

National Public Health Performance Standards Program Local Public Health System Performance Assessment Instrument

Version: Field Test 5b

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Foreword

Local public health agencies are the natural leaders in the development of cohesive local public health systems that include public, private, and voluntary organizations working together to improve the health of local populations. Local public health agencies, working in conjunction with partners in public health, establish parameters and set directions for the practice of public health. Like state public health systems, local systems have responsibility for carrying out the core functions of public health assessment, policy development, and assurance.

Within the context of these core functions and the related Essential Public Health Services (EPHS), local public health agencies have unique responsibilities to enable, assure, and to enforce the provision of these essential services by entities within the local public health system. They are key resource allocators who assure that funding for public services meet the critical health needs of their populations. Their policy responsibilities include the assurance of an adequate statutory base for local public health activities and advocacy with system partners for local policy changes to improve health. In addition, local public health agencies provide important leadership in maintaining and improving the performance and capacity of local public health systems to provide appropriate public health services.

Whether as leader, convener, partner, collaborator, enabler, analyst or evaluator, local public health agencies play key roles in coordinating the performance of local public health systems. By developing public health performance standards to identify and benchmark superior performance, local public health systems and their local public health agencies will be better equipped to assess and improve delivery of EPHS and achieve improvements in community health.

Acknowledgment

The Local Public Health System Performance Assessment Instrument has been collaboratively developed by the National Association of County & City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC). The leadership, guidance, and expertise in public health practice provided by members of NACCHO and staff of the Public Health Practice Program Office at CDC are greatly appreciated.

About the Local Assessment Instrument

The Local Public Health System Performance Assessment Instrument is based on the Essential Services of Public Health. These ten essential services were constructed through a collaborative process involving U.S. Public Health Service Agency Heads and presidents of major national public health organizations.

Each Essential Service is divided into several Indicators that address critical aspects of the Essential Services. Each Indicator is illustrated by a Model Standard that describes high performance in the Indicator topic by local public health systems. These model standards were developed with guidance from the NACCHO and document sources, when available, that describe performance standards in fields of public health related to various EPHS (e.g., health education). These model standards represent expert opinion concerning those actions and capacities that are necessary for a local public health system to be a high performing system. Each model standard is addressed by assessment questions that serve as measures of performance.

There are two types of measures or questions in the assessment instrument. The first series of questions in each indicator are multiple choice questions. The responses options to these multiple choice questions are "yes", "no" or "partially". The definitions associated with these responses are:

- | | |
|-----------|--|
| Yes | Between 75 and 100 percent of the activity or resource described within the question is met within the Local Public Health System. |
| Partially | Between 25 and 75 percent of the activity or resource described within the question is met within the Local Public Health System. |
| No | Less than 25% of the activity or resource described within the question is met within the Local Public Health System. |

Likert scaled questions follow the multiple choice questions. These questions use a four-point scale to assess overall the extent that 1) the local public health agency meets the model standards for each indicator and 2) the local public health system meets the model standards for each indicator. The four point Likert scale responses are 1) not at all or minimally, 2) partially, 3) substantially, and 4) fully or almost fully.

The concept of local public health system is central to the assessment instrument. A local public health system is defined as a system that includes all public, private, and voluntary entities, as well as individuals and informal associations that contribute to the delivery of public health services within a jurisdiction. Model Standards and the related assessment measures focus primarily on performance of the Local Public Health Systems.

Additional detail on the assessment instrument and the development of National Public Health Performance Standards can be obtained at <http://www.phppo.cdc.gov/dphs/nphpsp/> or by calling 1-800-747-7649.

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

This service includes:

T Accurate, periodic assessment of the community’s health status, including:

- Identification of health risks and determination of health service needs.
- Attention to the vital statistics and health status of groups that are at higher risk than the total population.
- Identification of community assets and resources which support the local public health system (LPHS) in promoting health and improving quality of life.

T Utilization of appropriate methods and technology, such as geographic information systems, to interpret and communicate data to diverse audiences

T Collaboration among all LPHS components, including private providers and health benefit plans, to establish and use population health information systems, such as disease or immunization registries.

Indicator 1.1 Population-Based Community Health Profile (CHP)

Model Community Standard:

The LPHS conducts regular community health assessments to monitor progress towards health-related objectives. The information gathered from assessment activities are also compiled into a community health profile (CHP). The CHP includes measures related to health status and health risk at individual and community levels, including: community assets and quality of life; environmental health characteristics; demographic characteristics; socioeconomic characteristics; community health status measures (mortality and morbidity); maternal and child health measures; behavioral risk factors; sentinel events; social and mental health measures; infectious disease measures; and health resource measures.

The CHP displays information about trends in health status, along with associated risk factors and health resources. The CHP is periodically updated. Local measures are compared with local peer, state and national benchmarks. Data and information are displayed in multiple formats for diverse audiences, such as the media and community-based organizations. The LPHS promotes the community-wide use of the CHP and assures that the CHP (the total profile and any “fact sheet” summaries) can be easily accessed in a timely manner by the community. The CHP is a common set of measures for the community to use to prioritize the health issues that will be addressed through strategic planning and action, to allocate and align resources, and to monitor population-based health status improvement over time.

1.1.1 Has the LPHS conducted a community health assessment?

If so,

1.1.1.1 Is the community health assessment updated at periodic intervals?

If so, is the community health assessment updated:

1.1.1.1.1 At least annually?

1.1.1.1.2 Not annually, but at least every 2 years?

1.1.1.1.3 Not every 2 years, but at least every 5 years?

1.1.1.1.4 After 5 or more years?

1.1.1.2 Are data from the assessment compared to data from other representative areas or populations?

If so, are data compared with data from

1.1.1.2.1 Peer (demographically similar) communities?

1.1.1.2.2 The state?

- 1.1.1.2.3 The region?
- 1.1.1.2.4 The nation?
- 1.1.1.3 Does the LPHS use data from community health assessments to monitor progress toward health-related objectives?
 - If so, do those objectives include:
 - 1.1.1.3.1 Healthy People 2010 objectives?
 - 1.1.1.3.2 State established health priorities?
 - 1.1.1.3.3 Locally established health priorities?
 - 1.1.1.3.4 Measures from the Health Plan Employer Data and Information Set (HEDIS)?
 - 1.1.1.3.5 Other health-related objectives?
- 1.1.1.4 Are data from the community health assessment(s) compiled into a community health profile?
 - If so,
 - 1.1.1.4.1 Are CHP data from current and previous time periods used to track trends over time?
 - 1.1.1.4.2 Are CHP data compared to data from other representative areas or populations?
 - If so, are CHP data compared with data from
 - 1.1.1.4.2.1 Peer (demographically similar) communities?
 - 1.1.1.4.2.2 The state?
 - 1.1.1.4.2.3 The region?
 - 1.1.1.4.2.4 The nation?
 - 1.1.1.4.3 Is a media strategy in place to promote community-wide use of the CHP?
 - 1.1.1.4.4 Do organization that comprise the LPHS use the CHP to inform health policy and planning decisions?
 - 1.1.1.4.5 Does the CHP utilize data from a local epidemiological surveillance system?
 - If so,
 - 1.1.1.4.5.1 Does each contributor of data to the surveillance system have access to the completed CHP?
 - 1.1.1.4.6 Does the LPHS use the CHP to monitor progress toward specific health-related objectives?
 - If so, do those objectives include:
 - 1.1.1.4.6.1 Healthy People 2010 objectives?
 - 1.1.1.4.6.2 State established health priorities?
 - 1.1.1.4.6.3 Locally established health priorities?
 - 1.1.1.4.6.4 Measures from the Health Plan Employer Data and Information Set (HEDIS)?
 - 1.1.1.4.6.5 Other health-related objectives?
 - 1.1.1.4.7 Does the LPHS assure that adequate resources are allocated to maintain and update the entire CHP?
 - 1.1.1.4.8 Have the individuals or organizations responsible for contributing data and /or resources for producing the CHP been identified?
 - If so, do they include:
 - 1.1.1.4.8.1 Local public health agency?
 - 1.1.1.4.8.2 University or academic institution?

- 1.1.1.4.8.3 Private consultant?
- 1.1.1.4.8.4 Health/hospital system?
- 1.1.1.4.8.5 Managed care organization?
- 1.1.1.4.8.6 Other public sector agency or governmental entity?
- 1.1.1.4.8.7 State level agency or organization?
- 1.1.1.4.8.8 National level agency or organization?

1.1.2 ***Please use the chart in Appendix A to indicate data elements to which your LPHS has ready access and which are included in your CHP. Please keep in mind that the data should be timely, accurate, and specific to your jurisdiction.***

L1.1.1 To what extent does the local public health agency achieve the model standard?

Not at all or minimally 1	Partially 2	Substantially 3	Fully or almost fully 4
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L1.1.2 To what extent does the LPHS (including the local public health agency) achieve the model standard?

Not at all or minimally 1	Partially 2	Substantially 3	Fully or almost fully 4
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Indicator 1.2 Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data

Model Community Standard:

The LPHS utilizes state of the art technology to collect, manage and integrate health profile databases. Data are presented in formats that allow for clear communication and interpretation by end users. Such formats include graphed trend data which allows for comparisons over time by relevant variables such as gender, race, and geographic designation. Tools such as geographic information systems (GIS) are used to combine geography, data and computer mapping to support the exploration of spacial relationships, patterns, and trends in health data. Use of geocoded (matching of street address to a corresponding latitude and longitude) data is promoted, while maintaining appropriate safeguards for confidentiality. Increased public access to GIS information provides new insights for developing strategy appropriate for specific geographic areas and aligning health status indicators with health resources.

While the information in the Community Health Profile (CHP) is available in paper formats, this information is also available in a web-based version accessible to individuals, community groups and other organizations in a timely manner. Links to other sources of related information are provided. The LPHS assures that the data included in the CHP are accurate and reliable and that any interpretation provided is consistent with the science and evidence-base of public health practice. Through this ongoing information sharing facilitated by electronic networks, the LPHS monitors progress in community health and compares it with health profile benchmarks.

- 1.2.1 Does the LPHS have access to geocoded health-related data?
 - If so,
 - 1.2.1.1 Is the data geocoded at the county level?
 - 1.2.1.2 Is the data geocoded at the zip code level?
 - 1.2.1.3 Is the data geocoded at the census track level?

- 1.2.2 Does the LPHS use geocoding in local health data systems?
 - If so, does the LPHS use geographic information systems (GIS) for the following:
 - 1.2.2.1 Display health related information?
 - 1.2.2.2 Map health resources?
 - 1.2.2.3 Link data bases using georeferenced identifiers?
 - 1.2.2.4 Analyze health issues?
 - 1.2.2.5 Display complex health related information?

- 1.2.3 Does the LPHS use computer-generated graphics to present CHP data to facilitate trend identification and/or comparison of data by relevant categories (i.e., race, gender, age group)?

- 1.2.4 Is the information in the CHP available in an electronic version?
 - If so, is it available:
 - 1.2.4.1 On only one web site?
 - 1.2.4.2 On multiple web sites (same information on multiple sites)?
 - 1.2.4.3 On multiple (linked) web sites (different information on different sites)?
 - 1.2.4.4 On multiple (unlinked) web sites (different information on different sites)?
 - 1.2.4.5. Through access to data warehouse?

L1.2.1 To what extent does the local public health agency achieve the model standard?

Not at all or minimally	Partially	Substantially	Fully or almost fully
1	2	3	4

L1.2.2 To what extent does the LPHS (including the local public health agency) achieve the model standard?

Not at all or minimally	Partially	Substantially	Fully or almost fully
1	2	3	4

Indicator 1.3 Maintenance of Population Health Registries

Model Community Standard:

The LPHS develops, maintains and regularly contributes to health-related registries. Data is collected for registries in accordance with standards that assure comparability of data from public/private, local/state/regional/national sources. The LPHS utilizes established criteria for reporting identified health events to the appropriate registry and creates and supports systems to assure accurate, timely and unduplicated reporting by data providers.

Collaboration among multiple partners facilitates the aggregation of individual data to compile a population registry used to inform policy decisions, program implementation, and population research. Registries track health-related events such as disease patterns and preventive health services delivery (i.e., cancer registries facilitate the tracking over time of cancer incidence, cancer stage at diagnosis, treatment patterns, and survival probability; vaccine registries provide the real time status of vaccine coverage for specified age groups in the community).

1.3.1 Does the LPHS contribute information to one or more health registries?

If so:

1.3.1.1 Are there established criteria and processes for reporting health events to the registry (registries)?

1.3.1.2 Are there established partnerships to facilitate the collection and aggregation of data?

1.3.2 Does the LPHS use information from one or more health registries?

If so, is information used to:

1.3.2.1 Inform decisions?

1.3.2.2 Design and implement programs?

1.3.2.3 Conduct population research?

1.3.3 In the past year, has the LPHS accessed information from one or more health registries?

If so, which of the following registries were accessed?

1.3.3.1 Immunization status of children?

1.3.3.2 Immunization status of adults?

1.3.3.3 Cancer?

1.3.3.4 Syphilis serology?

1.3.3.5 New born screening?

1.3.3.6 Birth defects and developmental disabilities?

1.3.3.7 Trauma?

1.3.3.8 Occupational injury?

1.3.3.9 Environmental exposures?

1.3.4 Does the LPHS operate one or more health registries?

If so:

1.3.4.1 Are there standards for data collection?

L1.3.1 To what extent does the local public health agency achieve the model standard?

Not at all or minimally

1

Partially

2

Substantially

3

Fully or almost fully

4

L1.3.2 To what extent does the LPHS (including the local public health agency) achieve the model standard?

Not at all or minimally
1

Partially
2

Substantially
3

Fully or almost fully
4

Essential Service #2: Diagnose and Investigate Health Problems and Health Hazards in the Community

This service includes:

T Epidemiologic investigations of disease outbreaks and patterns of infectious and chronic diseases and injuries, environmental hazards, and other health threats.

T Active infectious disease epidemiology programs.

T Access to a public health laboratory capable of conducting rapid screening and high volume testing.

Indicator 2.1 Identification and Surveillance of Health Threats

Model Community Standard:

The LPHS has a comprehensive surveillance system that is integrated with national and state surveillance systems and used to assess and analyze health threats. The LPHS has access to statistical and epidemiological expertise and utilizes state of the art information technology and communication systems to support surveillance and investigation activities. The LPHS uses epidemiologic and behavioral science techniques to collect data that may be used to identify risk factors for health threats.

The LPHS collects reportable disease information from community health providers who submit immediate information on possible disease outbreaks. The LPHS provides timely reports that include all information necessary for state and national surveillance efforts.

The LPHS has a formal monitoring process to track persistent threats and to alert communities to possible environmental assaults or biological agent outbreaks.

2.1.1 Does the LPHS monitor changes in the occurrence of health threats?

If so, are statistics available for:

2.1.1.1 Communicable diseases?

2.1.1.2 Chronic diseases?

2.1.1.3 Injuries?

2.1.1.4 Environmental hazards?

2.1.2 Does the LPHS have (or have access to) expertise to support the tracking and analysis of community health threats?

2.1.3 Does the LPHS use computerized information systems (e.g., word processing, spreadsheet, database analysis, and presentation graphics software; GIS) for surveillance purposes?

2.1.4 Does the LPHS have high speed dedicated Internet access for surveillance purposes?

2.1.5 Do any organizations within the LPHS communicate electronically with each other?

If so, do the mechanisms for communication methods include:

2.1.5.1 Touch-tone telephone service?

2.1.5.2 Facsimile (fax) machine?

2.1.5.3 Internet-based e-mail?

2.1.6 Do community health providers submit timely reports on notifiable disease incidence?

2.1.7 Does the LPHS alert communities to possible health threats?

L2.1.1 To what extent does the local public health agency achieve the model standard?

Not at all or minimally	Partially	Substantially	Fully or almost fully
1	2	3	4

L2.1.2 To what extent does the LPHS (including the local public health agency) achieve the model standard?

Not at all or minimally	Partially	Substantially	Fully or almost fully
1	2	3	4

Indicator 2.2 Investigate Public Health Emergencies

Model Community Standard:

The LPHS has current protocols to guide the immediate investigation of communicable disease outbreaks, environmental health hazards, potential biological agent threats, and large scale disasters.

2.2.1 Does the LPHS have any current protocols to guide immediate investigations of public health threats?

If so, do these protocols address:

2.2.1.1 Communicable disease outbreaks?

2.2.1.2 Environmental health hazards?

2.2.1.3 Biological agent threats?

2.2.1.4 Large scale natural disasters?

2.2.1.5 Acts of terrorism?

2.2.2 Does the LPHS maintain written protocols for implementing a program of contact and source tracing for communicable diseases or toxic exposures?

If so, are protocols in place for:

2.2.2.1 Animal and vector control?

2.2.2.2 Exposure to food-borne illness?

2.2.2.3 Exposure to water-borne illness?

2.2.2.4 Excessive lead levels?

2.2.2.5 Exposure to asbestos?

2.2.2.6 Exposure to other toxic chemicals?

L2.2.1 To what extent does the local public health agency achieve the model standard?

Not at all or minimally

1

Partially

2

Substantially

3

Fully or almost fully

4

L2.2.2 To what extent does the LPHS (including the local public health agency) achieve the model standard?

Not at all or minimally

1

Partially

2

Substantially

3

Fully or almost fully

4

Indicator 2.3 Laboratory Support for Investigation of Health Threats

Model Community Standard:

The LPHS maintains ready access to laboratories capable of supporting investigations of adverse health events and meeting routine diagnostic and surveillance needs. The LPHS confirms that all regulations and standards for credentialing and evaluating these laboratories and equipment are strictly enforced. The LPHS maintains protocols for the handling of laboratory samples, which describe procedures for transporting, delivering, labeling, and collecting laboratory samples, and for determining the chain of custody regarding the handling of these samples.

- 2.3.1 Does the LPHS have (or have access to) laboratory services available to support investigations of adverse health events?
- 2.3.2 Has the LPHS documented that laboratories (including personnel and equipment) are in compliance with regulations and standards for credentialing and evaluation?
- 2.3.3 Does the LPHS maintain current policies and procedures for handling laboratory samples?
If so, do these policies and procedures address:
 - 2.3.3.1 Collecting samples?
 - 2.3.3.2 Labeling samples?
 - 2.3.3.3 Transporting or delivering samples?
 - 2.3.3.4 Determining the chain of custody with respect to the handling of laboratory samples?

L2.3.1 To what extent does the local public health agency achieve the model standard?

Not at all or minimally 1	Partially 2	Substantially 3	Fully or almost fully 4
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L2.3.2 To what extent does the LPHS (including the local public health agency) achieve the model standard?

Not at all or minimally 1	Partially 2	Substantially 3	Fully or almost fully 4
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Indicator 2.4 Plan for and Respond to Public Health Emergencies

Model Community Standard:

The LPHS has an emergency response plan which defines and describes public health disasters and emergencies, identifies relevant community assets that can be mobilized to respond, establishes communication and information networks, and defines roles and responsibilities –including administrative command responsibilities for all potential participants in the plan.

The LPHS plan includes resource allocation strategies, alert protocols, an evacuation plan and command station operational procedures and is tested each year through the staging of one or more “mock events.”

2.4.1 Has the LPHS identified emergency events that might trigger an LPHS response?

2.4.2 Does the LPHS have a written emergency response plan?

If so, does the plan:

2.4.2.1 Describe the roles of all plan participants?

2.4.2.2 Address the authorizations, by law, of all plan participants to carry out their roles?

2.4.2.3 Identify community assets that could be accessed by participants in responding to the emergency?

2.4.2.4 Describe LPHS communications and information networks?

2.4.2.5 Address resource allocation strategies?

2.4.2.6 Include written protocols for implementing an emergency program of contact and source tracing?

2.4.2.7 Include protocols for alerting affected populations?

2.4.2.8 Include an evacuation plan?

2.4.2.9 Include procedures for a command station operation?

2.4.2.10 Has any part of the plan been tested through the staging of one or more “mock events” within the past two years?

2.4.2.11 Has the plan been reviewed or revised within the past two years?

L2.4.1 To what extent does the local public health agency achieve the model standard?

Not at all or minimally
1

Partially
2

Substantially
3

Fully or almost fully
4

L2.4.2 To what extent does the LPHS (including the local public health agency) achieve the model standard?

Not at all or minimally
1

Partially
2

Substantially
3

Fully or almost fully
4

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

This service includes:

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

Indicator 3.1 Health Education

Model Community Standard:

The LPHS provides the general public and policy leaders with information on health risk, health status, and health needs in the community. The LPHS also offers information on health behaviors, policies, and programs that could improve community health. The LPHS gathers input from the community on public health issues of local concern and involves the community in the design of educational programs that address those health issues. The LPHS uses print, radio, television, and Internet media to communicate health information to general and specific populations.

The LPHS sponsors health education programs that address community concerns and that reinforce health information provided to the community. The LPHS identifies populations at increased risk of negative health outcomes and provides public health information and education services that directly address their needs. The LPHS evaluates the quality, effectiveness, and appropriateness of public health education activities on a regular basis.

- 3.1.1 Does the LPHS provide the general public and policy leaders with health information?
 - If so, does the information provided include:
 - 3.1.1.1 Information on health risks (e.g., obesity, smoking, etc.)?
 - If so,
 - 3.1.1.1.1 Are health risks associated with demographic sub-populations in the community identified?
 - 3.1.1.2 Information on health status?
 - If so,
 - 3.1.1.2.1 Is the health status of demographic sub-populations in the community included?
 - 3.1.1.3 Information on health needs?
 - 3.1.1.3.1 Are the health needs associated with demographic sub-populations in the community identified?
 - 3.1.1.4 Information on behaviors that improve health?
 - 3.1.1.5 Information on policies or programs that could be applied to improve community health?
- 3.1.2 Does the LPHS use mass media outlets such as print, radio, television, and Internet media to communicate health information?
 - If so,

- 3.1.2.1 Is information targeted to specific populations?
- 3.1.2.2 Is the media's use of the information tracked?
- 3.1.2.3 Do press releases generate stories or follow-up inquiries from media?
- 3.1.2.4 Has there been collaboration with the local media to develop news or feature stories on health issues?
- 3.1.3 Does the LPHS involve the community in the development of educational programs that address community concerns?
- 3.1.4 Does the LPHS involve the community in the implementation of educational programs that address community concerns?
- 3.1.5 Does the LPHS provide health education services?
If so, do these services:
 - 3.1.5.1 Address health concerns identified by members of the community?
 - 3.1.5.2 Target particular health risks commonly faced in the community such as infectious disease, lack of exercise, smoking, obesity, substance abuse, and failure to wear lap and shoulder restraints in automobiles?
 - 3.1.5.3 Use health information to reinforce health enhancing behaviors?
 - 3.1.5.4 Provide education on developing skills and behaviors that reduce individual and community health risk?
- 3.1.6 Does the LPHS provide populations at increased risk of specific illnesses or injuries with information and education programs designed to assist them in lowering their risk?
If so, do these programs:
 - 3.1.6.1 Provide guidance on developing skills and behaviors that reduce individual and community health risk?
 - 3.1.6.2 Consider language, culture, or other characteristics of the target audience?
- 3.1.7 Within the past two years, has the LPHS assessed its public health education activities?
If so, did the assessment consider the appropriateness of:
 - 3.1.7.1 Health issues addressed?
 - 3.1.7.2 Populations served?
 - 3.1.7.3 LPHS partners involved?
 - 3.1.7.4 Settings for health education activity (e.g., school, worksite, faith institution, or community-at-large)?
 - 3.1.7.5 Communication mechanisms used (e.g., print, radio, television, Internet, or face-to-face group encounters)?
- 3.1.8 Does the LPHS assess the quality of their health education services ?methods?
If so,
 - 3.1.8.1 Are educational interventions based on established theory (e.g., health belief model, diffusion of innovation theory) or other evidence of effectiveness (e.g., Guide to Community Preventive Services)?

3.1.8.2 Are education methods (e.g., lecture, role play, behavioral contract, competition, or problem solving challenge) appropriate for the target populations?

3.1.8.3 Are the education methods appropriate for the target settings (e.g., school, worksite, faith institution, or community-at-large)?

3.1.9 Within the past two years, has the LPHS evaluated whether its health education programs had their intended outcomes?

L3.1.1 To what extent does the local public health agency achieve the model standard?

Not at all or minimally	Partially	Substantially	Fully or almost fully
1	2	3	4

L3.1.2 To what extent does the LPHS (including the local public health agency) achieve the model standard?

Not at all or minimally	Partially	Substantially	Fully or almost fully
1	2	3	4

Indicator 3.2 Health Promotion Activities to Facilitate Healthy Living in Healthy Communities**Model Community Standard:**

The LPHS designs and implements a wide range of health promotion activities to facilitate healthy living in healthy communities. Health promotion activities are based on models proven to be effective. The LPHS applies a variety of strategies and methods to affect change on multiple levels of the social environment (e.g., individual, family, organizational, and community levels) in order to accomplish desired health promotion goals and objectives. A strong collaborative network within the LPHS including public and private agencies, voluntary organizations, and community groups plan, support, conduct, and evaluate health promotion activities. The LPHS targets the community-at-large with broad health promotion activities. The LPHS also targets health promotion activities toward populations at increased risk of negative health outcomes. The LPHS evaluates the quality, effectiveness, and appropriateness of health promotion activities on a regular basis.

- 3.2.1 In the past year, has your LPHS conducted one or more health promotion activities?
If so,
- 3.2.1.1 Were these health promotion activities based on models that were proven to be effective?
- 3.2.1.2 Were multiple interventions used to affect a change or accomplish a health improvement objective (e.g., reducing/preventing youth smoking by limiting access to tobacco products, instituting an elementary schools curriculum to prevent tobacco use, and raising tax on tobacco products)?
- 3.2.1.3 Were any health promotion activities targeted to the general public?
If so,
- 3.2.1.3.1 Did the health promotion activities improve the community's capacity to enable healthy behaviors (e.g., playgrounds or sidewalks to promote physical activity, heart healthy menus in schools and restaurants, etc.)?
- 3.2.1.4 Were any of the health promotion activities targeted at one or more segments of the community's populations?
If so:
- 3.2.1.4.1 Were these activities designed to address language, culture, or other characteristics of the target audience?
- 3.2.2 Have collaborative networks for health promotion been established among LPHS entities such as public and private agencies, voluntary organizations, and community groups?
If so, do network participants help:
- 3.2.2.1 Plan health promotion activities?
- 3.2.2.2 Support health promotion activities (e.g., award funds, or provide facilities to leading these activities)?
- 3.2.2.3 Conduct health promotion activities?
- 3.2.2.4 Evaluate health promotion activities?
- 3.2.3 Within the past two years, has the LPHS assessed its health promotion services?
If so, did the assessment consider the appropriateness of:
- 3.2.3.1 Health issues addressed?
- 3.2.3.2 Populations served?
- 3.2.3.3 LPHS partners involved?

3.2.3.4 Setting for health promotion activity (e.g., school, worksite, faith institution, or community-at-large)?

3.2.4 Does the LPHS routinely evaluate the quality of its health promotion interventions?

If so,

3.2.4.1 Are health promotion interventions based on established theory (e.g., theories of social exchange, social ecology, empowerment, etc.) or other evidence of effectiveness (e.g., Guide to Community Preventive Services, Reports of the U.S. Preventive Services Task Force)?

3.2.4.2 Are health promotion methods (e.g., persuasive communication to promote desired behavior, social support systems to aid and reinforce the practice of desired behaviors, policies requiring specific behavior, economic incentives rewarding healthy behavior, and physical structures enabling behavior practice) appropriate for the target population?

3.2.4.3 Are health promotion methods appropriate for the target settings (e.g., school, worksite, faith institution, or community-at-large)?

3.2.5 Within the past two years, has the LPHS evaluated whether its health promotion activities had their intended outcomes?

L3.2.1 To what extent does the local public health agency achieve the model standard?

Not at all or minimally	Partially	Substantially	Fully or almost fully
1	2	3	4

L3.2.2 To what extent does the LPHS (including the local public health agency) achieve the model standard?

Not at all or minimally	Partially	Substantially	Fully or almost fully
1	2	3	4

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

This service includes:

T Building coalitions to draw upon the full range of potential human and material resources to improve community health.

T Convening and facilitating partnerships among groups and associations (including those not typically considered to be health-related) in undertaking defined health improvement projects, including preventive, screening, rehabilitation, and support programs.

Indicator 4.1 Constituency Development

Model Community Standard:

The LPHS encourages the participation of its constituents in identifying community issues and themes and provides opportunities for volunteers to contribute to public health activities. The LPHS practices a communications/media strategy designed to inform the community about the benefits of public health and the role of the LPHS in health promotion and disease prevention and control. This strategy is informed by the following:

- identification of key constituents for population-based health in general (improved health and quality of life at the community level) or for specific health concerns (a particular health issue, disease, risk factor, or life stage need) through stakeholder analyses.
- a survey of cross sectoral community assets that are potential resources for health.

The LPHS operationalizes this strategy through formal and informal community networks which may include schools, the faith community, and community associations. The strategy is reinforced by the use of technology applications, such as web sites, list serves, as well as print and audio/visual media, to provide current information about public health services and issues. The LPHS establishes and maintains a comprehensive directory of community organizations, and actively seeks to establish new linkages and to strengthen existing collaborative relationships.

- 4.1.1 Does the LPHS maintain a listing of the names and contact information for individuals and groups for constituency building?
If so,
- 4.1.1.1 Were these constituents identified by stakeholder analysis?
4.1.1.2 Is this listing shared within the LPHS?
4.1.1.3 Are channels of communication (e.g., newsletters, email, phone) to specific constituents defined?
- 4.1.2 Does the LPHS provide opportunities for volunteers to help in community health improvement?
If so
- 4.1.2.1 Does the LPHS have mechanisms to both recruit and retain volunteers?
4.1.2.2 Does the LPHS publicize these volunteer opportunities?
- 4.1.3 Does the LPHS maintain a current directory of organizations that comprise the LPHS?
If so,
- 4.1.3.1 Is the directory accessible to the public?
Does the directory include information on the following:
4.1.3.2 Governmental entities (may include local health departments, boards of health, or local/regional

branches of state health department) responsible for the delivery of any public health service to the community?

- 4.1.3.3 Hospitals?
- 4.1.3.4 Managed care organizations?
- 4.1.3.5 Primary care clinics and physicians?
- 4.1.3.6 Social service providers?
- 4.1.3.7 Civic organizations?
- 4.1.3.8 Professional organizations?
- 4.1.3.9 Local businesses and employers?
- 4.1.3.10 Neighborhood organizations?
- 4.1.3.11 Faith institutions?
- 4.1.3.12 Transportation providers?
- 4.1.3.13 Educational institutions?
- 4.1.3.14 Public safety and emergency response organizations?
- 4.1.3.15 Environmental or environmental-health agencies?
- 4.1.3.16 Non-profit organizations/advocacy groups?
- 4.1.3.17 Local officials who impact on policy and fiscal decisions?

4.1.4 Does the LPHS use any mechanisms or events (council, newsletter, community/town hall meetings, etc.) to facilitate communication among organizations?

If so,

4.1.4.1 Is there an established frequency for these communication mechanisms or events?

4.1.5 Has the LPHS developed mechanisms to assure the sustainability (e.g., legal incorporation, hiring staff) of these linkages?

4.1.6 Does the LPHS obtain feedback from its constituents through mechanisms such as on-line resources, community/town hall meetings, ballot votes, community surveys, or focus groups?

L4.1.1 To what extent does the local public health agency achieve the model standard?

Not at all or minimally	Partially	Substantially	Fully or almost fully
1	2	3	4

L4.1.2 To what extent does the LPHS (including the local public health agency) achieve the model standard?

Not at all or minimally	Partially	Substantially	Fully or almost fully
1	2	3	4

Indicator 4.2 Community Partnerships

Model Community Standard:

Community partnerships are formed to assure a comprehensive approach to improving health in the community. A key partnership for the LPHS is a broad-based health improvement advisory/action group. These groups exist in some communities as formally constituted bodies (such as a community health planning councils) while in other communities they are less formal groups. The advisory/action group collects input and feedback from representatives of organizations comprising the LPHS and constituents of the LPHS, and they oversee and guide the community health improvement processes and activities generated by this process. The advisory/action group meets regularly to review the community health assessment, to document activities that implement the community's health improvement plan, and to monitor progress toward prioritized goals. The advisory/action group is a dynamic collaboration. Participation in the advisory/action group varies to meet their needs as they address priority health issues, leverage community resources, and provide preventive, screening, support, and rehabilitative services. The LPHS has a formal mechanism to evaluate the effectiveness of these partnerships.

4.2.1 Has your LPHS formed a health improvement advisory/action group?

If so:

4.2.1.1 Does this group participate in the assessment of the community's health?

4.2.1.2 Does this group participate in the implementation of a community health improvement plan?

4.2.1.3 Does this group monitor progress toward prioritized goals?

4.2.1.4 Does this group meet at least four times per year?

4.2.2 Does the LPHS solicit grassroots community involvement in the development of community health plans and programs?

If so,

4.2.2.1 Does the LPHS consider community perceptions when identifying priority health issues?

4.2.3 Do partnerships exist in the community to assure coordination in the provision of services?

If so, does coordination occur for the following:

4.2.3.1 Providing health promotion services?

4.2.3.2 Providing disease prevention services?

4.2.3.3 Providing rehabilitation services?

4.2.4 Are LPHS partnerships evaluated for their effectiveness in improving community health?

L4.2.1 To what extent does the local public health agency achieve the model standard?

Not at all or minimally
1

Partially
2

Substantially
3

Fully or almost fully
4

L4.2.2 To what extent does the LPHS (including the local public health agency) achieve the model standard?

Not at all or minimally
1

Partially
2

Substantially
3

Fully or almost fully
4

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

This service includes:

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

Indicator 5.1 LPHS Governance (General Measures)

Model Community Standard:

A governmental public health entity within the LPHS assures: 1) the availability of resources (including legal, financial, personnel, facilities, equipment, and supplies) required to perform essential public health services; 2) the participation of all relevant stakeholders in the development and implementation of the community health improvement plan; 3) the development of policies supportive of the community health improvement process (Indicator 5.2); and 4) the delivery of essential public health services to the community. The governmental public health entity exercises appropriate legal authority to fulfill its responsibilities to assure the delivery of the essential public health services.

- 5.1.1 Does the LPHS include a local governmental public health entity (i. e. local health department, board of health, local council, or other similar body) whose role is to assure the delivery of essential public health services to the community?
 - If so,
 - 5.1.1.1 Does the governmental entity maintain current documentation (in paper or electronic format) describing its mission and statutory, chartered and/or legal responsibilities?
 - 5.1.1.2 Does the governmental entity assure resources for providing services essential for the protection and promotion of the public’s health?
 - If so, do these resources include:
 - 5.1.1.2.1 The availability of counsel to provide legal advice on issues related to the provision of essential public health services?
 - 5.1.1.2.2 Adequate funding for mandated public health programs?
 - 5.1.1.2.3 The personnel, facilities, equipment, and supplies required to deliver essential public health services?
 - 5.1.1.3 Does the governmental entity assure a community process for setting goals for improving community health status?
 - 5.1.1.4 Does the governmental entity assure that constituents of the LPHS participate in achieving public health objectives?
 - 5.1.1.5 Does the governmental entity assure that a process exists for monitoring and evaluating the improvement of community health status?
 - 5.1.1.6 Has the local governmental public health entity completed the Governance Tool (the related performance standards tool for governing entities)?

L5.1.1 To what extent does the local public health agency achieve the model standard?

Not at all or minimally	Partially	Substantially	Fully or almost fully
1	2	3	4

L5.1.2 To what extent does the LPHS (including the local public health agency) achieve the model standard?

Not at all or minimally	Partially	Substantially	Fully or almost fully
1	2	3	4

Indicator 5.2 Community Health Improvement Process

Model Community Standard:

The community health improvement process is an opportunity to analyze and prioritize health issues identified by a community health assessment (Community Health Profile). The LPHS identifies measurable health improvement objectives and develops strategies towards their achievement based on a knowledge of the community’s health assets and resources. The individuals or organizations who are accountable for the execution of these strategies are specified and agree to assume clearly defined responsibilities.

The LPHS and its constituents support the development, implementation, and evaluation of the community health improvement plan that results from this process.

5.2.1 Has the LPHS established a community health improvement process?

If so,

5.2.1.1 Is this process based on information from the Community Health Profile?

5.2.1.2 Does the process include prioritization of community health needs?

If so,

5.2.1.2.1 Are adequate resources available to address priority health needs?

5.2.1.2.2 In the past two years, has the LPHS implemented activities to address established priorities?

5.2.2 Has the LPHS developed strategies within the community health improvement plan for addressing community health needs?

If so,

5.2.2.1 Have the individuals or organizations accountable for the implementation of the strategies been identified?

If so,

5.2.2.1.1 Have they agreed to defined responsibilities and timetables for activities?

5.2.2.1.2 Are they implementing their strategies?

5.2.2.1.3 Are they monitoring the outcomes of their strategies?

5.2.2.2 Have community assets and resources for addressing these needs been identified?

5.2.2.3 Are constituents of the LPHS aware of the strategies for implementing the community health improvement plan?

L5.2.1 To what extent does the local public health agency achieve the model standard?

Not at all or minimally
1

Partially
2

Substantially
3

Fully or almost fully
4

L5.2.2 To what extent does the LPHS (including the local public health agency) achieve the model standard?

Not at all or minimally
1

Partially
2

Substantially
3

Fully or almost fully
4

Indicator 5.3 Strategic Planning and Alignment with the Community Health Improvement Plan

Model Community Standard:

Through strategic planning, the individual organizations that comprise the LPHS and the LPHS as a whole align their mission, goals, objectives, and resources with the community health improvement plan. Strategic planning includes the identification of forces and trends in the external environment that might impact the health of individuals, the health of the community, or the ability of the LPHS or the organizations that comprise the LPHS to fulfill their missions. Strategic planning also includes the assessment of the strengths and weaknesses of each organization.

The strategic plans of the individual organizations the comprise the LPHS are considered collectively through the strategic planning activities of the LPHS. These activities assure the coordination of strategies, based on an understanding of the priorities and schedules of the organizations comprising the LPHS. Strategic planning and alignment with the community health improvement plan results in the coordination of LPHS resources and processes (including workforce, budgetary, administrative, and operating processes) with the roles and responsibilities of individuals and organizations within the LPHS as they address identified community needs.

5.3.1 Do organizations comprising the LPHS conduct their own strategic planning process?

If so,

5.3.1.1 Do their strategic planning processes contribute to the alignment of organizational missions, goals, resources, and objectives with the community health improvement plan?

5.3.1.2 Do their strategic planning processes include an assessment of social, economic, political, and environmental forces that may impact community health goals?

5.3.1.3 Do their strategic planning processes include an assessment of their strengths and weaknesses?

5.3.2 Is there a process for organizations within the LPHS to collectively review and revise their strategic plans?

If so,

5.3.2.1 Is there a process for revising current strategy or formulating new ones in response to changing LPHS capacities?

5.3.2.2 Have organizations with the LPHS aligned their activities with the responsibilities they have accepted within the community health improvement plan?

L5.3.1 To what extent does the local public health agency achieve the model standard?

Not at all or minimally
1

Partially
2

Substantially
3

Fully or almost fully
4

L5.3.2 To what extent does the LPHS (including the local public health agency) achieve the model standard?

Not at all or minimally
1

Partially
2

Substantially
3

Fully or almost fully
4

Indicator 5.4 Public Health Policy Development

Model Community Standard:

The LPHS helps to develop and reviews public health policies. The LPHS provides input to the policy development process through issue briefs, public testimony, participation on policy advisory panels, and other avenues and venues. The LPHS also facilitates community involvement in health policy development. The LPHS works with its constituents to investigate the impact that fiscal, social, or environmental policy could have on the health of the community. The LPHS evaluates existing policies and alerts policymakers and the public of potential unintended consequences and determine where improvements are needed.

Organizations that comprise the LPHS have the responsibility to advocate for prevention and protection polices, particularly for those policies that affect populations with limited power or political influence who bear a disproportionate burden of mortality or morbidity.

- 5.4.1 Does the LPHS influence the development of public health policies?
If so,
 - 5.4.1.1 Is the development of local public health policies based on the community health improvement plan (Indicator 5.2)?
 - 5.4.1.2 Does the LPHS provide forums for its constituents to raise and analyze policy options?
 - 5.4.1.3 Does the LPHS advocate for the interests of those in the community who bear disproportionate burdens of mortality or morbidity?

- 5.4.2 Does the LPHS periodically evaluate policies to assess their outcomes and consequences?

- 5.4.3 Within the past two years, has the LPHS been involved in activities that influenced the revision of health policy?
If so:
 - 5.4.3.1 Has the LPHS prepared issue briefs?
 - 5.4.3.2 Has the LPHS given public testimony?
 - 5.4.3.3 Has the LPHS participated on local boards or advisory panels responsible for health policy advisement?
 - 5.4.3.4 Has the LPHS participated on state government boards or advisory panels responsible for health policy advisement?
 - 5.4.3.5 Has the LPHS participated on national government boards or advisory panels responsible for health policy advisement?
 - 5.4.3.6 Has the LPHS met with elected officials to inform them of potential public health impacts of actions under their consideration?
 - 5.4.3.7 Have these activities resulted in change in public health policy?

L5.4.1 To what extent does the local public health agency achieve the model standard?

Not at all or minimally	Partially	Substantially	Fully or almost fully
1	2	3	4

L5.4.2 To what extent does the LPHS (including the local public health agency) achieve the model standard?

Not at all or minimally
1

Partially
2

Substantially
3

Fully or almost fully
4

Essential Service #6: Enforce Laws and Regulations that Protect Health and Ensure Safety**This service includes:**

- T Enforcement of sanitary codes, especially in the food industry.
- T Protection of drinking water supplies.
- T Enforcement of clean air standards.
- T Animal control and other ordinances.
- T Follow-up of hazards, preventable injuries, and exposure-related diseases identified in occupational and community settings.
- T Enforcement of regulations and rules governing institutional care and health service delivery (e.g., laboratories, nursing homes, and home health care providers).
- T Review of new drug, biologic, and medical device applications.

Indicator 6.1 Review and Evaluate Laws, Regulations and Ordinances**Model Community Standard:**

The LPHS identifies public health issues that can only be addressed through laws, regulations, or ordinances. The LPHS reviews all existing federal, state, and local laws and regulations relevant to the public health of the community, including laws and regulations addressing environmental quality and health-related behavior. The reviews include an assessment of how well each law, regulation, and ordinance is enforced, the roles and responsibilities of organizations that comprise the LPHS, and the impact of each law and regulation on the health of the community. These reviews should focus on the meaning, purpose, relevance, and appropriateness of each law and regulation.

- 6.1.1 Does the LPHS have access to a current compilation of federal, state, and local laws, regulations, and ordinances that protect the public's health?
 - If so, does the compilation include the following:
 - 6.1.1.1 Food handling regulations?
 - 6.1.1.2 Water quality regulations?
 - 6.1.1.3 Clean air regulations?
 - 6.1.1.4 Injury prevention regulations (such as safety inspection of work-sites, schools, and swimming pools)?
 - 6.1.1.5 Toxic waste and chemical treatment regulations?
 - 6.1.1.6 Exposure-related disease regulations?
 - 6.1.1.7 Nursing home and other long term care regulations?
 - 6.1.1.8 Home health care provider regulations?
 - 6.1.1.9 Day care center regulations?
- 6.1.2 Does the LPHS review the laws and regulations necessary for the implementation of public health services at least every 5 years?
 - If so, do reviews:
 - 6.1.2.1 Determine whether laws and regulations provide the authority to carry out the essential public health services?
 - 6.1.2.2 Determine the impact of existing laws and regulations on the health of the community?
 - 6.1.2.3 Assess the opinions of constituents of the LPHS?

6.1.2.4 Determine whether public health laws and regulations require updating?

6.1.2.5 Assess compliance with laws and regulations that assign specific activities (e.g., assembling prescribed reports, enforcing specific regulations, or providing a specific service) to the governmental public health entity?

6.1.3 Does the LPHS have access to legal counsel for assistance in the review of laws, regulations and ordinances?

L6.1.1 To what extent does the local public health agency achieve the model standard?

Not at all or minimally	Partially	Substantially	Fully or almost fully
1	2	3	4

L6.1.2 To what extent does the LPHS (including the local public health agency) achieve the model standard?

Not at all or minimally	Partially	Substantially	Fully or almost fully
1	2	3	4

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

Model Community Standard:

The LPHS identifies local public health issues that are not adequately addressed through existing laws, regulations, and ordinances. The LPHS participates in the modification of existing laws, regulations, and ordinances as well as the formulation of new laws, regulations, and ordinances designed to assure and improve the public's health. The LPHS provides technical assistance for drafting proposed legislation, regulations, and ordinances, is involved in public hearings, and communicates with legislators and regulatory officials.

6.2.1 Within the past four years, have organizations that comprise the LPHS participated in the formulation or modification of new or existing legislation, regulations, or ordinances?

If so, did that participation include the following:

6.2.1.1 Communication (identifying issues, responding to inquiries, providing information, etc.) with legislators, regulatory officials, or other policymakers regarding proposed legislation, regulation, or ordinance?

6.2.1.2 Involvement in public hearings regarding proposed legislation, regulation, or ordinance?

6.2.1.3 Technical assistance to legislative, regulatory or advocacy groups for drafting proposed legislation, regulation, or ordinance?

6.3 Enforce Laws, Regulations and Ordinances

Model Community Standard:

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

The organizations that comprise the LPHS with authority to enforce public health laws, regulations, and ordinances exercise that authority according to written guidelines developed with the assistance of legal counsel. The LPHS plays an important supportive role in the enforcement of public health laws, regulations, and ordinances by providing information, education, and coordination, even when it does not directly exercise enforcement authority. Regardless of the scope and extent of their authority to enforce public health laws, regulations, and ordinances, organizations that comprise the LPHS:

- Inform and educate individuals, organizations, and governmental agencies outside the LPHS (such as law enforcement, judiciary, and elected officials) of the meaning, purpose, and importance of public health laws, regulations, and ordinances with which they are required to comply.
- Integrate enforcement activities with other LPHS activities (e. g., health education, communicable disease control, health assessment, and planning).

The LPHS supports training programs for staff whose work involves participating in or supporting regulatory enforcement. The LPHS assures that all enforcement activities are timely and complete.

6.3.1 Have any organizations within your LPHS been granted authority to enforce any public health laws, regulations, and ordinances?

If so:

6.3.1.1 Is there a document (paper or electronic) that identifies these organizations?

If so:

6.3.1.1.1 Does this document identify the roles and responsibilities of each named organization?

6.3.1.2 Do the governmental public health entities within the LPHS have current written enforcement guidelines approved by state officials or legal counsel for use by those exercising enforcement authority?

6.3.1.3 Do staff who engage in or support regulatory enforcement activities receive formal training programs on compliance and enforcement?

6.3.1.4 Is regulatory enforcement integrated with other public health activities (e. g., health education, communicable disease control, health assessment, and planning)?

6.3.2 Does the LPHS provide information to individuals and organizations (such as law enforcement, judiciary, and elected officials) about public health laws, regulations, and ordinances with which they are required to comply?

If so:

6.3.2.1 Does the information explain the meaning of applicable laws, regulations, and ordinances?

6.3.2.2 Does the information explain the purpose of applicable laws, regulations, and ordinances?

- 6.3.2.3 Does the information explain how to comply with applicable laws, regulations, and ordinances?
- 6.3.2.4 Is the information available via the Internet, community-wide publications, or other media designed to ensure distribution throughout the public health jurisdiction?

- 6.3.3 In the past three to five years, has the governmental public health entity reviewed the activities of institutions and businesses in the community (e.g., schools, food establishments, day care facilities) to assess their compliance with laws, regulations, and ordinances designed to ensure the public's health?
If so did reviews:
 - 6.3.3.1 Include input from the regulated institutions and businesses regarding their perceived difficulties with compliance?
 - 6.3.3.2 Assess the extent of the resistance to, or support for, compliance enforcement on the part of those institutions and businesses being regulated?
 - 6.3.3.3 Include input from intended beneficiaries of those laws, regulations, and ordinances regarding the extent of their support for compliance enforcement?

L6.3.1 To what extent does the local public health agency achieve the model standard?

Not at all or minimally	Partially	Substantially	Fully or almost fully
1	2	3	4

L6.3.2 To what extent does the LPHS (including the local public health agency) achieve the model standard?

Not at all or minimally	Partially	Substantially	Fully or almost fully
1	2	3	4

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

This service includes:

- T Assuring effective entry for persons with unmet healthcare needs into a coordinated system of clinical care;
- T Culturally and linguistically appropriate materials and staff to assure linkage to services for special population groups;
- T Ongoing “care management”
- T Transportation services;
- T Targeted health education/promotion/disease prevention to high risk population groups.

Indicator 7.1 Identification of Populations with Barriers to the Health Care System

Model Community Standard:

The LPHS identifies populations within the community who--for reasons of age, lack of education, poverty, culture, race, language, religion, national origin, physical disability, mental disability, or lack of health insurance--may encounter barriers to personal health services.

- 7.1.1 Does the LPHS identify any populations who may encounter barriers to the receipt of personal health services?
 If so, do these population include:
- 7.1.1.1 Children?
 - 7.1.1.2 Persons 65 years of age and older?
 - 7.1.1.3 Persons who may encounter barriers due to lack of education?
 - 7.1.1.4 Persons with low income?
 - 7.1.1.5 Persons with cultural or language barriers?
 - 7.1.1.6 Persons who may encounter barriers because of their race or ethnicity?
 - 7.1.1.7 Persons with physical disabilities?
 - 7.1.1.8 Persons with mental illness?
 - 7.1.1.9 Persons lacking health insurance or with inadequate health insurance?

L7.1.1 To what extent does the local public health agency achieve the model standard?

Not at all or minimally	Partially	Substantially	Fully or almost fully
1	2	3	4

L7.1.2 To what extent does the LPHS (including the local public health agency) achieve the model standard?

Not at all or minimally	Partially	Substantially	Fully or almost fully
1	2	3	4

Indicator 7.2 Identifying Personal Health Service Needs of Populations

Model Community Standard:

The LPHS defines health services needs for the population; this includes defining specific preventive health service needs for the entire catchment population. The LPHS assesses the extent to which these preventive services are provided. The LPHS identifies the personal health care needs of populations who may encounter barriers to the receipt of personal health services.

7.2.1 Has the LPHS defined specific preventive health services needs for their entire catchment population?

If so:

7.2.1.1 Has the LPHS assessed the extent to which these preventive services are being provided?

7.2.2 Does the LPHS identify the personal health services (including preventive, curative, rehabilitative services) of any populations who encounter barriers to personal health services?

If so, do these populations include:

7.2.2.1 Children?

7.2.2.2 Persons 65 years of age and older?

7.2.2.3 Persons who may encounter barriers due to lack of education?

7.2.2.4 Persons with low income?

7.2.2.5 Persons with cultural or language barriers?

7.2.2.6 Persons who may encounter barriers because of their race or ethnicity?

7.2.2.7 Persons with physical disabilities?

7.2.2.8 Persons with mental illness?

7.2.2.9 Persons lacking health insurance or with inadequate health insurance?

L7.2.1 To what extent does the local public health agency achieve the model standard?

Not at all or minimally
1

Partially
2

Substantially
3

Fully or almost fully
4

L7.2.2 To what extent does the LPHS (including the local public health agency) achieve the model standard?

Not at all or minimally
1

Partially
2

Substantially
3

Fully or almost fully
4

Indicator 7.3 Assuring the Linkage of People to Personal Health Services**Model Community Standard:**

The LPHS assures that needed personal health services are provided to their community to help eliminate health disparities among populations. The LPHS provides outreach and linkage services to populations who encounter barriers to needed personal health services. Outreach and linkage services may include providing culturally and linguistically appropriate materials and staff; assuring adequate transportation; and providing targeted health promotion and disease prevention programs.

The organizations that comprise the LPHS (e.g., hospitals, managed care plans, and other community health care providers) agree upon their roles and responsibilities in order to provide needed personal health services. The LPHS supports and coordinates partnerships and referral mechanisms among the community's public health, primary care, social service, and mental health systems to optimize access to needed services.

- 7.3.1 Does the LPHS assure the provision of needed personal health services to any populations who may encounter barriers to care?
If so, do these populations include:
- 7.3.1.1 Children?
 - 7.3.1.2 Persons 65 years of age and older?
 - 7.3.1.3 Persons who may encounter barriers due to lack of education?
 - 7.3.1.4 Persons with low income?
 - 7.3.1.5 Persons with cultural or language barriers?
 - 7.3.1.6 Persons who may encounter barriers because of their race or ethnicity?
 - 7.3.1.7 Persons with physical disabilities?
 - 7.3.1.8 Persons with mental illness?
 - 7.3.1.9 Persons lacking health insurance or with inadequate health insurance?
- 7.3.2 Does the LPHS provide outreach and linkage services in the community?
If so, does the LPHS assure:
- 7.3.2.1 Culturally and linguistically appropriate staff to assist population groups in obtaining personal health services?
 - 7.3.2.2 Transportation services for those with special needs?
 - 7.3.2.3 Targeted health promotion and disease prevention programs to population groups identified in Indicator 7.1?
 - 7.3.2.4 A resource that directs and helps to link persons to needed personal health services?
- 7.3.3 Does the LPHS have initiatives to both identify and enroll eligible beneficiaries in State Medicaid or Medical Assistance programs?
- 7.3.4 Does the LPHS assure the coordinated delivery of preventive services to populations who may encounter barriers to personal health services?
If so, are specific responsibilities assigned to:
- 7.3.4.1 Governmental health departments and agencies providing health services to these populations?
 - 7.3.4.2 Hospitals providing service to the community?

- 7.3.4.3 Managed care plans active in the community?
- 7.3.4.4 Charitable organizations active in the community?
- 7.3.4.5 Organizations representing these populations within the community?

7.3.5 Are programs which are targeted to the same populations (e.g., WIC and childhood immunization) co-located and coordinated to optimize access?

7.3.6 During the past three years, has the LPHS conducted an analysis of age-specific participation in preventive services?

L7.3.1 To what extent does the local public health agency achieve the model standard?

Not at all or minimally	Partially	Substantially	Fully or almost fully
1	2	3	4

L7.3.2 To what extent does the LPHS (including the local public health agency) achieve the model standard?

Not at all or minimally	Partially	Substantially	Fully or almost fully
1	2	3	4

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

This service includes:

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

Indicator 8.1 Workforce Assessment

Model Community Standard:

The LPHS establishes a collaborative process for determining the competencies, composition and size of the public and personal health workforce required to provide the essential public health services. The organizations that comprise the LPHS maintain publicly available written policies for assessing the public and personal health workforce. These organizations review and revise policies at least once every two years through a process that involves their constituents and supports the achievement of acknowledged community health goals.

The LPHS evaluates the public health workforce on their demonstration of core public health competencies and those competencies specific to a work function or setting. The LPHS evaluates public health officials on their abilities to facilitate community participation in public health initiatives. The LPHS uses the periodic assessment of the public and personal health workforce to identify and address gaps in the health workforce and determine areas for improvement through continuing education and training. The LPHS distributes the assessment to community leaders, governing bodies, and public agencies for use in the community health improvement process (Indicator 5.2).

- 8.1.1 Has the LPHS identified the competencies, composition, and size needed in its public and personal health workforce?
 - If so, were the competencies, composition, and size identified:
 - 8.1.1.1 In the context of the essential public health services?
 - 8.1.1.2 Collaboratively with LPHS constituents?
- 8.1.2 Does the LPHS have written policies for assessing both the public and personal health workforce?
 - If so,
 - 8.1.2.1 Are these policies reviewed at least every two years?
 - 8.1.2.2 Do constituents of the LPHS participate in the policy review?
 - 8.1.2.3 Are these policies available to the public?
- 8.1.3 Has the LPHS conducted a workforce assessment within the past three years?
 - If so,
 - 8.1.3.1 Was the workforce assessment performed within the framework of the essential public health services?

- 8.1.3.2 Was the workforce assessment used to identify any gaps in both size and composition in workforce capacity?
- 8.1.3.3 Was the workforce assessment used to identify areas for improvement through education and training?
- 8.1.3.4 Was the workforce assessment provided to community leaders, governing bodies, or public agencies?
- 8.1.3.5 Was the workforce assessment used in the community health improvement and strategic planning processes (Indicator 5.2)?
- 8.1.3.6 Does the workforce assessment address the role of volunteers and other lay community health workers?
- 8.1.3.7 Are the results of the workforce assessment used to develop plans for correcting workforce gaps?
If so,
 - 8.1.3.7.1 Have the plans for correction been implemented?
 - 8.1.3.7.2 Is there a process in place to evaluate the effectiveness of plans to address workforce gaps?

L8.1.1 To what extent does the local public health agency achieve the model standard?

Not at all or minimally	Partially	Substantially	Fully or almost fully
1	2	3	4

L8.1.2 To what extent does the LPHS (including the local public health agency) achieve the model standard?

Not at all or minimally	Partially	Substantially	Fully or almost fully
1	2	3	4

Indicator 8.2 Public Health Workforce Standards

Model Community Standard:

The organizations that comprise the LPHS develop and utilize clearly written job standards and descriptions for all public health positions under their purview, including positions filled by volunteers and other lay community health workers. The organizations review job standards and descriptions annually with input from workers and their supervisors. The organizations that comprise the LPHS also provide workers with annual performance evaluations, which include appropriate adjustments to workers' performance goals. The LPHS encourages workers to respond to these evaluations and adjustments.

8.2.1 Have organizations within the LPHS established written job standards for public health positions?

If so,

8.2.1.1 Are specific job skills described for each position?

8.2.1.2 Are specific types and levels of experience and education specified for each position?

8.2.1.3 Are required certifications or licenses specified for positions?

8.2.1.4 Are volunteer and lay community health positions included?

8.2.2 Have organizations within the LPHS established written performance descriptions for public health positions?

If so, are the performance descriptions:

8.2.2.1 Reviewed annually?

If so,

8.2.2.1.1 Do these reviews include staff input?

8.2.2.1.2 Are the position descriptions updated and revised based on this review?

8.2.3 Do organizations within the LPHS conduct annual written performance evaluations of public health workers?

If so, are:

8.2.3.1 Evaluations based on direct observations of worker performance?

8.2.3.2 Workers given an opportunity to respond to evaluations?

8.2.3.3 Performance goals for individual workers adjusted as part of the performance evaluation?

8.2.3.4 Evaluators trained in techniques for performance appraisal as part of an overall performance improvement process ?

L8.2.1 To what extent does the local public health agency achieve the model standard?

Not at all or minimally

1

Partially

2

Substantially

3

Fully or almost fully

4

L8.2.2 To what extent does the LPHS (including the local public health agency) achieve the model standard?

Not at all or minimally

1

Partially

2

Substantially

3

Fully or almost fully

4

Indicator 8.3 Continuing Education, Training, and Mentoring

Model Community Standard:

The LPHS supports continuing education/training programs for its workforce. The public health workforce helps to identify education/training needs and opportunities. The LPHS encourages its public health staff to pursue advanced degrees. Incentives are provided to pursue education/training, including improvements in pay scale. The LPHS requires credentialed public health workers to enroll in at least one continuing education program each year; these programs are made available to workers in a variety of formats, including distance learning. The LPHS encourages training for workgroups and teams to encourage workgroup productivity. The LPHS conducts cross training to assist workers in integrating new skills and technology into their work routine. The LPHS identifies experienced mentors for less experienced staff to assist with advice, skills-development and other needed career resources.

The LPHS provides opportunities for staff to work with academic and research institutions, particularly those connected with schools of public health. Staff are given opportunities for internships and mentoring relationships with faculty.

- 8.3.1 Does the LPHS maintain written descriptions of continuing education/training activities for it public health workforce?
- 8.3.2 Does the LPHS use distance learning technology?
If so, does distance learning include:
 - 8.3.2.1 Telephone conferencing ?
 - 8.3.2.2 Satellite conferencing ?
 - 8.3.2.3 Computer-based conferencing ?
- 8.3.3 Are credentialed/licensed public health workers required to enroll in at least one continuing education program or class per year?
- 8.3.4 Are credentialed/licensed public health workers reimbursed for continuing education expenses?
- 8.3.5 Does the LPHS partner with an institution of higher learning to co-sponsor continuing education programs?
- 8.3.6 Does the LPHS provide opportunities (e.g., through coaching, mentoring, cross-training experiences) within the work setting for all personnel to enhance skill development?
- 8.3.7 Does the LPHS provides opportunities for all personnel to develop core public health competencies (an understanding of the essential public health services and the cross-cutting competencies critical to the delivery of the essential public health services)?

L8.3.1 To what extent does the local public health agency achieve the model standard?

Not at all or minimally	Partially	Substantially	Fully or almost fully
1	2	3	4

L8.3.2 To what extent does the LPHS (including the local public health agency) achieve the model standard?

Not at all or minimally
1

Partially
2

Substantially
3

Fully or almost fully
4

Indicator 8.4 Workforce Understanding of the Multiple Determinants of Health

State Model Standard:

The LPHS assures that the public health workforce understands the multiple determinants of health. The LPHS provides access to educational opportunities that address these determinants, which enables the workforce to address health and quality of life improvements with a greater variety of interventions and partners. Determinants of health include but are not limited to the social environment, physical environment, economic status, genetic endowment, behavioral risk factors, and health care.

- 8.4.1 Does the LPHS provide access to education on multiple determinants of health?
If so,
 - 8.4.1.1 Does the curriculum present the benefits of interventions that address these multiple determinants of health in strategies to improve health and quality of life?
 - 8.4.1.2 Does the curriculum promote an understanding of why a greater variety of partners are needed to improve community health?
 - 8.4.1.3 Does the curriculum present the benefits of non-traditional (e.g., improvements in housing; innovations in primary & secondary education) approaches to improve community health?
 - 8.4.1.4 Is an orientation to the multiple determinants of health made available to new workforce employees?
 - 8.4.1.5 Is continuing education on the multiple determinants of health made available to the workforce?

- 8.4.2 Does the LPHS workforce participate in educational activities that address the multiple determinants of health?
If so, do the educational activities address the influence of:
 - 8.4.2.1 The social environment?
 - 8.4.2.2 The physical environment?
 - 8.4.2.3 Economic status?
 - 8.4.2.4 Genetic endowment?
 - 8.4.2.5 Behavioral risk factors?
 - 8.4.2.6 Health care?

L8.4.1 To what extent does the local public health agency achieve the model standard?

Not at all or minimally	Partially	Substantially	Fully or almost fully
1	2	3	4

L8.4.2 To what extent does the LPHS (including the local public health agency) achieve the model standard?

Not at all or minimally	Partially	Substantially	Fully or almost fully
1	2	3	4

Indicator 8.5 Cultural Competence in the Public Health Workforce

Model Community Standard:

The LPHS acknowledges that cultural competence is critical to the performance of all of the essential services of public health. The LPHS respects diverse perspectives and cultural values and expects staff to demonstrate cultural competence in all interactions. The diversity within the community is represented within the LPHS workforce and is considered in the recruitment of new employees. The LPHS workforce demonstrates the competence to interact professionally and effectively with persons from diverse backgrounds, cultures, ages and lifestyle preferences.

The LPHS provides opportunities for the workforce to develop cultural competence through programs in experiential learning, role modeling, and community cultural awareness programs. The public health workforce demonstrates the cultural competence to understand health status, risk factors, and health care access and utilization through diverse cultural perspectives and values. The LPHS, in collaboration with its constituents, designs culturally appropriate messages, interventions, and programs that acknowledge community diversity and address differences in values and perspectives with honesty, respect, and sensitivity. The LPHS evaluates cultural competence on both individual and organization levels as part of a continuous improvement process.

- 8.5.1 Does the LPHS recruit a workforce representative of community diversity?
- 8.5.2 Has the LPHS invited participants from diverse populations to review the appropriateness of LPHS programs, messages, and interventions?
- 8.5.3 Does the LPHS sponsor programs for workforce members to develop cultural competence through experiential learning, role modeling, or other interactive learning activities?
- 8.5.4 Does the LPHS include examples of cultural competence (competence demonstrated in actions and behaviors) in LPHS employee work plans?
- 8.5.5 Does the LPHS include measures relating to cultural competence in LPHS employee performance evaluations?
- 8.5.6 Does the LPHS recognize workforce members who contribute to improved LPHS cultural competence through special awards/commendations?
- 8.5.7 Does the LPHS review the satisfaction of diverse populations with current levels of LPHS cultural competence?

L8.5.1 To what extent does the local public health agency achieve the model standard?

Not at all or minimally	Partially	Substantially	Fully or almost fully
1	2	3	4

L8.5.2 To what extent does the LPHS (including the local public health agency) achieve the model standard?

Not at all or minimally
1

Partially
2

Substantially
3

Fully or almost fully
4

Indicator 8.6 Public Health Leadership Development

Model Community Standard:

LPHS responsibilities go beyond obligations created by law and regulation. LPHS effectiveness depends on the willing cooperation of its constituents who share a common vision for community health and quality of life. LPHS leaders initiate and sustain a continuous improvement process in the practice of public health that includes reaching consensus about priorities, resources, and performance accountability.

LPHS leaders emerge from local public health governmental entities as well as from its constituents within the public or private sectors. The LPHS encourages the development of leadership capacity that is inclusive, representative of community diversity, and respectful of the community's perspective.

- 8.6.1 Does the LPHS promote the development of leadership skills?
If so, is skill development promoted by:
- 8.6.1.1 Encouraging potential leaders to attend formal leadership training?
If so, does the LPHS workforce participate in the following:
 - 8.6.1.1.1 National Public Health Leadership Institute
 - 8.6.1.1.2 Regional or state public health leadership institutes
 - 8.6.1.1.3 Executive management seminars or programs
 - 8.6.1.1.4 Graduate programs in leadership/management
 - 8.6.1.2 Mentoring personnel in middle management/supervisory positions?
 - 8.6.1.3 Promoting the demonstration of leadership across the LPHS through the creation of a shared vision and participatory decision-making among the organizations that comprise the LPHS?
If so:
 - 8.6.1.3.1 Are communication mechanisms that encourage informed participation in decision-making (e.g., forums, listserves) established?
 - 8.6.1.4 Promoting the demonstration of leadership at all levels within organizations that comprise the LPHS through the creation of a shared vision and participatory decision-making?
If so:
 - 8.6.1.4.1 Are communication mechanisms that encourage informed participation in decision-making (e.g., staff meetings, listserves) established?
 - 8.6.1.5 Using performance evaluation plans to establish leadership expectations and to recognize leadership competence--both individual and collaborative--in team, unit, and other internal and external settings?
- 8.6.2 Does the LPHS encourage community members with needs, as well as community members with assets, to participate in collaborative decisions regarding priorities, actions, resources, allocations, or evaluations?
- 8.6.3 Does the LPHS assure that participants in the LPHS have opportunities to provide leadership in areas where their expertise or experience can provide insight, direction, or resources?
- 8.6.4 Does the LPHS provide through coaching and mentoring, opportunities for the development of community leadership to insure the sustainability of public health initiatives?

8.6.5 Does the LPHS recruit, mentor, or reward new leaders who are representative of the diversity within their community?

L8.6.1 To what extent does the local public health agency achieve the model standard?

Not at all or minimally	Partially	Substantially	Fully or almost fully
1	2	3	4

L8.6.2 To what extent does the LPHS (including the local public health agency) achieve the model standard?

Not at all or minimally	Partially	Substantially	Fully or almost fully
1	2	3	4

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

This service includes:

T Assessing accessibility and quality of services delivered and the effectiveness of personal and population-based programs provided;

T Providing information necessary for allocating resources and reshaping programs.

Indicator 9.1 Evaluation of Population Based Services

Model Community Standard:

Using specific indicators of performance, organizations that comprise the LPHS regularly evaluate the accessibility, quality, and effectiveness of population-based services and their progress towards program goals. Organization and their contractors are evaluated against established criteria for performance.

The evaluation includes an assessment of community satisfaction with the population-based services and programs in the LPHS. The assessment obtains direct input from residents who are representative of the community (including groups at increased risk of negative health outcomes). They are surveyed on how well services meet their needs, areas where improvements are needed, and their satisfaction with the responsiveness to their complaints or concerns regarding population health services. The evaluation findings are regularly used to modify the LPHS strategic and operational plans and to improve services and programs.

- 9.1.1 In the past two years, have there been evaluations of population-based health services?
If so,
- 9.1.1.1 Are established criteria used to evaluate population-based health services?
If so, do these criteria include:
- 9.1.1.1.1 established targets for access to population-based health services (e.g., Healthy People 2010 objectives)?
- 9.1.1.1.2 quality standards for population-based health services?
- 9.1.1.1.3 established targets for the effectiveness of population-based health services (e.g., immunization rates)?
- 9.1.1.2 Does the evaluation determine the extent to which program goals are achieved for population-based health services?
If so, does evaluation of program goals include determining:
- 9.1.1.2.1 the access to population-based health services?
- 9.1.1.2.2 the quality of the population-based health services?
- 9.1.1.2.3 the effectiveness of the population-based health services?
- 9.1.1.3 Does the evaluation include the identification of gaps in the provision of population-based health services?
- 9.1.1.4 Does the LPHS use the results of the evaluation in the development of its strategic and operational plans?
- 9.1.2 Does the LPHS assess the satisfaction of community residents with the population-based health services provided to them?
If so,

- 9.1.2.1 Does the assessment gather input from residents representing a cross section of the community?
- 9.1.2.2 Does the assessment determine if residents' needs are being met, including those groups at increased risk of negative health outcomes?
- 9.1.2.3 Does the assessment identify areas where population-based services can be improved?
- 9.1.2.4 Does the assessment determine their satisfaction with the responsiveness to their complaints or concerns regarding population health services?
- 9.1.2.5 Does the LPHS use the results of the assessment in the development of its strategic and operational plans?

L9.1.1 To what extent does the local public health agency achieve the model standard?

Not at all or minimally	Partially	Substantially	Fully or almost fully
1	2	3	4

L9.1.2 To what extent does the LPHS (including the local public health agency) achieve the model standard?

Not at all or minimally	Partially	Substantially	Fully or almost fully
1	2	3	4

Indicator 9.2 Evaluation of Personal Health Care Services**Model Community Standard:**

The accessibility, quality, and effectiveness of personal health services, ranging from prevention services to acute care to hospice care, are regularly evaluated. Special attention is given to the ability of community providers to deliver services across life stages and population groups.

The evaluation includes an assessment of client satisfaction with personal health services. This assessment includes the direct input from clients (including those at increased risk of negative health outcomes) and key constituents on how well services meet their needs, areas where improvements are needed, their satisfaction with the responsiveness to complaints or concerns regarding personal health care services, usability of services, and the scope of services offered. Those surveyed are representative of actual and potential users of the system.

- 9.2.1. In the past two years, has the LPHS evaluated personal health services for the community?
If so,
- 9.2.1.1 Was access to personal health care assessed?
 - 9.2.1.2 Was the quality of personal health care assessed?
 - 9.2.1.3 Were gaps in the provision of personal health services assessed?
 - 9.2.1.4 Do organizations comprising the LPHS use the evaluation in the development of their plans for delivering personal health services?
 - 9.2.1.5 Were specific personal health care services in the community assessed?
If so, does the assessment examine:
 - 9.2.1.5.1 Clinical preventive services?
 - 9.2.1.5.2 Primary health care services?
 - 9.2.1.5.3 Speciality care services?
 - 9.2.1.5.4 Out patient surgery services?
 - 9.2.1.5.5 Emergency care services?
 - 9.2.1.5.6 Hospital care services?
 - 9.2.1.5.7 Rehabilitative care services?
 - 9.2.1.5.8 Home health care services?
 - 9.2.1.5.9 Long-term care services?
 - 9.2.1.5.10 Hospice care services?
- 9.2.2 Does the LPHS assess client satisfaction with personal health services?
If so,
- 9.2.2.1 Do clients or community groups help plan the assessment process?
 - 9.2.2.2 Does the assessment examine how well services meets personal health care needs of clients, including those at increased risk of negative health outcomes?
 - 9.2.2.3 Does the assessment identify areas for improvement?
 - 9.2.2.4 Does the assessment determine their satisfaction with the responsiveness to their complaints or concerns regarding personal health care services?
 - 9.2.2.5 Did the evaluation assess the adequacy of the scope of personal health services offered?
 - 9.2.2.6 Were surveyed clients representative of actual and potential users of services?

L9.2.1 To what extent does the local public health agency achieve the model standard?

Not at all or minimally	Partially	Substantially	Fully or almost fully
1	2	3	4

L9.2.2 To what extent does the LPHS (including the local public health agency) achieve the model standard?

Not at all or minimally	Partially	Substantially	Fully or almost fully
1	2	3	4

Indicator 9.3 Evaluation of the Local Public Health System**Model Community Standard:**

An evaluation of the LPHS is conducted every three to five years to examine the coordination between organizations that comprise the LPHS, and the comprehensiveness of the personal and population-based services offered. All organizations within the LPHS, including governmental, not-for-profit, and private entities responsible for the provision of the essential public health services, contribute to the evaluation process. The evaluation uses process and outcome measures to assess coordination and linkage among LPHS entities, gaps in components of the LPHS and the quality and effectiveness of existing public health activities.

Information from the evaluation process is used to refine existing community health programs, establish new ones, and to redirect resources as needed to accomplish LPHS goals. The results of the evaluation are shared with the entire community in a format and language that the community understands. The results are used in community health improvement and strategic planning processes described under Essential Service 5.

9.3.1 Is an evaluation of the LPHS conducted every three to five years?

If so,

9.3.1.1 Are the linkages and relationships between organizations that comprise the LPHS evaluated?

If so,

9.3.1.1.1 Are linkages between the providers of population-based services and personal health services evaluated (e.g., such as referral systems, memorandums of agreement, and mutual aid agreements)?

9.3.1.1.2 Is the exchange of information between the organizations that comprise the LPHS entities evaluated?

9.3.1.2 Are the quality improvement activities of the LPHS evaluated?

9.3.1.3 Are the use of resources (e.g., staff, communications, technology) to support the coordination among organizations that comprise the LPHS evaluated?

9.3.1.4 Is coordination between the personal health care and population-based health services evaluated?

9.3.1.5 Do LPHS entities participate in the evaluation of the LPHS?

If so, do the participating organizations include:

9.3.1.5.1 Governmental entities (e. g., state and local public health departments)?

9.3.1.5.2 Voluntary community organizations (e.g., United Way, etc.)?

9.3.1.5.3 Community health task forces?

9.3.1.5.4 Hospitals?

9.3.1.5.5 Managed care plans?

9.3.1.5.6 Other organizations involved in health service delivery?

9.3.1.5.7 Independent evaluators from academic institutions or consultant organizations?

9.3.2 In the past three to five years, has the LPHS used process or outcome measures to evaluate services?

If so, are these measures used:

9.3.2.1 To monitor programs?

9.3.2.2 To improve program services?

9.3.2.3 To redirect resources?

9.3.3 Do LPHS entities use results of the evaluation to guide their work?

If so,

9.3.3.1 Are the results used in the strategic plans of organizations that comprise the LPHS?

9.3.3.2 Are the results used in the community health improvement process?

9.3.3.3 Are results of the evaluation made available to the community?

If so,

9.3.3.3.1 Are these results communicated in a format and language that the community understands?

9.3.3.3.2 Are multiple mechanisms (e.g., on-line resources, media, community meetings) utilized to disseminate the results to the community?

9.3.3.3.3 Is there evidence that these results are accessed by community members?

L9.3.1 To what extent does the local public health agency achieve the model standard?

Not at all or minimally
1

Partially
2

Substantially
3

Fully or almost fully
4

L9.3.2 To what extent does the LPHS (including the local public health agency) achieve the model standard?

Not at all or minimally
1

Partially
2

Substantially
3

Fully or almost fully
4

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

This service includes:

T Full-continuum of innovative solutions to health problems ranging from practical field-based efforts to fostering change in public health practice, to more academic efforts to encourage new directions in scientific research.

T Continuous linkage with institutions of higher learning and research.

T Internal capacity to mount timely epidemiologic and health policy analyses and conduct health services research.

Indicator 10.1 Fostering Innovation

Model Community Standard:

The LPHS enables staff to identify new solutions to health problems in the community. The LPHS provides time and resources for staff to pilot test or conduct experiments to determine the feasibility of implementing new ideas. The LPHS, based upon results from these pilot tests and experiments, encourages implementation of ideas that may lead to improved service delivery or administration practices. The LPHS researches and monitors best practices information from other agencies and organizations at the local, state, and national level. The LPHS encourages community participation in research development and implementation (e.g., identifying research priorities, designing studies, preparing related communications for the general public.)

10.1.1 Does the LPHS enable staff to identify new health problems in the community?

10.1.2 Does the LPHS encourage staff to develop new solutions to health problems in the community?

10.1.3 Has the LPHS identified barriers to implementing innovative solutions to health problems within the community?

10.1.4 Does the LPHS implement those innovations determined to be most likely to lead to improved service delivery?

10.1.5 During the past two years, has the LPHS proposed to any research organization one or more public health issues for inclusion in that organization’s research agenda?

10.1.6 Does the LPHS research “best practices” developed by other public health agencies or organizations?

10.1.7 Does the LPHS encourage community participation in the development or implementation of research?

L10.1.1 To what extent does the local public health agency achieve the model standard?

Not at all or minimally
1

Partially
2

Substantially
3

Fully or almost fully
4

L10.1.2 To what extent does the LPHS (including the local public health agency) achieve the model standard?

Not at all or minimally
1

Partially
2

Substantially
3

Fully or almost fully
4

Indicator 10.2 Linkage with Institutions of Higher Learning and Research

Model Community Standard:

The LPHS partners with institutions of higher learning or research to conduct research activities related to essential services of public health. The LPHS develops relationships with these institutions which range from patterns of mutual consultation to formal affiliations with schools of public health and with schools and departments not directly related to public health. The LPHS provides field training and work-study experiences for the students and interns.

- 10.2.1 Does the LPHS partner with at least one institution of higher learning or research to conduct research related to essential services of public health?
- 10.2.2 Is there consultation or technical assistance regarding research activities between the LPHS and at least one institution of higher learning or research?
- 10.2.3 Has the LPHS established arrangements with one or more schools or programs in public health to provide field training or work-study experiences for public health students or interns?
- 10.2.4 Has the LPHS established arrangements with schools or departments other than schools and programs of public health (e.g. schools of medicine, nursing, pharmacy, business, and departments of environmental science) to provide field training or work-study experiences for their students or interns?

L10.2.1 To what extent does the local public health agency achieve the model standard?

Not at all or minimally 1	Partially 2	Substantially 3	Fully or almost fully 4
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L10.2.2 To what extent does the LPHS (including the local public health agency) achieve the model standard?

Not at all or minimally 1	Partially 2	Substantially 3	Fully or almost fully 4
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Indicator 10.3 Capacity to Initiate or Participate in Timely Epidemiologic, Health Policy, and Health Services Research

Model Community Standard:
 The LPHS has access to researchers with the expertise and resources necessary to initiate or to participate in epidemiologic, health policy, and health services research. Research activities result in the publication of study findings in professional journals, as part of an overall plan to disseminate research findings to public health colleagues. The development, implementation, and impact of LPHS research efforts are evaluated

10.3.1 Does the LPHS have access to researchers (either on staff or through other arrangements)?

If so, are one or more of the researchers trained in:

10.3.1.1 Epidemiologic research methods?

10.3.1.2 Health policy research methods?

10.3.1.3 Health services research methods?

10.3.2. Within the community, are there sources of information (e.g., libraries) for research that meet the needs of the LPHS?

If so,

10.3.2.1 Does at least one of these resources include information on innovative public health practices?

10.3.3. Does the LPHS have a plan for the dissemination of research findings to public health colleagues?

10.3.4 Does the LPHS publish findings from their research?

10.3.5 Does the LPHS evaluate its research activities?

L10.3.1 To what extent does the local public health agency achieve the model standard?

Not at all or minimally	Partially	Substantially	Fully or almost fully
1	2	3	4

L10.3.2 To what extent does the LPHS (including the local public health agency) achieve the model standard?

Not at all or minimally	Partially	Substantially	Fully or almost fully
1	2	3	4

APPENDIX A

TABLES FOR COMMUNITY HEALTH PROFILE DOMAINS UNDER ESSENTIAL SERVICE #1

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COMMUNITY ASSETS AND QUALITY OF LIFE

Measure	Are current, accurate and jurisdiction-specific data available?	Included in CHP?
Proportion of adults stating that they are satisfied with the health system in the jurisdiction.	Yes No	Yes No Not applicable (No CHP)
Proportion of persons stating that they are satisfied with the quality of life in the jurisdiction	Yes No	Yes No Not applicable (No CHP)

ENVIRONMENTAL HEALTH MEASURES

Measure	Are current, accurate and jurisdiction-specific data available?	Included in CHP?
Number & type of U.S. EPA air quality standards not met	Yes No	Yes No Not applicable (No CHP)
Proportion of assessed rivers, lakes, and estuaries that support beneficial uses (e.g., fishing and swimming approved)	Yes No	Yes No Not applicable (No CHP)
Percent of public facilities designated tobacco-free; smoke-free environment	Yes No	Yes No Not applicable (No CHP)
Percent OSHA violations	Yes No	Yes No Not applicable (No CHP)
Foodborne disease rate: per total population	Yes No	Yes No Not applicable (No CHP)
% of children <5 years of age who are tested and have blood lead levels exceeding 15ug/dL	Yes No	Yes No Not applicable (No CHP)
Waterborne disease rate per total population	Yes No	Yes No Not applicable (No CHP)
% total population with fluoridated water supplies	Yes No	Yes No Not applicable (No CHP)
Rabies in animals per total population	Yes No	Yes No Not applicable (No CHP)

DEMOGRAPHIC CHARACTERISTICS DOMAIN

Measure	Are current, accurate and jurisdiction-specific data available?	Included in CHP?
Estimated Y2000 population	Yes No	Yes No Not applicable (No CHP)
Net change in population from 1990	Yes No	Yes No Not applicable (No CHP)
Population distribution by age	Yes No	Yes No Not applicable (No CHP)
Population distribution by gender	Yes No	Yes N Not applicable (No CHP)
Population distribution by race/ethnicity	Yes No	Yes No Not applicable (No CHP)
Population density	Yes No	Yes No Not applicable (No CHP)

SOCIOECONOMIC CHARACTERISTICS DOMAIN

Measure	Are current, accurate and jurisdiction-specific data available?	Included in CHP?
Percent unemployed	Yes No	Yes No Not applicable (No CHP)
Percent of families living in poverty	Yes No	Yes No Not applicable (No CHP)
Median household income	Yes No	Yes No Not applicable (No CHP)
Percent of residents without health insurance	Yes No	Yes No Not applicable (No CHP)
Ratio of students graduating from high school to those who entered 9 th grade 3 years previously	Yes No	Yes No Not applicable (No CHP)
Identification of special populations: migrants	Yes No	Yes No Not applicable (No CHP)
Identification of special populations: homeless	Yes No	Yes No Not applicable (No CHP)
Identification of special populations: non-English speaking	Yes No	Yes No Not applicable (No CHP)
Number of persons aged 25 and older with less than a high school education	Yes No	Yes No Not applicable (No CHP)

Number of single-parent families	Yes No	Yes No Not applicable (No CHP)
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COMMUNITY HEALTH STATUS MEASURES

General Health Status	Are current, accurate and jurisdiction-specific data available?	Included in CHP?
Percent respondents reporting their health status as excellent	Yes No	Yes No Not applicable (No CHP)
Percent respondents reporting their health status as very good	Yes No	Yes No Not applicable (No CHP)
Percent respondents reporting their health status as good	Yes No	Yes No Not applicable (No CHP)
Percent respondents reporting their health status as fair	Yes No	Yes No Not applicable (No CHP)
Percent respondents reporting their health status as poor	Yes No	Yes No Not applicable (No CHP)

Mortality Measures (Age Adjusted)	Are current, accurate and jurisdiction-specific data available?	-- If yes, identify the additional analyses available	Included in CHP?
All cause mortality rates	Yes No	By age yes no By race yes no By gender yes no	Yes No Not applicable (No CHP)
Total cancer mortality rate	Yes No Don't Know	By age yes no By race yes no By gender yes no	Yes No Not applicable (No CHP)
Breast cancer mortality rate	Yes No		Yes No Not applicable (No CHP)

Lung cancer mortality rate	Yes No		Yes No Not applicable (No CHP)
Cardiovascular disease mortality rate	Yes No		Yes No Not applicable (No CHP)
Motor vehicle crash mortality rate	Yes No		Yes No Not applicable (No CHP)
Cervical cancer mortality rate	Yes No		Yes No Not applicable (No CHP)
Colorectal Cancer	Yes No		Yes No Not applicable (No CHP)
Chronic obstructive lung disease	Yes No		Yes No Not applicable (No CHP)
Chronic liver disease and cirrhosis Total mortality	Yes No	By race yes no	Yes No Not applicable (No CHP)
Diabetes mellitus Total mortality	Yes No	By race yes no	Yes No Not applicable (No CHP)
Pneumonia/influenza Total mortality	Yes No	By race yes no	Yes No Not applicable (No CHP)
Stroke Total mortality	Yes No	By race yes no	Yes No Not applicable (No CHP)

Total Years of Productive Life Lost (YPLL)	Yes No		Yes No Not applicable (No CHP)
Years of Productive Life Lost (YPLL) by Race/Ethnicity	Yes No		Yes No Not applicable (No CHP)

Morbidity: Incidence Rates	Are current, accurate and jurisdiction-specific data available?	-- If yes, identify the additional analyses available	Included in CHP?
Breast Cancer	Yes No	By race yes no	Yes No Not applicable (No CHP)
Cervical Cancer	Yes No	By race yes no	Yes No Not applicable (No CHP)
Colorectal Cancer	Yes No		Yes No Not applicable (No CHP)
Lung and bronchus cancer	Yes No		Yes No Not applicable (No CHP)
Prostate cancer	Yes No		Yes No Not applicable (No CHP)
Smoking-related cancer	Yes No		Yes No Not applicable (No CHP)

MATERNAL AND CHILD HEALTH MEASURES

Measure	Are current, accurate and jurisdiction-specific data available?	-- If yes, identify the additional analyses available	Included in CHP?
Infant mortality rate per live births: total	Yes No	By race/ethnicity yes no	Yes No Not applicable (No CHP)
1 st trimester prenatal care: % by live births	Yes No	By race/ethnicity yes no	Yes No Not applicable (No CHP)
Births to adolescents (ages 10-17) as a proportion of live births	Yes No		Yes No Not applicable (No CHP)
Very low birthweight: rate per live births	Yes No	By race/ethnicity yes no	Yes No Not applicable (No CHP)
Repeat teen pregnancy	Yes No		Yes No Not applicable (No CHP)
Low birthweight : % live births	Yes No	By race/ethnicity yes no	Yes No Not applicable (No CHP)
Child mortality: rate per population age 1-14	Yes No		Yes No Not applicable (No CHP)

BEHAVIORAL RISK FACTOR DOMAIN

Measure	Are current, accurate and jurisdiction-specific data available?	-- If yes, identify the additional analyses available	Included in CHP?
Tobacco use: % total population	Yes No	By age yes no By race yes no By gender yes no By income yes no By education yes no	Yes No Not applicable (No CHP)
Illegal drug use: % total population	Yes No	By age yes no By race yes no By gender yes no By income yes no By education yes no	Yes No Not applicable (No CHP)
Binge drinking: % total population	Yes No	By age yes no By race yes no By gender yes no By income yes no By education yes no	Yes No Not applicable (No CHP)
Nutrition % Total population	Yes No	By age yes no By race yes no By gender yes no By income yes no By education yes no	Yes No Not applicable (No CHP)
Obesity: Proportion of population age 18 and over who are obese	Yes No	By race yes no By gender yes no By income yes no By education yes no	Yes No Not applicable (No CHP)
Exercise %total population	Yes No	By age yes no By race yes no By gender yes no By income yes no By education yes no	Yes No Not applicable (No CHP)

Sedentary Lifestyle: % Total population	Yes No	By age yes no By race yes no By gender yes no By income yes no By education yes no	Yes No Not applicable (No CHP)
Seatbelt use: % total population	Yes No	By age yes no By race yes no By gender yes no By income yes no By education yes no	Yes No Not applicable (No CHP)
Child safety seat use: %total population	Yes No	By age yes no By race yes no By gender yes no By income yes no By education yes no	Yes No Not applicable (No CHP)
Bicycle helmet use: % total population	Yes No	By age yes no By race yes no By gender yes no By income yes no By education yes no	Yes No Not applicable (No CHP)
Condom use: %total population	Yes No	By age yes no By race yes no By gender yes no By income yes no By education yes no	Yes No Not applicable (No CHP)
Pap smear: % of women by age group	Yes No	By age yes no By race yes no By gender yes no By income yes no By education yes no	Yes No Not applicable (No CHP)
Mammography: % of women by age group	Yes No	By age yes no By race yes no By income yes no By education yes no	Yes No Not applicable (No CHP)

SENTINEL EVENTS

Vaccine Preventable Diseases	Are current, accurate and jurisdiction-specific data available?	Included in CHP?
Measles incidence rate	Yes No	Yes No Not applicable (No CHP)
Mumps incidence rate	Yes No	Yes No Not applicable (No CHP)
Rubella incidence rate	Yes No	Yes No Not applicable (No CHP)
Pertussis incidence rate	Yes No	Yes No Not applicable (No CHP)
Tetanus incidence rate	Yes No	Yes No Not applicable (No CHP)

Avoidable hospitalizations	Are current, accurate and jurisdiction-specific data available?	Included in CHP?
Asthma	Yes No	Yes No Not applicable (No CHP)
Cellulitis	Yes No	Yes No Not applicable (No CHP)
Congestive heart failure	Yes No	Yes No Not applicable (No CHP)
Diabetes mellitus	Yes No	Yes No Not applicable (No CHP)

Gangrene	Yes No	Yes No Not applicable (No CHP)
Influenza	Yes No	Yes No Not applicable (No CHP)
Malignant hypertension	Yes No	Yes No Not applicable (No CHP)
Perforated/bleeding ulcers	Yes No	Yes No Not applicable (No CHP)
Pneumonia	Yes No	Yes No Not applicable (No CHP)
Pyelonephritis	Yes No	Yes No Not applicable (No CHP)

Late stage cancer diagnoses	Are current, accurate and jurisdiction-specific data available?	Included in CHP?
Cervical cancer	Yes No	Yes No Not applicable (No CHP)
Breast cancer	Yes No	Yes No Not applicable (No CHP)

Work related	Are current, accurate and jurisdiction-specific data available?	Included in CHP?
Injuries	Yes No	Yes No Not applicable (No CHP)

Deaths	Yes No	Yes No Not applicable (No CHP)
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SOCIAL AND MENTAL HEALTH MEASURES

Measure	Are current, accurate and jurisdiction-specific data available?	Included in CHP?
Average number of days, during the past 30 days, for which adults report that their mental health was not good	Yes No	Yes No Not applicable (No CHP)
Confirmed cases of child abuse/neglect: total	Yes No	Yes No Not applicable (No CHP)
Confirmed cases of child abuse/neglect: rate per population aged less than 18	Yes No	Yes No Not applicable (No CHP)
Homicide rate: age adjusted, total	Yes No	Yes No Not applicable (No CHP)
Homicide rate: age adjusted, by race	Yes No	Yes No Not applicable (No CHP)
Suicide rate: age adjusted, total	Yes No	Yes No Not applicable (No CHP)
Suicide rate: age adjusted, by race	Yes No	Yes No Not applicable (No CHP)
Suicide rate: teen suicide rate	Yes No	Yes No Not applicable (No CHP)
Domestic violence: rate per total population	Yes No	Yes No Not applicable (No CHP)

Psychiatric admissions: rate per total population	Yes No	Yes No Not applicable (No CHP)
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INFECTIOUS DISEASES MEASURES

Measure	Are current, accurate and jurisdiction-specific data available?	-- If yes, identify the additional analyses available	Included in CHP?
Proportion of 2-year old children who have received all age-appropriate vaccines, as recommended by the Advisory Committee on Immunization Practices	Yes No		Yes No Not applicable (No CHP)
Proportion of adults aged 65 and older who have ever been immunized for pneumococcal pneumonia	Yes No		Yes No Not applicable (No CHP)
Proportion of adults aged 65 and older who have been immunized in the past 12 months for influenza	Yes No		Yes No Not applicable (No CHP)
% appropriately immunized children per population	Yes No		Yes No Not applicable (No CHP)
Primary and secondary syphilis cases: rate per total population	Yes No	By age yes no By race yes no By gender yes no	Yes No Not applicable (No CHP)
Gonorrhea: rate per total population	Yes No		Yes No Not applicable (No CHP)
Tuberculosis: Age adjusted mortality rate	Yes No		Yes No Not applicable (No CHP)
Tuberculosis: Rate per total population	Yes No	By age yes no By race yes no By gender yes no	Yes No Not applicable (No CHP)

AIDS: age adjusted mortality	Yes No		Yes No Not applicable (No CHP)
AIDS: incidence rate per population	Yes No		Yes No Not applicable (No CHP)
AIDS: prevalence rate per population	Yes No	By age yes no By race yes no By gender yes no	Yes No Not applicable (No CHP)
Meningitis cases: rate per total population	Yes No		Yes No Not applicable (No CHP)
Hepatitis A cases: rate per total population	Yes No		Yes No Not applicable (No CHP)
Hepatitis B cases: rate per total population	Yes No		Yes No Not applicable (No CHP)

HEALTH RESOURCE MEASURES

Measure	Are current, accurate and jurisdiction-specific data available?	Included in CHP?
Per capita health care spending for Medicare beneficiaries (the Medicare adjusted average per capita cost)	Yes No	Yes No Not applicable (No CHP)
Medicaid eligibles to participating physicians	Yes No	Yes No Not applicable (No CHP)
Licensed dentists: rate per total population	Yes No	Yes No Not applicable (No CHP)
Licensed physicians: rate per total population	Yes No	Yes No Not applicable (No CHP)
Licensed hospital beds: total	Yes No	Yes No Not applicable (No CHP)
Licensed hospital beds: acute	Yes No	Yes No Not applicable (No CHP)
Licensed hospital beds: specialty	Yes No	Yes No Not applicable (No CHP)
Licensed hospital beds: rate per total population	Yes No	Yes No Not applicable (No CHP)
Licensed hospital beds: occupancy rate	Yes No	Yes No Not applicable (No CHP)

Visiting nurse services/in home support services: rate per total population	Yes No	Yes No Not applicable (No CHP)
Proportion of population without a regular source of primary care (including dental services)	Yes No	Yes No Not applicable (No CHP)