State

NATIONAL PUBLIC HEALTH PERFORMANCE STANDARDS

STATE PUBLIC HEALTH SYSTEM
PERFORMANCE ASSESSMENT INSTRUMENT

National Public Health Performance Standards Program
State Public Health Performance Assessment
Version 1.0

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

The State Public Health System Assessment Instrument (State Instrument) focuses on the "state public health system." The state public health system includes state public health agencies and other partners that contribute to public health services at the state level.

The Local Public Health System Assessment Instrument (Local Instrument) focuses on the "local public health system" or all entities that contribute to the delivery of public health services within a community. This system includes all public, private, and voluntary entities, as well as individuals and informal associations.

The Local Public Health Governance Assessment Instrument (Governance Instrument) focuses on the governing body ultimately accountable for public health at the local level. Such governing bodies may include boards of health or county commissioners.

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

The State Public Health Systems Approach

State public health agencies (SPHAs) are the natural leaders in the development of cohesive state public health systems that include public, private, and voluntary organizations working together to improve the health of the state's population.

A **State Public Health System (SPHS)** is the state public health agency working in partnership with other state government agencies, private enterprises, and voluntary organizations that operate statewide to provide services essential to the health of the public.

A State Public Health System (SPHS) is defined as the state public health agency (or the organizational unit of the State Health Officer) working in partnership with other state government agencies, private enterprises, and voluntary organizations that operate statewide to provide services essential to the health of the public. Recognizing that the organization of the SPHS varies among states, the performance assessment instrument is designed to be relevant to state performance and capacity, regardless of these organizational variations.

As hubs of statewide systems of public health services, SPHAs, working in conjunction with partners in public health, establish parameters, set directions for the practice of public health, and carry out the core functions of public health – assessment, policy development, and assurance.

Essential Public Health Services

1. **Monitor** health status to identify community health problems.

2. **Diagnose and investigate** health problems and health hazards in the community.

3. **Inform, educate, and empower** people about health issues.

4. **Mobilize** community partnerships to identify and solve health problems.

5. **Develop policies and plans** that support individual and community health efforts.

6. **Enforce** laws and regulations that protect health and ensure safety.

7. **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable.

8. **Assure** a competent public and personal health care workforce.

9. **Evaluate** effectiveness, accessibility and quality of personal and population-based health services.

10. **Research** for new insights and innovative solutions to health problems.

Within the context of these core functions and the related Essential Public Health Services, SPHAs and their system partners:

- Allocate and leverage resources to assure that funding for public health services meets the critical health needs of the populations statewide.

- Assure an adequate statutory base for public health activities in states.

- Advocate for statewide policy changes to improve health.

The concept of the SPHS is central to performance of the Essential Public Health Services and this assessment instrument.

Whether as convener, partner, collaborator, enabler, analyst or evaluator, SPHAs play key leadership roles in coordinating the performance of state public health systems. By developing public health performance standards to identify and benchmark optimal performance, state public health systems and their state public health agencies will be better equipped to assess and improve delivery of the Essential Public Health Services and achieve improved health of the public.

Acknowledgment

The State Public Health System Performance Assessment Instrument has been collaboratively developed by the Association of State and Territorial Health Officials (ASTHO) and the Centers for Disease Control and Prevention (CDC). Other national partners involved in the standards development process are the National Association of County and City Health Officials, the National Association of Local Boards of Health, the Public Health Foundation, and the American Public Health Association. Finally, we thank the numerous field test sites for their thoughtful application and feedback on the instrument; their participation was of great value and was extremely helpful in identifying needed changes in the Instrument.

About the State Assessment Instrument

The State 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.

The assessment instrument structure is consistent across all ten Essential Public Health Services. Each service is divided into four indicators of performance or capacity. The four indicator areas are 1) Planning and implementation, 2) Technical assistance and support, 3) Evaluation and

quality improvement, and 4) Resources. In general, the first three indicators contain standards that express optimal performance of the SPHS. The resources indicator articulates standards of capacity needed for the SPHS to perform at optimal levels. Definitions for the indicators are provided in the glossary.

Associated with each indicator are model standards that describe aspects of high performance for state public health systems. These model standards were developed with guidance from ASTHO and use of document sources, where available, that describe performance standards in fields of public health related to various Essential Public Health Services. These model standards reflect expert opinion regarding those actions and capacities that are necessary for a state 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. First, you will encounter a series of multiple-choice questions. There are four ordinal response options for the multiple-choice questions. The spectrum of compliance associated with each response option is explained below:

| YES | HIGH PARTIALLY | LOW PARTIALLY | NO |

YES	**Greater than 75 percent of the activity described within the question is met within the state public health system.**
HIGH PARTIALLY	**Greater than 50 percent, but no more than 75 percent of the activity described within the question is met within the state public health system.**
LOW PARTIALLY	**Greater than 25 percent, but no more than 50 percent of the activity described within the question is met within the state public health system.**
NO	**No more than 25 percent of the activity described within the question is met within the state public health system.**

Two Likert scale questions follow the measurement questions for each indicator. These questions use a four-point scale to assess the overall achievement of the state public health system in meeting the standards within that indicator and the contribution of the state public health agency to the overall system effort.

The SPHS has the ultimate responsibility to achieve model standards. The contribution of the state public health agency may be a large or small fraction of the total system effort. Therefore, as you answer the Likert questions, please report the state public health agency contribution as a percentage of the SPHS effort.

Use of the State Assessment Instrument

Ideally, partners from throughout the state public health system will collaborate to develop a collective response to the State Instrument. Participants should include representatives from organizations that contribute to the delivery of public health services in the state. These organizations may include state government agencies (e.g. Medicaid, human services, aging and environmental agencies), statewide associations of local public health agencies, hospitals and health professionals, schools of public health, state chapters of voluntary or non-profit organizations, and other public health system participants. For more in-depth guidance on convening participants and using the performance standards, see the *NPHPSP User Guide*.

Data Submission and Reports

Once a state public health system has completed the assessment, data can be submitted electronically to a limited access CDC Internet site (NPHPSP Web site). State public health agencies, as the organizations most likely to lead the systems assessment process, should be responsible for this activity. Directions for the data submission process will be posted on the NPHPSP Web site. It is recommended that state public health agencies review information on this site prior to conducting the assessment.

Data provided to CDC will be used in accordance with the data use policy that appears on the NPHPSP Web site; all users will need to agree to this policy before submitting data to CDC. When assessment data is submitted to the NPHPSP Web site, an automated process will be initiated to conduct the data analysis and build a report. Once the report has been generated, the specified contact person will receive directions on how to electronically access the report. The report will contain information on the public health system's achievement for:

1) Each Essential Public Health Service.
2) Each indicator and its corresponding model standard.
3) The major elements within each model standard.

It is important to note that data from these assessments are intended for the purpose of quality improvement and are not for the purpose of allocating resources or directly comparing health departments and their public health systems. For more information on the data use policy, analysis, and reports, visit the NPHPSP Web site.

Benefits of Statewide Coordination

It is strongly recommended, but not required, that State, Local, and Governance Instruments be applied in a closely coordinated time period. This will provide opportunities to coordinate orientation activities, technical assistance, and improvement planning between state public health agencies and local public health departments leading the system assessments. The resulting information will provide an in-depth understanding of the strengths and weaknesses within the state and local public health system network and allow for comprehensive systems improvement planning.

For More Information

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

This service includes:

- Assessment of statewide health status and its determinants, including the identification of health threats and the determination of health service needs.

- Attention to the vital statistics and health status of specific groups that are at higher risk for health threats than the general population.

- Identification of community assets and resources, which support the SPHS in promoting health and improving quality of life.

- Utilization of technology and other methods to interpret and communicate health information to diverse audiences in different sectors.

- Collaboration in integrating and managing public health related information systems.

Indicator 1.1	Planning and Implementation

SPHS Model Standard:

The SPHS measures, analyzes and reports on the health status of the state. The state's health status is monitored through data describing critical indicators of health, illness, and health resources that are collected in collaboration with local public health systems and other state partners.

To accomplish this, the SPHS:

- Develops and maintains population-based programs that collect health-related data to measure the state's health status.

- Organizes health-related data into a state health profile that reports trends in health status, risk factors, and resource consumption.

- Tracks the state's health-related data and compares them to national health objectives and other benchmarks.

- Compiles and analyzes data for local, state and national health surveillance efforts.

- Collaborates with data reporting entities such as local health departments, hospitals, physicians, and laboratories to assure the timely collection, analysis, and dissemination of data.

- Develops and manages a uniform set of health status indicators that are derived from a variety of sources (e.g., hospitals, managed care organizations, health departments, universities) and accommodates state and local health-related data needs.

- Protects personal health information by instituting security and confidentiality policies that define protocols for health information access and integrity.

Please answer the following questions related to Indicator 1.1:

1.1.1 Has the SPHS developed any surveillance programs for measuring the state's health status?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

If so, do these programs:

1.1.1.1 Identify the data elements required for monitoring health status?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

If so, do these data include:

		YES	HIGH PARTIALLY	LOW PARTIALLY	NO
1.1.1.1.1	Demographic characteristics?	YES	HIGH PARTIALLY	LOW PARTIALLY	NO
1.1.1.1.2	Socio-economic characteristics?	YES	HIGH PARTIALLY	LOW PARTIALLY	NO
1.1.1.1.3	Mortality?	YES	HIGH PARTIALLY	LOW PARTIALLY	NO
1.1.1.1.4	Natality?	YES	HIGH PARTIALLY	LOW PARTIALLY	NO
1.1.1.1.5	Infectious disease incidence?	YES	HIGH PARTIALLY	LOW PARTIALLY	NO
1.1.1.1.6	Chronic disease prevalence?	YES	HIGH PARTIALLY	LOW PARTIALLY	NO
1.1.1.1.7	Injuries?	YES	HIGH PARTIALLY	LOW PARTIALLY	NO
1.1.1.1.8	Mental health and substance abuse?	YES	HIGH PARTIALLY	LOW PARTIALLY	NO
1.1.1.1.9	Behavioral risk factors?	YES	HIGH PARTIALLY	LOW PARTIALLY	NO
1.1.1.1.10	Environmental risks?	YES	HIGH PARTIALLY	LOW PARTIALLY	NO
1.1.1.1.11	Occupational risks?	YES	HIGH PARTIALLY	LOW PARTIALLY	NO
1.1.1.1.12	Availability of personal health care services?	YES	HIGH PARTIALLY	LOW PARTIALLY	NO
1.1.1.1.13	Utilization of personal health care services?	YES	HIGH PARTIALLY	LOW PARTIALLY	NO
1.1.1.1.14	Availability of population-based public health services?	YES	HIGH PARTIALLY	LOW PARTIALLY	NO
1.1.1.1.15	Utilization of population-based public health services?	YES	HIGH PARTIALLY	LOW PARTIALLY	NO
1.1.1.1.16	Barriers to health services?	YES	HIGH PARTIALLY	LOW PARTIALLY	NO
1.1.1.1.17	Health insurance coverage?	YES	HIGH PARTIALLY	LOW PARTIALLY	NO
1.1.1.1.18	Healthy People 2010 Leading Health Indicators?	YES	HIGH PARTIALLY	LOW PARTIALLY	NO

1.1.1.2 Identify the methods for data collection and storage?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

1.1.1.3 Identify the roles of state and local governmental agencies and relevant non-governmental agencies in the collection of health data?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

1.1.1.4 Facilitate access to the health-related data among state and local public health and constituent groups?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

1.1.2 Does the SPHS organize health-related data into a state health profile?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

If so, is the profile used to:

		YES	HIGH PARTIALLY	LOW PARTIALLY	NO
1.1.2.1	Identify emerging health problems?	YES	HIGH PARTIALLY	LOW PARTIALLY	NO
1.1.2.2	Report trends in health status?	YES	HIGH PARTIALLY	LOW PARTIALLY	NO
1.1.2.3	Report changes in the prevalence of health risk factors?	YES	HIGH PARTIALLY	LOW PARTIALLY	NO
1.1.2.4	Report changes in health resource consumption?	YES	HIGH PARTIALLY	LOW PARTIALLY	NO

1.1.3 Does the SPHS track the state's health-related data over time?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

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If so, are state data compared to:

1.1.3.1   National health objectives?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

1.1.3.2   Benchmarks from previous state health profiles?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

1.1.4   Does the SPHS compile and provide locally collected data to organizations conducting local, state, and national health surveillance?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

If so, does the SPHS operate:

1.1.4.1   A <u>data warehousing</u> capacity that links data from diverse sources, (e.g., universities, hospitals, managed care organizations, and health departments)?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

1.1.4.2   Protocols that meet the standards for compiling vital statistics and vital records?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

1.1.4.3   Geographic information systems (GIS) to analyze geocoded health data?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

1.1.4.4   <u>Population health registries</u>?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

1.1.5   Does the SPHS collaborate with organizations or individuals that report health information to help assure the timely collection, analysis, and dissemination of data?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

If so, does the SPHS collaborate with:

1.1.5.1   Local health departments?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

1.1.5.2   Hospitals?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

1.1.5.3   Ambulatory care sites?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

1.1.5.4   Laboratories?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

1.1.5.5   Professional health organizations (e.g., state Medical and Nursing Societies, State Hospital Associations)?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

1.1.6   Does the SPHS develop a uniform set of health indicators to describe the health of the state's population?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

If so,

1.1.6.1   Do these indicators provide data specific to local jurisdictions?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

1.1.6.2   Are these indicators compiled from a variety of sources?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

1.1.7   Does the SPHS enforce established laws and the use of protocols to protect personal health information and other data with personal identifiers?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

If so, do these protocols include procedures to:

1.1.7.1   Protect personal identifiers?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

1.1.7.2   Specify access for confidential and non-confidential health information?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

1.1.8   How much of this SPHS Model Standard is achieved by the State Public Health System collectively?

| 0-25% | 26-50% | 51-75% | 76-100% |

1.1.8.1   What percent of the answer reported in question 1.1.8 is the direct contribution of the state public health agency?

| 0-25% | 26-50% | 51-75% | 76-100% |

Indicator 1.2	Technical Assistance and Support

SPHS Model Standard:

The SPHS provides assistance, capacity building, and resources to local public health systems and other state partners in their efforts to monitor health status and to identify health problems.

To accomplish this, the SPHS:

- Offers training in the interpretation and use of health-related data to local public health systems and other state partners.

- Provides expertise in the development and maintenance of the data systems required to monitor health status at the state and local levels to local public health systems and other state partners.

- Provides a standard set of health-related data, including the *Healthy People 2010* Leading Health Indicators, to local public health systems and other state partners and assists them in accessing, interpreting, and applying these data for policy and planning activities.

- Assists local public health systems and other state partners prepare and publish local health data.

- Communicates the availability of assistance in health surveillance and data use to local public health systems and other state partners.

Please answer the following questions related to Indicator 1.2:

1.2.1 Does the SPHS offer training to local public health systems and other state partners in the interpretation and use of health-related data?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

If so,

1.2.1.1 Is such training offered at least annually?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

1.2.2 Does the SPHS assist local public health systems and other state partners in the development of health-related data information systems?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

1.2.3 Does the SPHS provide local public health systems and other state partners a standard set of health-related data?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

If so,

1.2.3.1 Do the indicators support the prioritization of community health issues?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

1.2.3.2 Do the indicators support decisions regarding resource allocation?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

1.2.3.3 Do these indicators include the *Healthy People 2010* Leading Indicators?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

1.2.3.4   Does the SPHS provide assistance to access state data?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

1.2.3.5   Does the SPHS provide assistance in the interpretation of data sets?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

1.2.3.6   Does the SPHS provide assistance in applying state data to local planning and policy activities, including the development of community health profiles?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

1.2.4   Does the SPHS assist local public health systems and other state partners in the publication of health data in formats that are useful to the media and health planners?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

1.2.5   Does the SPHS communicate the availability of assistance in health surveillance and data use to local public health systems?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

1.2.6   How much of this SPHS Model Standard is achieved by the State Public Health System collectively?

`0-25%`   `26-50%`   `51-75%`   `76-100%`

1.2.6.1   What percent of the answer reported in question 1.2.6 is the direct contribution of the state public health agency?

`0-25%`   `26-50%`   `51-75%`   `76-100%`

| Indicator 1.3 | Evaluation and Quality Improvement |

SPHS Model Standard:

The SPHS reviews its activities to monitor health status and to identify health problems on a predetermined, periodic basis and uses results from its reviews to improve the quality and outcome of its efforts.

To accomplish this, the SPHS:

- Reviews its efforts to monitor health status to determine the sufficiency and relevance of the gathered health data, to determine the ability to meet user needs for health data, and to gather feedback from local public health system leaders regarding data set content and format.

- Uses the information gathered through its reviews to help inform a dynamic, evolving process that encourages improvement in the scope, quality, and relevance of health data.

- Collaborates with users, including local public health systems and other state partners, to improve the development and distribution of the state health profile.

Please answer the following questions related to Indicator 1.3:

1.3.1 Does the SPHS review its efforts to monitor health status? `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

If so, are the following addressed:

1.3.1.1 The sufficiency and relevance of the gathered health-related data? `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

1.3.1.2 Effectiveness in meeting user needs? `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

1.3.2 Is information from reviews used in the continuous improvement of health-related data and data systems to better meet the needs of state and local health-related data users, program managers, and policymakers? `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

1.3.3 Does the SPHS solicit feedback from state partners, local public health systems and other users regarding the development and distribution of the state health profile? `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

1.3.4   How much of this SPHS Model Standard is achieved by the State Public Health System collectively?

| 0-25% | 26-50% | 51-75% | 76-100% |

1.3.4.1   What percent of the answer reported in question 1.3.4 is the direct contribution of the state public health agency?

| 0-25% | 26-50% | 51-75% | 76-100% |

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| Indicator 1.4 | Resources |

SPHS Model Standard:

The SPHS effectively invests, manages, and utilizes its human, information, technology, and financial resources to monitor health status and to identify health problems in the state.

To accomplish this, the SPHS:

• Allocates existing resources for monitoring health status and identifying health problems to areas of highest need and plans for the development of new resources.

• Collaborates with partners to leverage system-wide resources and to focus statewide assets on monitoring health status.

• Utilizes state-of-the-art computer resources including compatible hardware systems and software that convert data sets into standard formats to facilitate information sharing with local, state, and national public health partners.

• Utilizes workforce expertise in collecting, analyzing, disseminating, and communicating health status data and maintaining data management systems.

Please answer the following questions related to Indicator 1.4:

1.4.1 Does the SPHS effectively manage its current health status monitoring resources and develop new resources?

YES (HIGH PARTIALLY) (LOW PARTIALLY) **NO**

If so, does the SPHS:

1.4.1.1 Apply existing resources to high priority areas in health status monitoring?

YES (HIGH PARTIALLY) (LOW PARTIALLY) **NO**

1.4.1.2 Seek new sources of funding to monitor health status?

YES (HIGH PARTIALLY) (LOW PARTIALLY) **NO**

1.4.1.3 Plan for the development of new resources?

YES (HIGH PARTIALLY) (LOW PARTIALLY) **NO**

1.4.2 Does the SPHS share system-wide resources to monitor health status?

YES (HIGH PARTIALLY) (LOW PARTIALLY) **NO**

If so, does the SPHS:

1.4.2.1 Coordinate workforce resources that contribute to the health status monitoring?

YES (HIGH PARTIALLY) (LOW PARTIALLY) **NO**

1.4.2.2 Coordinate SPHS-wide technology development activities to more effectively report, analyze and disseminate health status data?

YES (HIGH PARTIALLY) (LOW PARTIALLY) **NO**

1.4.2.3 Share financial resources to invest in the health status monitoring function?

YES (HIGH PARTIALLY) (LOW PARTIALLY) **NO**

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1.4.3   Does the SPHS utilize current electronic technology to monitor statewide health status?

YES   (HIGH PARTIALLY)   (LOW PARTIALLY)   NO

If so, does the technology include:

1.4.3.1   Computers with sufficient processor speed and memory capacity to operate standard software applications needed to conduct data analysis?

YES   (HIGH PARTIALLY)   (LOW PARTIALLY)   NO

1.4.3.2   Word processing software?

YES   (HIGH PARTIALLY)   (LOW PARTIALLY)   NO

1.4.3.3   Spreadsheet software?

YES   (HIGH PARTIALLY)   (LOW PARTIALLY)   NO

1.4.3.4   Database analysis software?

YES   (HIGH PARTIALLY)   (LOW PARTIALLY)   NO

1.4.4.5   Presentation graphics software?

YES   (HIGH PARTIALLY)   (LOW PARTIALLY)   NO

1.4.3.6   High-speed Internet access?

YES   (HIGH PARTIALLY)   (LOW PARTIALLY)   NO

1.4.3.7   Sufficient data storage capacity to meet SPHS needs for the coming year?

YES   (HIGH PARTIALLY)   (LOW PARTIALLY)   NO

1.4.4   Does the SPHS utilize personnel with the statistical, epidemiologic, and systems management expertise needed for health status monitoring?

YES   (HIGH PARTIALLY)   (LOW PARTIALLY)   NO

If so, do these personnel have expertise in:

1.4.4.1   Designing sampling frameworks and survey designs for collecting data?

YES   (HIGH PARTIALLY)   (LOW PARTIALLY)   NO

1.4.4.2   Implementing surveys?

YES   (HIGH PARTIALLY)   (LOW PARTIALLY)   NO

1.4.4.3   Integrating data from a variety of sources?

YES   (HIGH PARTIALLY)   (LOW PARTIALLY)   NO

1.4.4.4   Analyzing data?

YES   (HIGH PARTIALLY)   (LOW PARTIALLY)   NO

1.4.4.5   Interpreting results and forming valid conclusions from analyzed data?

YES   (HIGH PARTIALLY)   (LOW PARTIALLY)   NO

1.4.4.6   Translating data into clear and useful information?

YES   (HIGH PARTIALLY)   (LOW PARTIALLY)   NO

1.4.4.7   Designing population health registries?

YES   (HIGH PARTIALLY)   (LOW PARTIALLY)   NO

1.4.4.8   Implementing population health registries?

YES   (HIGH PARTIALLY)   (LOW PARTIALLY)   NO

1.4.4.9   Maintaining population health registries?

YES   (HIGH PARTIALLY)   (LOW PARTIALLY)   NO

1.4.4.10   Managing data systems and supporting data users?

YES   (HIGH PARTIALLY)   (LOW PARTIALLY)   NO

1.4.4.11   Promoting effective use of data and information in health policy and planning activities?

YES   (HIGH PARTIALLY)   (LOW PARTIALLY)   NO

1.4.5   How much of this SPHS Model Standard is achieved by the State Public Health System collectively?

0-25%   26-50%   51-75%   76-100%

1.4.5.1   What percent of the answer reported in question 1.4.5 is the direct contribution of the state public health agency?

0-25%   26-50%   51-75%   76-100%

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Diagnose and Investigate Health Problems and Health Hazards

This service includes:

- Epidemiologic investigation of disease outbreaks and patterns of infectious and chronic diseases, injuries, and other adverse health conditions.

- Population-based screening, case finding, investigation, and the scientific analysis of health problems.

- Rapid screening, high volume testing, and active infectious disease epidemiology investigations.

Indicator 2.1	Planning and Implementation

SPHS Model Standard:

The SPHS works collaboratively with local public health systems and other state partners to identify and respond to public health threats, including infectious disease outbreaks, chronic disease prevalence, the incidence of serious injuries, environmental contaminations, the occurrence of natural disasters, the risk of exposure to chemical and biological hazards, and other threats.

To accomplish this, the SPHS:

- Operates state <u>surveillance systems</u> (surveillance programs that are integrated national and local surveillance efforts) that identify and analyze threats to public health.

- Operates a reporting system for receiving and transmitting information regarding <u>reportable diseases</u> and other potential public health threats.

- Collaborates with private and public laboratories, within the state and outside of the state, which have the capacity to analyze clinical and environmental specimens in the event of suspected exposures and disease outbreaks.

- Develops plans to investigate and to respond to public health threats and to define the roles and responsibilities of key collaborators in the investigation and response system.

Note: In some cases the SPHS may operate more than one surveillance system. In the Model Standard and measures for Indicator 2.1, the word "system" should therefore be read broadly, to include the complete collection of surveillance systems operated by the SPHS.

Please answer the following questions related to Indicator 2.1:

2.1.1   Does the SPHS operate surveillance system(s) that recognize threats to public health?

YES HIGH PARTIALLY LOW PARTIALLY NO

If so,

2.1.1.1   Does the SPHS operate infectious disease surveillance programs?

YES HIGH PARTIALLY LOW PARTIALLY NO

If so,

2.1.1.1.1   Is the system capable of analyzing the type and magnitude of infectious disease threats?

YES HIGH PARTIALLY LOW PARTIALLY NO

2.1.1.1.2   Is the system capable of following the effects of infectious disease threats and hazards over time?

YES HIGH PARTIALLY LOW PARTIALLY NO

2.1.1.1.3   Are infectious disease surveillance programs integrated with national and local surveillance systems?

YES HIGH PARTIALLY LOW PARTIALLY NO

2.1.1.2   Does the SPHS operate chronic disease surveillance programs?

YES HIGH PARTIALLY LOW PARTIALLY NO

If so,

2.1.1.2.1   Is the system capable of analyzing the type and magnitude of threats?

YES HIGH PARTIALLY LOW PARTIALLY NO

2.1.1.2.2   Is the system capable of following the effects of public health threats and hazards over time?

YES HIGH PARTIALLY LOW PARTIALLY NO

2.1.1.2.3   Is the system integrated with national and local surveillance systems?

YES HIGH PARTIALLY LOW PARTIALLY NO

2.1.1.3   Does the SPHS operate (intentional and unintentional) injury surveillance programs?

YES HIGH PARTIALLY LOW PARTIALLY NO

If so,

2.1.1.3.1   Is the system capable of analyzing the type and magnitude of threats?

YES HIGH PARTIALLY LOW PARTIALLY NO

2.1.1.3.2   Is the system capable of following the effects of public health threats and hazards over time?

YES HIGH PARTIALLY LOW PARTIALLY NO

2.1.1.3.3   Is the system integrated with national and local surveillance systems?

YES HIGH PARTIALLY LOW PARTIALLY NO

2.1.1.4   Does the SPHS operate an environmental hazard surveillance program?

YES HIGH PARTIALLY LOW PARTIALLY NO

If so,

2.1.1.4.1   Is the system capable of analyzing the type and magnitude of threats?

YES HIGH PARTIALLY LOW PARTIALLY NO

2.1.1.4.2   Is the system capable of following the effects of public health threats and hazards over time?

YES HIGH PARTIALLY LOW PARTIALLY NO

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2.1.1.4.3   Is the system integrated with national and local surveillance systems?

YES (HIGH PARTIALLY) (LOW PARTIALLY) NO

2.1.1.5   Does the SPHS operate a Maternal Child Health surveillance program?

YES (HIGH PARTIALLY) (LOW PARTIALLY) NO

If so,

2.1.1.5.1   Is the system capable of analyzing the type and magnitude of threats?

YES (HIGH PARTIALLY) (LOW PARTIALLY) NO

2.1.1.5.2   Is the system capable of following the effects of public health threats and response hazards over time?

YES (HIGH PARTIALLY) (LOW PARTIALLY) NO

2.1.1.5.3   Is the system integrated with national and local surveillance systems?

YES (HIGH PARTIALLY) (LOW PARTIALLY) NO

2.1.2   Does the SPHS operate a reporting system to help identify potential threats to public health?

YES (HIGH PARTIALLY) (LOW PARTIALLY) NO

If so,

2.1.2.1   Does the SPHS have written procedures for receiving information concerning reportable public health threats response from the state's public and private laboratories?

YES (HIGH PARTIALLY) (LOW PARTIALLY) NO

2.1.2.2   Do collaborating laboratories share information and data regarding reportable public health threats with local and federal public health agencies?

YES (HIGH PARTIALLY) (LOW PARTIALLY) NO

2.1.2.3   Does the SPHS receive information from institutions and organizations that may have first contact with public health threats?

YES (HIGH PARTIALLY) (LOW PARTIALLY) NO

If so, do these institutions and organizations include:

2.1.2.3.1   Hospital-based and private laboratories?

YES (HIGH PARTIALLY) (LOW PARTIALLY) NO

2.1.2.3.2   Hospitals?

YES (HIGH PARTIALLY) (LOW PARTIALLY) NO

2.1.2.3.3   Medical Examiners?

YES (HIGH PARTIALLY) (LOW PARTIALLY) NO

2.1.2.3.4   Primary care providers?

YES (HIGH PARTIALLY) (LOW PARTIALLY) NO

2.1.3   Does the SPHS collaborate with private and public laboratories (within the state and outside of the state) that have the capacity to analyze clinical and environmental specimens in the event of suspected exposure or disease outbreaks?

YES (HIGH PARTIALLY) (LOW PARTIALLY) NO

If so,

2.1.3.1   Does the SPHS have written protocols for the handling, storage, and transportation of specimens associated with public health threats?

YES (HIGH PARTIALLY) (LOW PARTIALLY) NO

If so, are there written protocols for specimens associated with:

2.1.3.1.1   Infectious disease threats?

YES (HIGH PARTIALLY) (LOW PARTIALLY) NO

2.1.3.1.2   Chronic disease threats?

YES (HIGH PARTIALLY) (LOW PARTIALLY) NO

2.1.3.1.3   Injury-associated threats?

YES (HIGH PARTIALLY) (LOW PARTIALLY) NO

2.1.3.1.4   Environmental hazard-associated threats?

YES (HIGH PARTIALLY) (LOW PARTIALLY) NO

2.1.3.2   Do the laboratories that collaborate with the SPHS (in aggregate) have the capacity to identify all diseases and conditions for which notification is required by state law?

YES HIGH PARTIALLY LOW PARTIALLY NO

2.1.3.3   Does the SPHS assure that the laboratories that collaborate with the SPHS are appropriately credentialed for the testing they provide?

YES HIGH PARTIALLY LOW PARTIALLY NO

2.1.4   Does the SPHS develop plans to investigate and to respond to public health threats?

YES HIGH PARTIALLY LOW PARTIALLY NO

If so,

2.1.4.1   Does the SPHS have defined roles and responsibilities in the response to public health threats?

YES HIGH PARTIALLY LOW PARTIALLY NO

If so, do these public health threats include:

2.1.4.1.1 Infectious disease threats?	YES	HIGH PARTIALLY	LOW PARTIALLY	NO
2.1.4.1.2 Chronic disease threats?	YES	HIGH PARTIALLY	LOW PARTIALLY	NO
2.1.4.1.3 Injury-associated threats?	YES	HIGH PARTIALLY	LOW PARTIALLY	NO
2.1.4.1.4 Environmental hazard-associated threats?	YES	HIGH PARTIALLY	LOW PARTIALLY	NO
2.1.4.1.5 MCH health threats?	YES	HIGH PARTIALLY	LOW PARTIALLY	NO

2.1.4.2   Does the SPHS participate in defining the roles of other collaborators (e.g., local officials) in responding to any threats?

YES HIGH PARTIALLY LOW PARTIALLY NO

If so, do these threats include:

2.1.4.2.1 Infectious disease threats?	YES	HIGH PARTIALLY	LOW PARTIALLY	NO
2.1.4.2.2 Chronic disease threats?	YES	HIGH PARTIALLY	LOW PARTIALLY	NO
2.1.4.2.3 Injury-associated threats?	YES	HIGH PARTIALLY	LOW PARTIALLY	NO
2.1.4.2.4 Environmental hazard-associated threats?	YES	HIGH PARTIALLY	LOW PARTIALLY	NO
2.1.4.2.5 MCH health threats?	YES	HIGH PARTIALLY	LOW PARTIALLY	NO

2.1.4.3   Does the SPHS inform policymakers of possible threats to the health of the public?

YES HIGH PARTIALLY LOW PARTIALLY NO

If so, are policymakers informed of:

2.1.4.3.1 Infectious disease threats?	YES	HIGH PARTIALLY	LOW PARTIALLY	NO
2.1.4.3.2 Chronic disease threats?	YES	HIGH PARTIALLY	LOW PARTIALLY	NO
2.1.4.3.3 Injury-associated threats?	YES	HIGH PARTIALLY	LOW PARTIALLY	NO
2.1.4.3.4 Environmental hazard-associated threats?	YES	HIGH PARTIALLY	LOW PARTIALLY	NO
2.1.4.3.5 MCH health threats?	YES	HIGH PARTIALLY	LOW PARTIALLY	NO

2.1.4.4   Do these plans include communications systems designed to alert appropriate health officials in the case of adverse public health events that require a rapid response?

YES HIGH PARTIALLY LOW PARTIALLY NO

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2.1.5   How much of this SPHS Model Standard is achieved by the State Public Health System collectively?

| 0-25% | 26-50% | 51-75% | 76-100% |

     2.1.5.1   What percent of the answer reported in question 2.1.5 is the direct contribution of the state public health agency?

| 0-25% | 26-50% | 51-75% | 76-100% |

Indicator 2.2	Technical Assistance and Support

SPHS Model Standard:

The SPHS provides assistance, capacity building, and resources to local public health systems and other state partners in their efforts to identify, analyze, and respond to public health threats.

To accomplish this, the SPHS provides:

- Assistance in epidemiologic analysis to local public health systems and other state partners.

- Laboratory assistance to local public health systems and other state partners.

- Information about possible public health threats and appropriate responses to these threats to local public health systems and other state partners.

- Trained personnel to local communities on-site to assist in the investigation of disease outbreaks and other emergent health threats.

Please answer the following questions related to Indicator 2.2:

2.2.1   Does the SPHS provide assistance to local public health systems and other state partners in the interpretation of epidemiologic findings?   YES · HIGH PARTIALLY · LOW PARTIALLY · NO

If so, does this assistance include:

2.2.1.1   Information on how to access SPHS epidemiology services?   YES · HIGH PARTIALLY · LOW PARTIALLY · NO

2.2.1.2   Consultation in the interpretation of epidemiologic findings?   YES · HIGH PARTIALLY · LOW PARTIALLY · NO

2.2.1.3   Training in the interpretation of epidemiologic findings?   YES · HIGH PARTIALLY · LOW PARTIALLY · NO

2.2.2   Does the SPHS provide laboratory assistance to local public health systems and other state partners?   YES · HIGH PARTIALLY · LOW PARTIALLY · NO

If so, does this assistance include:

2.2.2.1   Information on how to access SPHS laboratory services?   YES · HIGH PARTIALLY · LOW PARTIALLY · NO

2.2.2.2   Consultation in the interpretation of laboratory findings?   YES · HIGH PARTIALLY · LOW PARTIALLY · NO

2.2.2.3   Training in the interpretation of laboratory findings?   YES · HIGH PARTIALLY · LOW PARTIALLY · NO

2.2.3   Does the SPHS provide local public health systems and other state partners with information about possible public health threats?   [YES] (HIGH PARTIALLY) (LOW PARTIALLY) [NO]

If so, does this information include:

2.2.3.1   Current analyses of the incidence and prevalence of diseases and other adverse health conditions?   [YES] (HIGH PARTIALLY) (LOW PARTIALLY) [NO]

If so, does the analysis include information about:

2.2.3.1.1 Infectious diseases?	[YES] (HIGH PARTIALLY) (LOW PARTIALLY) [NO]	
2.2.3.1.2 Chronic disease?	[YES] (HIGH PARTIALLY) (LOW PARTIALLY) [NO]	
2.2.3.1.3 Injuries?	[YES] (HIGH PARTIALLY) (LOW PARTIALLY) [NO]	
2.2.3.1.4 Environmental health risks?	[YES] (HIGH PARTIALLY) (LOW PARTIALLY) [NO]	
2.2.3.1.5 Adverse MCH outcomes?	[YES] (HIGH PARTIALLY) (LOW PARTIALLY) [NO]	

2.2.3.2   Recent research findings relating to the most effective population-based methods of disease prevention and control?   [YES] (HIGH PARTIALLY) (LOW PARTIALLY) [NO]

if so, does the information include the most effective methods of preventing:

2.2.3.2.1 Infectious diseases?	[YES] (HIGH PARTIALLY) (LOW PARTIALLY) [NO]	
2.2.3.2.2 Chronic disease?	[YES] (HIGH PARTIALLY) (LOW PARTIALLY) [NO]	
2.2.3.2.3 Injuries?	[YES] (HIGH PARTIALLY) (LOW PARTIALLY) [NO]	
2.2.3.2.4 Environmental hazards?	[YES] (HIGH PARTIALLY) (LOW PARTIALLY) [NO]	
2.2.3.2.5 Adverse MCH outcomes?	[YES] (HIGH PARTIALLY) (LOW PARTIALLY) [NO]	

2.2.3.3   Guidelines for the development of local emergency preparedness and response plans?   [YES] (HIGH PARTIALLY) (LOW PARTIALLY) [NO]

2.2.4   Can the SPHS provide trained personnel on-site to assist local communities in the investigations of public health threats?   [YES] (HIGH PARTIALLY) (LOW PARTIALLY) [NO]

2.2.5   How much of this SPHS Model Standard is achieved by the State Public Health System collectively?

[0-25%] [26-50%] [51-75%] [76-100%]

2.2.5.1   What percent of the answer reported in question 2.2.5 is the direct contribution of the state public health agency?

[0-25%] [26-50%] [51-75%] [76-100%]

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Indicator 2.3	Evaluation and Quality Improvement

SPHS Model Standard:

The SPHS reviews its activities to diagnose and to investigate health problems on a predetermined, periodic basis and uses results from its reviews to improve the quality and outcome of its efforts.

To accomplish this, the SPHS:

- Periodically reviews the effectiveness of its state surveillance system and investigation procedures using published guidelines, including CDC's *Updated Guidelines for Evaluating Public Health Surveillance Systems*.

- Periodically reviews its public health threat investigation and response plans.

- Uses information gained from the reviews to help improve the responsiveness of the surveillance system.

Please answer the following questions related to Indicator 2.3:

2.3.1 Does the SPHS periodically review the effectiveness of the state surveillance system?

YES   HIGH PARTIALLY   LOW PARTIALLY   NO

If so, are the following addressed:

2.3.1.1 Whether the surveillance of possible public health threats is informed by current public health science?

YES   HIGH PARTIALLY   LOW PARTIALLY   NO

2.3.1.2 The timeliness of reporting results of epidemiologic investigations and laboratory tests of notifiable diseases to local public health systems and other state partners?

YES   HIGH PARTIALLY   LOW PARTIALLY   NO

2.3.2 Does the SPHS periodically review its public health threat investigation and response plans?

YES   HIGH PARTIALLY   LOW PARTIALLY   NO

If so, are the following addressed:

2.3.2.1 Whether the investigation and response plans are informed by current public health science?

YES   HIGH PARTIALLY   LOW PARTIALLY   NO

2.3.2.2 Are response plans tested in simulated and tabletop exercises?

YES   HIGH PARTIALLY   LOW PARTIALLY   NO

2.3.3 Does the SPHS use the information gained from their reviews to help improve the responsiveness of the surveillance system?

YES   HIGH PARTIALLY   LOW PARTIALLY   NO

2.3.4   How much of this SPHS Model Standard is achieved by the State Public Health System collectively?

| 0-25% | 26-50% | 51-75% | 76-100% |

2.3.4.1   What percent of the answer reported in question 2.3.4 is the direct contribution of the state public health agency?

| 0-25% | 26-50% | 51-75% | 76-100% |

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Indicator 2.4	Resources

SPHS Model Standard:

The SPHS effectively invests, manages, and utilizes its human, information, technology, and financial resources to diagnose and investigate health problems and hazards that affect the state.

To accomplish this, the SPHS:

- Allocates existing resources for diagnosing and investigating health problems and hazards to areas of highest need and plans for the development of new resources.

- Collaborates with partners to leverage system-wide resources and focus statewide assets on diagnosis and investigation of health problems.

- Utilizes clinical, laboratory, and environmental services capable of undertaking population screening and environmental testing.

- Utilizes laboratory facilities and computer technology capable of supporting investigations of adverse \ health events and meeting routine diagnostic and surveillance needs.

- Utilizes laboratory facilities with the capacity to perform identification procedures for notifiable diseases and conditions required by state law, or federal surveillance programs.

- Utilizes in-state laboratories possessing the core capabilities to identify key conditions and diseases.

- Utilizes epidemiologic expertise to identify and analyze public health threats and hazards, and conduct investigations of adverse public health events.

- Utilizes multi-disciplinary teams to investigate adverse public health events.

Please answer the following questions related to Indicator 2.4:

2.4.1 Does the SPHS manage its current resources to support the diagnosis and investigation of health problems and hazards and develop new resources?

YES *HIGH PARTIALLY* *LOW PARTIALLY* *NO*

If so, does the SPHS:

2.4.1.1 Apply existing resources to high priority areas in diagnosis and investigation of health problems?

YES *HIGH PARTIALLY* *LOW PARTIALLY* *NO*

2.4.1.2 Seek new sources of funding to diagnose and investigate health problems?

YES *HIGH PARTIALLY* *LOW PARTIALLY* *NO*

2.4.1.3 Plan for development of new resources for the future?

YES *HIGH PARTIALLY* *LOW PARTIALLY* *NO*

2.4.2 Does the SPHS share system-wide resources to effectively diagnose and investigate health hazards and health problems?

YES *HIGH PARTIALLY* *LOW PARTIALLY* *NO*

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If so, does the SPHS:

2.4.2.1   Coordinate workforce resources that contribute to the diagnosis and investigation function?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

2.4.2.2   Coordinate SPHS-wide technology development activities to more effectively report, analyze and communicate health data needed to implement the diagnosis and investigation function?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

2.4.2.3   Share financial resources to invest in the diagnosis and investigation function?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

2.4.3   Does the SPHS have the capacity to provide <u>screening tests</u> in response to exposures to health hazards?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

If so,

2.4.3.1   Does the SPHS have the capacity to provide screening for populations exposed to health hazards?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

2.4.3.2   Does the SPHS have the capacity to perform <u>environmental tests</u> in response to suspected environmental hazards?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

2.4.3.3   Have plans been made to supplement the SPHS's capacity to provide screening for populations exposed to health hazards in the event the state's capacity becomes inadequate during an emergency?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

2.4.3.4   Have plans been made to supplement the SPHS's capacity to provide timely screening for environmental hazards in the event the state's capacity becomes inadequate during an emergency?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

2.4.4   Does the SPHS utilize laboratory facilities that support diagnostic investigation of public health threats?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

If so, does the SPHS:

2.4.4.1   Maintain a current list of laboratories?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

If so, do these labs have the capacity to analyze:

2.4.4.1.1   Human specimens in the event of suspected disease outbreaks or hazardous exposures?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

2.4.4.1.2   Environmental (chemical and biological) specimens in the event of suspected disease outbreaks or hazardous exposures?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

2.4.5   Does the SPHS utilize laboratory facilities with the capacity to identify diseases and conditions for which notification is required by state law as well as the diseases and conditions included in the <u>National Notifiable Diseases Surveillance System (NNDSS)</u>?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

2.4.6   Does the SPHS utilize in-state laboratory capacities to investigate key diseases and conditions?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

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If so, do these capacities include:

2.4.6.1 The identification of pathogenic microorganisms (including STDs, HIV, mycobacteriology, virology, and parasitology)? `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

2.4.6.2 The identification of anti-microbial resistant infections? `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

2.4.6.3 Newborn testing? `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

2.4.6.4 Environmental testing on drinking water? `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

2.4.6.5 Agreements assuring access to laboratories capable of testing for infectious agents that are rarely encountered? `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

2.4.7 Does the SPHS utilize epidemiologic expertise to identify and analyze public health threats and hazards? `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

If so, does the epidemiologic expertise include:

2.4.7.1 Infectious disease epidemiology? `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

2.4.7.2 Chronic disease epidemiology? `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

2.4.7.3 Injury epidemiology? `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

2.4.7.4 Environmental epidemiology? `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

2.4.7.5 MCH epidemiology? `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

2.4.8 Does the SPHS utilize expertise from multiple disciplines to investigate adverse public health events? `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

If so, does that expertise include:

2.4.8.1 Medical examiner services? `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

2.4.8.2 Laboratory services? `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

2.4.8.3 Environmental expertise, including toxicology? `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

2.4.8.4 Emergency management and response expertise? `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

2.4.8.5 Occupational health and safety expertise? `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

2.4.8.6 Population-based infectious disease investigation and analysis? `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

2.4.8.7 Population-based chronic disease investigation and analysis? `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

2.4.8.8 Population-based injury investigation and analysis? `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

2.4.8.9 Population-based investigation and analysis of adverse health behaviors and other determinants of health (e.g., poverty, lack of health insurance)? `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

2.4.8.10 Geographical information systems (GIS) expertise? `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

2.4.9 How much of this SPHS Model Standard is achieved by the State Public Health System collectively?

`0-25%` `26-50%` `51-75%` `76-100%`

2.4.9.1 What percent of the answer reported in question 2.4.9 is the direct contribution of the state public health agency?

`0-25%` `26-50%` `51-75%` `76-100%`

This service includes:

- Health information, <u>health education</u>, and <u>health promotion</u> activities designed to reduce health risk and promote better health.

- <u>Health communication</u> plans and activities such as <u>media advocacy</u> and <u>social marketing</u>.

- Accessible health information and educational resources.

- 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	Planning and Implementation

SPHS Model Standard:

The SPHS supports its health improvement objectives and responds to public health issues with health communication and health education/promotion initiatives that are based on evidence of effectiveness whenever possible. Culturally and linguistically appropriate initiatives are delivered through multiple media channels to enhance their effectiveness.

To accomplish this, the SPHS:

- Designs and implements <u>evidence-based</u> or <u>theory-based</u> health communication and health education/promotion programs to help meet the state's health improvement objectives and in response to urgent and emergent public health issues.

- Designs and implements health communication and health education/promotion programs with the participation of local public health systems and other state partners, the target population, and experts in health communication, health education/promotion, medicine, and other relevant fields.

- Creates and uses culturally and linguistically appropriate informational, educational, and promotional activities and materials designed to reach targeted populations in specific settings.

- Delivers health communication campaigns through appropriate channels including print, radio, television, and Internet to convey public health information and influence attitudes supportive of health education/promotion efforts.

Please answer the following questions related to Indicator 3.1:

3.1.1   Does the SPHS design and implement health communication and health education/promotion programs?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

If so,

3.1.1.1   Are health communication programs theory-based or evidence-based?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

3.1.1.2   Are health education/promotion programs theory-based or evidence-based?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

3.1.1.3   Are health communication and education/promotion programs designed to accomplish the health improvement objectives of the state?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

3.1.1.4   Are health communication and education/promotion programs designed in response to urgent and emergent public health issues?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

3.1.1.5   Are health communication and education/promotion programs designed to allow modifications by local public health systems to meet local health improvement objectives?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

3.1.1.6   Are programs designed to reach target populations in specific settings?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

3.1.2   Does the SPHS design and implement health communication and health education/promotion programs collaboratively?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

If so, do these collaborations include:

3.1.2.1   The participation of the target population?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

3.1.2.2   Local public health systems and other state partners?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

3.1.2.3   A multi-disciplinary team to provide guidance in development of health communication and health education/promotion materials and activities to ensure their scientific appropriateness?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

If so, does this team include expertise in:

3.1.2.3.1   Health communications?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

3.1.2.3.2   Health education/promotion?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

3.1.2.3.3   Clinical care?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

3.1.2.3.4   Epidemiology?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

3.1.3   Are health communication and health education/promotion materials and activities culturally and linguistically appropriate?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

3.1.4   Are multiple channels used to provide current health information, education, and promotion services to residents of the state?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

3.1.5 How much of this SPHS Model Standard is achieved by the State Public Health System collectively?

| 0-25% | 26-50% | 51-75% | 76-100% |

3.1.5.1 What percent of the answer reported in question 3.1.5 is the direct contribution of the state public health agency?

| 0-25% | 26-50% | 51-75% | 76-100% |

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Indicator 3.2	Technical Assistance and Support

SPHS Model Standard:

The SPHS provides assistance, capacity building, and resources to local public health systems and other state partners in their efforts to inform, educate and empower people about health issues.

To accomplish this, the SPHS:

- Enables state partners, local public health systems, communities, and individuals to develop skills and strategies to improve community and personal health.

- Assists local public health systems and other state partners in the identification, selection, development, or evaluation of health communication and health education/promotion resources for general and targeted populations in local communities.

- Assists local public health systems and other state partners in the development of effective health communication, education/promotion strategies for use in specific settings with targeted populations to prevent disease and protect and promote health.

- Provides consultation and training to local public health systems and other state partners in the application of effective health communication, education/promotion interventions in specific settings with targeted populations of the community.

Please answer the following questions related to Indicator 3.2:

3.2.1　Does the SPHS enable state partners, local public health systems, communities, and individuals, through consultation, training, or policy changes, to develop skills and strategies to improve community and personal health?　　YES　HIGH PARTIALLY　LOW PARTIALLY　NO

3.2.2　Does the SPHS provide technical assistance in health communications and health education/promotion to local public health systems and other state partners?　　YES　HIGH PARTIALLY　LOW PARTIALLY　NO

If so, does this include assistance in the:

3.2.2.1　Identification of health communication or health education/promotion resources?　　YES　HIGH PARTIALLY　LOW PARTIALLY　NO

3.2.2.2　Selection of health communication or health education/promotion resources?　　YES　HIGH PARTIALLY　LOW PARTIALLY　NO

3.2.2.3　Development of health communication or health education/promotion resources?　　YES　HIGH PARTIALLY　LOW PARTIALLY　NO

3.2.2.4　Evaluation of health communication or health education/promotion resources?　　YES　HIGH PARTIALLY　LOW PARTIALLY　NO

3.2.3　Does the SPHS assist local public health systems and other state partners in the development of effective health communication and health education/promotion strategies?　　YES　HIGH PARTIALLY　LOW PARTIALLY　NO

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If so, is assistance provided in:

3.2.3.1 The development of health communication interventions to targeted populations?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

3.2.3.2 The development of health education/promotion interventions to targeted populations?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

3.2.3.3 The targeting of interventions to specific settings?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

3.2.4 Does the SPHS provide consultation and training in applying effective health communications and health education/promotion strategies?
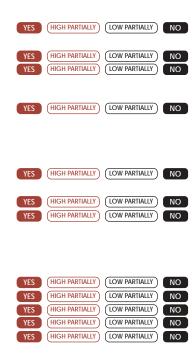
`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

If so, does the consultation and training include:

3.2.4.1 The application of health communication interventions to targeted populations?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

3.2.4.2 The application of health education/promotion interventions to targeted populations?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

3.2.4.3 The targeting of interventions to specific settings?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

If so, do these settings include:

3.2.4.3.1 Personal health care delivery locations?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

3.2.4.3.2 Work site location?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

3.2.4.3.3 School location?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

3.2.4.3.4 Recreation facilities?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

3.2.4.3.5 Places of worship?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

3.2.5 How much of this SPHS Model Standard is achieved by the State Public Health System collectively?

`0-25%` `26-50%` `51-75%` `76-100%`

3.2.5.1 What percent of the answer reported in question 3.2.5 is the direct contribution of the state public health agency?

`0-25%` `26-50%` `51-75%` `76-100%`

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| Indicator 3.3 | **Evaluation and Quality Improvement** |

SPHS Model Standard:

The SPHS reviews its activities to inform, educate, and empower people about health issues on a predetermined, periodic basis and uses results from its reviews to improve the quality and outcome of its efforts.

To accomplish this, the SPHS:

• Reviews the effectiveness and appropriateness of its health communication and health education/promotion interventions.

• Designs and implements its reviews with the active participation of populations served by intervention efforts.

• Applies review findings to improve health communication and health education/promotion interventions.

Please answer the following questions related to Indicator 3.3:

3.3.1   Does the SPHS periodically review its health communication and health education/promotion interventions?   YES HIGH PARTIALLY LOW PARTIALLY NO

If so:

3.3.1.1   Are health communication interventions reviewed to assure that their content is accurate and current?   YES HIGH PARTIALLY LOW PARTIALLY NO

3.3.1.2   Are health education/promotion interventions reviewed to assure that their content is accurate and current?   YES HIGH PARTIALLY LOW PARTIALLY NO

3.3.1.3   Are health communication interventions reviewed to assess their effectiveness and appropriateness?   YES HIGH PARTIALLY LOW PARTIALLY NO

3.3.1.4   Are health education/promotion interventions reviewed to assess their effectiveness and appropriateness?   YES HIGH PARTIALLY LOW PARTIALLY NO

3.3.2   Does the SPHS design and implement its reviews with the participation of the populations served by the intervention efforts?   YES HIGH PARTIALLY LOW PARTIALLY NO

3.3.3   Does the SPHS apply the findings of the reviews of its health communication and health education/promotion interventions to improve the interventions?   YES HIGH PARTIALLY LOW PARTIALLY NO

3.3.4   How much of this SPHS Model Standard is achieved by the State Public Health System collectively?

| 0-25% | 26-50% | 51-75% | 76-100% |

     3.3.4.1   What percent of the answer reported in question 3.3.4 is the direct contribution of the state public health agency?

| 0-25% | 26-50% | 51-75% | 76-100% |

Indicator 3.4	Resources

SPHS Model Standard:

The SPHS effectively invests, manages, and utilizes its human, information, technology, and financial resources to inform, educate, and empower people about health issues.

To accomplish this, the SPHS:

- Allocates existing resources for informing, educating, and empowering people about health issues to areas of highest need and plans for the development of new resources.

- Collaborates with partners to leverage system-wide resources and focus statewide assets on health communication and health education and promotion services.

- Provides resources necessary to plan, develop, implement, and evaluate health communication, education, and promotion interventions.

- Utilizes the workforce expertise, equipment and facilities needed for effective health communication services.

- Utilizes the resources in workforce expertise, equipment and facilities needed for effective health education and promotion services.

Please answer the following questions related to Indicator 3.4:

3.4.1   Does the SPHS manage its current health communication and health education and promotion resources and develop new resources?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

If so, does the SPHS:

3.4.1.1   Apply existing resources to high priority areas in health education and promotion?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

3.4.1.2   Seek new sources of funding to support health communication and health education and promotion activities?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

3.4.1.3   Plan for development of new resources for the future?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

3.4.2   Does the SPHS share system-wide resources to implement health communication and health education and promotion services?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

If so, does the SPHS:

3.4.2.1   Coordinate workforce resources that contribute to the health communication/education/promotion function?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

3.4.2.2   Coordinate SPHS-wide technology development activities to more effectively develop and disseminate health information messages?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

3.4.2.3   Share financial resources to invest in health communication and health education/promotion activities?

     YES   HIGH PARTIALLY   LOW PARTIALLY   NO

3.4.3   Does the SPHS utilize the resources necessary for effective health communications and health education and promotion interventions?

     YES   HIGH PARTIALLY   LOW PARTIALLY   NO

If so, are SPHS resources for this service allocated to:

3.4.3.1   Planning interventions?   YES   HIGH PARTIALLY   LOW PARTIALLY   NO
3.4.3.2   Developing interventions?   YES   HIGH PARTIALLY   LOW PARTIALLY   NO
3.4.3.3   Implementing interventions?   YES   HIGH PARTIALLY   LOW PARTIALLY   NO
3.4.3.4   Evaluating interventions?   YES   HIGH PARTIALLY   LOW PARTIALLY   NO
3.4.3.5   Targeting special populations with culturally and linguistically appropriate resource materials?

     YES   HIGH PARTIALLY   LOW PARTIALLY   NO

3.4.4   Does the SPHS utilize the professional expertise necessary for effective health communications?

     YES   HIGH PARTIALLY   LOW PARTIALLY   NO

If so, does this health communication expertise include:

3.4.4.1   Planning for health communications?   YES   HIGH PARTIALLY   LOW PARTIALLY   NO
3.4.4.2   Developing health communications?   YES   HIGH PARTIALLY   LOW PARTIALLY   NO
3.4.4.3   Implementing health communications?   YES   HIGH PARTIALLY   LOW PARTIALLY   NO
3.4.4.4   Evaluating health communications?   YES   HIGH PARTIALLY   LOW PARTIALLY   NO
3.4.4.5   <u>Risk communication</u> skills?   YES   HIGH PARTIALLY   LOW PARTIALLY   NO
3.4.4.6   Media advocacy?   YES   HIGH PARTIALLY   LOW PARTIALLY   NO
3.4.4.7   Social marketing?   YES   HIGH PARTIALLY   LOW PARTIALLY   NO

3.4.5   Does the SPHS utilize the professional expertise necessary for effective health education/promotion interventions?

     YES   HIGH PARTIALLY   LOW PARTIALLY   NO

If so, does this health education and promotion expertise include:

3.4.5.1   Planning health education/promotion interventions?   YES   HIGH PARTIALLY   LOW PARTIALLY   NO
3.4.5.2   Developing health education/promotion interventions?   YES   HIGH PARTIALLY   LOW PARTIALLY   NO
3.4.5.3   Implementing health education/promotion interventions?

     YES   HIGH PARTIALLY   LOW PARTIALLY   NO

3.4.5.4   Evaluating health education/promotion interventions?   YES   HIGH PARTIALLY   LOW PARTIALLY   NO
3.4.5.5   Providing culturally and linguistically appropriate interventions?

     YES   HIGH PARTIALLY   LOW PARTIALLY   NO

3.4.5.6   Media advocacy?   YES   HIGH PARTIALLY   LOW PARTIALLY   NO
3.4.5.7   Social marketing?   YES   HIGH PARTIALLY   LOW PARTIALLY   NO

3.4.6   How much of this SPHS Model Standard is achieved by the State Public Health System collectively?

     0-25%   26-50%   51-75%   76-100%

3.4.6.1   What percent of the answer reported in question 3.4.6 is the direct contribution of the state public health agency?

     0-25%   26-50%   51-75%   76-100%

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

This service includes:

- The organization and leadership to convene, facilitate, and collaborate with statewide partners (including those not typically considered to be health-related) to identify public health priorities and create effective solutions to solve state and local health problems.

- The building of a statewide partnership to collaborate in the performance of public health functions and essential services in an effort to utilize the full range of available human and material resources to improve the state's health status.

- Assistance to partners and communities to organize and undertake actions to improve the health of the state's communities.

Indicator 4.1	Planning and Implementation

SPHS Model Standard:

The SPHS conducts a variety of statewide community-building practices to identify and to solve health problems. These practices include community engagement, constituency development, and partnership mobilization, which is the most formal and potentially far-reaching of these practices.

To accomplish this, the SPHS:

- Engages communities and builds public health constituencies on a variety of health issues by identifying, convening, and communicating with organizations who contribute to or benefit from the delivery of the Essential Public Health Services.

- Organizes partnerships for public health to foster the sharing of resources, responsibilities, collaborative decision-making, and accountability for delivering Essential Public Health Services at the state and local levels.

- Regularly communicates with constituencies and partners, including state and local policy leaders, on priority health issues and engages in efforts to strengthen public health resources at the state and community levels.

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Please answer the following questions related to Indicator 4.1:

4.1.1   Does the SPHS build constituencies to address health issues?   YES HIGH PARTIALLY LOW PARTIALLY NO

If so, does the SPHS:

4.1.1.1   Identify key constituents for specific health concerns (e.g., disease, risk factor, life stage need, health topic)?   YES HIGH PARTIALLY LOW PARTIALLY NO

4.1.1.2   Establish and communicate the purpose for seeking dialogue and action from partners or communities?   YES HIGH PARTIALLY LOW PARTIALLY NO

4.1.1.3   Maintain linkages to facilitate communication and resource sharing?   YES HIGH PARTIALLY LOW PARTIALLY NO

4.1.2   Does the SPHS build partnerships to identify and to solve health problems?   YES HIGH PARTIALLY LOW PARTIALLY NO

If so, does these partnerships include:

4.1.2.1   Mobilization for collaborative decision-making and action?   YES HIGH PARTIALLY LOW PARTIALLY NO

4.1.2.2   Sharing resources to deliver the Essential Public Health Services?   YES HIGH PARTIALLY LOW PARTIALLY NO

4.1.2.3   Sharing responsibilities to deliver the Essential Public Health Services?   YES HIGH PARTIALLY LOW PARTIALLY NO

4.1.2.4   Sharing accountability for delivery of the Essential Public Health Services?   YES HIGH PARTIALLY LOW PARTIALLY NO

4.1.2.5   Collaborations with a broad representation of partners?   YES HIGH PARTIALLY LOW PARTIALLY NO

If so, does this representation include:

4.1.2.5.1   Government agencies outside the SPHS?   YES HIGH PARTIALLY LOW PARTIALLY NO

4.1.2.5.2   Hospitals and other health care facilities?   YES HIGH PARTIALLY LOW PARTIALLY NO

4.1.2.5.3   Foundations or philanthropic organizations?   YES HIGH PARTIALLY LOW PARTIALLY NO

4.1.2.5.4   Managed care organizations?   YES HIGH PARTIALLY LOW PARTIALLY NO

4.1.2.5.5   Physicians and other health care workers?   YES HIGH PARTIALLY LOW PARTIALLY NO

4.1.2.5.6   Social service providers?   YES HIGH PARTIALLY LOW PARTIALLY NO

4.1.2.5.7   Civic organizations?   YES HIGH PARTIALLY LOW PARTIALLY NO

4.1.2.5.8   Professional public health and health care associations?   YES HIGH PARTIALLY LOW PARTIALLY NO

4.1.2.5.9   Business and industry?   YES HIGH PARTIALLY LOW PARTIALLY NO

4.1.2.5.10   Labor organizations/unions?   YES HIGH PARTIALLY LOW PARTIALLY NO

4.1.2.5.11   Faith institutions?   YES HIGH PARTIALLY LOW PARTIALLY NO

4.1.2.5.12   Transportation providers?   YES HIGH PARTIALLY LOW PARTIALLY NO

4.1.2.5.13   Schools?   YES HIGH PARTIALLY LOW PARTIALLY NO

4.1.2.5.14   Institutions of higher education?   YES HIGH PARTIALLY LOW PARTIALLY NO

4.1.2.5.15   Public safety and emergency response organizations?   YES HIGH PARTIALLY LOW PARTIALLY NO

4.1.2.5.16   Environmental or environmental-health organizations?   YES HIGH PARTIALLY LOW PARTIALLY NO

4.1.2.5.17   Occupational health organizations?   YES HIGH PARTIALLY LOW PARTIALLY NO

4.1.2.5.18   Community members or consumers (including those at increased risk of negative health outcomes)?   YES HIGH PARTIALLY LOW PARTIALLY NO

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4.1.2.5.19 Legislators and other state and local policymakers?

YES HIGH PARTIALLY LOW PARTIALLY NO

4.1.3 Are there established processes and times to brief state and local policy leaders on priority health issues?

YES HIGH PARTIALLY LOW PARTIALLY NO

If so,

4.1.3.1 Do SPHS members engage state and local policy leaders in efforts to strengthen public health resources at the state and community levels?

YES HIGH PARTIALLY LOW PARTIALLY NO

4.1.3.2 Do SPHS members regularly communicate with the public regarding partnership actions taken to improve community health?

YES HIGH PARTIALLY LOW PARTIALLY NO

4.1.4 How much of this SPHS Model Standard is achieved by the State Public Health System collectively?

0-25% 26-50% 51-75% 76-100%

4.1.4.1 What percent of the answer reported in question 4.1.4 is the direct contribution of the state public health agency?

0-25% 26-50% 51-75% 76-100%

Indicator 4.2	Technical Assistance and Support

SPHS Model Standard:

The SPHS provides local public health systems and other state partners with training and technical assistance for constituency development and partnership facilitation based on current research, effective community mobilization models, and group facilitation processes.

To accomplish this, the SPHS:

- Provides consultation in community development and organization, coalition building and maintenance, advocacy development and media relations, team management, negotiation, and conflict resolution to local public health systems and other state partners.

- Provides training in community development and organization, coalition building and maintenance, advocacy development and media relations, team management, negotiation, and conflict resolution to local public health systems and other state partners.
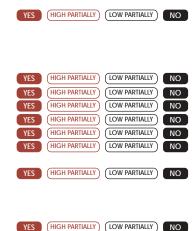
Please answer the following questions related to Indicator 4.2:

4.2.1   Does the SPHS provide consultation to local public health systems and other state partners to build partnerships for community health improvement?

     YES | HIGH PARTIALLY | LOW PARTIALLY | NO

If so, is consultation provided in:

4.2.1.1	Community (economic and infrastructure) development?	YES	HIGH PARTIALLY	LOW PARTIALLY	NO
4.2.1.2	Constituency development?	YES	HIGH PARTIALLY	LOW PARTIALLY	NO
4.2.1.3	Coalition building and maintenance?	YES	HIGH PARTIALLY	LOW PARTIALLY	NO
4.2.1.4	Advocacy development?	YES	HIGH PARTIALLY	LOW PARTIALLY	NO
4.2.1.5	Media relations?	YES	HIGH PARTIALLY	LOW PARTIALLY	NO
4.2.1.6	Processes for effective team management?	YES	HIGH PARTIALLY	LOW PARTIALLY	NO
4.2.1.7	Processes for effective negotiation and conflict resolution?	YES	HIGH PARTIALLY	LOW PARTIALLY	NO

4.2.2   Does the SPHS provide training to local public health systems and other state partners to build partnerships for community health improvement?

     YES | HIGH PARTIALLY | LOW PARTIALLY | NO
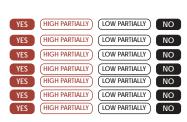
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If so, is training provided in:

4.2.2.1	Community (economic and infrastructure) development?		YES	HIGH PARTIALLY	LOW PARTIALLY	NO
4.2.2.2	Constituency development?		YES	HIGH PARTIALLY	LOW PARTIALLY	NO
4.2.2.3	Coalition building and maintenance?		YES	HIGH PARTIALLY	LOW PARTIALLY	NO
4.2.2.4	Advocacy development approaches?		YES	HIGH PARTIALLY	LOW PARTIALLY	NO
4.2.2.5	Media relations?		YES	HIGH PARTIALLY	LOW PARTIALLY	NO
4.2.2.6	Effective team management?		YES	HIGH PARTIALLY	LOW PARTIALLY	NO
4.2.2.7	Effective negotiation and conflict resolution?		YES	HIGH PARTIALLY	LOW PARTIALLY	NO

4.2.3   How much of this SPHS Model Standard is achieved by the State Public Health System collectively?

0-25%	26-50%	51-75%	76-100%

4.2.3.1   What percent of the answer reported in question 4.2.3 is the direct contribution of the state public health agency?

0-25%	26-50%	51-75%	76-100%

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Indicator 4.3	Evaluation and Quality Improvement

SPHS Model Standard:

The SPHS reviews its activities to mobilize partnerships to identify and solve health problems on a predetermined, periodic basis and uses results from its reviews to improve the quality and outcome of its efforts.

To accomplish this, the SPHS:

- Reviews its constituency-building and partnership facilitation processes, and institutes improvements based on assessment findings in order to continually enhance partnerships and constituent relationships.

- Regularly reviews the participation and commitment provided by its policy leaders, other state partners, and its constituent populations in the partnership efforts.

Please answer the following questions related to Indicator 4.3:

4.3.1 Does the SPHS review its constituency-building and partnership facilitation activities?   YES HIGH PARTIALLY LOW PARTIALLY NO

If so,

4.3.1.1 Are there methods to assess the effectiveness of partnership participation in solving health problems?   YES HIGH PARTIALLY LOW PARTIALLY NO

4.3.1.2 Are there processes for obtaining information on the satisfaction of constituents with SPHS efforts?   YES HIGH PARTIALLY LOW PARTIALLY NO

4.3.1.3 Does the SPHS assess the expertise and system capacity needed to conduct constituency-building activities?   YES HIGH PARTIALLY LOW PARTIALLY NO

4.3.1.4 Are actions, if needed, taken to modify the SPHS constituency-building processes and capacity based on the recommendations of the most recent review?   YES HIGH PARTIALLY LOW PARTIALLY NO

4.3.2 Does the SPHS review the participation and commitment of its partners?   YES HIGH PARTIALLY LOW PARTIALLY NO

If so, does the SPHS review the participation of:

4.3.2.1 Policy leaders?   YES HIGH PARTIALLY LOW PARTIALLY NO

4.3.2.2 State partners?   YES HIGH PARTIALLY LOW PARTIALLY NO

4.3.2.3 Constituent populations served?   YES HIGH PARTIALLY LOW PARTIALLY NO

4.3.3   How much of this SPHS Model Standard is achieved by the State Public Health System collectively?

| 0-25% | 26-50% | 51-75% | 76-100% |

4.3.3.1   What percent of the answer reported in question 4.3.3 is the direct contribution of the state public health agency?

| 0-25% | 26-50% | 51-75% | 76-100% |

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| Indicator 4.4 | Resources |

SPHS Model Standard:

The SPHS effectively invests, manages, and utilizes its human, information, technological and financial resources to assure that its mobilization of partnerships meets the needs of the state's population.

To accomplish this, the SPHS:

- Allocates existing resources for mobilizing partnerships to areas of highest need and plans for the development of new resources.

- Collaborates with partners to leverage system-wide resources and focus statewide assets on constituency development and partnership mobilization.

- Continuously evolves new constituents and new partners and supports partnership growth.

- Commits resources to support actions developed by partnerships.

- Utilizes workforce expertise in collaborative group processes necessary to assist partners to organize and act on behalf of the health of the public, including knowledge of factors influencing community and partner participation and principles of community engagement.

Please answer the following questions related to Indicator 4.4:

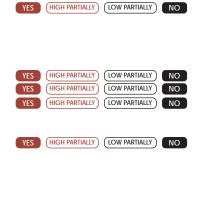4.4.1   Does the SPHS manage its current constituency development and partnership mobilization resources and develop new resources?   YES HIGH PARTIALLY LOW PARTIALLY NO

If so, does the SPHS:

4.4.1.1   Apply existing resources to high priority areas in partnership mobilization?   YES HIGH PARTIALLY LOW PARTIALLY NO
4.4.1.2   Plan for development of new resources for the future?   YES HIGH PARTIALLY LOW PARTIALLY NO
4.4.1.3   Seek new sources of funding for partnership activities?   YES HIGH PARTIALLY LOW PARTIALLY NO

4.4.2   Does the SPHS share system-wide resources to develop constituencies and mobilize partnerships?   YES HIGH PARTIALLY LOW PARTIALLY NO

If so, does the SPHS:

4.4.2.1   Coordinate workforce resources that contribute to the partnership mobilization efforts?   YES HIGH PARTIALLY LOW PARTIALLY NO

| 4.4.2.2 | Coordinate SPHS-wide technology development activities to more effectively collaborate within partnerships? | YES · HIGH PARTIALLY · LOW PARTIALLY · NO |
| 4.4.2.3 | Share financial resources to invest in the partnership mobilization efforts? | YES · HIGH PARTIALLY · LOW PARTIALLY · NO |

4.4.3   Does the SPHS maintain information about organizations that are current or potential partners?

YES · HIGH PARTIALLY · LOW PARTIALLY · NO

If so, is information available on:

4.4.3.1	The organization's mission?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO
4.4.3.2	The organization's leadership?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO
4.4.3.3	The organization's operating structure?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO
4.4.3.4	Assets controlled or influenced by the organization?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO

4.4.4   Does the SPHS commit resources to sustain partnerships?

YES · HIGH PARTIALLY · LOW PARTIALLY · NO

If so, are resources committed for:

4.4.4.1	Staff responsible for initiating and maintaining partnerships?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO
4.4.4.2	Mechanisms for communications such as meetings, newsletters, or electronic systems (i.e., list serves)?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO
4.4.4.3	Organizational infrastructure to support partnership actions?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO
4.4.4.4	Financial support for the development of local partnerships?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO

4.4.5   Does the SPHS utilize workforce expertise in collaborative group processes necessary to assist partners to organize and act in the interest of public health?

YES · HIGH PARTIALLY · LOW PARTIALLY · NO

If so, are these workforce members skilled in:

4.4.5.1	<u>Principles of community engagement</u>?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO
4.4.5.2	Factors influencing community and partner participation?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO
4.4.5.3	Community organizing?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO
4.4.5.4	Building and maintaining coalitions?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO
4.4.5.5	Developing positions and strategies for generating dialogue and action?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO
4.4.5.6	Implementing public health improvements?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO
4.4.5.7	Negotiation and conflict management?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO
4.4.5.8	Planning and coordinating events?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO
4.4.5.9	<u>Collaborative leadership</u>?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO

4.4.6   How much of this SPHS Model Standard is achieved by the State Public Health System collectively?

0-25% · 26-50% · 51-75% · 76-100%

4.4.6.1   What percent of the answer reported in question 4.4.6 is the direct contribution of the state public health agency?

0-25% · 26-50% · 51-75% · 76-100%

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

This service includes:

- Systematic health planning that relies on appropriate data, develops and tracks measurable health objectives, and establishes strategies and actions to guide community health improvement at the state and local levels.

- Development of legislation, codes, rules, regulations, ordinances, and other policies to enable performance of the Essential Public Health Services, supporting individual, community, and state health efforts.

- The democratic process of dialogue and debate between groups affected by the proposed health plans and policies is needed prior to adoption of such plans or policies.

| Indicator 5.1 | Planning and Implementation |

SPHS Model Standard:

The SPHS implements comprehensive health improvement planning and policy development that integrates health status information, public input, analysis of policy options, recommendations for action based on proven interventions, and information for policymakers.

To accomplish this, the SPHS:

- Develops statewide health improvement processes that include convening partners, facilitating collaborations, and gaining statewide participation in identifying health priorities, recommending measurable health objectives, and identifying individuals and organizations that accept responsibility for implementing specific statewide strategies and defined tasks.

- Establishes a state health improvement plan that addresses strategic and operational directions for preventive interventions for individuals and community populations, systems and infrastructure changes to improve capacity and preparedness for emergencies, and critical health improvements identified in the state health profile and Healthy People 2010 objectives.

- Engages in health policy development activities and takes necessary actions (including communication with community advocacy groups and advocating to policy makers) to raise awareness of policies that affect public health.

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Please answer the following questions related to Indicator 5.1:

5.1.1   Does the SPHS implement statewide health improvement processes that convene partners and facilitate collaboration? `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

If so, do:

5.1.1.1   Participants identify statewide health improvement priorities? `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

5.1.1.2   Participants recommend measurable health improvements in the form of objectives? `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

5.1.1.3   Participants propose a collaborative approach for accomplishing those objectives? `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

5.1.1.4   Participants in the process solicit input from other state and community-level leaders and constituent populations affected by the health improvement efforts? `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

5.1.1.5   Decision-makers in the process include state and community-level leaders and constituent populations affected by the health improvement efforts? `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

5.1.2   Does the state health improvement plan include health objectives and improvement strategies for the state? `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

If so,

5.1.2.1   Do objectives and strategies address preventive interventions for individuals? `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

5.1.2.2   Do objectives and strategies address preventive interventions for community populations? `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

5.1.2.3   Do objectives and strategies address public health system changes needed to improve the delivery of the Essential Public Health Services? `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

5.1.2.4   Are the policy changes that are needed to accomplish health objectives identified? `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

5.1.2.5   Do objectives and strategies address systems changes to improve the readiness of public health in responding to emergency and disaster situations? `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

If so, do these objectives include preparing for:

5.1.2.5.1   Events of bioterrorism? `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

5.1.2.5.2   Natural disasters? `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

5.1.2.5.3   Public exposures to hazardous materials, including toxic chemical spills? `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

5.1.2.6   Are objectives and strategies based on current health data from the state health profile and health surveillance findings? `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

5.1.2.7   Are objectives and strategies based on national *Healthy People 2010* goals and objectives? `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

5.1.2.8   Are individuals and organizations that have accepted responsibility for implementing specific statewide strategies and defined tasks identified? `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

5.1.2.9   Are indicators used to measure progress toward achievement of health objectives? `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

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5.1.3   Does the SPHS conduct policy development activities?   YES   HIGH PARTIALLY   LOW PARTIALLY   NO

If so, do these activities include:

5.1.3.1   Preparing issue briefs or white papers?   YES   HIGH PARTIALLY   LOW PARTIALLY   NO

5.1.3.2   Convening meetings to hear public testimony and recommendations?   YES   HIGH PARTIALLY   LOW PARTIALLY   NO

5.1.3.3   Informing state boards or advisory panels responsible for health policy development?   YES   HIGH PARTIALLY   LOW PARTIALLY   NO

5.1.3.4   Communicating with federal boards or advisory panels responsible for health policy development?   YES   HIGH PARTIALLY   LOW PARTIALLY   NO

5.1.3.5   Drafting public health rules and regulations?   YES   HIGH PARTIALLY   LOW PARTIALLY   NO

5.1.3.6   Identifying policy changes needed to achieve the objectives in the state health improvement plan?   YES   HIGH PARTIALLY   LOW PARTIALLY   NO

If so,

5.1.3.6.1   Do these policy changes include legislative actions needed to improve the delivery of the Essential Public Health Services?   YES   HIGH PARTIALLY   LOW PARTIALLY   NO

5.1.3.6.2   Do these policy changes include legislative actions needed to improve the health of populations bearing disproportionate burdens of mortality and morbidity?   YES   HIGH PARTIALLY   LOW PARTIALLY   NO

5.1.3.6.3   Do the governor or the governor's staff help to identify some of these policy changes?   YES   HIGH PARTIALLY   LOW PARTIALLY   NO

5.1.3.6.4   Do legislative oversight committees or subcommittees help to identify some of these policy changes?   YES   HIGH PARTIALLY   LOW PARTIALLY   NO

5.1.3.6.5   Do state partners, state policymakers and community leaders help to identify some of these policy changes?   YES   HIGH PARTIALLY   LOW PARTIALLY   NO

5.1.3.6.6   Are the needed policy changes communicated to state and local partners?   YES   HIGH PARTIALLY   LOW PARTIALLY   NO

5.1.3.6.7   Are advocacy groups enlisted to help promote the necessary policy changes?   YES   HIGH PARTIALLY   LOW PARTIALLY   NO

5.1.4   How much of this SPHS Model Standard is achieved by the State Public Health System collectively?

     0-25%   26-50%   51-75%   76-100%

5.1.4.1   What percent of the answer reported in question 5.1.4 is the direct contribution of the state public health agency?

     0-25%   26-50%   51-75%   76-100%

Public Health System Performance Assessment Instrument

| Indicator 5.2 | Technical Assistance and Support |

SPHS Model Standard:

The SPHS provides assistance, capacity building, and resources to local public health systems and other state partners in their efforts to develop policies and plans that support individual and statewide health efforts.

To accomplish this, the SPHS:

- Provides technical assistance to local public health systems and other state partners conducting community health improvement processes by assisting with the use of health planning models, the application of health data to determine priorities and objectives, the selection and use of intervention strategies, and the mobilization of the community in designing and implementing the improvement process.

- Supports development of <u>community health improvement plans</u> and the integration of health issues and improvement strategies into other local community development and planning initiatives.

- Supports development of local operational plans and procedures for addressing statewide systems improvement plans including public health infrastructure improvements and systems changes to improve public health readiness for responding to routine and emergency situations.

- Provides technical assistance and support for conducting local health policy development by assisting with use of health data, obtaining public input, analyzing policy options, developing recommendations based on proven interventions, informing policymakers of policy issues, and drafting rules and regulations needed to protect and promote the health of the public.

Please answer the following questions related to Indicator 5.2:

5.2.1   Does the SPHS provide technical assistance to local public health systems and other state partners for conducting community health improvement processes?

YES (HIGH PARTIALLY) (LOW PARTIALLY) NO

If so, does this technical assistance include:

5.2.1.1   Training in use of health planning models such as <u>APEXPH</u> and <u>MAPP</u> (Mobilizing for Action through Planning and Partnerships)?

YES (HIGH PARTIALLY) (LOW PARTIALLY) NO

5.2.1.2   Using local health data in decision-making for determining community health priorities and objectives?

YES (HIGH PARTIALLY) (LOW PARTIALLY) NO

5.2.1.3   Selecting and using effective intervention strategies for addressing local health priorities and objectives?

YES (HIGH PARTIALLY) (LOW PARTIALLY) NO

5.2.1.4   Mobilizing communities in the design and implementation of the improvement process?

YES (HIGH PARTIALLY) (LOW PARTIALLY) NO

5.2.2 Does the SPHS provide technical assistance regarding the integration of health issues and improvement strategies into other local community development planning initiatives (e.g., Chamber of Commerce, Compass, or Healthy Cities initiatives)?   YES HIGH PARTIALLY LOW PARTIALLY NO

5.2.3 Does the SPHS provide technical assistance regarding the development of local operational plans and procedures for addressing the state health improvement plan?   YES HIGH PARTIALLY LOW PARTIALLY NO

If so, does the SPHS provide technical assistance for:

5.2.3.1 Public health infrastructure improvements?   YES HIGH PARTIALLY LOW PARTIALLY NO
5.2.3.2 System changes to improve statewide public health response to routine operations?   YES HIGH PARTIALLY LOW PARTIALLY NO
5.2.3.3 System changes to improve public health readiness for responding to emergency situations?   YES HIGH PARTIALLY LOW PARTIALLY NO

If so, do system improvements include the development of:

5.2.3.3.1 Local operational plans and procedures for events of bioterrorism?   YES HIGH PARTIALLY LOW PARTIALLY NO
5.2.3.3.2 Local operational plans and procedures for natural disasters?   YES HIGH PARTIALLY LOW PARTIALLY NO
5.2.3.3.3 Local operational plans and procedures for public exposure to hazardous materials, including toxic chemical spills?   YES HIGH PARTIALLY LOW PARTIALLY NO

5.2.4 Does the SPHS provide technical assistance in local health policy development?   YES HIGH PARTIALLY LOW PARTIALLY NO

If so, does the SPHS provide assistance to:

5.2.4.1 Use health data in policy development?   YES HIGH PARTIALLY LOW PARTIALLY NO
5.2.4.2 Obtain public input on policy options?   YES HIGH PARTIALLY LOW PARTIALLY NO
5.2.4.3 Analyze policy options?   YES HIGH PARTIALLY LOW PARTIALLY NO
5.2.4.4 Develop policies based on proven interventions?   YES HIGH PARTIALLY LOW PARTIALLY NO
5.2.4.5 Inform policymakers of policy issues?   YES HIGH PARTIALLY LOW PARTIALLY NO
5.2.4.6 Draft rules, regulations, or ordinances needed to protect and promote the health of the public?   YES HIGH PARTIALLY LOW PARTIALLY NO

5.2.5 How much of this SPHS Model Standard is achieved by the State Public Health System collectively?

0-25%   26-50%   51-75%   76-100%

5.2.5.1 What percent of the answer reported in question 5.2.5 is the direct contribution of the state public health agency?

0-25%   26-50%   51-75%   76-100%

Indicator 5.3	Evaluation and Quality Improvement

SPHS Model Standard:

The SPHS reviews its activities to develop policies and plans that support individual and statewide health efforts on a predetermined, periodic basis and uses results from its reviews to improve the quality and outcome of its efforts.

To accomplish this, the SPHS:

- Reviews and reports annually on progress towards accomplishing its health status objectives.

- Reviews new and existing public health policies to determine their impacts.

- Modifies its health improvement and policy actions based on evaluation results in order to continually enhance efforts to improve the public's health.

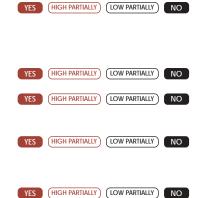## Please answer the following questions related to Indicator 5.3:

5.3.1 Does the SPHS review progress towards accomplishing health improvement across the state?

(YES) (HIGH PARTIALLY) (LOW PARTIALLY) (NO)

If so,

5.3.1.1 Is progress reported annually on actions taken to implement the health improvement plan?

(YES) (HIGH PARTIALLY) (LOW PARTIALLY) (NO)

5.3.1.2 Is progress reported every three to five years on meeting the state's health improvement objectives?

(YES) (HIGH PARTIALLY) (LOW PARTIALLY) (NO)

5.3.1.3 Does the SPHS review the contributions of its partners toward accomplishing statewide health improvement objectives?

(YES) (HIGH PARTIALLY) (LOW PARTIALLY) (NO)

If so, does the SPHS review the contributions of:

5.3.1.3.1 Policy leaders?

(YES) (HIGH PARTIALLY) (LOW PARTIALLY) (NO)

5.3.1.3.2 Health system partners?

(YES) (HIGH PARTIALLY) (LOW PARTIALLY) (NO)

5.3.1.3.3 Constituent populations?

(YES) (HIGH PARTIALLY) (LOW PARTIALLY) (NO)

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5.3.2   Does the SPHS review new and existing public health policies to determine the impacts of those policies on a predetermined, periodic basis?

    YES   HIGH PARTIALLY   LOW PARTIALLY   NO

   If so,

    5.3.2.1   Are policymakers and the public informed of the impact arising from implementation of those policies?

    YES   HIGH PARTIALLY   LOW PARTIALLY   NO

5.3.3   Does the SPHS modify its health improvement and policy actions based on reviews in order to enhance efforts to improve the public's health?

    YES   HIGH PARTIALLY   LOW PARTIALLY   NO

5.3.4   How much of this SPHS Model Standard is achieved by the State Public Health System collectively?

    0-25%   26-50%   51-75%   76-100%

    5.3.4.1   What percent of the answer reported in question 5.3.4 is the direct contribution of the state public health agency?

    0-25%   26-50%   51-75%   76-100%

Indicator 5.4	Resources

SPHS Model Standard:

The SPHS effectively invests, manages, and utilizes its human, information, and financial resources to assure that its health planning and policy practices meet the needs of the state's population.

To accomplish this, the SPHS:

- Allocates existing resources for developing and implementing health policies and plans to areas of highest need and plans for the development of new resources.

- Collaborates with partners to leverage system-wide resources and focus statewide assets on health planning and policy development.

- Utilizes workforce expertise in long-range, operational and strategic planning techniques.

- Utilizes workforce skills in health policy development, including skills in public participation, policy analysis and development of protocols, guidelines, and administrative rules.

- Utilizes information systems in place that provide data relevant to health planning and policy development issues.

Please answer the following questions related to Indicator 5.4:

5.4.1 Does the SPHS manage its current resources for health planning and policy development and develop new resources?

YES | HIGH PARTIALLY | LOW PARTIALLY | NO

if so, does the SPHS:

5.4.1.1 Apply existing resources to high need areas in health planning and policy development?

YES | HIGH PARTIALLY | LOW PARTIALLY | NO

5.4.1.2 Plan for development of new resources for the future?

YES | HIGH PARTIALLY | LOW PARTIALLY | NO

5.4.1.3 Seek new sources of funding to support planning and policy development activities?

YES | HIGH PARTIALLY | LOW PARTIALLY | NO

5.4.2 Does the SPHS share system-wide resources to implement health planning and policy development?

YES | HIGH PARTIALLY | LOW PARTIALLY | NO

If so, does the SPHS:

5.4.2.1 Coordinate workforce resources that contribute to planning and policy functions?

YES | HIGH PARTIALLY | LOW PARTIALLY | NO

5.4.2.2	Coordinate SPHS-wide technology development activities to more effectively conduct planning and policy development?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO
5.4.2.3	Share financial resources to invest in the health planning and policy development function?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO

5.4.3   Does the SPHS utilize workforce expertise in strategic, long-range, and operational health planning?

YES · HIGH PARTIALLY · LOW PARTIALLY · NO

If so, does this expertise include:

5.4.3.1	Developing organizational vision and mission statements?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO
5.4.3.2	Analyzing system strengths and weaknesses?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO
5.4.3.3	Analyzing risk factors and contributing factors to health problems?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO
5.4.3.4	Identifying external opportunities and threats to public health?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO
5.4.3.5	Facilitating a priority-setting process?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO
5.4.3.6	Developing goals and objectives?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO
5.4.3.7	Selecting effective intervention strategies?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO
5.4.3.8	Selecting performance indicators?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO
5.4.3.9	Monitoring performance in accomplishing plans and meeting objectives?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO
5.4.3.10	Facilitating public participation in all planning activities?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO

5.4.4   Does the SPHS utilize workforce expertise in health policy?

YES · HIGH PARTIALLY · LOW PARTIALLY · NO

If so, is there expertise in:

5.4.4.1	Obtaining input from state and local constituents on policy issues?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO
5.4.4.2	Prioritizing policy issues based upon their technical and political merit?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO
5.4.4.3	Developing policy options?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO
5.4.4.4	Analyzing policy options?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO
5.4.4.5	Drafting legislation?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO
5.4.4.6	Developing rules and regulations?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO
5.4.4.7	Establishing procedures that guide operations for normal situations?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO
5.4.4.8	Establishing protocols and procedures that guide operations for emergency situations?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO
5.4.4.9	Conducting policy evaluations?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO

5.4.5   Does the SPHS utilize information systems that provide data useful to health planning and policy development activities?

YES · HIGH PARTIALLY · LOW PARTIALLY · NO

5.4.6   How much of this SPHS Model Standard is achieved by the State Public Health System collectively?

0-25% · 26-50% · 51-75% · 76-100%

     5.4.6.1   What percent of the answer reported in question 5.4.6 is the direct contribution of the state public health agency?

0-25% · 26-50% · 51-75% · 76-100%

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This service includes:

- The review, evaluation, and revision of laws and regulations designed to protect health and safety to assure that they reflect current scientific knowledge and best practices for achieving compliance.

- Education of persons and entities obligated to obey or to enforce laws and regulations designed to protect health and safety in order to encourage compliance.

- Enforcement activities in areas of public health concern, including, but not limited to the protection of drinking water; enforcement of clean air standards; regulation of care provided in health care facilities and programs; reinspection of workplaces following safety violations; review of new drug, biological, and medical device applications; enforcement of laws governing the sale of alcohol and tobacco to minors; seat belt and child safety seat usage; and childhood immunizations.

Indicator 6.1	Planning and Implementation

SPHS Model Standard:

The SPHS assures that their current enforcement activities are based on current public health science and best practice. The SPHS emphasizes collaboration between regulators, enforcers, and those who are obligated to obey laws and regulations and provides education to those who enforce and are affected by the laws and regulations.

To accomplish this, the SPHS:

- Reviews existing and proposed state laws and regulations to assure these reflect current scientific knowledge about public health and enforcement practices.

- Solicits input on compliance and enforcement issues of existing and proposed state laws and regulations from stakeholders including legislators, legal advisors, and constituents or members of the general public, especially individuals and organizations regulated or directly affected by the laws or regulations under review.

- Provides education and incentives to individuals, organizations, and governmental agencies obligated to obey and to enforce laws and regulations in order to encourage their compliance.

- Administers public health enforcement activities within its jurisdiction in accordance with clear, written guidelines.

- Ensures that administrative processes (permits, licenses, etc.), individuals and organizations are required to complete, are customer-centered for convenience, cost, and quality of service.

- Collaborates with those in the regulated environment as well as partners who conduct compliance and enforcement activities to support compliance and to assure that laws and regulations accomplish their health and safety purposes.

Please answer the following questions related to Indicator 6.1:

6.1.1 Does the SPHS review state laws and regulations designed to protect the public's health and safety?
`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

If so,

6.1.1.1 Do reviews address enforcement issues for both existing and proposed laws and regulations?
`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

6.1.1.2 Do reviews address whether laws and regulations reflect current public health science?
`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

6.1.1.3 Do reviews address whether laws and regulations reflect best practices of public health enforcement?
`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

6.1.1.4 Do reviews address the intended impacts of enforcing the current or proposed laws and regulations?
`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

6.1.1.5 Do reviews address the unintended consequences of enforcing the current or proposed laws and regulations?
`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

6.1.1.6 Do reviews identify modifications to improve laws and regulations?
`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

If so,

6.1.1.6.1 Does the SPHS advocate for the proposed modifications to laws or regulations that are identified through their reviews?
`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

If so, does the SPHS advocate to:

6.1.1.6.1.1 Legislative bodies when laws need to be changed for the good of the public's health?
`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

6.1.1.6.1.2 Regulatory boards when regulations need to be changed for the good of the public's health?
`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

6.1.2 Does the SPHS solicit input on compliance and enforcement issues for laws and regulations reviewed?
`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

If so, is input solicited from:

6.1.2.1 Legislators?
`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

6.1.2.2 Legal advisors?
`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

6.1.2.3 Constituents or members of the general public?
`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

6.1.2.4 Individuals and organizations regulated or directly affected by laws or regulations under review?
`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

6.1.3 Does the SPHS provide education and incentives to encourage compliance with public health laws or regulations?
`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

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If so,

6.1.3.1 Is education provided that explains the action(s) to be produced or prevented by the law or regulation?

                        YES   HIGH PARTIALLY   LOW PARTIALLY   NO

    If so,

    6.1.3.1.1 Is this education provided to those obligated to obey the laws and regulations?

                        YES   HIGH PARTIALLY   LOW PARTIALLY   NO

    6.1.3.1.2 Is this education provided to the public health workforce members who are obligated to enforce those laws and regulations?

                        YES   HIGH PARTIALLY   LOW PARTIALLY   NO

    6.1.3.1.3 Is this education provided to those who are obligated to enforce those laws and regulations that are not part of the public health workforce (e.g., law enforcement)?

                        YES   HIGH PARTIALLY   LOW PARTIALLY   NO

6.1.3.2 Is education provided that explains the health or safety benefits that will result from complying with the law or regulation?

                        YES   HIGH PARTIALLY   LOW PARTIALLY   NO

    If so,

    6.1.3.2.1 Is this education provided to those obligated to obey those laws and regulations?

                        YES   HIGH PARTIALLY   LOW PARTIALLY   NO

    6.1.3.2.2 Is this education provided to the public health workforce members who are obligated to enforce the laws and regulations?

                        YES   HIGH PARTIALLY   LOW PARTIALLY   NO

    6.1.3.2.3 Is this education provided to those who are obligated to enforce those laws and regulations that are not part of the public health workforce (e.g., law enforcement)?

                        YES   HIGH PARTIALLY   LOW PARTIALLY   NO

6.1.3.3 Is education provided to those who are protected by health laws and regulations that explains their rights and responsibilities?

                        YES   HIGH PARTIALLY   LOW PARTIALLY   NO

6.1.4 Does the SPHS use written guidelines to administer public health enforcement activities?

                        YES   HIGH PARTIALLY   LOW PARTIALLY   NO

6.1.5 Does the SPHS ensure that administrative processes (for obtaining permits, licenses, etc.) are customer-centered for those individuals and organizations that are required to complete the processes?

                        YES   HIGH PARTIALLY   LOW PARTIALLY   NO

    If so, are administrative processes:

    6.1.5.1 Offered at convenient times and locations for those affected by the regulations?

                        YES   HIGH PARTIALLY   LOW PARTIALLY   NO

    6.1.5.2 Offered with the convenience of electronic processing (e.g., Internet-based) for those affected by the regulations?

                        YES   HIGH PARTIALLY   LOW PARTIALLY   NO

    6.1.5.3 Offered efficiently to keep user fees at acceptable levels for those affected by the regulations?

                        YES   HIGH PARTIALLY   LOW PARTIALLY   NO

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6.1.5.4   Offered with clear and accurate directions for obtaining information and for completing each step to successfully comply with regulations?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

6.1.6   Does the SPHS enforce laws and regulations that protect health and ensure safety through collaborative efforts?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

If so,

6.1.6.1   Have partnerships been developed with those in the regulated environment to support compliance activities?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

If so,

6.1.6.1.1   Is there collaboration to provide needed training to support compliance with public health laws or regulations?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

6.1.6.1.2   Are there incentive programs (e.g., grants to provide fluoridation equipment to water systems) to enable or improve health and safety practices that support compliance with health laws or regulations?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

6.1.6.1.3   Do partnerships with regulated industries, individuals, and other entities encourage self-regulation?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

6.1.6.2   Do partner organizations in the SPHS who conduct compliance and enforcement activities collaborate with each other to assure that laws and regulations accomplish their health and safety purposes?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

6.1.7   How much of this SPHS Model Standard is achieved by the State Public Health System collectively?

`0-25%` `26-50%` `51-75%` `76-100%`

6.1.7.1   What percent of the answer reported in question 6.1.7 is the direct contribution of the state public health agency?

`0-25%` `26-50%` `51-75%` `76-100%`

| Indicator 6.2 | Technical Assistance and Support |

SPHS Model Standard:

The SPHS provides assistance, capacity building, and resources to local public health systems and other state partners in their efforts to enforce laws and regulations that protect health and ensure safety.

To accomplish this, the SPHS:

- Provides technical assistance and support to local public health systems and other state partners in the enforcement of public health laws and regulations, including protocols, consultation, and training that incorporate current public health knowledge and enforcement practices.

- Ensures that enforcement training courses are available that provide the most current public health information related to the regulated environment, build counseling skills to explain the best approaches for regulatory compliance, and reflect the best enforcement practices.

- Provides direct assistance in complex or difficult enforcement operations.

- Provides local governing bodies assistance in developing laws, regulations, and ordinances that incorporate current public health knowledge and enforcement practices.

Please answer the following questions related to Indicator 6.2:

6.2.1   Does the SPHS provide technical assistance to local public health systems and other state partners in the enforcement of public health laws and regulations?   YES HIGH PARTIALLY LOW PARTIALLY NO

If so, does this technical assistance provide:

6.2.1.1   Enforcement protocols that incorporate current public health knowledge?   YES HIGH PARTIALLY LOW PARTIALLY NO

6.2.1.2   Enforcement protocols that guide current public health practices?   YES HIGH PARTIALLY LOW PARTIALLY NO

6.2.1.3   Consultation services that incorporate current public health knowledge?   YES HIGH PARTIALLY LOW PARTIALLY NO

6.2.1.4   Consultation services that incorporate current public health enforcement practices?   YES HIGH PARTIALLY LOW PARTIALLY NO

6.2.1.5   Training programs that incorporate current public health knowledge?   YES HIGH PARTIALLY LOW PARTIALLY NO

6.2.1.6   Training programs that incorporate current public health enforcement practices?   YES HIGH PARTIALLY LOW PARTIALLY NO

6.2.2 Does the SPHS assure that enforcement training courses are available to enforcement personnel?

YES · HIGH PARTIALLY · LOW PARTIALLY · NO

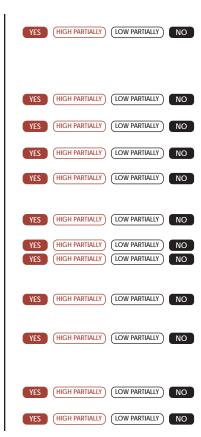*If so, do training courses provide:*

6.2.2.1 Newly hired enforcement personnel with an orientation to enforcement?

YES · HIGH PARTIALLY · LOW PARTIALLY · NO

6.2.2.2 The most current public health information related to the regulated environment?

YES · HIGH PARTIALLY · LOW PARTIALLY · NO

6.2.2.3 Build counseling skills to explain the best approaches for regulatory compliance?

YES · HIGH PARTIALLY · LOW PARTIALLY · NO

6.2.2.4 The best enforcement practices for the regulated environment?

YES · HIGH PARTIALLY · LOW PARTIALLY · NO

6.2.2.5 Periodic continuing education to assure enforcement personnel remain current on public health information and enforcement practices?

YES · HIGH PARTIALLY · LOW PARTIALLY · NO

6.2.2.6 Skill development in conflict management and negotiation?

YES · HIGH PARTIALLY · LOW PARTIALLY · NO

6.2.2.7 Communication skills?

YES · HIGH PARTIALLY · LOW PARTIALLY · NO

6.2.3 Does the SPHS provide direct assistance to local health systems and other state partners in complex or difficult enforcement operations?

YES · HIGH PARTIALLY · LOW PARTIALLY · NO

6.2.4 Does the SPHS provide local governing bodies with assistance in developing ordinances?

YES · HIGH PARTIALLY · LOW PARTIALLY · NO

If so, does the assistance:

6.2.4.1 Incorporate current public health knowledge?

YES · HIGH PARTIALLY · LOW PARTIALLY · NO

6.2.4.2 Incorporate current public health enforcement practices?

YES · HIGH PARTIALLY · LOW PARTIALLY · NO

6.2.5 How much of this SPHS Model Standard is achieved by the State Public Health System collectively?

0-25% · 26-50% · 51-75% · 76-100%

6.2.5.1 What percent of the answer reported in question 6.2.5 is the direct contribution of the state public health agency?

0-25% · 26-50% · 51-75% · 76-100%

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| Indicator 6.3 | Evaluation and Quality Improvement |

SPHS Model Standard:

The SPHS reviews its activities to enforce laws and regulations that protect health and ensure safety on a predetermined, periodic basis and uses results from its reviews to improve the quality and outcome of its efforts.

To accomplish this, the SPHS:

• Reviews its capacity to conduct enforcement functions within the state, including assuring that laws and regulations are scientifically sound, personnel are properly trained, people and organizations are informed and equipped to comply with and to enforce laws and regulations, administrative processes are customer centered, and enforcement actions follow established protocol.

• Monitors enforcement procedures and acts quickly to correct abuse or misuse of authority.

• Examines the technical assistance provided to local public health systems for enforcement of public health laws and regulations, including developing ordinances, establishing protocols to guide local enforcement activities, delivering consultation services, and training people with needed skills to comply with laws and regulations.

• Makes improvements in enforcement functions based on the examination findings.

Please answer the following questions related to Indicator 6.3:

6.3.1 Does the SPHS review its capacity to conduct enforcement functions within the state?   YES HIGH PARTIALLY LOW PARTIALLY NO

If so, do reviews indicate the abilities of the SPHS to:

6.3.1.1 Assure laws and regulations are scientifically sound?   YES HIGH PARTIALLY LOW PARTIALLY NO
6.3.1.2 Assure personnel are properly trained to enforce laws and regulations?   YES HIGH PARTIALLY LOW PARTIALLY NO
6.3.1.3 Assure people and organizations have the information and are equipped to comply with laws and regulations?   YES HIGH PARTIALLY LOW PARTIALLY NO
6.3.1.4 Assure that people and organizations have the information and are equipped to enforce laws and regulations?   YES HIGH PARTIALLY LOW PARTIALLY NO
6.3.1.5 Assure administrative processes are customer-centered for those required to comply with laws and regulations?   YES HIGH PARTIALLY LOW PARTIALLY NO
6.3.1.6 Assure enforcement actions follow established protocol?   YES HIGH PARTIALLY LOW PARTIALLY NO

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6.3.2   Does the SPHS monitor enforcement procedures to assure personnel perform their duties professionally?

YES HIGH PARTIALLY LOW PARTIALLY NO

If so, does the SPHS:

6.3.2.1   Correct abuse or misuse of authority as soon as it is discovered?

YES HIGH PARTIALLY LOW PARTIALLY NO

6.3.3   Does the SPHS review the technical assistance provided to local public health systems and other state partners regarding the enforcement of health laws and regulations?

YES HIGH PARTIALLY LOW PARTIALLY NO

6.3.4   Does the SPHS make improvements in its enforcement activities based on the review findings?

YES HIGH PARTIALLY LOW PARTIALLY NO

6.3.5   How much of this SPHS Model Standard is achieved by the State Public Health System collectively?

0-25%   26-50%   51-75%   76-100%

6.3.5.1   What percent of the answer reported in question 6.3.5 is the direct contribution of the state public health agency?

0-25%   26-50%   51-75%   76-100%

Indicator 6.4	Resources

SPHS Model Standard:

The SPHS effectively invests, manages, and utilizes its human, information, technology, and financial resources to enforce laws and regulations that protect health and ensures safety of the state's population.

To accomplish this, the SPHS:

- Allocates existing resources for the enforcement of health and safety laws and regulations to areas of highest need and plans for the development of new resources.

- Collaborates with partners to leverage system-wide resources and focus statewide assets on enforcement activities.

- Utilizes expertise in legislative and regulatory development processes.

- Utilizes expertise to enforce laws and regulations designed to protect the public's health.

- Utilizes expertise to educate those affected by public health laws and regulations about their importance as well as the methods of adhering to the laws and regulations designed to protect the public's health.

Please answer the following questions related to Indicator 6.4:

6.4.1   Does the SPHS manage its current resources used for enforcement and develop new resources?

  YES   HIGH PARTIALLY   LOW PARTIALLY   NO

If so, does the SPHS:

  6.4.1.1   Apply existing resources to high priority areas in enforcement?

  YES   HIGH PARTIALLY   LOW PARTIALLY   NO

  6.4.1.2   Plan for development of new resources for the future?

  YES   HIGH PARTIALLY   LOW PARTIALLY   NO

  6.4.1.3   Seek new sources of funding to conduct enforcement activities?

  YES   HIGH PARTIALLY   LOW PARTIALLY   NO

6.4.2   Does the SPHS share system-wide resources to implement enforcement activities?

  YES   HIGH PARTIALLY   LOW PARTIALLY   NO

If so, does the SPHS:

6.4.2.1   Coordinate workforce resources that contribute to the enforcement function?

  YES   HIGH PARTIALLY   LOW PARTIALLY   NO

6.4.2.2	Coordinate SPHS-wide technology development activities to more effectively report, track, analyze and disseminate data relevant to enforcement?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO
6.4.2.3	Share financial resources to invest in the enforcement function?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO

6.4.3 Does the SPHS utilize expertise in legislative and regulatory processes?   YES · HIGH PARTIALLY · LOW PARTIALLY · NO

If so, does this expertise include:

6.4.3.1	Legal and administrative processes to adopt, amend and repeal public health laws?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO
6.4.3.2	Legal and administrative processes to adopt, amend and repeal public health regulations?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO
6.4.3.3	Public health laws and regulations that are scientifically sound?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO
6.4.3.4	Training for enforcement personnel?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO
6.4.3.5	Technical assistance to individuals and organizations in regulated environments?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO
6.4.3.6	Administrative processes that are customer-centered?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO
6.4.3.7	Use of established protocols in conducting enforcement activities?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO
6.4.3.8	Evaluation of enforcement functions?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO

6.4.4 Does the SPHS utilize its workforce expertise to enforce laws and regulations designed to protect the public's health?   YES · HIGH PARTIALLY · LOW PARTIALLY · NO

If so, does this expertise include:

6.4.4.1	Competent legal counsel?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO
6.4.4.2	Administrative skills in the development and adoption of regulations?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO
6.4.4.3	Appropriate health experts for each regulated environment?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO

6.4.5 Does the SPHS utilize workforce expertise to educate those affected by public health laws and regulations?   YES · HIGH PARTIALLY · LOW PARTIALLY · NO

If so, does this expertise include abilities to educate:

6.4.5.1	The general public on the importance of adhering to health laws and regulations?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO
6.4.5.2	Members of the regulated environment on the importance of and methods of adhering to health laws and regulations?	YES · HIGH PARTIALLY · LOW PARTIALLY · NO

6.4.6 How much of this SPHS Model Standard is achieved by the State Public Health System collectively?

0-25% · 26-50% · 51-75% · 76-100%

6.4.6.1 What percent of the answer reported in question 6.4.6 is the direct contribution of the state public health agency?

0-25% · 26-50% · 51-75% · 76-100%

This service includes:

- Assessment of access to and availability of quality personal health care services for the state's population.

- Assurances that access is available to a coordinated system of quality care which includes outreach services to link populations to preventive and curative care, medical services, case management, enabling social and mental health services, culturally and linguistically appropriate services, and health care quality review programs.

- Partnership with public, private, and voluntary sectors to provide populations with a coordinated system of health care.

- Development of a continuous improvement process to assure the equitable distribution of resources for those in greatest need.

Indicator 7.1	Planning and Implementation

SPHS Model Standard:

The SPHS assesses the availability of personal health care services for the state population and works collaboratively with statewide partners and local public health systems to help assure that the entire state population has access to quality care.

To accomplish this, the SPHS:

- Assesses the availability and utilization of personal health care services for all persons living in the state, including underserved populations.

- Works collaboratively with local public health systems and other state partners to identify underserved populations and improve access to personal health care.

- Works with health care providers in medicine, public health, nursing, dentistry, and social work, to assure access, utilization, and quality of health care for persons living in the state.

- Provides information to policymakers regarding barriers to accessing personal health care services within the state, and the SPHS recommends adoption of policies to increase access to health care.

- Delivers services to improve access to personal health care.

Please answer the following questions related to Indicator 7.1:

7.1.1 Does the SPHS assess the availability of personal health care services to the state's population?

YES HIGH PARTIALLY LOW PARTIALLY NO

If so,

7.1.1.1 Are health manpower shortage areas within the state identified?

YES HIGH PARTIALLY LOW PARTIALLY NO

7.1.1.2 Are gaps in the safety-net providers system identified?

YES HIGH PARTIALLY LOW PARTIALLY NO

7.1.1.3 Is the utilization of personal health care services assessed?

YES HIGH PARTIALLY LOW PARTIALLY NO

7.1.2 Through collaborations with local public health systems and other state partners, does the SPHS identify medically underserved populations within the state?

YES HIGH PARTIALLY LOW PARTIALLY NO

If so, does the SPHS consider populations who may be underserved because of barriers due to:

7.1.2.1 Age? YES HIGH PARTIALLY LOW PARTIALLY NO

7.1.2.2 Gender? YES HIGH PARTIALLY LOW PARTIALLY NO

7.1.2.3 Sexual orientation? YES HIGH PARTIALLY LOW PARTIALLY NO

7.1.2.4 Literacy level? YES HIGH PARTIALLY LOW PARTIALLY NO

7.1.2.5 Financial status? YES HIGH PARTIALLY LOW PARTIALLY NO

7.1.2.6 Culture, race, or ethnicity? YES HIGH PARTIALLY LOW PARTIALLY NO

7.1.2.7 Geographic location? YES HIGH PARTIALLY LOW PARTIALLY NO

7.1.2.8 Language? YES HIGH PARTIALLY LOW PARTIALLY NO

7.1.2.9 Religion? YES HIGH PARTIALLY LOW PARTIALLY NO

7.1.2.10 National origin (including immigration status)? YES HIGH PARTIALLY LOW PARTIALLY NO

7.1.2.11 Insurance status? YES HIGH PARTIALLY LOW PARTIALLY NO

7.1.2.12 Physical or mental disabilities? YES HIGH PARTIALLY LOW PARTIALLY NO

7.1.3 Does the SPHS work with health care providers to assure care for persons living in the state?

YES HIGH PARTIALLY LOW PARTIALLY NO

If so, is there collaboration to assure:

7.1.3.1 Availability of personal health care? YES HIGH PARTIALLY LOW PARTIALLY NO

7.1.3.2 Coordination of personal health care delivery to under-served populations? YES HIGH PARTIALLY LOW PARTIALLY NO

7.1.4 Does the SPHS inform policymakers of barriers to accessing personal health care services within the state?

YES HIGH PARTIALLY LOW PARTIALLY NO

If so,

7.1.4.1 Does the SPHS recommend the adoption of policies to increase access to personal health care for those in need?

YES HIGH PARTIALLY LOW PARTIALLY NO

7.1.5 Does the SPHS deliver services and programs to improve access to personal health care?

YES HIGH PARTIALLY LOW PARTIALLY NO

If so,

7.1.5.1 Are there programs or initiatives to identify individuals and families who are eligible for Medicaid or other state medical assistance programs prior to their presentation to a medical facility for care?

YES HIGH PARTIALLY LOW PARTIALLY NO

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7.1.5.2 Does the SPHS facilitate the placement of health care providers in manpower shortage areas?

YES HIGH PARTIALLY LOW PARTIALLY NO

7.1.5.3 Does the SPHS work through partnerships to provide personal health care?

YES HIGH PARTIALLY LOW PARTIALLY NO

If so, does this care include:

7.1.5.3.1 Outreach services to link people to needed care?

YES HIGH PARTIALLY LOW PARTIALLY NO

7.1.5.3.2 Primary medical care (including clinical preventive services)?

YES HIGH PARTIALLY LOW PARTIALLY NO

7.1.5.3.3 Care (case) management?

YES HIGH PARTIALLY LOW PARTIALLY NO

7.1.5.3.4 Tertiary medical care?

YES HIGH PARTIALLY LOW PARTIALLY NO

7.1.5.3.5 Restorative or rehabilitative care?

YES HIGH PARTIALLY LOW PARTIALLY NO

7.1.5.3.6 Social services?

YES HIGH PARTIALLY LOW PARTIALLY NO

7.1.5.3.7 Mental health services?

YES HIGH PARTIALLY LOW PARTIALLY NO

7.1.5.3.8 Substance abuse treatment services?

YES HIGH PARTIALLY LOW PARTIALLY NO

7.1.6 How much of this SPHS Model Standard is achieved by the State Public Health System collectively?

0-25%   26-50%   51-75%   76-100%

7.1.6.1 What percent of the answer reported in question 7.1.6 is the direct contribution of the state public health agency?

0-25%   26-50%   51-75%   76-100%

| Indicator 7.2 | Technical Assistance and Support |

SPHS Model Standard:

The SPHS provides assistance to local public health systems and other state partners to identify medically underserved populations and to develop innovative approaches for meeting their health care needs.

To accomplish this, the SPHS helps local public health systems and other state partners:

- Identify and meet the needs of persons encountering barriers to health care.

- Develop innovative partnerships to promote access to health care for underserved populations.

- Design health care delivery programs for underserved populations.

The SPHS also:

- Provides health care services at the local level when they cannot be delivered by the local public health system, other state partners, or private health care providers.

- Works with local public health systems and other state partners to coordinate and integrate complementary programs to optimize resources and access to needed services.

- Provides technical assistance to local public health systems and other state partners in quality improvement of personal health care delivery and management for safety-net providers.

Please answer the following questions related to Indicator 7.2:

7.2.1 Does the SPHS assist local public health systems and other state partners in the identification of barriers to health care access?

YES HIGH PARTIALLY LOW PARTIALLY NO

7.2.2 Does the SPHS assist local public health systems and other state partners in the development of partnerships to reduce barriers and promote access to health care for underserved populations?

YES HIGH PARTIALLY LOW PARTIALLY NO

7.2.3 Does the SPHS assist local public health systems and other state partners in the design of health care delivery programs for under-served populations?

YES HIGH PARTIALLY LOW PARTIALLY NO

7.2.4 Does the SPHS provide health care services at the local level when they cannot be satisfactorily delivered by others?

YES HIGH PARTIALLY LOW PARTIALLY NO

7.2.5 Does the SPHS work with local public health systems and other state partners to coordinate complementary programs (such as WIC and childhood immunization programs) to optimize access to needed services?
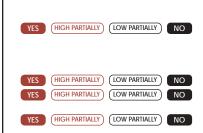
YES HIGH PARTIALLY LOW PARTIALLY NO

7.2.6 Does the SPHS provide technical assistance to <u>safety-net providers</u> who deliver personal health care to underserved populations?

(YES) (HIGH PARTIALLY) (LOW PARTIALLY) (NO)

If so, does the SPHS offer technical assistance in:

7.2.6.1 Health care management?

(YES) (HIGH PARTIALLY) (LOW PARTIALLY) (NO)

7.2.6.2 Delivery of personal health care?

(YES) (HIGH PARTIALLY) (LOW PARTIALLY) (NO)

7.2.6.3 Quality improvement processes for personal health care delivery?

(YES) (HIGH PARTIALLY) (LOW PARTIALLY) (NO)

7.2.7 How much of this SPHS Model Standard is achieved by the State Public Health System collectively?

(0-25%) (26-50%) (51-75%) (76-100%)

7.2.7.1 What percent of the answer reported in question 7.2.7 is the direct contribution of the state public health agency?

(0-25%) (26-50%) (51-75%) (76-100%)

| Indicator 7.3 | **Evaluation and Quality Improvement** |

SPHS Model Standard:

The SPHS reviews its performance in identifying barriers to health care access and gaps in the availability of personal health care, as well as its ability to assure the state's population receives appropriate and timely health care.

To accomplish this, the SPHS:

- Reviews programs designed to assure the provision of personal health care services, (e.g., Medicaid, health professionals' licensing, medical facility licensing), including their availability and appropriateness, through the use of national guidelines such as the *U.S. Preventive Services Task Force's Guide to Clinical Preventive Services*.

- Incorporates the perspectives of those who experience problems with their health care in their reviews.

- Institutes changes in programs designed to assure the provision of personal health care based on their review findings.

Please answer the following questions related to Indicator 7.3:

7.3.1   Does the SPHS review programs that assure the provision of personal health care services within the state?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

If so, does the review address:

7.3.1.1   The identification and removal of barriers to accessing personal health care?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

If so, are the following reviewed:

7.3.1.1.1   Problems faced by patients seeking care from providers in different geographic locations across the state?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

7.3.1.1.2   Problems faced by patients who are referred from one health care organization to another (e.g., geographic or other barriers, continuity of care issues, etc.)?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

7.3.1.1.3   Payment issues for health care services reimbursed by different government programs, insurance companies, managed care organizations, or other payers?

YES   HIGH PARTIALLY   LOW PARTIALLY   NO

7.3.1.1.4   Problems faced by patients without health insurance?

YES   HIGH PARTIALLY   LOW PARTIALLY   NO

7.3.1.2   Services delivered through the programs?

YES   HIGH PARTIALLY   LOW PARTIALLY   NO

If so, are the following reviewed:

7.3.1.2.1   Changes in the availability of personal health care?

YES   HIGH PARTIALLY   LOW PARTIALLY   NO

7.3.1.2.2   Changes in clinical preventive care guidelines?

YES   HIGH PARTIALLY   LOW PARTIALLY   NO

7.3.1.2.3   The appropriateness of the personal health care services?

YES   HIGH PARTIALLY   LOW PARTIALLY   NO

7.3.1.2.4   The timeliness of the delivery of the personal health care?

YES   HIGH PARTIALLY   LOW PARTIALLY   NO

7.3.1.2.5   The use of health services by underserved populations?

YES   HIGH PARTIALLY   LOW PARTIALLY   NO

7.3.2   Does the SPHS incorporate the perspectives of those who experience problems with accessibility and availability of health care in their evaluations?

YES   HIGH PARTIALLY   LOW PARTIALLY   NO

If so,

7.3.2.1   Are recommendations regarding methods to improve health care access and availability solicited?

YES   HIGH PARTIALLY   LOW PARTIALLY   NO

7.3.3   Does the SPHS institute change in programs designed to assure personal health care based on findings from monitoring and evaluation activities?

YES   HIGH PARTIALLY   LOW PARTIALLY   NO

If so, are the following considered:

7.3.3.1   Health Plan Employer Data and Information Set (HEDIS) information?

YES   HIGH PARTIALLY   LOW PARTIALLY   NO

7.3.3.2   Hospital report cards?

YES   HIGH PARTIALLY   LOW PARTIALLY   NO

7.3.4   How much of this SPHS Model Standard is achieved by the State Public Health System collectively?

0-25%   26-50%   51-75%   76-100%

7.3.4.1   What percent of the answer reported in question 7.3.4 is the direct contribution of the state public health agency?

0-25%   26-50%   51-75%   76-100%

Indicator 7.4	Resources

SPHS Model Standard:

The SPHS effectively invests, manages, and utilizes its human, information, technology and financial resources to assure the provision of health care to meet the needs of the state's population.

To accomplish this, the SPHS:

- Allocates existing resources for provision of needed personal health care to areas of highest need and plans for development of new resources.

- Collaborates with partners to leverage system-wide resources and focus statewide assets on linking people to needed personal health care and assuring the provision of health care.

- Invests in an entity responsible for monitoring and evaluating the availability, utilization, and effectiveness of personal health care delivery within the state.

- Utilizes workforce skills in health care services evaluation needed to track health care availability, access, usage, and quality of care.

- Utilizes workforce skills in health care systems analysis.

- Utilizes workforce skills in health care services delivery, quality improvement processes, and outreach to underserved populations.

Please answer the following questions related to Indicator 7.4:

7.4.1 Does the SPHS manage its current resources and develop future resources to assure the provision of personal health care?

YES HIGH PARTIALLY LOW PARTIALLY NO

If so, does the SPHS:

7.4.1.1 Apply existing resources to high priority areas in health care provision?

YES HIGH PARTIALLY LOW PARTIALLY NO

7.4.1.2 Plan for development of new resources for the future?

YES HIGH PARTIALLY LOW PARTIALLY NO

7.4.1.3 Seek new sources of funding for health care provision where otherwise unavailable?

YES HIGH PARTIALLY LOW PARTIALLY NO

7.4.2 Does the SPHS share system-wide resources to effectively provide needed personal health care?

YES HIGH PARTIALLY LOW PARTIALLY NO

If so, does the SPHS:

7.4.2.1 Coordinate workforce resources that contribute to the provision of personal health care?

YES HIGH PARTIALLY LOW PARTIALLY NO

7.4.2.2 Coordinate SPHS-wide technology development activities to more effectively conduct outreach to link people to needed care?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

7.4.2.3 Share financial resources to invest in the provision of needed health care?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

7.4.3 Does the SPHS have an entity responsible for monitoring personal health care delivery within the state?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

If so, does this entity have the capability to:

7.4.3.1 Review the availability of personal health care?
7.4.3.2 Review the accessibility of personal health care?
7.4.3.3 Review the quality of personal health care?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`
`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`
`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

7.4.3.4 Make recommendations to policy leaders and safety-net providers on methods to improve delivery of personal health care services?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

7.4.4 Does the SPHS utilize workforce skills in reviewing health care services?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

If so, does staff utilize skills to review the:

7.4.4.1 Availability of health care services?
7.4.4.2 Health care utilization patterns?
7.4.4.3 Effectiveness of health care services?
7.4.4.4 Sources of health care services?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`
`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`
`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`
`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

7.4.5 Does the SPHS utilize a workforce skilled in the analysis of health services?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

If so, does staff utilize skills in:

7.4.5.1 Policy analysis?
7.4.5.2 Economic analysis?
7.4.5.3 Health care systems analysis?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`
`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`
`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

7.4.6 Does the SPHS utilize a workforce skilled in managing health services quality improvement programs?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

If so, does staff utilize skills in:

7.4.6.1 Quality improvement for health care programs?
7.4.6.2 Staff development for health care providers?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`
`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

7.4.6.3 Provision of technical assistance for health care improvement?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

7.4.7 Does the SPHS utilize a workforce skilled in the delivery of health care services programs and linking people to needed services?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

If so, does staff capabilities include:

7.4.7.1 Knowledge of eligibility requirements for federal health programs?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

7.4.7.2 Knowledge of eligibility requirements for state and local health programs?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

7.4.7.3 Skills to assist underserved populations in receiving needed health services?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

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| 7.4.7.4 | Skills in collaborating with social service agencies to assure coordination in services for underserved populations? | YES HIGH PARTIALLY LOW PARTIALLY NO |
| 7.4.7.5 | Skills to implement innovative health care delivery methods to improve access, such as mobile vans, storefront health centers, and/or Tele-medicine programs? | YES HIGH PARTIALLY LOW PARTIALLY NO |

7.4.8 How much of this SPHS Model Standard is achieved by the State Public Health System collectively?

0-25%   26-50%   51-75%   76-100%

7.4.8.1 What percent of the answer reported in question 7.4.8 is the direct contribution of the state public health agency?

0-25%   26-50%   51-75%   76-100%

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This service includes:

- Education, training, development, and assessment of health professional—including partners, volunteers and other lay community health workers—to meet statewide needs for public and personal health services.

- Efficient processes for credentialing technical and professional health personnel.

- Adoption of continuous quality improvement and life-long learning programs.

- Partnerships with professional workforce development programs to assure relevant learning experiences for all participants.

- Continuing education in management, cultural competence, and leadership development programs.

Indicator 8.1	Planning and Implementation

SPHS Model Standard:

The SPHS identifies the public health workforce (the workforce providing population-based and personal health services in public and private settings across the state) needs of the state and implements recruitment and retention policies to fill those needs. The SPHS provides training and continuing education to assure that the workforce will effectively deliver the Essential Services of Public Health.

To accomplish this, the SPHS:

- Assesses the numbers, qualifications, and geographic distributions of personnel required to meet statewide health services needs.

- Develops workforce development plans, based on the assessment that establish benchmarks and actions needed to recruit, maintain and sustain a competent workforce.

- Provides resource development programs that include training in leadership and management, cultural beliefs and practices influencing health, application of information technologies, and competencies in health occupations.

- Assures that personnel in regulated professions meet prescribed competencies including certifications, licenses, and education required by law or recommended by local, state, or federal policy guidelines. Supports life-long learning through initiatives such as career ladder advancement opportunities, coaching and mentoring programs, and financial support for technical and professional development.

- Encourages their workforce to apply leadership qualities to community health improvement activities.

Please answer the following questions related to Indicator 8.1:

8.1.1   Does the SPHS assess workforce needs to deliver population-based and personal health care services in the state?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

If so, does the assessment process include:

8.1.1.1   Defining the required qualifications for the workforce?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

8.1.1.2   Defining how many personnel are required to meet statewide health services needs?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

8.1.1.3   Defining the geographic distributions of personnel required to meet statewide health services needs?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

8.1.1.4   Determining how well education and credentialing requirements are met by the workforce?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

8.1.1.5   Determining if compensation, salary and benefits, is adequate to maintain qualified technical and professional personnel?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

8.1.1.6   Assessing gaps in workforce competencies?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

8.1.2   Does the SPHS develop a statewide workforce development plan to guide its activities in workforce development?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

If so,

8.1.2.1   Is the plan developed collaboratively by SPHS partners from academic and practice settings?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

8.1.2.2   Does the plan address issues related to maintaining an adequate supply of qualified health care personnel throughout the state?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

8.1.2.3   Does the plan address the SPHS's strengths and weaknesses in <u>core competencies</u> (i.e., Analytic/Assessment; Basic Public Health Science; Cultural Competency; Communications; Community Dimensions of Practice; Financial Planning and Management; Leadership and Systems Thinking; and Policy Development/Program Planning skills) needed to deliver the Essential Public Health Services?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

8.1.2.4   Does the plan address initiative needed in pre-service education of the potential workforce?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

8.1.2.5   Does the plan address initiatives needed in in-service programs to meet the education and training needs of the existing workforce?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

8.1.2.6   Does the plan identify actions to improve the quality of the workforce?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

8.1.2.7   Does the plan identify actions to improve the diversity of the workforce?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

8.1.3   Do SPHS human resources development programs provide training to enhance needed workforce skills?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

If so, does the training address:

8.1.3.1   Leadership and management skills?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

8.1.3.2   Understanding the <u>multiple determinants of health</u>?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

8.1.3.3   Use of information technologies in public health practice?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

8.1.3.4	Enhancing technical and professional competencies in health occupations providing services in the SPHS?	YES HIGH PARTIALLY LOW PARTIALLY NO
8.1.3.5	Core competencies needed to deliver the Essential Public Health Services, including a basic understanding of public health?	YES HIGH PARTIALLY LOW PARTIALLY NO

8.1.4   Does the SPHS assure that individuals in regulated professions meet prescribed competencies required by law or recommended by local, state, or federal policy guidelines?

YES HIGH PARTIALLY LOW PARTIALLY NO

If so, are competencies assured through:

8.1.4.1	Professional certifications and licenses?	YES HIGH PARTIALLY LOW PARTIALLY NO
8.1.4.2	Educational requirements?	YES HIGH PARTIALLY LOW PARTIALLY NO
8.1.4.3	Training in core competencies needed to deliver the Essential Public Health Services?	YES HIGH PARTIALLY LOW PARTIALLY NO

8.1.5   Does the SPHS support initiatives that encourage life-long learning?

YES HIGH PARTIALLY LOW PARTIALLY NO

If so, do these initiatives include:

8.1.5.1	Developing career ladders to provide advancement opportunities?	YES HIGH PARTIALLY LOW PARTIALLY NO
8.1.5.2	Coaching or mentoring programs to assist personnel to begin or advance within their occupation?	YES HIGH PARTIALLY LOW PARTIALLY NO
8.1.5.3	Funds or time off to help personnel participate in educational programs that build additional technical and professional skills?	YES HIGH PARTIALLY LOW PARTIALLY NO
8.1.5.4	Publicized these opportunities to heighten worker awareness?	YES HIGH PARTIALLY LOW PARTIALLY NO

8.1.6   Does the SPHS workforce apply leadership skills to community health improvement activities?

YES HIGH PARTIALLY LOW PARTIALLY NO

If so,

8.1.6.1	Does the workforce receive training on conditions underlying health including cultural, social, economic, educational, genetic, and environmental determinants?	YES HIGH PARTIALLY LOW PARTIALLY NO
8.1.6.2	Does the workforce receive training to apply strategic planning techniques to daily operations?	YES HIGH PARTIALLY LOW PARTIALLY NO
8.1.6.3	Does the workforce receive training to apply systems approaches to improve or resolve health issues?	YES HIGH PARTIALLY LOW PARTIALLY NO
8.1.6.4	Are workforce members encouraged to participate in health-related community groups outside of their own agencies?	YES HIGH PARTIALLY LOW PARTIALLY NO

8.1.7   How much of this SPHS Model Standard is achieved by the State Public Health System collectively?

0-25%   26-50%   51-75%   76-100%

8.1.7.1   What percent of the answer reported in question 8.1.7 is the direct contribution of the state public health agency?

0-25%   26-50%   51-75%   76-100%

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Indicator 8.2	Technical Assistance and Support

SPHS Model Standard:

The SPHS provides assistance, capacity building, and resources to local public health systems and other state partners in their efforts to assure a competent public and personal care workforce.

To accomplish this, the SPHS:

• Assists local public health systems and other state partners in assessing personal and public health workforces.

• Provides assistance to local public health systems and other state partners on recruitment, retention, and performance improvement strategies to fill workforce gaps and decrease performance deficiencies.

• Assures the availability of educational course work to enhance the skills of the workforce of local public health systems and other state partners.

• Facilitates linkages between state partners, local public health systems, and academic institutions to ensure variety and currency of continuing education programs.

Please answer the following questions related to Indicator 8.2:

8.2.1   Does the SPHS assist local public health systems and other state partners in completing assessments of their personal and public health workforces?   YES   HIGH PARTIALLY   LOW PARTIALLY   NO

8.2.2   Does the SPHS assist local public health systems and other state partners with workforce development?   YES   HIGH PARTIALLY   LOW PARTIALLY   NO

If so, is assistance provided to improve workforce development strategies for:

8.2.2.1   Employee recruitment and retention to fill gaps?   YES   HIGH PARTIALLY   LOW PARTIALLY   NO
8.2.2.2   Improving performance deficiencies within the personal and public health workforces?   YES   HIGH PARTIALLY   LOW PARTIALLY   NO

8.2.3   Does the SPHS assure the availability of educational course work to enhance the skills of the workforce of local public health systems and other state partners?   YES   HIGH PARTIALLY   LOW PARTIALLY   NO

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If so, do these programs include course work in:

8.2.3.1   <u>Cultural competence</u>?   [YES] [HIGH PARTIALLY] [LOW PARTIALLY] [NO]
8.2.3.2   Leadership development?   [YES] [HIGH PARTIALLY] [LOW PARTIALLY] [NO]
8.2.3.3   Management training?   [YES] [HIGH PARTIALLY] [LOW PARTIALLY] [NO]
8.2.3.4   Core competencies needed to deliver the Essential Public Health Services?   [YES] [HIGH PARTIALLY] [LOW PARTIALLY] [NO]
8.2.3.5   The multiple determinants of health?   [YES] [HIGH PARTIALLY] [LOW PARTIALLY] [NO]

8.2.4   Does the SPHS have a process for facilitating linkages between state partners, local public health systems, and academic institutions that improve continuing education offerings?   [YES] [HIGH PARTIALLY] [LOW PARTIALLY] [NO]

8.2.5   How much of this SPHS Model Standard is achieved by the State Public Health System collectively?

[0-25%] [26-50%] [51-75%] [76-100%]

8.2.5.1   What percent of the answer reported in question 8.2.5 is the direct contribution of the state public health agency?

[0-25%] [26-50%] [51-75%] [76-100%]

Indicator 8.3	Evaluation and Quality Improvement

SPHS Model Standard:

The SPHS reviews its activities to assure a competent public and personal care workforce on a predetermined, periodic basis and uses results from its reviews to improve the quality and outcome of its efforts.

To accomplish this, the SPHS:

- Reviews its workforce assessment activities to determine if personal health care and public health workforces fill current and future demand for health services in the state.

- Assesses achievements of the statewide workforce development plan in meeting health manpower needs and quality improvement goals.

- Uses performance appraisal programs that include consumer satisfaction, to stimulate individual and organizational quality improvements of personal health care and public health workers and their institutions.

Please answer the following questions related to Indicator 8.3:

8.3.1   Does the SPHS review its workforce assessment activities?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

If so, does the review determine if:

8.3.1.1   The workforce assessment is adequate?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

8.5.1.2   There are adequate numbers of skilled personal health care workers to fill the state's current and future needs?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

8.3.1.3   There are adequate numbers of skilled public health workers to fill the state's current and future needs?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

8.3.2   Does the SPHS assess achievements of the workforce development plan?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

If so, does the assessment determine if the:

8.3.2.1   Recruitment of public health workers is effective?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

8.3.2.2   Retention of personal health care workers is effective?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

8.3.2.3   Quality improvement goals for the workforce are being met?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

8.3.2.4   Education, training, and credentialing programs are of high quality?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

8.3.3   Does the SPHS use performance appraisal programs to stimulate quality improvement of the personal health care and public health workforce?

YES   (HIGH PARTIALLY)   (LOW PARTIALLY)   NO

If so,

8.3.3.1   Does the SPHS examine consumer satisfaction with personal health care and public health workers?

YES   (HIGH PARTIALLY)   (LOW PARTIALLY)   NO

8.3.3.2   Are these programs used to increase quality performance of individuals?

YES   (HIGH PARTIALLY)   (LOW PARTIALLY)   NO

8.3.3.3   Are these programs used to increase quality performance of organizations?

YES   (HIGH PARTIALLY)   (LOW PARTIALLY)   NO

8.3.4   How much of this SPHS Model Standard is achieved by the State Public Health System collectively?

0-25%   26-50%   51-75%   76-100%

8.3.4.1   What percent of the answer reported in question 8.3.4 is the direct contribution of the state public health agency?

0-25%   26-50%   51-75%   76-100%

Indicator 8.4	Resources

SPHS Model Standard:

The SPHS effectively invests, manages, and utilizes its human, information, technology and financial resources to assure a competent public and personal health care workforce.

To accomplish this, the SPHS:

- Allocates its existing workforce resources to areas of highest need and plans for development of new resources.

- Collaborates with partners to leverage system-wide resources and focus statewide assets on workforce development.

- Utilizes a system of life-long learning to develop and extend the competencies of the state's health services workforce, including pre-service and in-service educational opportunities.

- Utilizes programs that develop and support leadership in the public and personal health workforce.

- Utilizes programs that develop and support cultural competencies in the public and personal health workforce.

- Utilizes expertise in the management of human resource development programs supporting the delivery of high quality personal and public health services.

- Invests resources to recruit and retain qualified health professionals in all areas of the state.

Please answer the following questions related to Indicator 8.4:

8.4.1   Does the SPHS manage its current workforce development resources and develop future resources?   YES HIGH PARTIALLY LOW PARTIALLY NO

If so, does the SPHS:

8.4.1.1   Apply existing resources to high priority areas in workforce development?   YES HIGH PARTIALLY LOW PARTIALLY NO

8.4.1.2   Plan for development of new resources for the future?   YES HIGH PARTIALLY LOW PARTIALLY NO

8.4.1.3   Seek new sources of funding for workforce development activities?   YES HIGH PARTIALLY LOW PARTIALLY NO

8.4.2   Does the SPHS share system-wide resources to effectively conduct workforce development activities?   YES HIGH PARTIALLY LOW PARTIALLY NO

If so, does the SPHS:

8.4.2.1   Coordinate workforce resources that contribute to the workforce development function?   YES HIGH PARTIALLY LOW PARTIALLY NO

8.4.2.2	Coordinate SPHS-wide technology development activities to more effectively conduct workforce development?	YES HIGH PARTIALLY LOW PARTIALLY NO
8.4.2.3	Share financial resources to invest in workforce development?	YES HIGH PARTIALLY LOW PARTIALLY NO

8.4.3 Does the SPHS utilize a system of life-long learning for their workforce?
YES HIGH PARTIALLY LOW PARTIALLY NO

If so,

8.4.3.1 Does the SPHS utilize pre-service education to develop the competencies of the state's health services workforce?
YES HIGH PARTIALLY LOW PARTIALLY NO

If so, does this system utilize:

8.4.3.1.1	Instructors competent to prepare entry-level workforces to meet the health services needs of the state?	YES HIGH PARTIALLY LOW PARTIALLY NO
8.4.3.1.2	Accredited education programs that prepare individuals to meet standards of credentialing in health-related occupations?	YES HIGH PARTIALLY LOW PARTIALLY NO
8.4.3.1.3	Education programs using current instructional technologies for preparing individuals to enter health occupations?	YES HIGH PARTIALLY LOW PARTIALLY NO
8.4.3.1.4	Facilities providing onsite, face-to-face, group instruction for individuals to enter health occupations?	YES HIGH PARTIALLY LOW PARTIALLY NO
8.4.3.1.5	Facilities providing distance-based instruction to individuals entering health occupations?	YES HIGH PARTIALLY LOW PARTIALLY NO

8.4.3.2 Does the SPHS utilize in-service education to extend the competencies of the state's health services workforce?
YES HIGH PARTIALLY LOW PARTIALLY NO

If so, does the system utilize:

8.4.3.2.1	Instructors competent to extend the skills of existing technical and professional workforce addressing the health services needs of the state?	YES HIGH PARTIALLY LOW PARTIALLY NO
8.4.3.2.2	Accredited education programs to assist individuals maintain employment or credentialing requirements for their health occupation?	YES HIGH PARTIALLY LOW PARTIALLY NO
8.4.3.2.3	Education programs using the most current instructional technologies available to extend the skills of individuals working in health occupations?	YES HIGH PARTIALLY LOW PARTIALLY NO
8.4.3.2.4	Facilities providing onsite, face-to-face, group instruction for individuals extending their skills in a health occupation?	YES HIGH PARTIALLY LOW PARTIALLY NO
8.4.3.2.5	Facilities providing distance-based instruction to individuals extending their skills in a health occupation?	YES HIGH PARTIALLY LOW PARTIALLY NO

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8.4.4   Does the SPHS utilize leadership development programs for the public and personal health workforce in the state?

YES   HIGH PARTIALLY   LOW PARTIALLY   NO

8.4.5   Does the SPHS utilize programs to develop cultural competencies among the public and personal health workforce in the state?

YES   HIGH PARTIALLY   LOW PARTIALLY   NO

8.4.6   Does the SPHS utilize expertise in management of human resource development programs supporting the delivery of high quality personal and public health services?

YES   HIGH PARTIALLY   LOW PARTIALLY   NO

If so, does this expertise include:

8.4.6.1   Defining competencies required to deliver quality health services in the state?

YES   HIGH PARTIALLY   LOW PARTIALLY   NO

8.4.6.2   Assessing competencies of the health services workforce in the state?

YES   HIGH PARTIALLY   LOW PARTIALLY   NO

8.4.6.3   Examining competencies of regulated professions that are required to have specific credentials to practice?

YES   HIGH PARTIALLY   LOW PARTIALLY   NO

8.4.6.4   Establishing workforce performance appraisal systems?

YES   HIGH PARTIALLY   LOW PARTIALLY   NO

8.4.6.5   Developing curricula to build workforce competencies?

YES   HIGH PARTIALLY   LOW PARTIALLY   NO

8.4.6.6   Presenting curricula in a training or educational format to build workforce competencies?

YES   HIGH PARTIALLY   LOW PARTIALLY   NO

8.4.7   Does the SPHS invest in the recruitment and retention of qualified health professionals in all areas of the state?

YES   HIGH PARTIALLY   LOW PARTIALLY   NO

8.4.8   How much of this SPHS Model Standard is achieved by the State Public Health System collectively?

0-25%   26-50%   51-75%   76-100%

8.4.8.1   What percent of the answer reported in question 8.4.8 is the direct contribution of the state public health agency?

0-25%   26-50%   51-75%   76-100%

This service includes:

- Evaluation and critical review of health programs, based on analyses of health status and service utilization data, are conducted to determine program effectiveness and to provide information necessary for allocating resources and reshaping programs for improved efficiency, effectiveness, and quality.

- Assessment of and quality improvement in the State Public Health System's performance and capacity.

Indicator 9.1	Planning and Implementation

SPHS Model Standard:

The SPHS plans and implements <u>evaluation</u> processes to identify strengths and weaknesses and to improve the effectiveness of population-based and personal health services within the state. The SPHS assures that the state's communities are served by appropriate and timely personal and population-based services.

In order to accomplish this, the SPHS:

- Evaluates, with its local public health systems and other state partners, the availability, utilization, appropriateness, and effectiveness, of <u>population-based health services</u>, (e.g. injury prevention, promotion of physical activity, immunization) within the state using national guidelines, such as CDC's <u>*Guide to Community Preventive Services*</u>.

- Evaluates, with its local public health systems and other state partners, personal health services within the state using national guidelines, such as the <u>*U.S. Preventive Services Task Force's Guide to Clinical Preventive Services*</u>.

- Establishes, with input from local public health and private health care systems, standards for the availability, utilization, and effectiveness of population-based and personal health services within the state.

- Uses mid-course reviews to assess multi-year health programs to assure that their interventions are appropriately focused to achieve their objectives.

Note: Also see Essential Service # 7 for Personal Health Evaluation.

Please answer the following questions related to Indicator 9.1:

9.1.1   Does the SPHS evaluate population-based health services within the state?

     YES   HIGH PARTIALLY   LOW PARTIALLY   NO

     If so,

     9.1.1.1   Is the availability of population-based health services evaluated?

         YES   HIGH PARTIALLY   LOW PARTIALLY   NO

     9.1.1.2   Is the appropriateness of population-based health services evaluated?

         YES   HIGH PARTIALLY   LOW PARTIALLY   NO

     9.1.1.3   Are the outcomes of population-based health services evaluated?

         YES   HIGH PARTIALLY   LOW PARTIALLY   NO

     9.1.1.4   Is the effectiveness of population-based health services evaluated?

         YES   HIGH PARTIALLY   LOW PARTIALLY   NO

     9.1.1.5   Does the SPHS evaluate population-based health services in collaboration with local public health systems and other state partners?

         YES   HIGH PARTIALLY   LOW PARTIALLY   NO

     9.1.1.6   Are standards based on nationally developed references regarding program effectiveness, such as the *Guide to Community Preventive Services*?

         YES   HIGH PARTIALLY   LOW PARTIALLY   NO

     9.1.1.7   Are evaluation findings integrated into state health improvement activities?

         YES   HIGH PARTIALLY   LOW PARTIALLY   NO

9.1.2   Does the SPHS evaluate personal health services within the state?

     YES   HIGH PARTIALLY   LOW PARTIALLY   NO

     If so,

     9.1.2.1   Are personal health care facilities and services routinely evaluated for compliance with applicable state and national standards and benchmarks?

         YES   HIGH PARTIALLY   LOW PARTIALLY   NO

         If so, are the following services evaluated:

         9.1.2.1.1   Clinical preventive services, using the *Guide to Clinical Preventive Services*?

            YES   HIGH PARTIALLY   LOW PARTIALLY   NO

         9.1.2.1.2   Primary health care services?   YES   HIGH PARTIALLY   LOW PARTIALLY   NO

         9.1.2.1.3   In-patient hospital services?   YES   HIGH PARTIALLY   LOW PARTIALLY   NO

         9.1.2.1.4   Emergency care services?   YES   HIGH PARTIALLY   LOW PARTIALLY   NO

         9.1.2.1.5   Ambulatory surgery services?   YES   HIGH PARTIALLY   LOW PARTIALLY   NO

         9.1.2.1.6   Rehabilitative care services?   YES   HIGH PARTIALLY   LOW PARTIALLY   NO

         9.1.2.1.7   Home health care services?   YES   HIGH PARTIALLY   LOW PARTIALLY   NO

         9.1.2.1.8   Long-term care services?   YES   HIGH PARTIALLY   LOW PARTIALLY   NO

         9.1.2.1.9   Hospice services?   YES   HIGH PARTIALLY   LOW PARTIALLY   NO

     9.1.2.2   Are credentials and licenses of health care professionals monitored?

         YES   HIGH PARTIALLY   LOW PARTIALLY   NO

     9.1.2.3   Are findings of these evaluation activities integrated into the state health improvement process?

         YES   HIGH PARTIALLY   LOW PARTIALLY   NO

9.1.3   Does the SPHS establish and use standards to assess the performance of the state public health system?

     YES   HIGH PARTIALLY   LOW PARTIALLY   NO

     If so,

     9.1.3.1   Are the standards based on nationally developed instruments for the evaluation of systems, capacity, and infrastructure?

         YES   HIGH PARTIALLY   LOW PARTIALLY   NO

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9.1.3.2 Are the standards based on state-developed standards, developed through a collaborative process?

YES | HIGH PARTIALLY | LOW PARTIALLY | NO

9.1.3.3 Do performance standards address the availability of population-based health services?

YES | HIGH PARTIALLY | LOW PARTIALLY | NO

9.1.3.4 Do performance standards address the utilization of population-based health services?

YES | HIGH PARTIALLY | LOW PARTIALLY | NO

9.1.3.5 Do performance standards address the effectiveness of population-based health services?

YES | HIGH PARTIALLY | LOW PARTIALLY | NO

9.1.3.6 Do local public health systems and other state partners participate in establishing standards for population-based health services?

YES | HIGH PARTIALLY | LOW PARTIALLY | NO

9.1.3.7 Is consumer satisfaction with population-based health services included in the standards?

YES | HIGH PARTIALLY | LOW PARTIALLY | NO

If so,

9.1.3.7.1 Are perspectives of those who experience problems with population-based health services incorporated into the evaluation?

YES | HIGH PARTIALLY | LOW PARTIALLY | NO

9.1.3.7.2 Are reports summarizing the results of consumer satisfaction disseminated?

YES | HIGH PARTIALLY | LOW PARTIALLY | NO

9.1.4 Does the SPHS monitor multi-year health programs to assure interventions are appropriately focused to achieve population-based health services objectives?

YES | HIGH PARTIALLY | LOW PARTIALLY | NO

If so,

9.1.4.1 Are assessment findings used to improve program performance?

YES | HIGH PARTIALLY | LOW PARTIALLY | NO

9.1.5 Does the SPHS use assessment findings to institute quality improvement changes in specific health services?

YES | HIGH PARTIALLY | LOW PARTIALLY | NO

9.1.6 How much of this SPHS Model Standard is achieved by the State Public Health System collectively?

0-25% | 26-50% | 51-75% | 76-100%

9.1.6.1 What percent of the answer reported in question 9.1.6 is the direct contribution of the state public health agency?

0-25% | 26-50% | 51-75% | 76-100%

| Indicator 9.2 | Technical Assistance and Support |

SPHS Model Standard:

The SPHS provides assistance, capacity building, and resources to local public health systems and other state partners in their efforts to evaluate effectiveness, accessibility, and quality of population-based and personal health services.

To accomplish this, the SPHS:

- Provides technical assistance to local public health systems and other state partners in the evaluation of population-based and personal health services including their availability, utilization, outcomes and effectiveness.

- Provides technical assistance to local public health systems and other state partners in evaluating the performance of the Essential Public Health Services within local public health systems.

- Offers consultation services and guidance to local public health systems and other state partners in conducting assessment of consumer satisfaction with locally provided public health services and programs.

- Shares results of performance evaluations with local public health systems and other state partners for use in local health improvement and strategic planning processes.

Please answer the following questions related to Indicator 9.2:

9.2.1 Does the SPHS provide technical assistance to local public health systems and other state partners in their review of their population-based and personal health services?   **YES** (HIGH PARTIALLY) (LOW PARTIALLY) **NO**

If so, is assistance provided for assessing:

9.2.1.1	Availability of population-based health services?	**YES** (HIGH PARTIALLY) (LOW PARTIALLY) **NO**
9.2.1.2	Utilization of population-based health services?	**YES** (HIGH PARTIALLY) (LOW PARTIALLY) **NO**
9.2.1.3	Effectiveness of population-based health services?	**YES** (HIGH PARTIALLY) (LOW PARTIALLY) **NO**
9.2.1.4	Outcomes of population-based health services?	**YES** (HIGH PARTIALLY) (LOW PARTIALLY) **NO**
9.2.1.5	Availability of personal health care services?	**YES** (HIGH PARTIALLY) (LOW PARTIALLY) **NO**
9.2.1.6	Utilization of personal health care services?	**YES** (HIGH PARTIALLY) (LOW PARTIALLY) **NO**
9.2.1.7	Effectiveness of personal health care services?	**YES** (HIGH PARTIALLY) (LOW PARTIALLY) **NO**
9.2.1.8	Outcomes of personal health care services?	**YES** (HIGH PARTIALLY) (LOW PARTIALLY) **NO**

9.2.2 Does the SPHS provide technical assistance to local public health systems and other state partners in evaluating their performance of the Essential Public Health Services?   **YES** (HIGH PARTIALLY) (LOW PARTIALLY) **NO**
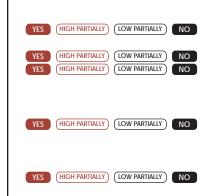
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If so, does the technical assistance address:

9.2.2.1 Evaluating performance compared to predetermined standards?

YES HIGH PARTIALLY LOW PARTIALLY NO

9.2.2.2 Evaluating performance from a systems perspective (e.g., using the <u>Malcolm Baldridge criteria</u>)?

YES HIGH PARTIALLY LOW PARTIALLY NO

9.2.2.3 Drawing conclusions from the evaluations?

YES HIGH PARTIALLY LOW PARTIALLY NO

9.2.3 Does the SPHS offer consultation service and guidance to local public health systems and other state partners in conducting consumer satisfaction studies?

YES HIGH PARTIALLY LOW PARTIALLY NO

9.2.4 Does the SPHS share results of their performance evaluations with local public health systems and other state partners for use in their health improvement and strategic planning processes?

YES HIGH PARTIALLY LOW PARTIALLY NO

9.2.5 How much of this SPHS Model Standard is achieved by the State Public Health System collectively?

0-25%   26-50%   51-75%   76-100%

9.2.5.1 What percent of the answer reported in question 9.2.5 is the direct contribution of the state public health agency?

0-25%   26-50%   51-75%   76-100%

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| Indicator 9.3 | **Evaluation and Quality Improvement** |

SPHS Model Standard:

The SPHS reviews its activities to evaluate the effectiveness, accessibility, and quality of population-based and personal health services on a predetermined, periodic basis and uses results from its reviews to improve the quality and outcome of its efforts.

To accomplish this, the SPHS:

- Reviews its evaluation and quality improvement activities on a periodic, predetermined schedule.

- Reviews its evaluation and quality improvement activities when weaknesses in their quality assurance system become apparent.

- Uses the results of its reviews to improve its evaluation and quality improvement activities.

Please answer the following questions related to Indicator 9.3:

9.3.1   Does the SPHS review its evaluation and quality improvement activities on a periodic, predetermined schedule?

YES   HIGH PARTIALLY   LOW PARTIALLY   NO

9.3.2   Does the SPHS review its evaluation and quality improvement activities when weaknesses in its quality assurance system become apparent?

YES   HIGH PARTIALLY   LOW PARTIALLY   NO

9.3.3   Does the SPHS use the results of its reviews to improve its evaluation and quality improvement activities?

YES   HIGH PARTIALLY   LOW PARTIALLY   NO

9.3.4   How much of this SPHS Model Standard is achieved by the State Public Health System collectively?

0-25%   26-50%   51-75%   76-100%

9.3.4.1   What percent of the answer reported in question 9.3.4 is the direct contribution of the state public health agency?

0-25%   26-50%   51-75%   76-100%

| Indicator 9.4 | Resources |

SPHS Model Standard:

The SPHS effectively invests in, manages, and utilizes its human, information, technology and financial resources to evaluate the effectiveness, accessibility and quality of population-based and personal health services.

To accomplish this, the SPHS:

- Allocates existing resources for evaluation to areas of highest need and plans for development of new resources.

- Collaborates with partners to leverage system-wide resources and focus statewide assets on evaluating population-based and personal services.

- Utilizes analytical tools needed to monitor the performance of population-based and personal health services.

- Utilizes the expertise needed to establish standards and monitor the performance and capacity of the State Public Health System as well as the expertise needed to implement effective quality improvement activities.

Please answer the following questions related to Indicator 9.4:

9.4.1   Does the SPHS manage its current evaluation resources and develop new resources?

YES   HIGH PARTIALLY   LOW PARTIALLY   NO

If so, does the SPHS:

9.4.1.1   Apply existing resources to high priority areas in evaluation?

YES   HIGH PARTIALLY   LOW PARTIALLY   NO

9.4.1.2   Plan for development of new resources for the future?

YES   HIGH PARTIALLY   LOW PARTIALLY   NO

9.4.1.3   Seek new sources of funding for evaluation activities?

YES   HIGH PARTIALLY   LOW PARTIALLY   NO

9.4.2   Does the SPHS share system-wide resources to effectively conduct evaluation activities?

YES   HIGH PARTIALLY   LOW PARTIALLY   NO

If so, does the SPHS:

9.4.2.1   Coordinate workforce resources that contribute to the evaluation function?

YES   HIGH PARTIALLY   LOW PARTIALLY   NO

9.4.2.2   Coordinate SPHS-wide technology development activities to more effectively conduct evaluation?

YES   HIGH PARTIALLY   LOW PARTIALLY   NO

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9.4.2.3   Share financial resources to invest in the evaluation function?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

9.4.3   Does the SPHS have the analytical tools needed to measure and monitor compliance with performance standards for population-based and personal health services?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

If so, does the SPHS invest in:

9.4.3.1   Database development to support public health evaluation?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

9.4.3.2   Computer technologies capable of supporting evaluation activities?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

9.4.3.3   Database development to support personal health care evaluation?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

9.4.4   Does the SPHS utilize the expertise needed to establish standards, monitor and develop quality improvement activities to improve the performance of the State Public Health System to meet the needs of the state's population?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

If so, is the workforce skilled in:

9.4.4.1   Quantitative evaluation methods?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

9.4.4.2   Qualitative evaluation methods?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

9.4.4.3   Service-specific performance standards development?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

9.4.4.4   Public health systems performance standards development?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

9.4.4.5   Data collection and evaluation analysis?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

9.4.4.6   Application of performance evaluation findings to quality improvement activities?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

9.4.5   How much of this SPHS Model Standard is achieved by the State Public Health System collectively?

`0-25%` `26-50%` `51-75%` `76-100%`

9.4.5.1   What percent of the answer reported in question 9.4.5 is the direct contribution of the state public health agency?

`0-25%` `26-50%` `51-75%` `76-100%`

This service includes:

- A full continuum of research ranging from field-based efforts to foster improvements in public health practice to formal scientific research.

- Linkage with research institutions and other institutions of higher learning.

- Internal capacity to mount timely epidemiologic and economic analyses and conduct needed health services research.

Indicator 10.1	Planning and Implementation

SPHS Model Standard:

The SPHS contributes to public health science by identifying and participating in research activities that address new insights in the implementation of the Essential Public Health Services.

The SPHS:

- Partners with institutions of research and higher learning, public health agencies in other states, and local public health systems to develop a written public health research agenda focused on performance of the Essential Public Health Services and on identifying and/or testing innovative solutions for population-based health interventions that consider diverse populations and communities.

- Designs, implements, and draws conclusions from research.

- Establishes a statewide process that includes local public health systems for sharing research findings on Essential Public Health Services and population-based health services innovations.

Please answer the following questions related to Indicator 10.1:

10.1.1 Does the SPHS have a public health research agenda?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

If so,

10.1.1.1 Is the agenda a written document?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

10.1.1.2 Is the agenda developed through a collaborative process?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

If so, do participants include:

10.1.1.2.1	Institutions of research?	`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`
10.1.1.2.2	Institutions of higher education?	`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`
10.1.1.2.3	Local public health systems?	`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`
10.1.1.2.4	Public health agencies in other states?	`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`
10.1.1.2.5	Other public health constituents?	`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

10.1.1.3   Is the performance of the Essential Public Health Services a focus of the agenda?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

10.1.1.4   Is the state public health improvement plan a focus of the agenda?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

10.1.1.5   Does the agenda include the identification or testing of population-based health interventions?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

If so, does the agenda consider research issues for:

10.1.1.5.1   Diverse populations?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

10.1.1.5.2   Diverse communities?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

10.1.2   Does the SPHS carry out its public health research agenda?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

If so, does the SPHS:

10.1.2.1   Design research studies?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

10.1.2.2   Have a process to obtain Institutional Review Board approval for human subject research?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

10.1.2.3   Implement research studies on the performance of essential public services?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

10.1.2.4   Implement research studies to identify or test innovative population-based health interventions?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

10.1.2.5   Draw conclusions from research studies?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

10.1.2.6   Communicate information about research findings?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

10.1.2.7   Reassess the focus of the research agenda as research progresses?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

10.1.3   Does the SPHS have a statewide communication process that includes local public health systems, for sharing research findings on public health practice innovations?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

10.1.4   How much of this SPHS Model Standard is achieved by the State Public Health System collectively?

`0-25%` `26-50%` `51-75%` `76-100%`

10.1.4.1   What percent of the answer reported in question 10.1.4 is the direct contribution of the state public health agency?

`0-25%` `26-50%` `51-75%` `76-100%`

| Indicator 10.2 | Technical Assistance and Support |

SPHS Model Standard:

The SPHS provides assistance, capacity building, and resources to local public health systems and other state partners in their efforts to research for new insights and innovative solutions to health problems.

To accomplish this, the SPHS:

- Assists local public health systems and other state partners to participate in research activities and to secure resources for these activities.

- Assists local public health systems and other state partners to interpret research findings and apply research findings to the Essential Public Health Services and population-based health interventions.

Please answer the following questions related to Indicator 10.2:

10.2.1   Does the SPHS help local public health systems and other state partners with research activities?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

If so, are local public health systems and other state partners assisted in their:

10.2.1.1   Participation in research activities?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`
10.2.1.2   Securing of resources for research-related activities?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

10.2.2   Does the SPHS assist local public health systems and other state partners in their use of research findings?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

If so, does assistance include:

10.2.2.1   Interpreting research findings?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`
10.2.2.2   Applying research findings to the Essential Public Health Services?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`
10.2.2.3   Applying research findings to population-based health interventions?   `YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

10.2.3   How much of this SPHS Model Standard is achieved by the State Public Health System collectively?

[0-25%] [26-50%] [51-75%] [76-100%]

10.2.3.1   What percent of the answer reported in question 10.2.3 is the direct contribution of the state public health agency?

[0-25%] [26-50%] [51-75%] [76-100%]

| Indicator 10.3 | Evaluation and Quality Improvement |

SPHS Model Standard:

The SPHS reviews its activities to research for new insights and innovative solutions to health problems on a predetermined, periodic basis and uses results from its reviews to improve the quality and outcome of its efforts.

To accomplish this, the SPHS:

• Reviews its ability to design, implement, and draw conclusions from research.

• Reviews its ability to communicate information on applying research findings to the delivery of the Essential Public Health Services.

• Reviews its ability to provide technical assistance in the application of research findings to the delivery of the Essential Public Health Services.

• Reviews the relevance of research activities to public health practice related to the Essential Public Health Services and population-based health interventions.

• Uses the findings from its reviews to improve its research activities.

Please answer the following questions related to Indicator 10.3:

10.3.1 Does the SPHS review its ability to engage in public health research?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

If so, does the review include the ability to:

10.3.1.1 Design research studies?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

10.3.1.2 Implement research studies on performance of essential public services?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

10.3.1.3 Implement research studies to identify or test innovative population-based health interventions?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

10.3.1.4 Draw conclusions from research studies?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

10.3.2 Does the SPHS review its ability to communicate information of research findings?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

10.3.3 Does the SPHS review its ability to provide technical assistance in the application of research findings to the delivery of the Essential Public Health Services?   YES | HIGH PARTIALLY | LOW PARTIALLY | NO

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If so,

10.3.3.1 Does the SPHS review its ability to provide technical assistance in the application of research findings to population-based interventions?

YES   HIGH PARTIALLY   LOW PARTIALLY   NO

10.3.4 Does the SPHS review the relevance of research activities?

YES   HIGH PARTIALLY   LOW PARTIALLY   NO

If so, is relevance determined for:

10.3.4.1 Improvement in performance of the Essential Public Health Services?

YES   HIGH PARTIALLY   LOW PARTIALLY   NO

10.3.4.2 Improvement in effectiveness of population-based health interventions?

YES   HIGH PARTIALLY   LOW PARTIALLY   NO

10.3.5 Does the SPHS use findings from their reviews to improve their research activities?

YES   HIGH PARTIALLY   LOW PARTIALLY   NO

10.3.6 How much of this SPHS Model Standard is achieved by the State Public Health System collectively?

0-25%   26-50%   51-75%   76-100%

10.3.6.1 What percent of the answer reported in question 10.3.6 is the direct contribution of the state public health agency?

0-25%   26-50%   51-75%   76-100%

Indicator 10.4	Resources

SPHS Model Standard:

The SPHS effectively invests, manages, and utilizes its human, information, technology and financial resources for the conduct of research to meet the needs of the state's population. The SPHS allocates existing resources to areas of highest need and plans for the development of new resources.

To accomplish this, the SPHS:

- Collaborates with partners to leverage system-wide resources and focus statewide assets on research.

- Uses computing technology necessary for public health research.

- Utilizes workforce expertise in planning, conducting and applying research relevant to population-based health interventions and the practice of the Essential Public Health Services.

- Utilizes workforce expertise in the development and implementation of research agendas.

Please answer the following questions related to Indicator 10.4:

10.4.1 Does the SPHS manage its current research resources and develop new resources?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

If so, does the SPHS:

10.4.1.1 Apply existing resources to high priority areas in research?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

10.4.1.2 Plan for development of new resources for the future?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

10.4.1.3 Seek new sources of funding for research activities?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

10.4.2 Does the SPHS share system-wide resources to conduct research activities?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

If so, does the SPHS:

10.4.2.1 Coordinate workforce resources that contribute to the research function?

`YES` `HIGH PARTIALLY` `LOW PARTIALLY` `NO`

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10.4.2.2 Coordinate SPHS-wide technology development activities to more effectively conduct research relevant to public health practice?

YES | HIGH PARTIALLY | LOW PARTIALLY | NO

10.4.2.3 Share financial resources to invest in the research function?

YES | HIGH PARTIALLY | LOW PARTIALLY | NO

10.4.3 Does the SPHS invest resources in analytical tools necessary to support the research function?

YES | HIGH PARTIALLY | LOW PARTIALLY | NO

If so, does the SPHS invest in:

10.4.3.1 Current databases capable of supporting public health research?

YES | HIGH PARTIALLY | LOW PARTIALLY | NO

10.4.3.2 Computer technologies capable of supporting research activities?

YES | HIGH PARTIALLY | LOW PARTIALLY | NO

10.4.4 Does the SPHS utilize workforce expertise to direct research activities?

YES | HIGH PARTIALLY | LOW PARTIALLY | NO

If so, is workforce expertise available in:

10.4.4.1 Epidemiology, at the doctoral level?

YES | HIGH PARTIALLY | LOW PARTIALLY | NO

10.4.4.2 Bio-statistics, at the doctoral level?

YES | HIGH PARTIALLY | LOW PARTIALLY | NO

10.4.4.3 Health services research, at the doctoral level?

YES | HIGH PARTIALLY | LOW PARTIALLY | NO

10.4.4.4 Methods of population-based health research?

YES | HIGH PARTIALLY | LOW PARTIALLY | NO

10.4.4.5 Application of research findings to population-based health interventions?

YES | HIGH PARTIALLY | LOW PARTIALLY | NO

10.4.4.6 Methods of public health practice research?

YES | HIGH PARTIALLY | LOW PARTIALLY | NO

10.4.4.7 Applying research findings to the practice and performance of the Essential Public Health Services?

YES | HIGH PARTIALLY | LOW PARTIALLY | NO

10.4.5 Does the SPHS utilize workforce expertise to develop and implement research agendas?

YES | HIGH PARTIALLY | LOW PARTIALLY | NO

If so, is expertise used to:

10.4.5.1 Develop research agendas in population-based health services?

YES | HIGH PARTIALLY | LOW PARTIALLY | NO

10.4.5.2 Develop research agendas in the public health practice of Essential Public Health Services?

YES | HIGH PARTIALLY | LOW PARTIALLY | NO

10.4.5.3 Write research proposals to pursue funding?

YES | HIGH PARTIALLY | LOW PARTIALLY | NO

10.4.6 How much of this SPHS Model Standard is achieved by the State Public Health System collectively?

0-25% | 26-50% | 51-75% | 76-100%

10.4.6.1 What percent of the answer reported in question 10.4.6 is the direct contribution of the state public health agency?

0-25% | 26-50% | 51-75% | 76-100%

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