate or Participate in Research	8	31.3 (Moderate)

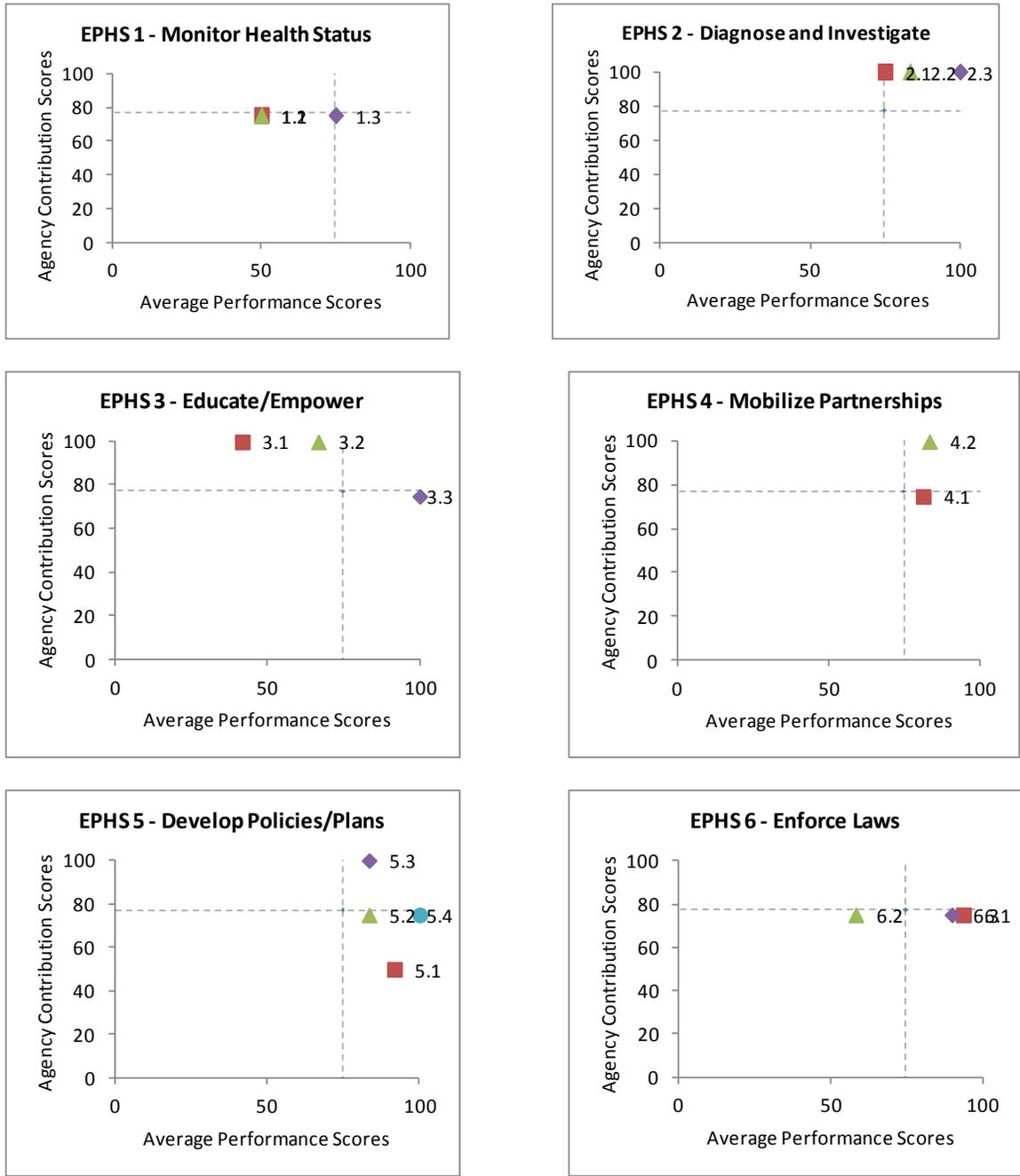
Agency Contribution Scores

How much does your Local Health Department contribute to the system's performance, as perceived by assessment participants? Which Model Standards does your Local Health Department contribute most significantly to within your system? Table 4 and Figures 8 and 9 on the following pages display Essential Service and Model Standard Scores arranged by Local Health Department (LHD) contribution, priority and performance scores.

Table 4. Summary of Contribution and Performance Scores by Model Standard

Model Standard	LHD Contribution	Performance Score	Questions to Consider
1.1 Population-Based Community Health Profile (CHP)	75	Moderate (50%)	Question D
1.2 Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data	75	Moderate (50%)	Question D
1.3 Maintenance of Population Health Registries	75	Significant (75%)	Question C
2.1 Identification and Surveillance of Health Threats	100	Significant (75%)	Question B
2.2 Investigation and Response to Public Health Threats and Emergencies	100	Optimal (83.3%)	Question B
2.3 Laboratory Support for Investigation of Health Threats	100	Optimal (100%)	Question B
3.1 Health Education and Promotion	100	Moderate (41.7%)	Question A
3.2 Health Communication	100	Significant (66.7%)	Question A
3.3 Risk Communication	75	Optimal (100%)	Question C
4.1 Constituency Development	75	Optimal (81.35)	Question C
4.2 Community Partnerships	100	Optimal (83.35)	Question B
5.1 Government Presence at the Local Level	50	Optimal (91.75)	Question C
5.2 Public Health Policy Development	75	Optimal (83.3%)	Question C
5.3 Community Health Improvement Process	100	Optimal (83.3%)	Question B
5.4 Plan for Public Health Emergencies	75	Optimal (100%)	Question C
6.1 Review and Evaluate Laws, Regulations, Ordinances	75	Optimal (93.8%)	Question C
6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances	75	Significant (58.3%)	Question D
6.3 Enforce Laws, Regulations and Ordinances	75	Optimal (90%)	Question C
7.1 Identification of Populations with Barriers to Personal Health Services	75	Significant (68.8%)	Question D
7.2 Assuring Linkage of People to Personal Health Services	75	Significant (56.35)	Question D
8.1 Workforce Assessment Planning, and Development	75	Minimal (25%)	Question D
8.2 Public Health Workforce Standards	75	Optimal (100%)	Question C
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	75	Optimal (100%)	Question C
8.4 Public Health Leadership Development	75	Optimal (93.8%)	Question C
9.1 Evaluation of Population-based Health Services	75	Minimal (18.8%)	Question D
9.2 Evaluation of Personal Health Care Services	75	Moderate (45%)	Question D
9.3 Evaluation of the Local Public Health System	75	Moderate (50%)	Question D
10.1 Fostering Innovation	50	Significant (62.5%)	Question D
10.2 Linkage with Institutions of Higher Learning and/or Research	50	Significant (66.7%)	Question D
10.3 Capacity to Initiate or Participate in Research	50	Moderate (31.3%)	Question D

Figure 8. Summary of EPHS Model Standard Scores and Contributions Ratings



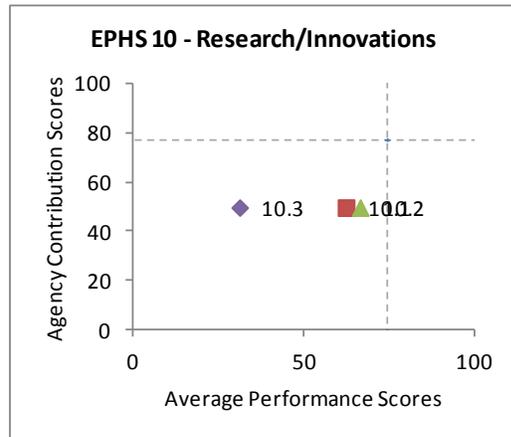
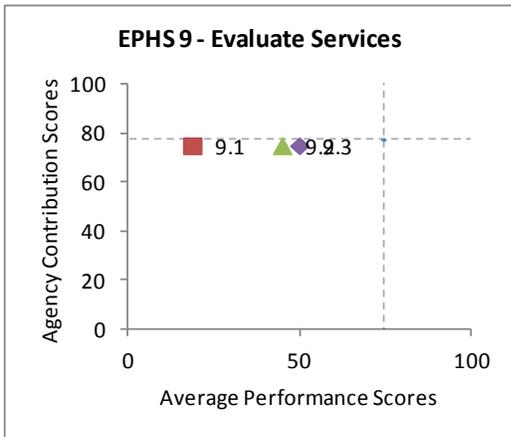
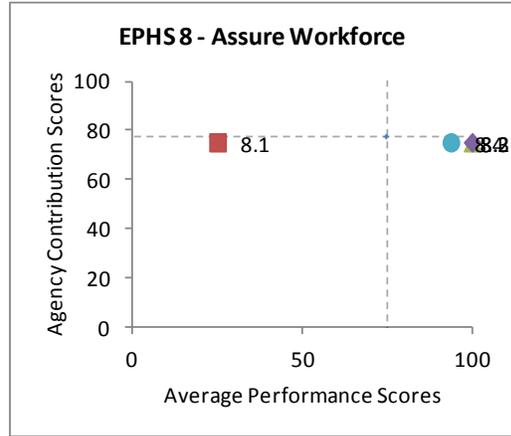
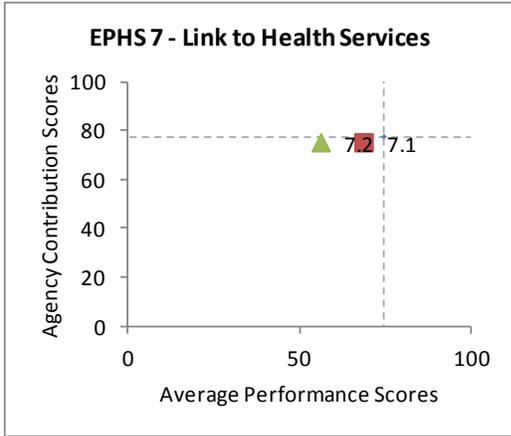
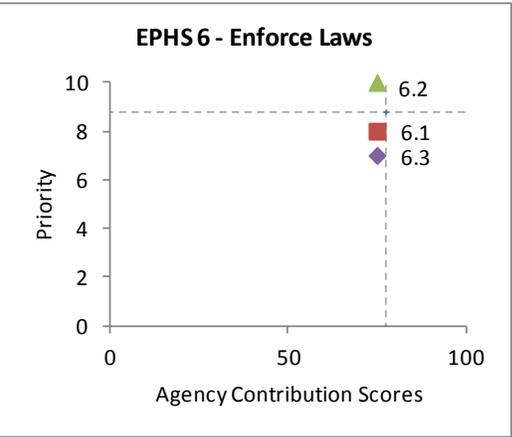
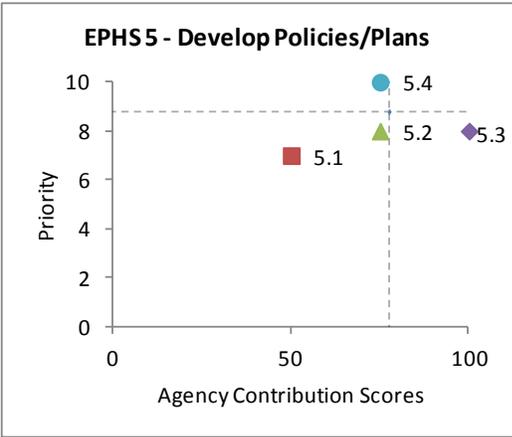
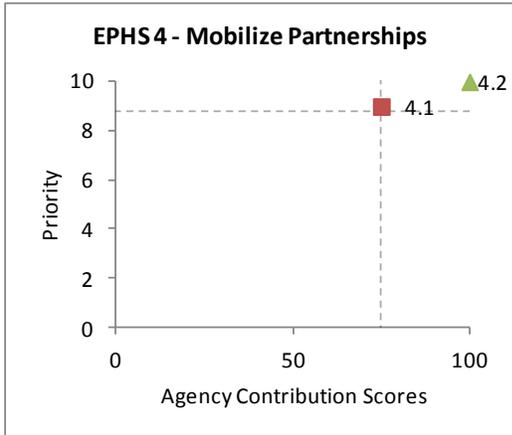
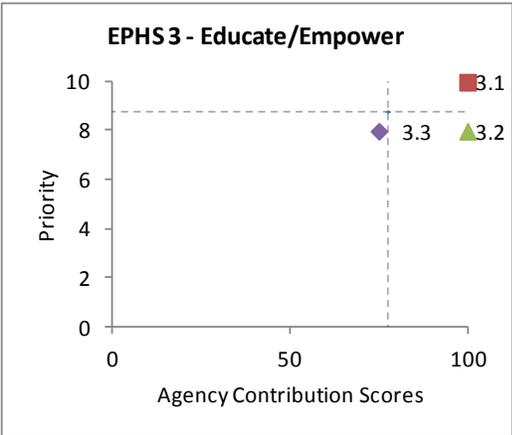
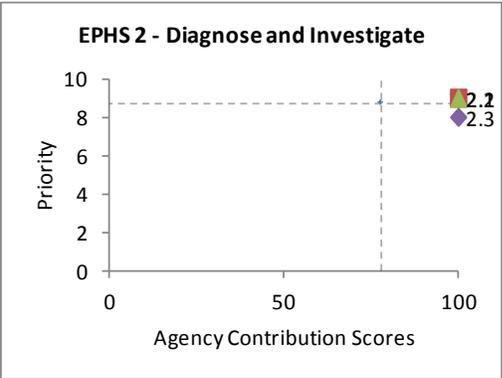
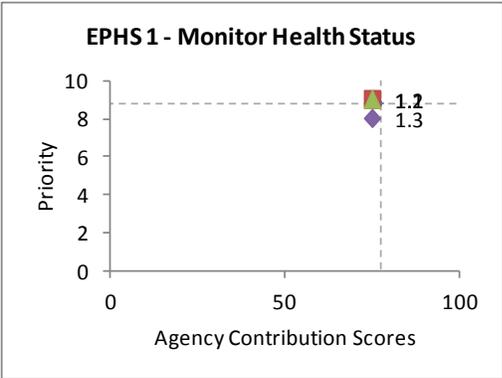
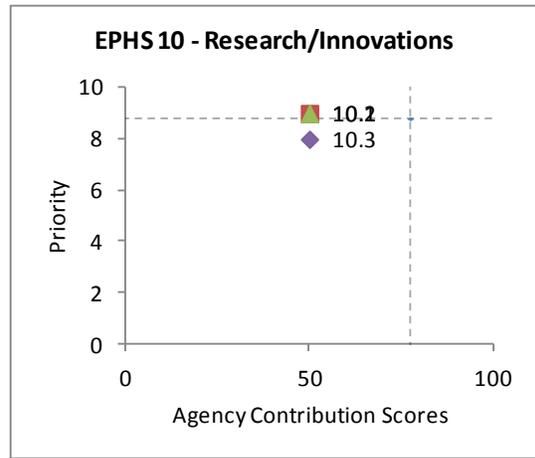
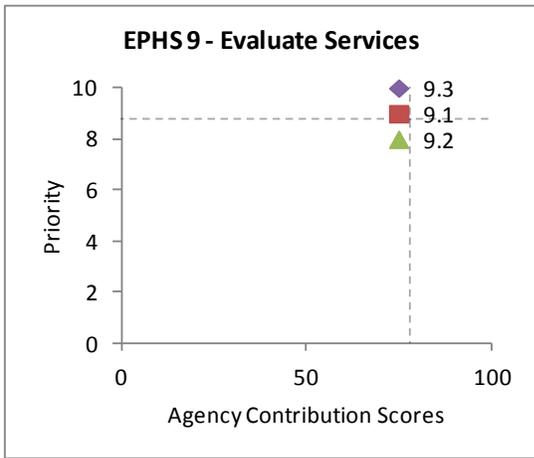
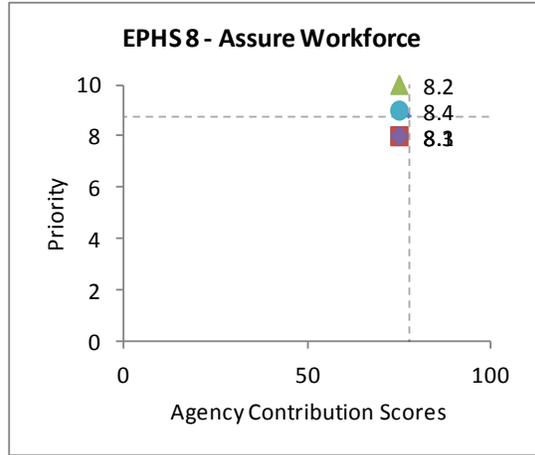
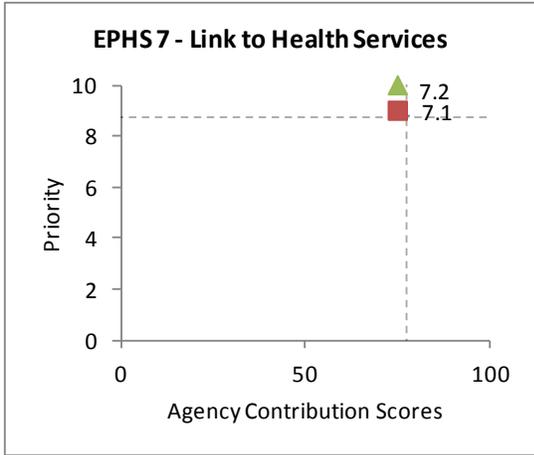


Figure 9. Summary of Agency Contribution and Priority Scores





Analysis and Discussion Questions

Having a standard way in which to analyze the data in this report is important. This process does not have to be difficult; however, drawing some initial conclusions from your data will prove invaluable as you move forward with your improvement efforts. It is crucial that participants fully discuss the performance assessment results. The bar graphs, charts, and summary information in the Results section of this NPHPSP report should be helpful in identifying high and low performing areas. On the pages that follow you will find a set of Discussion Questions to help guide you as you analyze the data found in the previous section of the report.

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

Overall Scores for Each Essential Service

Questions for Discussion

As you review Figure 2, consider the following questions below. As your group reviews your report, you may choose to identify a recorder who can make notes on a large flip chart to capture the discussion.

- ✓ Identify the Essential Services with the highest performance scores and record here:

- ✓ Identify the Essential Services with the lowest performance scores and record here:

- ✓ Identify Essential Services where you scored Optimal (76-100%) and record here:

- ✓ Identify Essential Services where you scored No Activity (0%) or Minimal Activity (1-25%):

- ✓ Identify the Essential Services where you see the greatest opportunity for improvement at this time. **When considering this question, also review the qualitative data you collected at the time of your assessment, including strengths, weaknesses and opportunities for improvement for each Essential Service (Appendix B).**

- ✓ Identify the Essential Services where you see the least opportunity for improvement at this time. Make note of the reasons why improvement is not feasible. **When considering this question, take a moment to review the qualitative data you collected at the time of your assessment (Appendix B).**

- ✓ Overall, what is your response to the scores? How well do they match your perceptions and experiences of your public health system? Are they surprising?

Performance Scores by Essential Service for Each Model Standard

Questions for Discussion

As a next step, analyzing your Model Standard scores in Figure 3 and Table 2 will help you to identify more specific areas for improvement. The Essential Service score is an average of the Model Standard scores within that service, and, in turn, the Model Standard scores represent the average of stem question scores for that standard. If there is great range or difference in scores, focusing attention on the Model Standard(s) or questions with the lower scores will help to identify where performance inconsistency or weakness may be.

Referring back to the original question responses (Appendix A) and your qualitative notes (Appendix B) may also be helpful in determining where weaknesses or inconsistencies in performance may be occurring.

As you review Figures 3 and Table 2, consider the following questions below. Once you have completed the questions, do you note any themes or trends across the Essential Services?

- ✓ Identify the Model Standards with the highest scores and record them here:

- ✓ Identify the Model Standards with the lowest scores and record them here:

- ✓ Identify the Model Standards where you scored Optimal (76-100%) and record here: _____

- ✓ Identify the Model Standards where you scored No Activity (0%) or Minimal Activity (1-25%) and record here: _____

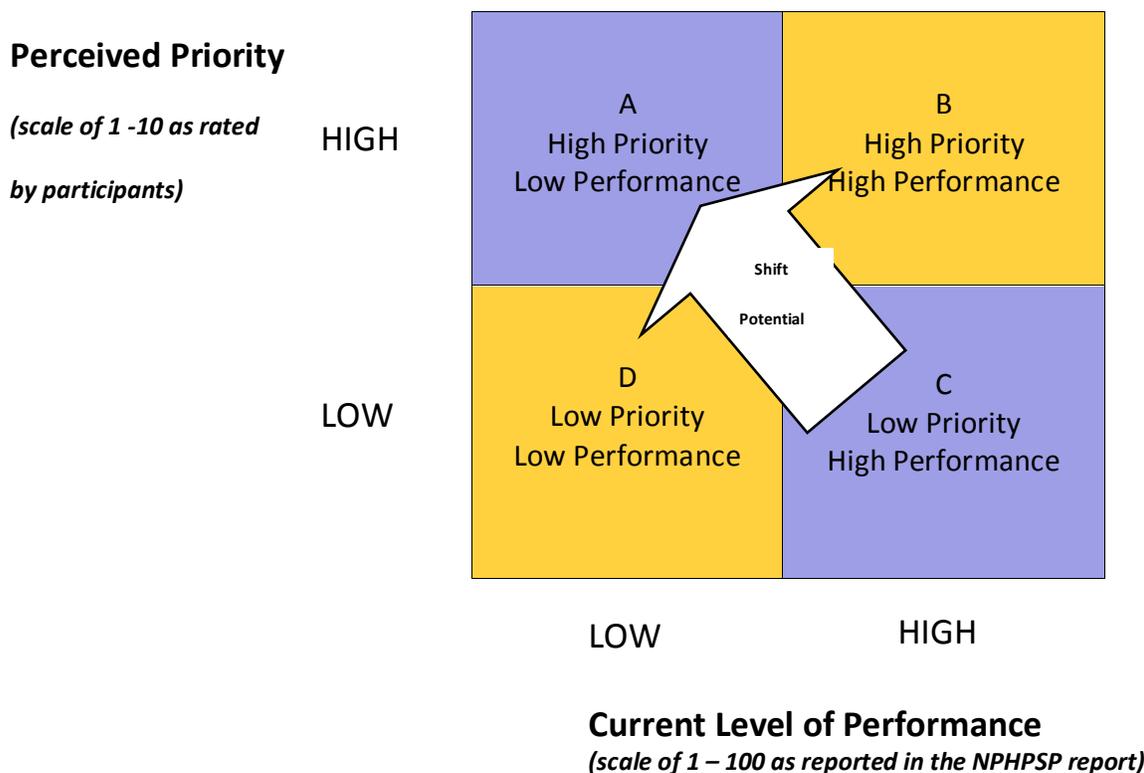
Model Scores and Priority Rankings

As you continue to review your results, consider Figure 10 below that previously identified the four priority quadrants in the Results section of the report. Now begin to think about how you may be able to shift potential resources to address your priorities. Shifting resources may mean for example, performing less of an activity that you identified as Low Priority/High Performance in Quadrant C, to enable additional resources to be dedicated to an activity you identified as being High Priority/Low Performance in Quadrant A.

Use Figure 7 from the Results section to review the Model Standards by each Essential Service. Use Table 3 to review a listing of all the Model Standards by Quadrant, along with the performance score and priority score you assigned to it during the assessment Remember to consider the appropriateness of the match between the importance ratings and current performance scores.

Complete the Discussion Questions on the following pages to determine if you are able to identify any themes or trends from your data. As your group reviews your report, identify a recorder who can make notes on a large flip chart to capture the discussion. If there is a specific area where you scored high or low, and want to review further, use Appendix A to review individual questions and their scores. Be sure to take into consideration the qualitative data you collected where appropriate in your discussion (Appendix B).

Figure 10. Identifying Priorities Basic Framework



Questions for Discussion

- ✓ Review the Model Standards in the **Left Upper Quadrant (A)**. Record those you think are most important to address.

- ✓ Review the Model Standards in the **Right Upper Quadrant (B)**. You have identified these as a priority to continue to perform well. Consider how you will sustain these.

- ✓ Review the Model Standards in the **Right Lower Quadrant (C)**. You have identified these as a low priority to improve and are performing them well. Can you shift any resources to address higher level priorities in quadrant A?

- ✓ Review the Model Standards in the **Left Lower Quadrant (D)**. Consider again whether these Model Standards need additional attention and record any you think must be addressed.

- ✓ Continue your discussion to identify the priorities you will include in your Action Plan and list them here.

Agency Contribution Scores

You may also want to consider the questions in Table 5 to further examine the relationship between the system and Department in achieving Essential Services and Model Standards performance. Questions to consider are suggested based upon the four categories or “quadrants” displayed in Figure 6 and Table 2 on the Results section.

Table 5. Questions for Discussion

Quadrant		Questions to Consider	Notes
A	Low Performance/ High Department Contribution	<ul style="list-style-type: none"> • Is the Department effective at what it does, and does it focus on the right things? • Is the level of Department effort sufficient for the jurisdiction's needs? • Should partners be doing more, or doing different things? • What else within or outside of the Department might be causing low performance? 	
B	High Performance/ High Department Contribution	<ul style="list-style-type: none"> • What does the Department do that may contribute to high performance in this area? Could any of these strategies be applied to other areas? • Is the high Department contribution appropriate, or is the Department taking on what should be partner responsibilities? • Could the Department do less and maintain satisfactory performance? 	
C	High Performance/ Low Department	<ul style="list-style-type: none"> • Who are the key partners that contribute to this area? What do 	

	Contribution	<p>they do that may contribute to high performance? Could any of these strategies be applied to other areas?</p> <ul style="list-style-type: none"> • Does the low Department contribution seem right for this area, or are partners picking up slack for Department responsibilities? • Does the Department provide needed support for partner efforts? • Could the key partners do less and maintain satisfactory performance? 	
D	Low Performance/ Low Department Contribution	<ul style="list-style-type: none"> • Who are the key partners that contribute to this area? Are their contributions truly high, or do they just do more than the Department? • Is the total level of effort sufficient for the jurisdiction's needs? • Are partners effective at what they do, and do they focus on the right things? • Does the low Department contribution seem right for this area, or is it likely to be contributing to low performance? • Does the Department provide needed support for partner efforts? • What else might be causing low performance? 	

Next Steps - Developing Your Action Plan

In keeping with the purpose of the National Public Health Performance Standards Program (NPHPSP), and having completed your assessment and data analysis, you are ready to move toward the next step in establishing an action plan. A primary goal of the NPHPSP is that data is analyzed and information is used proactively to monitor, assess, and improve the quality of essential public health services.

As noted in the Introduction of this report NPHPSP data may be used to inform a variety of organization and/or systems planning and improvement processes. Typically, it is critical to incorporate the key findings and analyses from the NPHPSP assessment, including the main strengths, weaknesses and priorities for action identified through the discussion questions included in this document (Appendix B).

If you are following an established planning framework such as MAPP, now is the time to refer to that framework for guidance on incorporating your NPHPSP results and analysis into your improvement process (see Appendix C for specific links to MAPP). Otherwise, you may follow the guidance provided in the remainder of this section, along with the resources offered in Appendix C, to develop specific goals for improvement within your public health system and move from assessment and analysis toward action.

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

Consider the following as you build an Action Plan using the priorities you have selected.

- Each public health system partner is an important contributor to quality in your system
- The success of your improvement activities are dependent upon the active participation and contribution of each and every member of the system
- An integral part of performance improvement is to work continuously to improve the quality of essential public health services delivered by the system
- A multi-disciplinary approach, using ongoing measurement, is key to accomplishing and sustaining improvements

Establishing an Action Plan for improvement means not only establishing baseline assessment data to measure your performance, but implementing improvement activities that enable you to monitor your progress over time. It means using multi-disciplinary problem-solving and a systematic approach to improve the services delivered across the public health system.

Now that you have analyzed the data that represents the performance of your local public health system, development of an Action Plan is a way in which you can develop specific projects and activities to improve system performance. The activities you identify can be conducted over any period of time that you define, and your plan can be changed at any time as you continue to monitor and evaluate your efforts.

Remember, for each priority you have selected you want to answer:

What are we trying to accomplish?

What change can we make that will result in improvement?

How will we measure the improvement?

Consider the following objectives of an Action Plan for the priorities you have established for your local public health system. An Action Plan:

- Provides a framework for continuously monitoring and improving the quality of essential public health services
- Collects performance data consistently and systematically
- Provides for regular analysis of data among public health system partners
- Improves responsiveness of and relationships within the system
- Facilitates the redesign of key processes to achieve optimal performance.

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

- F** **Find** an opportunity for improvement using your results.
- O** **Organize** a team of public health system partners to work on the improvement. Someone in the group should be identified as the team leader. Team members should represent the appropriate organizations that can make an impact.
- C** **Consider** the current process, where simple improvements can be made and who should take the improvements.
- U** **Understand** the problem, how and why it is occurring and the factors that contribute to it. Once you have identified priorities, finding solutions entails delving into possible reasons, or "root causes," of the weakness or problem. Only when participants determine why performance problems (or successes!) have occurred will they be able to identify workable solutions that improve future performance. Most performance issues may be traced to well-defined system causes, such as policies, leadership, funding, incentives, information, personnel or coordination. Many QI tools are applicable. You may consider using basic QI tools such as brainstorming, 5-

whys, prioritization, or cause and effect diagrams to better understand the problem (refer to Appendix C for resources).

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

Monitoring and Evaluation

Keys To Success

Developing your Action Plan is a systematic process of monitoring the results of improvement activities over time, collecting and analyzing information to track progress toward intended outcomes and using that information to inform decision-making.

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

Monitoring and Evaluation provide an avenue by which public health system partners are able to identify further opportunities for improvement and to develop corrective actions and plans as needed. It enables public health system partners to become more accountable for the provision of the EPHS, as well as the performance and effectiveness of those services. The intent is that all partners in the public health system are committed to continually improving the delivery of public health Essential Services.

Continuous Improvement

Monitoring and evaluation continues after your Action Plan is implemented to determine whether the actions actually improved the Essential Service and that the improvement is maintained. Your conclusions will provide the evidence needed to determine whether the activities you implemented were effective. If the Essential Service performance does not improve within the expected time, additional evaluation must be conducted (an additional QI cycle) to determine why and how you can update your Action Plan to be more effective. Ultimately, you will want to show that meaningful improvement is accomplished and maintained by the activities you have implemented.

Communicating Results

As an integral component of your Monitoring and Evaluation Plan, do not overlook the importance of communicating results across the public health system and to relevant individuals and groups within the system. Consider using this opportunity to obtain additional comments, reactions, and information from partners regarding the results you share. It is an opportunity to keep public health system partners engaged and to leverage their expertise as you strive for optimal performance.

APPENDIX A: Individual Questions and Responses

ESSENTIAL SERVICE 1: Monitor Health Status to Identify Community Health Problems		
1.1	Model Standard: Population-Based Community Health Profile (CHP)	
1.1.1	Conduct regular community health assessments?	50%
1.1.2	Provide and update community health profile reports with current information?	50%
1.1.3	Make the community health profile available and promote its use among community members and partners?	50%
1.2	Model Standard: Current Technology to Manage and Communicate Population Health Data	
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%
1.3	Model Standard: Maintenance of Population Health Registries	
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?	75%
1.3.2	Use information from population health registries in community health assessments or other analyses?	75%

ESSENTIAL SERVICE 2: Diagnose and Investigate Health Problems and Health Hazards		
2.1	Model Standard: Identification and Surveillance of Health Threats	
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?	75%
2.1.2	Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies and emerging threats (natural and manmade)?	75%
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	Model Standard: Investigation and Response to Public Health Threats and Emergencies	
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?	75%
2.2.2	Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?	75%
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?	75%
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?	75%
2.3	Model Standard: Laboratory Support for Investigation of Health Threats	
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%

ESSENTIAL SERVICE 3: Inform, Educate, and Empower People about Health Issues		
3.1	Model Standard: Health Education and Promotion	
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%
3.2	Model Standard: Health Communication	
3.2.1	Develop health communication plans for relating to media and the public and for sharing information among LPHS organizations?	50%
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%
3.3	Model Standard: Risk Communication	
3.3.1	Develop an emergency communications plan for each stage of an emergency to allow for the effective creation and dissemination of information?	100%
3.3.2	Make sure that systems and mechanisms are in place and enough resources are available for a rapid emergency communication response?	100%
3.3.3	Provide crisis and emergency communication training for employees and volunteers?	100%

ESSENTIAL SERVICE 4: Mobilize Community Partnerships to Identify and Solve Health Problems		
4.1	Model Standard: Constituency Development	
4.1.1	Maintain a complete and current directory of community organizations?	50%
4.1.2	Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?	100%
4.1.3	Encourage constituents to participate in community health assessment, planning and improvement efforts?	100%
4.1.4	Create forums for communication of public health issues?	75%
4.2	Model Standard: Community Partnerships	
4.2.1	Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?	75%
4.2.2	Establish a broad-based community health improvement committee?	100%
4.2.3	Assess how well community partnerships and strategic alliances are working to improve community health?	75%

ESSENTIAL SERVICE 5: Develop Policies and Plans that Support Individual and Community Health Efforts		
5.1	Model Standard: Governmental Presence at the Local Level	
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?	100%
5.1.3	Assure that the local health department has enough resources to do its part in providing essential public health services?	100%
5.2	Model Standard: Public Health Policy Development	
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?	75%
5.2.3	Review existing policies at least every three to five years?	100%
5.3	Model Standard: Community Health Improvement Process and Strategic Planning	
5.3.1	Establish a community health improvement process, with broad-based diverse participation, that uses information from both the community health assessment and the perceptions of community members?	75%
5.3.2	Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?	75%
5.3.3	Connect organizational strategic plans with the Community Health Improvement Plan?	100%
5.4	Model Standard: Plan for Public Health 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%

ESSENTIAL SERVICE 6: Enforce Laws and Regulations that Protect Health and Ensure Safety		
6.1	Model Standard: Review and Evaluation of Laws, Regulations, and Ordinances	
6.1.1	Identify public health issues that can be addressed through laws, regulations, or ordinances?	75%
6.1.2	Stay up-to-date with current laws, regulations, and ordinances that prevent, promote, or protect public health on the federal, state, and local levels?	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	Model Standard: Involvement in the Improvement of Laws, Regulations, and Ordinances	
6.2.1	Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?	75%
6.2.2	Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote the public health?	50%
6.2.3	Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?	50%
6.3	Model Standard: Enforcement of Laws, Regulations, and Ordinances	
6.3.1	Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?	100%
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	Assure that all enforcement activities related to public health codes are done within the law?	50%
6.3.5	Evaluate how well local organizations comply with public health laws?	100%

ESSENTIAL SERVICE 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable		
7.1	Model Standard: Identification of Personal Health Service Needs of Populations	
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?	75%
7.2	Model Standard: Assuring the Linkage of People to Personal Health Services	
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)?	75%
7.2.4	Coordinate the delivery of personal health and social services so that everyone has access to the care they need?	50%

ESSENTIAL SERVICE 8: Assure a Competent Public and Personal Health Care Workforce		
8.1	Model Standard: Workforce Assessment, Planning, and Development	
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?	25%
8.1.2	Review the information from the workforce assessment and use it to find and address gaps in the local public health workforce?	25%
8.1.3	Provide information from the workforce assessment to other community organizations and groups, including governing bodies and public and private agencies, for use in their organizational planning?	25%
8.2	Model Standard: Public Health Workforce Standards	
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	Model Standard: Life-Long Learning through Continuing Education, Training, and Mentoring	
8.3.1	Identify education and training needs and encourage the workforce to participate in available education and training?	100%
8.3.2	Provide ways for workers to develop core skills related to essential public health services?	100%
8.3.3	Develop incentives for workforce training, such as tuition reimbursement, time off for class, and pay increases?	100%
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?	100%
8.4	Model Standard: Public Health Leadership Development	
8.4.1	Provide access to formal and informal leadership development opportunities for employees at all organizational levels?	100%
8.4.2	Create a shared vision of community health and the public health system, welcoming all leaders and community members to work together?	100%
8.4.3	Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?	100%
8.4.4	Provide opportunities for the development of leaders representative of the diversity within the community?	75%

ESSENTIAL SERVICE 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services		
9.1	Model Standard: Evaluation of 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?	0%
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?	0%
9.1.3	Identify gaps in the provision of population-based health services?	75%
9.1.4	Use evaluation findings to improve plans and services?	0%
9.2	Model Standard: Evaluation of Personal Health Services	
9.2.1	Evaluate the accessibility, quality, and effectiveness of personal health services?	25%
9.2.2	Compare the quality of personal health services to established guidelines?	100%
9.2.3	Measure satisfaction with personal health services?	25%
9.2.4	Use technology, like the internet or electronic health records, to improve quality of care or communication among health care providers?	50%
9.2.5	Use evaluation findings to improve services and program delivery, and modify strategic plans as needed?	25%
9.3	Model Standard: Evaluation of the Local Public Health System	
9.3.1	Identify all public, private, and voluntary organizations that provide essential public health services?	100%
9.3.2	Evaluate how well LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing to essential public health services?	75%
9.3.3	Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?	25%
9.3.4	Use results from the evaluation process to improve the LPHS?	0%

ESSENTIAL SERVICE 10: Research for New Insights and Innovative Solutions to Health Problems		
10.1	Model Standard: Fostering Innovation	
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?	75%
10.1.2	Suggest ideas about what currently needs to be studied in public health to organizations that do research?	50%
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?	100%
10.1.4	Encourage community participation in research, including deciding what will be studied, conducting research, and in sharing results?	25%
10.2	Model Standard: Linkage with Institutions of Higher Learning and/or Research	
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?	100%
10.2.2	Partner with colleges, universities, or other research organizations to do public health research, including community-based participatory research?	50%
10.2.3	Encourage colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education?	50%
10.3	Model Standard: Capacity to Initiate or Participate in Research	
10.3.1	Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies?	25%
10.3.2	Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?	25%
10.3.3	Share findings with public health colleagues and the community broadly, through journals, websites, community meetings, etc?	50%
10.3.4	Evaluate public health systems research efforts throughout all stages of work from planning to impact on local public health practice?	25%

APPENDIX B: Qualitative Assessment Data

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

Priority by Performance Quadrant	Strengths	Weaknesses	Opportunities for Immediate Improvement	Priorities for Long Term Investments
Model Standard 1.1 Develop a Population-Based Community Health Profile Summary				
Quadrant A	<ul style="list-style-type: none"> -Coalition conducts community needs assessments every 2 years -several organizations conduct assessments 	<ul style="list-style-type: none"> -lack of awareness of general population that assessments are being conducted -failure to get adequate confidence level for surveys -information is not always shared with all partners -schools don't have access to data/health reports 	<ul style="list-style-type: none"> -develop network among partners to share information -develop a core team for Mobilizing for Action through Planning and Partnerships (MAPP) -post assessment data on websites -add media to GEM chart 	<ul style="list-style-type: none"> -engage partners and community members in process -provide local data -look into Geographical Information System Mapping Tools -continue use of media outlets to inform public
Model Standard 1.2 Technologies to Manage & Communicate Population Health Data				
Quadrant A	<ul style="list-style-type: none"> -there are various methods of accessing information being utilized -geographical information has been utilized to determine services or programs provided -JCHD & COA websites have data 	<ul style="list-style-type: none"> -the links do not work well on some partners technology systems -there are no communication methods between the AAFB and community -considerable lag time in the collection and publication of assessment data so the information is not always accurate to true time 	<ul style="list-style-type: none"> -improve communication between community and AAFB -give adequate lead time to make sure we can work through local, state, military, and federal bureaucracy 	<ul style="list-style-type: none"> -ensure data can be transmitted between partners -quicken turnaround time for local data

Model Standard 1.3 Maintenance of Population Health Registries

<p>Quadrant C</p>	<ul style="list-style-type: none"> -data areas that are well documented are birth, death, and immunizations for children -services are being determined for the public 	<ul style="list-style-type: none"> -data areas does not always encompass adult immunizations -death data is now entered into system by funeral homes...there is issues with data being kicked out for not being input correctly -little training provided to inputting data by partners at local level (e.g. schools for immunizations and funeral homes for death) -difficult for schools to have information on children from AAFB -there is a gap between health data systems 	<ul style="list-style-type: none"> -provide adequate training to partners 	<ul style="list-style-type: none"> -ensure adequate entry of data into state population health registries
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Essential Service 2: Diagnose and Investigate Health Problems and Health Hazards

Priority by Performance Quadrant	Strengths	Weaknesses	Opportunities for Immediate Improvement	Priorities for Long Term Investments
Model Standard 2.1 Identification and Surveillance of Health Threats				
Quadrant B	<ul style="list-style-type: none"> -MIPS training & testing has proven that we are prepared at the local level -preplanning for disasters with all partners on various scenarios (The ice store in 2010 proved systems are in place and do work) -many variances of communication compared to 10-20 years ago -AAFB handled H1N1 when it was a public health threat 	<ul style="list-style-type: none"> -there is always room for improvement -always communication problems or technology problems -occasional misuse of technology -turnover among partners 	<ul style="list-style-type: none"> -Network available for partners to communicate 	<ul style="list-style-type: none"> -none
Model Standard 2.2 Investigation and Response to Public Health Threats and Emergencies				
Quadrant C	<ul style="list-style-type: none"> -written protocols are maintained/debriefed/updated via testing scenarios and actual implementation during events -Scenarios and events are debriefed for accuracy and determining areas of improvement -per incident as an organized group, the level is Optimal due to the compliance with Presidential Directive 5 Guidelines -Response is immediate; i.e., during the ice store there was an outbreak in the shelter and with 1 phone call the problem was addressed -Altus Fire/Rescue Department is 1 of 13 HAZMAT Teams across the state -they have significant relationships and partnerships to work with all volunteer fire departments, AAFB, and Vernon, TX -exercises are debriefed to ensure areas of weakness are addressed and corrected. -external public health evaluators are used for additional perspective 	<ul style="list-style-type: none"> -level of significant when being determined on an individual basis -if there is more than 1 major incident at a time, we may not have enough personnel for immediate response to man both incidents -JCMH has not been able to coordinate with schools for scenarios exercises -need to drill on various scenarios 	<ul style="list-style-type: none"> -drill on various scenarios other than storms 	<ul style="list-style-type: none"> -continue to collaborate with other agencies to ensure mutual aid is up to date -LEPC is looking to coordinate efforts with partners to maximize exercise to the most optimal and cost effective way to encompass all entities

Model Standard 2.3 Laboratory Support for Investigation of Health Threats

<p>Quadrant C</p>	<ul style="list-style-type: none"> -policies in place to ensure chain of custody -several local entities are 24/7; e.g., such as the hospital and AAFB, LHD, OSDH, CDC, and OSBI out of Lawton or OKC -JCMH has a generator back up and are staffed 24/7 and are open to entire county -AAFB base Fire Department works with CDC and has mobile labs 	<ul style="list-style-type: none"> -no local lab; e.g., emergency such as fire, EMS & Law enforcement primarily use OSBI out of Lawton or OKC -being able to maintain 24/7 status for ANY situation 	<ul style="list-style-type: none"> -Having up-to-date MOU's with access to generators and listing proof of generators -get more partners involved 	<ul style="list-style-type: none"> -AAFB jurisdiction to encompass the county and not stopping at the base border
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Essential Service 3: Inform, Educate and Empower People about Health Issues

Priority by Performance Quadrant	Strengths	Weaknesses	Opportunities for Immediate Improvement	Priorities for Long Term Investments
Model Standard 3.1 Health Education and Promotion				
Quadrant A	<ul style="list-style-type: none"> -assessments being conducted in the community -actively engaged media reporting on health issues -activities promoting health are being conducted by partners -actively engaged population in making systematic changes, e.g. ordinance and policy change at local level -there are recourses for health topics -there has been some policy change through SWAT, Capitol Day ventures, JCCHAT, etc, and the effort continues -LHD has a health educator that goes into schools -APS communicates with employees/staff -local fire/volunteer departments promote Fire Prevention Week -County wide BMI project -JCMH provides Health Link at 477-1111 to public -JCMH provides CPR/AED training -COA utilizes Blackboard Connect as a massive calling system to issue city wide warnings 	<ul style="list-style-type: none"> -communicating with other agencies -target audiences are not being reached -lack of funding -ongoing analysis not provided to the community -obvious gap between promotion and communication; e.g., people are doing things, but no one seems to know about it, people are requesting information are not the actual target audience -there is limited community engagement outside of the group working on the effort -due to economic hardships, policy makers look at immediate priorities, not long term -Blackboard connect is a volunteer program 	<ul style="list-style-type: none"> -need to share information with public -increase participation from surrounding communities -increase priority of health among communities -policies to ensure mandate4s on all modes of transportation -more effective marketing on what we currently have -conduct Town Hall meetings that are open to public for suggestions -APS needs to improve communication methods with parents -COA needs to share good information with community 	<ul style="list-style-type: none"> -improve information sharing amongst agencies and community -need to increase recycling opportunities -improving infrastructure in communities to promote healthy life style choices -everyone has data and an end product, but there is an area of growth in communicating that to the community to meet outcomes through a measurable strategic communication plans for policy change -Utilize AAFB because even though they all have health care activities and quality of life may be greater, most do not live on base and the outcome of limited housing, availability of fresh food and walking trails or medical specialists is the same -policy change to ensure the implementation of quality of live

Model Standard 3.2 Health Communication				
Quadrant D	<ul style="list-style-type: none"> -actively engaged print and radio media who promote health messages through earned media and PSA's -agencies provide information to community -Established Hazard Mitigation Plan for Jackson -Training has occurred -Jackson County Mitigation Plan is in place -ICS is utilized 	<ul style="list-style-type: none"> -no written plan for JCCHAT on communication -limited T.V. coverage in area -not utilizing social media -general health communications need to be addressed -school districts are not always involved in planning/development -teens/youth are not being targeted through their media outlet which is social media 	<ul style="list-style-type: none"> -improve participation among partners -improve education teens and younger generation because they are reading papers or listening to radio -include school district -keep positive relationship with media -develop general plan & mold/adapt to specific events 	<ul style="list-style-type: none"> -utilize social media -ensure checks/balances for sharing the information so major stakeholders and constituents are relaying the same information -training across the board to ensure PIO's are on the same page and giving the same message
Model Standard 3.3 Risk Communication				
Quadrant C	<ul style="list-style-type: none"> -ICS Training has been conducted and partners work well together -community responds well during a crisis 	<ul style="list-style-type: none"> -adequate backup during emergencies 	<ul style="list-style-type: none"> -increase priority of health among communities -increase participation from surrounding communities 	<ul style="list-style-type: none"> -Recruit and train secondary persons for positions in plan -Adequate back-up between JCMH, JCHD, COA, & AAFB. -written procedure of who calls who

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

Priority by Performance Quadrant	Strengths	Weaknesses	Opportunities for Immediate Improvement	Priorities for Long Term Investments
Model Standard 4.1 Constituency Development				
Quadrant C	<ul style="list-style-type: none"> -actively engaged local coalition -coalition has been funded from tobacco and nutrition and fitness -coalition regularly conducts community needs assessments -211 system is available -community assessment identified need for teen homeless shelter and the need was met by local coalition 	<ul style="list-style-type: none"> -Not all partners are aware of 211 -difficulty in finding information/resources for callers -lack of available funding for identified issues -if you have more than one forum on the same topic they are not well organized between groups 	<ul style="list-style-type: none"> -update resource information -following through with forums for more issues found 	<ul style="list-style-type: none"> -seek additional funding for identified issues
Model Standard 4.2 Constituency Partnerships				
Quadrant B	<ul style="list-style-type: none"> -strong coalition with activity engaged partners -JCCHAT is a very impressive component for the county -we have community involvement 	<ul style="list-style-type: none"> -not all community sectors are represented -engaging key leaders in certain issues -educate stakeholders and community on public health -court systems are not included and are a key player because they are effective (i.e. drug court) 	<ul style="list-style-type: none"> -need to engage ethnic groups -need to include faith based groups 	<ul style="list-style-type: none"> -need to engage local judicial system -broaden expectations from community involvement to broadening health and quality of life -continued challenge of addressing barriers when getting partners to the table due to communication and allocating \$ funds appropriately.

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

Priority by Performance Quadrant	Strengths	Weaknesses	Opportunities for Immediate Improvement	Priorities for Long Term Investments
Model Standard 5.1 Government Presence at the Local Level				
Quadrant C	<ul style="list-style-type: none"> -MIPS, JCCHAT, Safe Kids OK CPST Program are operational despite lack of funding -leadership with JCHD is committed to accreditation and moving the county forward -no obstacles to the HD becoming accredited -supportive community -media support 	<ul style="list-style-type: none"> -funds have affected MIPS participation -entities can't financially support the effort even if they want to -LHD not yet accredited -the individuals ARE the resources that link the programs not the organizations 	<ul style="list-style-type: none"> -there should be a promotion of health for those that protect the community to actually be protected from the community (i.e., firefighters no longer receive flu shot) -share information from accreditation process with other entities 	<ul style="list-style-type: none"> -additional funds for FREE health clinic (i.e. seek FQHC)
Model Standard 5.2 Public Health Policy Development				
Quadrant C	<ul style="list-style-type: none"> -systems are in place -JCCHAT is actively involved and does not hesitate to go before policymakers for effective change -several communities have passed CIA and YPA ordinances -COA has passed social host ordinance -community members have advocated for change at the state level 	<ul style="list-style-type: none"> -pre-emption 	<ul style="list-style-type: none"> -communication between health care providers and Water Treatment Board 	<ul style="list-style-type: none"> -none
Model Standard 5.3 Community Health Improvement Process				
Quadrant B	-none	-none	-none	-none
Model Standard 5.4 Plan for Public Health Emergencies				
Quadrant B	-none	-none	-none	-none

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

Priority by Performance Quadrant	Strengths	Weaknesses	Opportunities for Immediate Improvement	Priorities for Long Term Investments
Model Standard 6.1 Review and Evaluate Laws, Regulations, and Ordinances				
Quadrant C	-most policies are created at the state level	-there may not be room for adaption at the local level	-none	-none
Model Standard 6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances				
Quadrant A	-we can identify and are making strides as a group -group change can be made vs. 1 voice -LPHSA is helping to identify problems so it can be addressed with legislatures	-the system as a whole does not work together to participate -the public health system cannot eliminate or take the place of personal accountability -those that truly need it don't get it and those that don't need it abuse it	-gap in services provided to individuals over 18 and fewer than 65 with no children in home, college students, and aging community on a fixed income	-none
Model Standard 6.3 Enforce Laws, Regulations and Ordinances				
Quadrant C	-Hazard Mitigation is strong -readily recognize areas of need -as part of the LPHSA report we will be urged to evaluate	-informing community of programs available and policy regulation processes -COA needs to address education portion for the community	-none	-none

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

Priority by Performance Quadrant	Strengths	Weaknesses	Opportunities for Immediate Improvement	Priorities for Long Term Investments
Model Standard 7.1 Identification of Populations with Barriers to Personal Health Services				
Quadrant A	<ul style="list-style-type: none"> -we can define the issues -there is a level of understanding; inadequate resources, finances, culture, etc. -Free Health Clinic is active -there are highly qualified providers in area -AAFB provides care to military personnel 	<ul style="list-style-type: none"> -we are not necessarily meeting all of the needs due to lack of resources, overlapping of services, and gap of services -lack of resources -crisis prevention is limited -ER is utilized as primary care for Medicaid individuals -AAFB is limited on care because of M-F/8 to 5 hours of operation -Oklahoma does not put resources into mental health -Jackson County does not have enough physicians which puts added pressure to the ones that are here and their schedules are stretched thin 	<ul style="list-style-type: none"> -from diagnosis for crisis prevention to actual services (i.e., by the time a patient is transported to Taliaferro in Lawton the urgent crisis is over so the patient gets transported over and over with no intervention which is a waste of resources, emergency personnel, and lack of service to the patient and the community 	<ul style="list-style-type: none"> -identify lines between DHS and APS (i.e., doctor feels patient has urgent mental health need but they don't qualify for services -JCMH continues to actively recruit physicians -hire qualified staff -recruit dental providers who accept Medicaid
Model Standard 7.2 Assuring the Linkage of People to Personal Health Services				
Quadrant A	<ul style="list-style-type: none"> -known barriers are removed to ensure people utilize the resources -we do a good job with the people that come to us 	<ul style="list-style-type: none"> -not enough resources to reach everyone -disjointed health care system -free health clinic struggles with getting educational materials to the public because of lack of resources 	<ul style="list-style-type: none"> -COA employees pay more for care at JCMH because they are not a network providers so they go out of the area or do not go to the doctor at all -develop appropriate level of access to health care to reduce burden on ER 	<ul style="list-style-type: none"> -Jackson County is working on national County Organization Prescription Drug Card which would provide under or uninsured participants access to prescriptions -seek funding to expand Free Health Clinic to FQHC

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

Priority by Performance Quadrant	Strengths	Weaknesses	Opportunities for Immediate Improvement	Priorities for Long Term Investments
Model Standard 8.1 Workforce Assessment Planning, and Development				
Quadrant D	<ul style="list-style-type: none"> -Oklahoma Workforce -local college and technology center have public health degrees/certifications -local hospital conducts training for employees -local college has nursing, radiology, and medical office programs -local technology center has LPN, CNA, CMA, and EMS vocational programs -Community supported LPHS assessment -local hospital coordinates with education centers to fill gaps in public health -JCMH coordinates with educational facilities (i.e. nursing students graduating and health department for needs) 	<ul style="list-style-type: none"> -lack of communication among community partners -need current information -lack of information sharing among partners -first time LPHS has been conducted -currently not collective as LPHS 	<ul style="list-style-type: none"> -bring trainings to the entire group -do a better job of marketing trainings to partners -increase communication among partners -disseminate LPHS report among partners 	<ul style="list-style-type: none"> -ensuring community is adequately informed on local and statewide available resources -regularly conduct LPHS assessment in future-public health entities working together as a collective group for areas of training that are required
Model Standard 8.2 Public Health Workforce Standards				
Quadrant B	<ul style="list-style-type: none"> -local college/technology center with implemented testing standards -guidelines are being followed individually 	-none	-none	-none

Model Standard 8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring				
Quadrant C	<ul style="list-style-type: none"> -local hospital offers tuition assistance & reimbursement to employees to further their education -several local employers allow education leave -equity training is provided by several agencies -supervisors have the ability to see potential and competency 	<ul style="list-style-type: none"> -economy prevents rewarding employees with incentive raises -lack of formalized mentoring program in most organizations -the ones that WANT to take advantage are the ones that receive additional training, not necessarily the ones that need to further education -limited resources for training 	<ul style="list-style-type: none"> -encourage employees to engage in these education opportunities -utilize supervisors to recognize strengths in employees 	<ul style="list-style-type: none"> -develop mentoring program -stay abreast of updates/mandates to ensure continual training
Model Standard 8.4 Public Health Leadership Development				
Quadrant B	<ul style="list-style-type: none"> -partners collaborate with community -presidential directive forming NIMS motivated community -Strong coalition working with partners to engage community -Oklahoma is a leader in nation regarding Emergency Leadership Development -all LHD employees are trained in basic ICS 	<ul style="list-style-type: none"> -people do not always utilize it 	<ul style="list-style-type: none"> -as providers for a diverse population we can bridge the gap and get them to the table 	<ul style="list-style-type: none"> -none

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

Priority by Performance Quadrant	Strengths	Weaknesses	Opportunities for Immediate Improvement	Priorities for Long Term Investments
Model Standard 9.1 Evaluation of Population-Based Health Services				
Quadrant A	-JCHD does surveys each quarter -JCMH sends out patient surveys	-JCHD does not post survey findings publically -JCMH survey questions are mandated and no additional questions to meet local needs are added -surveys are long -surveys are not always completed	-none	-none
Model Standard 9.2 Evaluation of Personal Health Services				
Quadrant D	-SWODA Inter-Agency Task Force meets quarterly to discuss needs, successes, and services for their clients -JCMH is in the process of implementing electronic records	-coordination of efforts from technology systems	-develop mechanism to share results with partners to ensure quality, accessibility, and effectiveness	-sub-committee off of JCCHAT with health care providers to discuss community needs, not just Free Health Clinic
Model Standard 9.3 Evaluation of the Local Public Health System				
Quadrant A	-ground work has been set	-although they were invited some partners are missing from the table -we have to ensure it continues	-first time to convene from LPHS assessment -improve communication between entities	-include all members to ensure support of future LPHS

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

Priority by Performance Quadrant	Strengths	Weaknesses	Opportunities for Immediate Improvement	Priorities for Long Term Investments
Model Standard 10.1 Fostering Innovation				
Quadrant A	<ul style="list-style-type: none"> -significant work done within organizations -focus groups are used by some organizations in gathering information 	<ul style="list-style-type: none"> -does not include system as a whole -need to encourage suggestions from the community -directives come from top down instead of bottom up 	<ul style="list-style-type: none"> -create awareness utilizing media outlets -focus on grass roots efforts 	<ul style="list-style-type: none"> -keep up with information -continue using best practices to create social norm change
Model Standard 10.2 Linkage with Institutes of Higher Learning and/or Research				
Quadrant A	<ul style="list-style-type: none"> -partnering with OU/OSU on TSET grants for evaluation 	<ul style="list-style-type: none"> -most seem to be community programs, not clinical 	<ul style="list-style-type: none"> -need to seek out partnering opportunities with other organizations -do a better job of identifying issues in need of evaluation 	
Model Standard 10.3 Capacity to Initiate or Participate in Research				
Quadrant D	<ul style="list-style-type: none"> -local newspaper and radio outlets engaged in earned media on research -JCCHAT is strong and actively involved 	<ul style="list-style-type: none"> -information is being gathered within specific agencies, however information is not shared with the LPHS as a whole -same few people involved -project starts out big and ends with small, committed group of people working on project -\$ resources are minimal or frozen so it is difficult to do -lack on evaluation 	<ul style="list-style-type: none"> -share information with partners 	<ul style="list-style-type: none"> -create core team to work on projects who will be responsible for identifying and engaging others in process

APPENDIX C: Additional Resources

General

Association of State and Territorial Health Officers (ASTHO)

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

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

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

Guide to Clinical Preventive Services

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

Guide to Community Preventive Services

www.thecommunityguide.org

National Association of City and County Health Officers (NACCHO)

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

National Association of Local Boards of Health (NALBOH)

<http://www.nalboh.org>

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

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

Public Health 101 Curriculum for governing entities

http://www.nalboh.org/pdffiles/Bd%20Gov%20pdfs/NALBOH_Public_Health101Curriculum.pdf

Accreditation

ASTHO's Accreditation and Performance Improvement resources

<http://astho.org/Programs/Accreditation-and-Performance/>

NACCHO Accreditation Preparation and Quality Improvement

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

Public Health Accreditation Board

www.phaboard.org

Health Assessment and Planning (CHIP/ SHIP)

Healthy People 2010 Toolkit

Communicating Health Goals and Objectives

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

Setting Health Priorities and Establishing Health Objectives

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

Healthy People 2020

www.healthypeople.gov

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

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

Mobilizing for Action through Planning and Partnership

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

MAPP Clearinghouse

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

MAPP Framework

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

National Public Health Performance Standards Program

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

Performance Management /Quality Improvement

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

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

Improving Health in the Community: A Role for Performance Monitoring

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

National Network of Public Health Institutes Public Health Performance Improvement Toolkit

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

Public Health Foundation – Performance Management and Quality Improvement

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

Turning Point

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

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

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

Evaluation

CDC Framework for Program Evaluation in Public Health

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

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

http://www.yourunitedway.org/media/Guide_for_Logic_Models_and_Measurements.pdf

National Resource for Evidence Based Programs and Practices

www.nrepp.samhsa.gov

W.K. Kellogg Foundation Evaluation Handbook

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

W.K. Kellogg Foundation Logic Model Development Guide

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