



# Local

NATIONAL PUBLIC HEALTH PERFORMANCE STANDARDS

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LOCAL PUBLIC HEALTH SYSTEM  
PERFORMANCE ASSESSMENT INSTRUMENT

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**National Public Health Performance Standards Program  
Local Public Health Performance Assessment  
Version 1.0**

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**Local Public Health Systems** include all public, private, and voluntary entities, as well as individuals and informal associations, that contribute to the delivery of public health services within a jurisdiction.

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, local commissions, or councils.

This foreword provides an introduction to the Local Instrument. The primary goal of this instrument is to promote continuous quality improvement of local public health systems. Use of the Local Instrument can result in stronger connections among local 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.

### 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.

The **Essential Public Health Services** provide the fundamental framework for the NPHPSP instruments, by describing the public health activities that should be undertaken in all communities. The Core Public Health Functions Steering Committee developed the framework for the Essential Services in 1994. This steering committee included representatives from US Public Health Service agencies and other major national public health organizations. The Essential Services provide a working definition of public health and a guiding framework for the responsibilities of local public health systems.

Local public health agencies are the natural leaders in the development of a cohesive local public health system. Local public health agencies have unique responsibilities to enable, assure, and enforce the provision of these essential services by entities within the local public health system. They assure an adequate statutory base for local public health activities, advocate with system partners for local policy changes to improve health, and assure that funding for public services meet the critical health needs of their populations. In addition, local public health agencies provide important leadership in maintaining and improving the performance and capacity of local public health systems to provide appropriate public health services.

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

### Acknowledgment

The Local Public Health System Performance Assessment Instrument was principally developed by the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC). Other collaborative partners include the Association of State and Territorial Health Officials, the National Association of Local Boards of Health, the American Public Health Association, and the Public Health Foundation. Academic partners representing the Association of Schools of Public Health also made considerable contributions. Finally we thank the numerous field test sites for their thoughtful application of and feedback on the instrument; their participation was extremely valuable in identifying areas for improvement.

### About the Local Assessment Instrument

The Local Assessment Instrument is divided into ten sections – one for each Essential Service. Each Essential Service section is divided into several indicators. The indicators identify major components of the Essential Services. Associated with each indicator are model standards that describe aspects of optimum performance for local public health systems. Overall, these model standards represent expert opinion concerning actions and capacities that are necessary for a high performing local public health system. Use of existing document sources and connections to related efforts were also made, when possible.

Each model standard is followed by a series of assessment questions that serve as measures of performance. There are four possible response options associated with the measures. As the participants discuss each question, they should determine the response that best fits the current level of activity. The response options are described below.

Response Options are:



YES	Greater than 75 percent of the activity described within the question is met within the local 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 local 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 local public health system.
NO	No more than 25 percent of the activity described within the question is met within the local public health system.

In addition, two summary questions are asked at the end of each indicator section. Respondents are directed to think about the model standard as a whole and use a four-point scale to respond to these two questions:

1. How much of this Model Standard is achieved by the local public health system collectively?
2. What percent of the answer reported in question 1 is the direct contribution of the local public health agency?

The four possible responses to these questions are:



In responding to these questions, respondents should first estimate to what extent the system has achieved the overall model standard. Then, estimate how much of the activity relevant to the model standard is conducted by the local public health agency. For example, if 50% of the model standard is achieved and all of the activities are conducted by the local public health agency, the response to the second question should be 4 (76-100%). On the other hand, if the agency conducts very few of the activities related to the model standard, the answer should be 1 (0-25%).

### Use of the Local Assessment Instrument

Ideally, partners from throughout the local public health system will collaborate to develop a collective response to the Local Assessment Instrument. Participants should include representatives from organizations that contribute to the delivery of public health services in the community. Such organizations may include the local public health agency, hospitals, social service providers, environmental organizations, and many others. For a more complete list, see the NPHPSP User Guide.

To use the Local Assessment Instrument, begin by convening the necessary partners. The convening organization may want to begin the meeting with a brief overview of the NPHPSP, the Essential Public Health Services, and the purpose of completing the assessment. After an orientation to the process, the next step is to discuss and complete the Local Assessment Instrument. This may require 2-3 meetings of the group, of 2-3 hours per meeting. A facilitator will need to keep the discussion moving so the instrument is completed in a timely fashion. To assure an interactive discussion and limit the amount of reading that occurs during the meeting, participants should review the materials prior to the meeting. For more in-depth guidance in using the Local Assessment Instrument, see the NPHPSP User Guide.

### Data Submission and Reports

Once a local public health system has completed the assessment, data can be submitted electronically to a limited access Internet site managed by CDC. The local public health agency, as the organization that will likely lead the system assessment process, should be responsible for this activity. To gain access to this site, the local public health agency will need



to obtain a user identification number and other access information. Directions for obtaining this information and the data submission process will be posted on the NPHPSP Internet site. It is recommended that local public health agencies obtain this information prior to conducting the assessment.

Data provided to CDC will be used in accordance with the data use policy that appears on the NPHPSP Internet site; all users will need to agree to this policy before submitting data to CDC. When assessment data is submitted to the NPHPSP Internet site, an automated process will be initiated to conduct the data analysis and build a report. Once the report has been built, the specified contact person will receive directions on how to electronically access the report. The report will contain information on: 1) overall achievement of each Essential Public Health Service, 2) achievement of indicators for each EPHS, and 3) key points of each model standard. This report will be sent to the responding local public health agency, and summary information will be provided to appropriate state public health department officials. It is important to note that data from these assessments are intended to assist in quality improvement efforts 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 Internet site.

### Benefits of Statewide Coordination

It is recommended, but not required, that all local public health systems within a State conduct the local assessment in the same time period. This will provide opportunities to coordinate orientation activities, technical assistance, and improvement planning between local public health agencies leading the system assessments. In addition, it is recommended that the State and Governance Instruments be applied in a closely coordinated time period. 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 Local 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:

- Accurate, periodic assessment of the community's health status, including:
  - Identification of health risks and determination of health service needs.
  - Attention to the vital statistics and health status of groups that are at higher risk than the total population.
  - Identification of community assets and resources that support the local public health system (LPHS) in promoting health and improving quality of life.
- Utilization of appropriate methods and technology, such as geographic information systems, to interpret and communicate data to diverse audiences.
- Collaboration among all LPHS components, including private providers and health benefit plans, to establish and use population health information systems, such as disease or immunization registries.

### Indicator 1.1

### Population-Based Community Health Profile (CHP)

#### LPHS Model Standard:

The [community health profile](#) (CHP) is a common set of measures for the community to prioritize the health issues that will be addressed through strategic planning and action, to allocate and align resources, and to monitor population-based health status improvement over time.

The CHP includes broad-based surveillance data and measures related to health status and health risk at individual and community levels including: demographic and socioeconomic characteristics; health resource availability; quality of life; behavioral risk factors; environmental health indicators; social and mental health; maternal and child health; death, illness, and injury; communicable disease; and sentinel events. The CHP displays information about trends in health status, along with associated risk factors and health resources. Local measures are compared with peer, state, and national benchmarks. Data and information are displayed in multiple formats for diverse audiences, such as the media and community-based organizations. Data included in the community health profile are accurate, reliable, and consistently interpreted according to the science and evidence-base for public health practice.

To accomplish this, the [Local Public Health System](#) (LPHS):

- Conducts regular [community health assessments](#) to monitor progress towards health-related objectives.
- Compiles and periodically updates a community health profile using community health assessment data.
- Promotes community-wide use of the community health profile and/or assessment data and assures that this information can be easily accessed by the community.

Please answer the following questions related to Indicator 1.1:

<p>1.1.1 Has the LPHS conducted a community health assessment?</p> <p><i>If so,</i></p> <p>1.1.1.1 Is the community health assessment updated at periodic intervals?</p> <p><i>If so, is the community health assessment updated: (Choose one of the following)</i></p> <p>1.1.1.1.1 Annually?</p> <p>1.1.1.1.2 Every 2 years?</p> <p>1.1.1.1.3 Every 5 years?</p> <p>1.1.1.1.4 After 5 or more years?</p> <p>1.1.1.2 Are data from the assessment compared to data from other representative areas or populations?</p> <p><i>If so, are health status data compared with data from:</i></p> <p>1.1.1.2.1 Peer (demographically similar) communities?</p> <p>1.1.1.2.2 The state?</p> <p>1.1.1.2.3 The region?</p> <p>1.1.1.2.4 The nation?</p> <p>1.1.1.3 Does the LPHS use data from community health assessments to monitor progress toward health-related objectives?</p> <p><i>If so, do those objectives include:</i></p> <p>1.1.1.3.1 Healthy People 2010 objectives?</p> <p>1.1.1.3.2 State-established health priorities?</p> <p>1.1.1.3.3 <u>Locally-established health priorities?</u></p> <p>1.1.1.3.4 Measures from the <u>Health Plan Employer Data and Information Set (HEDIS)?</u></p> <p>1.1.1.3.5 Other health-related objectives?</p>	<p><input type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p> <p><input type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p> <p><input type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p> <p><input type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p> <p><input type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p> <p><input type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p> <p><input type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p> <p><input type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p> <p><input type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p> <p><input type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p> <p><input type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p> <p><input type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p> <p><input type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p>
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1.1.2 Does the LPHS compile data from the community health assessment(s) into a community health profile?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

*If so,*

- 1.1.2.1 Are CHP data used to track trends over time?
- 1.1.2.2 Does the CHP include data from a local surveillance system?
- 1.1.2.3 Does the LPHS assure that adequate resources are allocated to maintain the CHP?
- 1.1.2.4 Has the LPHS identified the individuals or organizations responsible for contributing data and/or resources to produce the CHP?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

*If so, do they include: (Choose all that apply)*

- 1.1.2.4.1 Local public health agency?
- 1.1.2.4.2 University or academic institution(s)?
- 1.1.2.4.3 Private consultant(s)?
- 1.1.2.4.4 Health/hospital system(s)?
- 1.1.2.4.5 Managed care organization(s)?
- 1.1.2.4.6 Other public sector agency or governmental entities(s)?
- 1.1.2.4.7 State level agency or organization(s)?
- 1.1.2.4.8 National level agency or organization(s)?
- 1.1.2.4.9 Community-based organization(s)?
- 1.1.2.4.10 The general public?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

*If so,*

- 1.1.2.4.11 Does each contributor of data have access to the completed CHP?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

*Please indicate the data elements to which your LPHS has access for use in a CHP: (Click on the links to view a definition and list of indicators for each category.)*

1.1.3 Does the LPHS have access to community demographic characteristics?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

- 1.1.3.1 Are these data used in the CHP?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

1.1.4 Does the LPHS have access to community socioeconomic characteristics?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

- 1.1.4.1 Are these data used in the CHP?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

1.1.5 Does the LPHS have access to health resource availability data?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

- 1.1.5.1 Are these data used in the CHP?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

1.1.6 Does the LPHS have access to quality of life data for the community?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

- 1.1.6.1 Are these data used in the CHP?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

- 1.1.7 Does the LPHS have access to behavioral risk factors for the community?
  - 1.1.7.1 Are these data used in the CHP?
- 1.1.8 Does the LPHS have access to community environmental health indicators?
  - 1.1.8.1 Are these data used in the CHP?
- 1.1.9 Does the LPHS have access to social and mental health data?
  - 1.1.9.1 Are these data used in the CHP?
- 1.1.10 Does the LPHS have access to maternal and child health data?
  - 1.1.10.1 Are these data used in the CHP?
- 1.1.11 Does the LPHS have access to death, illness, and/or injury data?
  - 1.1.11.1 Are these data used in the CHP?
- 1.1.12 Does the LPHS have access to communicable disease data?
  - 1.1.12.1 Are these data used in the CHP?
- 1.1.13 Does the LPHS have access to sentinel events data for the community?
  - 1.1.13.1 Are these data used in the CHP?
- 1.1.14 Is community-wide use of community health assessment or CHP data promoted?
 

*If so,*

  - 1.1.14.1 Is a media strategy in place to promote community-wide use of the CHP?
  - 1.1.14.2 Is the information easily accessible by community organizations and the general public?
  - 1.1.14.3 Do organizations in the LPHS use the CHP to inform health policy and planning decisions?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

- 1.1.15 How much of this LPHS Model Standard is achieved by the local public health system collectively?
 

0-25%  26-50%  51-75%  76-100%
- 1.1.15.1 What percent of the answer reported in question 1.1.15 is the direct contribution of the local public health agency?
 

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

Indicator 1.2

**Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data**

**LPHS Model Standard:**

Population health data are presented in formats that allow for clear communication and interpretation by end users. Such formats include graphed trend data that allow for comparisons over time by relevant variables such as gender, race, and geographic designation.

Tools such as geographic information systems (GIS) are used to combine geography, data, and computer mapping to support the exploration of spatial relationships, patterns, and trends in health data. Use of geocoded data (matching of street address to a corresponding latitude and longitude) is promoted, while maintaining appropriate safeguards for confidentiality. Increased public access to GIS information provides new insights to develop strategies that are appropriate for specific geographic areas and to align health status indicators with health resources.

While the information in the Community Health Profile (CHP) is available in paper format, this information is also available in a web-based version that is accessible to individuals, community groups, and other organizations in a timely manner. Links to other sources of related information are provided.

To accomplish this, the LPHS:

- Uses state-of-the-art technology to collect, manage, integrate, and display health profile databases.
- Promotes the use of geocoded data.
- Uses geographic information systems.
- Uses computer-generated graphics to identify trends and/or compare data by relevant categories (i.e., race, gender, age group).

**Please answer the following questions related to Indicator 1.2:**

1.2.1 Does the LPHS use state-of-the-art technology to support health profile databases?

*If so, does the LPHS use state-of-the-art technology to:*

- 1.2.1.1 Collect health profile database information?
- 1.2.1.2 Manage health profile databases?
- 1.2.1.3 Integrate health profile databases?
- 1.2.1.4 Display health profile databases?

1.2.2 Does the LPHS have access to geocoded health data?

*If so, is the data collected at the:*

- 1.2.2.1 County level?
- 1.2.2.2 Zip Code level?
- 1.2.2.3 Census Tract level?

YES HIGH PARTIALLY LOW PARTIALLY NO

YES HIGH PARTIALLY LOW PARTIALLY NO

YES HIGH PARTIALLY LOW PARTIALLY NO

YES HIGH PARTIALLY LOW PARTIALLY NO

YES HIGH PARTIALLY LOW PARTIALLY NO

YES HIGH PARTIALLY LOW PARTIALLY NO

YES HIGH PARTIALLY LOW PARTIALLY NO

YES HIGH PARTIALLY LOW PARTIALLY NO

YES HIGH PARTIALLY LOW PARTIALLY NO

1.2.3 Does the LPHS use geographic information systems (GIS)?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

*If so, does the LPHS use GIS to:*

- 1.2.3.1 Display health-related information?
- 1.2.3.2 Map health resources?
- 1.2.3.3 Link databases?
- 1.2.3.4 Analyze health issues?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

1.2.4 Does the LPHS use computer-generated graphics to identify trends and/or compare data by relevant categories (i.e., race, gender, age group)?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

1.2.5 Is the information in the CHP available in an electronic version?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

*If so, is it available:*

- 1.2.5.1 On one website?
- 1.2.5.2 On one website linked to other websites?
- 1.2.5.3 On multiple websites (same information on multiple sites)?
- 1.2.5.4 On multiple (linked) websites (different information on different sites)?
- 1.2.5.5 Through access to a data warehouse?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

1.2.6 How much of this LPHS Model Standard is achieved by the local 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 local public health agency?

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

Indicator 1.3

Maintenance of Population Health Registries

**LPHS Model Standard:**

Population health registries track health-related events such as disease patterns and preventive health services delivery (i.e., cancer registries facilitate tracking of cancer incidence, cancer stage at diagnosis, treatment patterns, and survival probability; vaccine registries provide the real time status of vaccine coverage for specified age groups in the community). The LPHS creates and supports systems to assure accurate, timely, and unduplicated reporting by providers.

Data is collected for registries in accordance with standards that assure comparability of data from public, private, local, state, regional, and national sources. Collaboration among multiple partners facilitates the aggregation of individual data to compile a population health registry used to inform policy decisions, program implementation, and population research.

To accomplish this, the LPHS:

- Maintains and regularly contributes to population health registries using established criteria to report identified health events.
- Uses information from one or more population health registries.

Please answer the following questions related to Indicator 1.3:

1.3.1 Does the LPHS maintain and/or contribute to one or more population health registries?

YES HIGH PARTIALLY LOW PARTIALLY NO

*If so,*

1.3.1.1 Are there standards for data collection?

YES HIGH PARTIALLY LOW PARTIALLY NO

1.3.1.2 Are there established criteria and processes for reporting health events to the registry or registries?

YES HIGH PARTIALLY LOW PARTIALLY NO

*If so, are systems in place to ensure:*

1.3.1.2.1 Accurate reporting?

YES HIGH PARTIALLY LOW PARTIALLY NO

1.3.1.2.2 Timely reporting?

YES HIGH PARTIALLY LOW PARTIALLY NO

1.3.1.2.3 Unduplicated reporting?

YES HIGH PARTIALLY LOW PARTIALLY NO



*If so, does the LPHS maintain a registry for:*

- 1.3.1.3 Immunization status of children?
- 1.3.1.4 Immunization status of adults?
- 1.3.1.5 Cancer?
- 1.3.1.6 Syphilis serology?
- 1.3.1.7 Newborn screening?
- 1.3.1.8 Birth defects and developmental disabilities?
- 1.3.1.9 Trauma?
- 1.3.1.10 Occupational injury?
- 1.3.1.11 Environmental exposures?

<input checked="" type="radio"/> YES	<input checked="" type="radio"/> HIGH PARTIALLY	<input type="radio"/> LOW PARTIALLY	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input checked="" type="radio"/> HIGH PARTIALLY	<input type="radio"/> LOW PARTIALLY	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input checked="" type="radio"/> HIGH PARTIALLY	<input type="radio"/> LOW PARTIALLY	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input checked="" type="radio"/> HIGH PARTIALLY	<input type="radio"/> LOW PARTIALLY	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input checked="" type="radio"/> HIGH PARTIALLY	<input type="radio"/> LOW PARTIALLY	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input checked="" type="radio"/> HIGH PARTIALLY	<input type="radio"/> LOW PARTIALLY	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input checked="" type="radio"/> HIGH PARTIALLY	<input type="radio"/> LOW PARTIALLY	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input checked="" type="radio"/> HIGH PARTIALLY	<input type="radio"/> LOW PARTIALLY	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input checked="" type="radio"/> HIGH PARTIALLY	<input type="radio"/> LOW PARTIALLY	<input type="radio"/> NO

- 1.3.2 In the past year, has the LPHS used information from one or more population health registries?

<input checked="" type="radio"/> YES	<input checked="" type="radio"/> HIGH PARTIALLY	<input type="radio"/> LOW PARTIALLY	<input type="radio"/> NO
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*If so, is information used to:*

- 1.3.2.1 Inform policy decisions?
- 1.3.2.2 Design and implement programs?
- 1.3.2.3 Conduct population research?

<input checked="" type="radio"/> YES	<input checked="" type="radio"/> HIGH PARTIALLY	<input type="radio"/> LOW PARTIALLY	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input checked="" type="radio"/> HIGH PARTIALLY	<input type="radio"/> LOW PARTIALLY	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input checked="" type="radio"/> HIGH PARTIALLY	<input type="radio"/> LOW PARTIALLY	<input type="radio"/> NO

- 1.3.3 How much of this LPHS Model Standard is achieved by the local public health system collectively?

<input checked="" type="radio"/> 0-25%	<input type="radio"/> 26-50%	<input type="radio"/> 51-75%	<input type="radio"/> 76-100%
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- 1.3.3.1 What percent of the answer reported in question 1.3.3 is the direct contribution of the local public health agency?

<input checked="" type="radio"/> 0-25%	<input type="radio"/> 26-50%	<input type="radio"/> 51-75%	<input type="radio"/> 76-100%
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### This service includes:

- Epidemiological investigations of disease outbreaks and patterns of infectious and chronic diseases and injuries, environmental hazards, and other health threats.
- Active infectious disease epidemiology programs.
- Access to a public health laboratory capable of conducting rapid screening and high volume testing.

### Indicator 2.1

### Identification and Surveillance of Health Threats

#### LPHS Model Standard:

Surveillance systems are designed and maintained to monitor health events, to identify changes or patterns, and to investigate underlying causes or factors. Epidemiological and behavioral science techniques are used to collect data to identify risk factors for health threats. Local public health surveillance systems are integrated with national and state surveillance systems to provide comprehensive monitoring of health events using consistent collection and reporting procedures. Surveillance data are used to assess and analyze health problems and hazards. Surveillance data are also used to examine the impact of health hazards, behaviors, and risk factors on disease and mortality. Surveillance efforts also alert the LPHS to community and health indicators that may signal public health emergencies (e.g., biological or chemical incidents).

In order to accomplish this, the LPHS:

- Collects timely reportable disease information from community health professionals who submit information on possible disease outbreaks.
- Uses state-of-the-art information technology and communication systems to support surveillance and investigation activities.
- Has access to Masters and/or Doctoral level statistical and epidemiological expertise to assess, investigate, and analyze health threats and health hazards.
- Has a procedure to alert communities to possible health threats and disease outbreaks.

Please answer the following questions related to Indicator 2.1:

- 2.1.1 Do community health professionals submit timely reportable disease information to the state or LPHS?
  - YES  HIGH PARTIALLY  LOW PARTIALLY  NO
  
- 2.1.2 Does the LPHS monitor changes in the occurrence of health problems and hazards?
  - YES  HIGH PARTIALLY  LOW PARTIALLY  NO

*If so, are local statistics available for:*

  - 2.1.2.1 Communicable diseases?  YES  HIGH PARTIALLY  LOW PARTIALLY  NO
  - 2.1.2.2 Chronic diseases?  YES  HIGH PARTIALLY  LOW PARTIALLY  NO
  - 2.1.2.3 Injuries?  YES  HIGH PARTIALLY  LOW PARTIALLY  NO
  - 2.1.2.4 Environmental hazards?  YES  HIGH PARTIALLY  LOW PARTIALLY  NO
  
- 2.1.3 Does the LPHS have a comprehensive surveillance system?
  - YES  HIGH PARTIALLY  LOW PARTIALLY  NO

*If so,*

  - 2.1.3.1 Are these systems integrated with national and state surveillance systems?
    - YES  HIGH PARTIALLY  LOW PARTIALLY  NO

*If so,*

    - 2.1.3.1.1 Is the Internet used to integrate with local, state and national surveillance systems?
      - YES  HIGH PARTIALLY  LOW PARTIALLY  NO
  
- 2.1.4 Does the LPHS use information technology for surveillance (e.g., geographic information systems, word processing, spreadsheets, database analysis, and graphics presentation software)?
  - YES  HIGH PARTIALLY  LOW PARTIALLY  NO

*If so,*

  - 2.1.4.1 Do organizations within the LPHS communicate electronically?
    - YES  HIGH PARTIALLY  LOW PARTIALLY  NO

*If so, do the mechanisms for communication methods include:*

    - 2.1.4.1.1 Touch-tone telephone service?  YES  HIGH PARTIALLY  LOW PARTIALLY  NO
    - 2.1.4.1.2 Facsimile (fax) machine?  YES  HIGH PARTIALLY  LOW PARTIALLY  NO
    - 2.1.4.1.3 E-mail (e.g., Internet, cable, and wireless systems)?  YES  HIGH PARTIALLY  LOW PARTIALLY  NO

*If so,*

    - 2.1.4.1.3.1 Are agencies within the LPHS linked with each other for rapid electronic communication to respond to health threats?
      - YES  HIGH PARTIALLY  LOW PARTIALLY  NO

2.1.5 Does the LPHS have (or have access to) Masters or Doctoral level epidemiologists and/or statisticians to assess, investigate and analyze public health threats and health hazards?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

2.1.6 Does the LPHS have a procedure to alert communities about possible health threats or disease outbreaks?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

2.1.7 How much of this LPHS Model Standard is achieved by the local public health system collectively?

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

2.1.7.1 What percent of the answer reported in question 2.1.7 is the direct contribution of the local public health agency?

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

Indicator 2.2

Plan for Public Health Emergencies

**LPHS Model Standard:**

An emergency preparedness and response plan describes the roles, functions and responsibilities of LPHS entities in the event of one or more types of public health emergencies. Careful planning and mobilization of resources and partners prior to an event is crucial to a prompt and effective response. LPHS entities, including the local public health agency, law enforcement, fire departments, health care providers, and other partners work collaboratively to formulate emergency response plans and procedures. The plan should create a dual-use response infrastructure, in that it outlines the capacity of the LPHS to respond to all public health emergencies (including natural disasters), while taking into account the unique and complex challenges presented by chemical hazards or bioterrorism.

In order to plan for public health emergencies, the LPHS:

- Defines and describes public health disasters and emergencies that might trigger implementation of the LPHS emergency response plan.
- Develops a plan that defines organizational responsibilities, establishes communication and information networks, and clearly outlines alert and evacuation protocols.
- Tests the plan each year through the staging of one or more “mock events.”
- Revises its emergency response plan at least every two years.

**Please answer the following questions related to Indicator 2.2:**

2.2.1 Has the LPHS identified public health disasters and emergencies that might trigger implementation of the LPHS emergency response plan?

YES HIGH PARTIALLY LOW PARTIALLY NO

2.2.2 Does the LPHS have an emergency preparedness and response plan?

YES HIGH PARTIALLY LOW PARTIALLY NO

*If so,*

2.2.2.1 Is the emergency preparedness and response plan in written form?

YES HIGH PARTIALLY LOW PARTIALLY NO

2.2.2.2 Is there an established chain-of-command among plan participants?

YES HIGH PARTIALLY LOW PARTIALLY NO

*Does the plan:*

2.2.2.3 Describe the organizational responsibilities and roles of all plan participants?

YES HIGH PARTIALLY LOW PARTIALLY NO

2.2.2.4 Identify community assets that could be mobilized by plan participants to respond to an emergency?

YES HIGH PARTIALLY LOW PARTIALLY NO

2.2.2.5 Describe LPHS communications and information networks?

YES HIGH PARTIALLY LOW PARTIALLY NO

2.2.2.6	Connect, where possible, to the state emergency response and preparedness plan?	<input checked="" type="radio"/> YES	<input type="radio"/> HIGH PARTIALLY	<input type="radio"/> LOW PARTIALLY	<input type="radio"/> NO
2.2.2.7	Clearly outline protocols for emergency response?	<input checked="" type="radio"/> YES	<input type="radio"/> HIGH PARTIALLY	<input type="radio"/> LOW PARTIALLY	<input type="radio"/> NO
	<i>If so, does the plan:</i>				
2.2.2.7.1	Build on existing plans, protocols, and procedures within the community?	<input checked="" type="radio"/> YES	<input type="radio"/> HIGH PARTIALLY	<input type="radio"/> LOW PARTIALLY	<input type="radio"/> NO
2.2.2.7.2	Include written alert protocols to implement an emergency program of <u>source and contact tracing</u> for communicable diseases and toxic exposures?	<input checked="" type="radio"/> YES	<input type="radio"/> HIGH PARTIALLY	<input type="radio"/> LOW PARTIALLY	<input type="radio"/> NO
2.2.2.7.3	Include protocols to alert affected populations?	<input checked="" type="radio"/> YES	<input type="radio"/> HIGH PARTIALLY	<input type="radio"/> LOW PARTIALLY	<input type="radio"/> NO
2.2.2.7.4	Include an evacuation plan?	<input checked="" type="radio"/> YES	<input type="radio"/> HIGH PARTIALLY	<input type="radio"/> LOW PARTIALLY	<input type="radio"/> NO
2.2.2.7.5	Include procedures for coordinating public health responsibilities with law enforcement responsibilities?	<input checked="" type="radio"/> YES	<input type="radio"/> HIGH PARTIALLY	<input type="radio"/> LOW PARTIALLY	<input type="radio"/> NO
2.2.3	Has any part of the plan been tested through simulations of one or more "mock events" within the past year?	<input checked="" type="radio"/> YES	<input type="radio"/> HIGH PARTIALLY	<input type="radio"/> LOW PARTIALLY	<input type="radio"/> NO
2.2.4	Has the plan been reviewed or revised within the past two years?	<input checked="" type="radio"/> YES	<input type="radio"/> HIGH PARTIALLY	<input type="radio"/> LOW PARTIALLY	<input type="radio"/> NO

2.2.5 How much of this LPHS Model Standard is achieved by the local 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 local public health agency?

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

Indicator 2.3

Investigate and Respond to Public Health Emergencies

**LPHS Model Standard:**

Local public health systems must respond rapidly and effectively to investigate public health emergencies which involve communicable disease outbreaks or biological, radiological or chemical agents. With the occurrence of an adverse public health event or potential threat, a collaborative team of health professionals participates in the collection and analysis of relevant data. A network of support and communication relationships exists in the LPHS, which includes health-related organizations, public safety and rapid response teams, the media, and the general public. Timely investigation of public health emergencies is coordinated through an Emergency Response Coordinator, who leads the local effort in the event of a public health emergency (e.g., health officer, environmental health director).

In order to investigate public health emergencies, the LPHS:

- Designates an Emergency Response Coordinator.
- Develops written epidemiological case investigation protocols for immediate investigation of:
  - communicable disease outbreaks,
  - environmental health hazards,
  - potential chemical and biological agent threats,
  - radiological threats, and
  - large scale disasters.
- Maintains written protocols to implement a program of source and contact tracing for communicable diseases or toxic exposures.
- Maintains a roster of personnel with the technical expertise to respond to potential biological, chemical, or radiological public health emergencies.
- Evaluates past incidents for effectiveness and opportunities for improvement.

Please answer the following questions related to Indicator 2.3:

2.3.1 Has the LPHS designated an Emergency Response Coordinator?

YES HIGH PARTIALLY LOW PARTIALLY NO

*If so,*

2.3.1.1 Is there coordination with the local public health agency's Emergency Response Coordinator?

YES HIGH PARTIALLY LOW PARTIALLY NO

2.3.2 Does the LPHS have current epidemiological case investigation protocols to guide immediate investigations of public health emergencies?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

*If so, do these protocols address:*

- 2.3.2.1 Communicable disease outbreaks?
- 2.3.2.2 Environmental health hazards?
- 2.3.2.3 Chemical threats?
- 2.3.2.4 Biological agent threats?
- 2.3.2.5 Radiological threats?
- 2.3.2.6 Large-scale natural disasters?
- 2.3.2.7 Possible terrorist incidents?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

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

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

*If so, are protocols in place for:*

- 2.3.3.1 Animal and vector control?
- 2.3.3.2 Exposure to food-borne illness?
- 2.3.3.3 Exposure to water-borne illness?
- 2.3.3.4 Excessive lead levels?
- 2.3.3.5 Exposure to asbestos?
- 2.3.3.6 Exposure to other toxic chemicals?
- 2.3.3.7 Communicable diseases?
- 2.3.3.8 Radiological health threats?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

2.3.4 Does the LPHS maintain a roster of personnel with the technical expertise to respond to potential biological, chemical, or radiological public health emergencies?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

*If so, does the LPHS have access to the following personnel within one hour?*

- 2.3.4.1 Chemists?
- 2.3.4.2 Emergency management?
- 2.3.4.3 Environmental health scientists?
- 2.3.4.4 State epidemiologists?
- 2.3.4.5 Hazardous Material Response Teams?
- 2.3.4.6 Health physicists?
- 2.3.4.7 Industrial hygienists?
- 2.3.4.8 Infectious disease specialists?
- 2.3.4.9 Law enforcement?
- 2.3.4.10 Medical examiners/coroner?
- 2.3.4.11 Microbiologists?
- 2.3.4.12 National Guard?
- 2.3.4.13 Occupation health physicians?
- 2.3.4.14 State public health laboratory director?
- 2.3.4.15 Toxicologists?
- 2.3.4.16 Veterinarians?
- 2.3.4.17 Funeral/Mortuary Directors?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

YES  HIGH PARTIALLY  LOW PARTIALLY  NO



2.3.5 Does the LPHS evaluate public health emergency response incidents for effectiveness and opportunities for improvement?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

2.3.6 How much of this LPHS Model Standard is achieved by the local public health system collectively?

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

2.3.6.1 What percent of the answer reported in question 2.3.6 is the direct contribution of the local public health agency?

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

Indicator 2.4

Laboratory Support for Investigation of Health Threats

**LPHS Model Standard:**

Laboratory support is defined as the ability to produce timely and accurate laboratory results for diagnostic and investigative public health concerns. The actual testing may be performed outside the traditional public health system, however, public health retains the responsibility for ensuring that proper testing and timely results are available to the community.

In order to accomplish this, the LPHS:

- Maintains ready access to laboratories capable of supporting investigations of public health problems, hazards, and emergencies.
- Maintains ready access to laboratories capable of meeting routine diagnostic and surveillance needs.
- Confirms that laboratories are in compliance with regulations and standards through credentialing and licensing agencies.
- Maintains guidelines or protocols to address the handling of laboratory samples, which describe procedures for storing, collecting, labeling, transporting, and delivering laboratory samples, and for determining the chain of custody regarding the handling of these samples.

Please answer the following questions related to Indicator 2.4:

2.4.1 Does the LPHS have ready access to laboratory services available to support investigations of public health problems, hazards, and emergencies?

YES HIGH PARTIALLY LOW PARTIALLY NO

2.4.2 Does the LPHS maintain ready access to laboratories capable of meeting routine diagnostic and surveillance needs?

YES HIGH PARTIALLY LOW PARTIALLY NO

2.4.3 Does the LPHS have documentation showing that laboratories are licensed and/or credentialed?

YES HIGH PARTIALLY LOW PARTIALLY NO

2.4.4 Does the LPHS maintain current guidelines or protocols for handling laboratory samples?

YES HIGH PARTIALLY LOW PARTIALLY NO

*If so, do these guidelines or protocols address:*

2.4.4.1 Collecting samples?

YES HIGH PARTIALLY LOW PARTIALLY NO

2.4.4.2 Labeling samples?

YES HIGH PARTIALLY LOW PARTIALLY NO

2.4.4.3 Storing samples?

YES HIGH PARTIALLY LOW PARTIALLY NO

2.4.4.4 Transporting or delivering samples?

YES HIGH PARTIALLY LOW PARTIALLY NO

2.4.4.5 Determining the chain of custody with respect to the handling of laboratory samples?

YES HIGH PARTIALLY LOW PARTIALLY NO

2.4.5 How much of this LPHS Model Standard is achieved by the local public health system collectively?

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

2.4.5.1 What percent of the answer reported in question 2.4.5 is the direct contribution of the local public health agency?

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

### This service includes:

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

### Indicator 3.1

### Health Education

#### LPHS Model Standard:

Public health education is the process by which the LPHS conveys information and facilitates the development of health enhancing skills among individuals and groups in the community. Factual information is provided for informed decision-making on issues affecting individual and community health. A broad-based group of entities are involved in public health education, including the local governmental public health agency, health care providers, hospitals, and community-based organizations. Education services are provided to assist individuals and groups in the community to voluntarily act on their decisions, establish healthy behaviors, and use knowledge to change social conditions affecting health. Public health education serves to reinforce health promotion messages within the community, ultimately helping to reduce health risk and improve health status.

To provide effective public health education, the LPHS:

- Provides the general public and policy leaders with information on health risk, health status, and health needs in the community as well as information on policies and programs that can improve community health.
- Uses appropriate media (print, radio, television, and Internet) to communicate health information to the community-at-large.
- Provides health information to enable individuals and groups, including vulnerable populations and those at increased risk, to make informed decisions about healthy living and lifestyle choices and sponsors educational programs to develop knowledge, skills, and behavior needed to improve individual and community health.
- Evaluates the appropriateness, quality, and effectiveness of public health education activities at least every two years.

Please answer the following questions related to Indicator 3.1:

3.1.1 Does the LPHS provide the general public and policy leaders with information on community health?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

*If so, does the information provided include:*

3.1.1.1 Health risks (e.g., obesity, smoking)?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

*If so,*

3.1.1.1.1 Are health risks associated with demographic sub-populations in the community identified?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

3.1.1.2 Health status?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

*If so,*

3.1.1.2.1 Is the health status of demographic sub-populations in the community included?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

3.1.1.3 Health needs?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

*If so,*

3.1.1.3.1 Are the health needs associated with demographic sub-populations in the community identified?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

3.1.1.4 Does the LPHS disseminate information on behaviors that improve health?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

3.1.1.5 Does the LPHS disseminate information on policies or programs that could be applied to improve community health?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

3.1.2 Does the LPHS use media (e.g., print, radio, television, Internet) to communicate health information?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

*If so,*

3.1.2.1 Is information targeted to specific populations?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

3.1.2.2 Is the media's use of the information tracked?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

3.1.2.3 Do press releases generate stories or follow-up inquiries from media?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

3.1.2.4 Has there been collaboration with the local media to develop news or feature stories on health issues?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

3.1.3 Does the LPHS sponsor health education programs?

YES HIGH PARTIALLY LOW PARTIALLY NO

If so, do these programs:

3.1.3.1 Address health concerns identified by members of the community?

YES HIGH PARTIALLY LOW PARTIALLY NO

If so, are community members involved in:

- 3.1.3.1.1 The design and development of educational programs that address community concerns?
- 3.1.3.1.2 The implementation of educational programs that address community concerns?

YES HIGH PARTIALLY LOW PARTIALLY NO

YES HIGH PARTIALLY LOW PARTIALLY NO

If so, do these programs:

3.1.3.2 Target particular health risks commonly faced in the community (e.g., infectious disease, lack of exercise, smoking, obesity, substance abuse, and a failure to wear lap and shoulder restraints in automobiles)?

YES HIGH PARTIALLY LOW PARTIALLY NO

3.1.3.3 Address the needs of populations at increased risk of specific illnesses or injuries with information and education programs designed to assist them in lowering their risk?

YES HIGH PARTIALLY LOW PARTIALLY NO

If so, do health education programs:

- 3.1.3.3.1 Provide guidance on developing skills and behaviors that reduce individual and community health risk?
- 3.1.3.3.2 Consider language, culture, age or other characteristics of the target audience?

YES HIGH PARTIALLY LOW PARTIALLY NO

YES HIGH PARTIALLY LOW PARTIALLY NO

3.1.4 Within the past two years, has the LPHS assessed its public health education activities?

YES HIGH PARTIALLY LOW PARTIALLY NO

If so, did the assessment consider the appropriateness of the:

- 3.1.4.1 Health issues addressed?
- 3.1.4.2 Populations served?

YES HIGH PARTIALLY LOW PARTIALLY NO

YES HIGH PARTIALLY LOW PARTIALLY NO

If so,

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

YES HIGH PARTIALLY LOW PARTIALLY NO

3.1.4.3 LPHS partners involved?

YES HIGH PARTIALLY LOW PARTIALLY NO

<p>3.1.4.4 Settings for health education activity (e.g., school, worksite, faith institution, or community-at-large)?</p> <p><i>If so,</i></p> <p>3.1.4.4.1 Are the education methods tailored to the target settings (e.g., school, worksite, faith institution, or community-at-large)?</p> <p>3.1.4.5 Communication mechanisms used (e.g., print, radio, television, Internet, or face-to-face group encounters)?</p> <p>3.1.4.6 Did the assessment consider the quality of their health education programs?</p> <p><i>If so,</i></p> <p>3.1.4.6.1 Are educational interventions either <u>theory-based</u> (e.g., health belief model, diffusion of innovation theory) or <u>evidence-based</u> (e.g., The <u>Guide to Community Preventive Services</u>)?</p> <p>3.1.4.7 Did the assessment address whether health education programs achieved the intended outcomes?</p>	<p><input checked="" type="radio"/> YES <input checked="" type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p> <p><input checked="" type="radio"/> YES <input checked="" type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p> <p><input checked="" type="radio"/> YES <input checked="" type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p> <p><input checked="" type="radio"/> YES <input checked="" type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p> <p><input checked="" type="radio"/> YES <input checked="" type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p> <p><input checked="" type="radio"/> YES <input checked="" type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p>
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3.1.5 How much of this LPHS Model Standard is achieved by the local 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 local public health agency?

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

Indicator 3.2

Health Promotion Activities to Facilitate Healthy Living in Healthy Communities

LPHS Model Standard:

Health promotion activities include any combination of educational and environmental supports that give individuals, groups, or communities greater control over conditions affecting their health. Health promotion activities include: educational programs to develop healthy behaviors, support groups, media campaigns to reinforce the practice of healthy behaviors, policies, laws or other programs that provide incentives to practice healthy behaviors.

The LPHS designs and implements a wide range of health promotion activities to facilitate healthy living in healthy communities. Health promotion activities are based on models proven to be effective. The LPHS applies a variety of strategies and methods to affect change on multiple levels of the social and physical environment (e.g., individual, family, organizational, and community levels) in order to accomplish desired health promotion goals and objectives. A strong collaborative network, including public agencies, private sector organizations, voluntary associations, the faith community, and community groups is active in health promotion activities.

To accomplish this, the LPHS:

- Conducts health promotion activities for the community-at-large or for populations at increased risk for negative health outcomes.
- Develops collaborative networks for health promotion activities that facilitate healthy living in healthy communities.
- Assesses the appropriateness, quality, and effectiveness of health promotion activities at least every two years.

Please answer the following questions related to Indicator 3.2:

3.2.1 In the past year, has your LPHS implemented one or more health promotion activities?

YES HIGH PARTIALLY LOW PARTIALLY NO

If so,

3.2.1.1 Were these health promotion activities based on models that were proven to be effective?

YES HIGH PARTIALLY LOW PARTIALLY NO

3.2.1.2 Were multiple interventions used to affect change or accomplish health improvement objectives (e.g., reducing/preventing youth smoking by limiting access to tobacco products, instituting an elementary school's curriculum to prevent tobacco use, and raising tax on tobacco products)?

YES HIGH PARTIALLY LOW PARTIALLY NO



3.2.1.3 Were health promotion activities targeted to the general public?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

*If so,*

3.2.1.3.1 Did the health promotion activities improve the community's capacity to enable healthy behaviors (e.g., playgrounds or sidewalks to promote physical activity, heart healthy menus in schools and restaurants)?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

3.2.1.4 Were any of the health promotion activities tailored for specific populations?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

*If so,*

3.2.1.4.1 Were these activities designed to address language, culture, or other characteristics of the target audience?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

3.2.2 Have collaborative networks for health promotion been established among LPHS entities such as public and private agencies, voluntary organizations, and community groups?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

*If so, do network participants play a role in the following:*

3.2.2.1 Planning health promotion activities?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

3.2.2.2 Providing resources for health promotion activities (e.g., award funds, facilities)?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

3.2.2.3 Conducting health promotion activities?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

3.2.2.4 Evaluating health promotion activities?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

3.2.3 Within the past two years, has the LPHS assessed its health promotion activities?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

*If so, did the assessment consider the appropriateness of the:*

3.2.3.1 Health issues addressed?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

3.2.3.2 Populations served?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

3.2.3.3 LPHS partners involved?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

3.2.3.4 Settings for health promotion activities (e.g., school, worksite, faith institution, community-at-large)?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

If so,

3.2.3.5 Did the assessment evaluate the quality of its health promotion activities?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

If so,

3.2.3.5.1 Are health promotion activities either theory-based (e.g., theories of social exchange, social ecology, empowerment) or evidence-based (e.g., *The Guide to Community Preventive Services*)?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

3.2.3.5.2 Are health promotion activities tailored for the target population?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

3.2.3.5.3 Are health promotion activities tailored for the target settings (e.g., school, worksite, faith institution, community-at-large)?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

3.2.3.6 Did the assessment evaluate whether the health promotion activities achieved the intended outcomes?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

3.2.4 How much of this LPHS Model Standard is achieved by the local public health system collectively?

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

3.2.4.1 What percent of the answer reported in question 3.2.4 is the direct contribution of the local public health agency?

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

**This service includes:**

- Identifying potential stakeholders who contribute to or benefit from public health, and increase their awareness of the value of public health.
- Building coalitions to draw upon the full range of potential human and material resources to improve community health.
- Convening and facilitating partnerships among groups and associations (including those not typically considered to be health-related) in undertaking defined health improvement projects, including preventive, screening, rehabilitation, and support programs.

**Indicator 4.1****Constituency Development****LPHS Model Standard:**

Constituents of the LPHS include all persons and organizations that directly contribute to or benefit from public health. These may include members of the public served by the LPHS, the governmental bodies it represents, and other health, environmental, and non-health-related organizations in the community. Constituency development is the process of establishing collaborative relationships among the LPHS and all current and potential constituents.

As part of constituency development activities, the LPHS develops a communications/media strategy designed to educate the community about the benefits of public health and the role of the LPHS in improving community health. The LPHS operationalizes the communications/media strategy through formal and informal community networks, which may include schools, the faith community, and community associations.

For effective constituency development, the LPHS:

- Has a process to identify key constituents for population-based health in general (e.g., improved health and quality of life at the community level) or for specific health concerns (e.g., a particular health theme, disease, risk factor, life stage need).
- Encourages the participation of its constituents in community health activities, such as in identifying community issues and themes and in engaging in volunteer public health activities.
- Establishes and maintains a comprehensive directory of community organizations.
- Uses broad-based communication strategies to strengthen linkages among LPHS organizations and to provide current information about public health services and issues.

Please answer the following questions related to Indicator 4.1:

4.1.1 Does the LPHS have a process for identifying key constituents?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

*If so,*

4.1.1.1 Are key constituents identified for population-based health in general (e.g., improved health and quality of life at the community level)?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

4.1.1.2 Are key constituents identified for specific health concerns (e.g., a particular health theme, disease, risk factor, life stage need)?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

4.1.1.3 Does the LPHS maintain a list of the names and contact information for individuals and groups for constituency building?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

4.1.1.4 Is there a protocol and/or suggested approach for contacting potential constituents?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

4.1.2 Does the LPHS encourage the participation of constituents in improving community health?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

*If so,*

4.1.2.1 Does the LPHS encourage constituents from the community-at-large to identify community issues and themes through a variety of means (e.g., using on-line resources, community/town hall meetings, ballot votes, community surveys, focus groups)?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

4.1.2.2 Does the LPHS provide opportunities for volunteers to help in community health improvement?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

*If so, does the LPHS:*

4.1.2.2.1 Have mechanisms to recruit and retain volunteers?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

4.1.2.2.2 Publicize these volunteer opportunities?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

4.1.3 Does the LPHS maintain a current directory of organizations that comprise the LPHS?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

*If so,*

4.1.3.1 Is the directory accessible to the public?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO



4.1.5 How much of this LPHS Model Standard is achieved by the local public health system collectively?

0-25%

26-50%

51-75%

76-100%

4.1.5.1 What percent of the answer reported in question 4.1.5 is the direct contribution of the local public health agency?

0-25%

26-50%

51-75%

76-100%

Indicator 4.2

Community Partnerships

**LPHS Model Standard:**

Community partnerships describe a continuum of relationships that foster the sharing of resources and accountability in undertaking community health improvement. Public health agencies may convene or facilitate the collaborative process. The multiple levels of relationships among public, private, or nonprofit institutions have been described as 1) networking, exchanging information for mutual benefit; 2) coordination, exchanging information and altering activities for mutual benefit and to achieve a common purpose; 3) cooperation, exchanging information, altering activities, and sharing resources for mutual benefit and to achieve a common purpose; and 4) collaboration, exchanging information, altering activities, sharing resources, and enhancing the capacity of another for mutual benefit and to achieve a common purpose. Multi-sector collaboration is thus defined as: a voluntary strategic alliance of public, private, and nonprofit organizations to enhance each other's capacity to achieve a common purpose by sharing risks, responsibilities, resources, and rewards.

Multi-sector partnerships such as community health improvement committees (community committees) exist in some communities as formally constituted bodies (e.g., a community health planning council) while in other communities they are less formal groups. The community committee is a dynamic collaboration designed to be comprehensive and inclusive in its approach to community health improvement. Participation in the community committee varies to address priority health issues, leverage community resources, and to provide the essential service of public health.

To accomplish this, the LPHS:

- Establishes community partnerships to assure a comprehensive approach to improving health in the community.
- Assures the establishment of a broad-based community health improvement committee.
- Assesses the effectiveness of community partnerships in improving community health.

Please answer the following questions related to Indicator 4.2:

4.2.1 Do partnerships exist in the community to assure coordination of public health activities?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

*If so, is there coordination to provide:*

4.2.1.1 A comprehensive approach to improving community health?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

4.2.1.2 Health promotion services?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

4.2.1.3 Disease prevention services?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

4.2.2 Does the LPHS assure the establishment of a broad-based community health improvement committee?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

*If so, does this committee:*

- 4.2.2.1 Participate in the community assessment process?
- 4.2.2.2 Participate in the implementation of a community health improvement process?
- 4.2.2.3 Monitor progress toward prioritized goals?
- 4.2.2.4 Leverage community resources?
- 4.2.2.5 Meet at least four times per year?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

4.2.3 Does the LPHS assess the effectiveness of community partnerships developed to improve community health?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

*If so, does the assessment include:*

- 4.2.3.1 Process measures?
- 4.2.3.2 Outcome measures?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

4.2.4 How much of this LPHS Model Standard is achieved by the local public health system collectively?

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

4.2.4.1 What percent of the answer reported in question 4.2.4 is the direct contribution of the local public health agency?

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



**This service includes:**

- An effective governmental presence at the local level.
- Development of policy to protect the health of the public and to guide the practice of public health.
- Systematic community-level and state-level planning for health improvement in all jurisdictions.
- Alignment of LPHS resources and strategies with the community health improvement plan.

**Indicator 5.1**

**Governmental Presence at the Local Level**

**LPHS Model Standard:**

Every community must be served by a governmental public health entity. As the first line of defense, local governmental public health agencies play an especially vital role in ensuring the safety, health, and well-being of communities. The governmental public health entity works in partnership with the community to assure the development and maintenance of a flexible and dynamic public health system that provides the Essential Public Health Services. In doing this, the local governmental public health entity coordinates or assures the provision of quality public health services. Typically, the local health department or a local branch of the state health agency serves as the local governmental public health entity.

The LPHS includes a local governmental public health entity. A governmental public health entity within the LPHS assures:

- Delivery of the Essential Public Health Services to the community.
- The participation of all relevant stakeholders in the development and implementation of the community health improvement plan.
- An appropriate relationship with its local governing entity (e.g., local board of health, county commission, state health agency).
- Coordination with the state public health system.

**Please answer the following questions related to Indicator 5.1:**

5.1.1 Does the LPHS include a local governmental public health entity to assure the delivery of the Essential Public Health Services to the community?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

*If so, does the local governmental public health entity maintain current documentation describing its:*

- 5.1.1.1 Mission?
- 5.1.1.2 Statutory responsibilities?
- 5.1.1.3 Chartered and/or legal responsibilities?
- 5.1.1.4 Does the local governmental public health entity assure resources to provide the Essential Public Health Services to the community?

*If so, do these resources include:*

- 5.1.1.4.1 The availability of legal counsel on issues related to the provision of Essential Public Health Services?
- 5.1.1.4.2 Adequate funding for mandated public health programs?
- 5.1.1.4.3 The personnel, facilities, equipment, and supplies required to deliver the Essential Public Health Services?

- 5.1.2 Does the local governmental public health entity assure the participation of all relevant stakeholders in the implementation of a community health improvement plan?
- 5.1.3 Does a local board of health or other governing entity conduct oversight for the local governmental public health entity?

*If so,*

- 5.1.3.1 Has this local board of health or other governing entity completed the National Public Health Performance Standards Program Local Public Health Governance Performance Assessment Instrument?

- 5.1.4 Does the local governmental public health entity work with the state public health system (and specifically the state public health agency) to assure the provision of public health services?

*If so,*

- 5.1.4.1 Have state partners completed the National Public Health Performance Standards Program State Public Health System Performance Assessment Instrument?

*If so,*

- 5.1.4.1.1 Was input from the local level considered and included in the responses?

YES HIGH PARTIALLY LOW PARTIALLY NO

YES HIGH PARTIALLY LOW PARTIALLY NO

YES HIGH PARTIALLY LOW PARTIALLY NO

YES HIGH PARTIALLY LOW PARTIALLY NO

YES HIGH PARTIALLY LOW PARTIALLY NO

YES HIGH PARTIALLY LOW PARTIALLY NO

YES HIGH PARTIALLY LOW PARTIALLY NO

YES HIGH PARTIALLY LOW PARTIALLY NO

YES HIGH PARTIALLY LOW PARTIALLY NO

YES HIGH PARTIALLY LOW PARTIALLY NO

YES HIGH PARTIALLY LOW PARTIALLY NO

YES HIGH PARTIALLY LOW PARTIALLY NO

YES HIGH PARTIALLY LOW PARTIALLY NO

5.1.5 How much of this LPHS Model Standard is achieved by the local public health system collectively?

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

5.1.5.1 What percent of the answer reported in question 5.1.5 is the direct contribution of the local public health agency?

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

Indicator 5.2

Public Health Policy Development

**LPHS Model Standard:**

As used in this instrument, the phrase “policy development” involves the means by which problem identification, technical knowledge of possible solutions, and societal values join to set a course of action (IOM, 1988). Policy development is not synonymous with the development of laws, rules, and regulations (which are the focus of Essential Service # 6). Laws, rules, and regulations may be adopted as tools to implement policy, but good policies must precede good legislation. Policy development is a process that enables informed decisions to be made concerning issues related to the public’s health.

To assure effective public health policy, the LPHS:

- Contributes to the development and/or modification of public health policy by facilitating community involvement in the process and by engaging in activities that inform the process.
- Reviews existing policies at least every two years and alerts policymakers and the public of potential unintended outcomes and consequences.
- Advocates for prevention and protection policies, particularly for policies that affect populations who bear a disproportionate burden of mortality or morbidity.

**Please answer the following questions related to Indicator 5.2:**

5.2.1 Does the LPHS contribute to the development of public health policies?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

*If so,*

5.2.1.1 Does the LPHS provide forums for constituents to raise and analyze issues?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

5.2.1.2 Within the past two years, has the LPHS been involved in activities that influenced or informed the public health policy process?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

*If so, has the LPHS:*

5.2.1.2.1 Prepared issue briefs?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

5.2.1.2.2 Given public testimony?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

5.2.1.2.3 Participated on local boards or advisory panels responsible for health policy advisement?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

5.2.1.2.4 Participated on state boards or advisory panels responsible for health policy advisement?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

5.2.1.2.5 Participated on national boards or advisory panels responsible for health policy advisement?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

5.2.1.2.6 Met with elected officials to inform them of potential public health impacts of actions under their consideration?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

*If so,*

5.2.1.2.7 Have any of these activities resulted in change in public health policy?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

5.2.2 Does the LPHS review public health policies at least every two years?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

*If so, does the review include:*

5.2.2.1 Assessment of outcomes and/or consequences?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

5.2.2.2 Examination of potential community health impact of other policy areas (e.g., fiscal, social, environmental)?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

5.2.2.3 A plan to alert policymakers and the public on unintended consequences?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

*If so, does the review process include:*

5.2.2.4 Community constituents, including those affected by the policy?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

5.2.3 Does the LPHS advocate for the development of prevention and protection policies in the interest of those in the community who bear disproportionate burdens of mortality or morbidity?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

5.2.4 How much of this LPHS Model Standard is achieved by the local public health system collectively?

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

5.2.4.1 What percent of the answer reported in question 5.2.4 is the direct contribution of the local public health agency?

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

Indicator 5.3

Community Health Improvement Process

**LPHS Model Standard:**

Community health improvement is not limited to issues classified within traditional public health or health services categories, but may include environmental, business, economic, housing, land use, and other community issues indirectly affecting the public’s health. The community health improvement process involves an ongoing collaborative, community-wide effort by the LPHS to identify, analyze, and address health problems; assess applicable data; inventory community health assets and resources; identify community perceptions; develop and implement coordinated strategies; develop measurable health objectives and indicators; identify accountable entities; and cultivate community “ownership” of the entire process. The community health improvement process provides the opportunity to develop a community-owned plan that will ultimately lead to a healthier community.

To accomplish this, the LPHS:

- Establishes a community health improvement process, which includes broad-based participation and uses information from the community health assessment as well as perceptions of community residents.
- Develops strategies to achieve community health improvement objectives and identifies accountable entities to achieve each strategy.

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

5.3.1 Has the LPHS established a community health improvement process (e.g., MAPP)?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

*If so,*

5.3.1.1 Is there broad participation in the community health improvement process?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

*If so, do participants include:*

- 5.3.1.1.1 Community residents?
- 5.3.1.1.2 The local governmental public health entity?
- 5.3.1.1.3 The local governing entity (e.g., board of health)?
- 5.3.1.1.4 Other governmental entities?
- 5.3.1.1.5 Hospitals?
- 5.3.1.1.6 Managed care organizations?
- 5.3.1.1.7 Primary care clinics and physicians?
- 5.3.1.1.8 Social service providers?
- 5.3.1.1.9 Civic organizations?
- 5.3.1.1.10 Professional organizations?
- 5.3.1.1.11 Local businesses and employers?
- 5.3.1.1.12 Neighborhood organizations?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

- 5.3.1.1.13 Faith institutions?
- 5.3.1.1.14 Transportation providers?
- 5.3.1.1.15 Educational institutions?
- 5.3.1.1.16 Public safety and emergency response organizations?
- 5.3.1.1.17 Environmental or environmental-health agencies?
- 5.3.1.1.18 Non-profit organizations/advocacy groups?
- 5.3.1.1.19 Local officials who impact on policy and fiscal decisions?

*If so, does the process include:*

- 5.3.1.2 Information from the community health assessment?
- 5.3.1.3 Issues and themes identified by the community?
- 5.3.1.4 Identification of community assets and resources?
- 5.3.1.5 Prioritization of community health issues?
- 5.3.1.6 Development of measurable health objectives?

*If so,*

- 5.3.1.7 Does the process result in the development of a community health improvement plan?

*If so,*

- 5.3.1.7.1 Is the community health improvement plan linked to the state health improvement plan?

- 5.3.2 Has the LPHS developed strategies to address community health objectives?

*If so,*

- 5.3.2.1 Have the individuals or organizations accountable for the implementation of these strategies been identified?

*If so, have the individuals or organizations:*

- 5.3.2.1.1 Agreed to defined responsibilities and timetables for activities?
- 5.3.2.1.2 Started to implement these strategies?
- 5.3.2.1.3 Determined how to effectively utilize the community assets and resources that were identified?

YES HIGH PARTIALLY LOW PARTIALLY NO

YES HIGH PARTIALLY LOW PARTIALLY NO

YES HIGH PARTIALLY LOW PARTIALLY NO

YES HIGH PARTIALLY LOW PARTIALLY NO

YES HIGH PARTIALLY LOW PARTIALLY NO

YES HIGH PARTIALLY LOW PARTIALLY NO

YES HIGH PARTIALLY LOW PARTIALLY NO

YES HIGH PARTIALLY LOW PARTIALLY NO

YES HIGH PARTIALLY LOW PARTIALLY NO

YES HIGH PARTIALLY LOW PARTIALLY NO

YES HIGH PARTIALLY LOW PARTIALLY NO

YES HIGH PARTIALLY LOW PARTIALLY NO

YES HIGH PARTIALLY LOW PARTIALLY NO

YES HIGH PARTIALLY LOW PARTIALLY NO

YES HIGH PARTIALLY LOW PARTIALLY NO

YES HIGH PARTIALLY LOW PARTIALLY NO

YES HIGH PARTIALLY LOW PARTIALLY NO

YES HIGH PARTIALLY LOW PARTIALLY NO

YES HIGH PARTIALLY LOW PARTIALLY NO

5.3.3 How much of this LPHS Model Standard is achieved by the local public health system collectively?

0-25%

26-50%

51-75%

76-100%

5.3.3.1 What percent of the answer reported in question 5.3.3 is the direct contribution of the local public health agency?

0-25%

26-50%

51-75%

76-100%



Indicator 5.4

Strategic Planning and Alignment with the Community Health Improvement Process

**LPHS Model Standard:**

Strategic planning is a disciplined effort to produce fundamental decisions and actions that shape and guide what an organization is, what it does, and why it does it. Strategic planning requires information gathering, an exploration of alternatives, and an emphasis on the future implications of present decisions. The strategic planning process can facilitate communication and participation, accommodate divergent interests and values, and foster orderly decision-making that leads to successful implementation, and, ultimately, quality improvement.

Strategic planning includes the identification of forces and trends in the external environment that might impact the health of individuals, the health of the community or the effectiveness of the LPHS. Strategic planning also includes the assessment of the strengths and weaknesses of the organization.

To optimize community resources and encourage complementary action, each organization within the LPHS:

- Conducts organizational strategic planning activities.
- Reviews its organizational strategic plan to determine how it can best be aligned with the community health improvement process.

Because the activities of the local governmental public health entity should be focused on community public health needs and issues, specific attention is given to this organization's strategic plan. The local governmental public health entity:

- Conducts organizational strategic planning activities and uses strategic planning to align its goals, objectives, strategies, and resources with the community health improvement process.

**Please answer the following questions related to Indicator 5.4:**

5.4.1 Does each organization in the LPHS conduct a strategic planning process?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

*(If a partial response was recorded above, please respond to the questions below by considering the organizations that do have strategic plans.)*

5.4.2 Does each organization in the LPHS review its organizational strategic plan to determine how it can best be aligned with community health improvement process?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

*If so, does each organization,*

5.4.2.1 Incorporate information from the community health improvement process into the strategic plan?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

5.4.3 Does the local governmental public health entity conduct strategic planning activities?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

*If so, does the local governmental public health entity:*

- 5.4.3.1 Identify forces (trends, events, or factors) that may impact health or the local public health system?
- 5.4.3.2 Assess organizational strengths and weaknesses?
- 5.4.3.3 Use strategic planning to align its goals, objectives, strategies, and resources with the community health improvement process?
- 5.4.3.4 Does the local governmental public health entity have a strategic plan?

*If so, is the plan:*

- 5.4.3.4.1 Reviewed annually?
- 5.4.3.4.2 Revised at least every five years?

<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
YES	HIGH PARTIALLY	LOW PARTIALLY	NO
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
YES	HIGH PARTIALLY	LOW PARTIALLY	NO
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
YES	HIGH PARTIALLY	LOW PARTIALLY	NO
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
YES	HIGH PARTIALLY	LOW PARTIALLY	NO
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
YES	HIGH PARTIALLY	LOW PARTIALLY	NO

5.4.4 How much of this LPHS Model Standard is achieved by the local public health system collectively?

<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0-25%	26-50%	51-75%	76-100%

5.4.4.1 What percent of the answer reported in question 5.4.4 is the direct contribution of the local public health agency?

<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0-25%	26-50%	51-75%	76-100%

### 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; re-inspection of workplaces following safety violations; review of new drug, biologic, 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

### Review and Evaluate Laws, Regulations, and Ordinances

#### LPHS Model Standard:

The LPHS reviews existing federal, state, and local laws and regulations relevant to the public health of the community, including laws and regulations addressing environmental quality and health-related behavior. The review focuses on the authority established for laws and regulations as well as the impact of existing laws and regulations on the health of the community. The review also assesses compliance, opinions of constituents, and whether laws and regulations require updating.

In order to accomplish this, the LPHS:

- Identifies public health issues that can only be addressed through laws, regulations, or ordinances.
- Has access to a current compilation of federal, state, and local laws, regulations, and ordinances that protect the public's health.
- Reviews public health laws and regulations at least once every 5 years.
- Has access to [legal counsel](#) for assistance in the review of laws, regulations and ordinances.

Please answer the following questions related to Indicator 6.1:

6.1.1 Does the LPHS identify public health issues that can only be addressed through laws, regulations, or ordinances?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

6.1.2 Does the LPHS have access to a current compilation of federal, state, and local laws, regulations, and ordinances that protect the public's health?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

*If so, does the compilation include regulations for:*

6.1.2.1 Food handling?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

6.1.2.2 Water quality?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

6.1.2.3 Clean air?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

6.1.2.4 Injury prevention (e.g., safety inspection of work-sites, schools, swimming pools)?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

6.1.2.5 Toxic waste and chemical treatment?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

6.1.2.6 Exposure-related diseases?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

6.1.2.7 Nursing home and other long-term care?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

6.1.2.8 Home health care providers?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

6.1.2.9 Day care centers?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

6.1.3 Does the LPHS review the public health laws and regulations at least once every 5 years?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

*If so, do reviews:*

6.1.3.1 Determine whether laws and regulations provide the authority to carry out the Essential Public Health Services?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

6.1.3.2 Determine the impact of existing laws and regulations on the health of the community?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

6.1.3.3 Assess the opinions of constituents of the LPHS?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

6.1.3.4 Determine whether public health laws and regulations require updating?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

6.1.3.5 Assess compliance with public health laws and regulations?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

6.1.4 Do entities within the LPHS (e.g., governmental public health entity, governing entity), have access to legal counsel to assist with the review of laws, regulations and ordinances?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

6.1.5 How much of this LPHS Model Standard is achieved by the local public health system collectively?

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

6.1.5.1 What percent of the answer reported in question 6.1.5 is the direct contribution of the local public health agency?

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

Indicator 6.2

Involvement in the Improvement of Laws, Regulations, and Ordinances

**LPHS Model Standard:**

Having identified local public health issues that are not adequately being addressed through existing laws and regulations, the LPHS participates actively in the modification of existing laws and regulations and the formulation of new laws and regulations designed to assure and improve the public's health. This participation includes the drafting of proposed legislation and regulations, involvement in public hearings, and periodic communication with legislators and regulatory officials.

In order to accomplish this, the LPHS:

- Identifies local public health issues that are not adequately addressed through existing laws, regulations, and ordinances.
- Participates in the modification of existing laws, regulations, and and/or the formulation of new laws, regulations, and ordinances designed to assure and improve the public's health.
- Provides technical assistance for drafting proposed legislation, regulations, and ordinances.

Please answer the following questions related to Indicator 6.2 :

- 6.2.1 Does the LPHS identify local public health issues that are not adequately addressed through existing laws, regulations, and ordinances?
- If so,*
- 6.2.1.1 Did the identification process lead to action to address these inadequacies?
- 6.2.2 Within the past five years, have organizations in the LPHS participated in the development or modification of laws, regulations or ordinances?
- 6.2.2.1 Communication with legislators, regulatory officials, or other policymakers regarding proposed legislation, regulations, or ordinances?
- 6.2.2.2 Involvement in public hearings regarding proposed legislation, regulations, or ordinances?
- 6.2.3 Do organizations within the LPHS provide technical assistance to legislative, regulatory or advocacy groups for drafting proposed legislation, regulations, or ordinances?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

6.2.4 How much of this LPHS Model Standard is achieved by the local public health system collectively?

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

6.2.4.1 What percent of the answer reported in question 6.2.4 is the direct contribution of the local public health agency?

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

Indicator 6.3

Enforce Laws, Regulations, and Ordinances

**LPHS Model Standard:**

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

To enforce laws, regulations, and ordinances, the LPHS:

- Identifies organizations within the LPHS that have authority to enforce public health laws, regulations, or ordinances.
- Assures that all enforcement activities are conducted in a timely manner in accordance with laws, regulations, and ordinances.
- Informs and educates individuals and organizations of the meaning and purpose of public health laws, regulations, and ordinances with which they are required to comply.
- Evaluates the compliance of regulated organizations and entities.

Please answer the following questions related to Indicator 6.3:

6.3.1 Do organizations within your LPHS have the authority to enforce public health laws, regulations, or ordinances?

YES HIGH PARTIALLY LOW PARTIALLY NO

*If so,*

6.3.1.1 Does a document (paper or electronic) exist that identifies the roles and responsibilities of each organization with enforcement authority?

YES HIGH PARTIALLY LOW PARTIALLY NO

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

YES HIGH PARTIALLY LOW PARTIALLY NO

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

YES HIGH PARTIALLY LOW PARTIALLY NO

6.3.2 Does the LPHS assure that all enforcement activities are conducted in a timely manner?

YES HIGH PARTIALLY LOW PARTIALLY NO

6.3.3 Does the LPHS provide information to individuals and organizations about public health laws, regulations, and ordinances with which they are required to comply?

YES HIGH PARTIALLY LOW PARTIALLY NO

*If so, does the information explain:*

- 6.3.3.1 The meaning of applicable laws, regulations, and ordinances?
- 6.3.3.2 The purpose of applicable laws, regulations, and ordinances?
- 6.3.3.3 How to comply with applicable laws, regulations, and ordinances?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

- 6.3.4 In the past five years, has the governmental public health entity reviewed the activities of institutions and businesses in the community (e.g., schools, food establishments, day care facilities) to assess their compliance with laws, regulations, and ordinances designed to ensure the public's health?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

*If so, did reviews:*

- 6.3.4.1 Include input from the regulated institutions and businesses regarding their perceived difficulties with compliance?
- 6.3.4.2 Assess the extent of resistance to or support for enforcement activities by regulated institutions and businesses?
- 6.3.4.3 Include input from intended beneficiaries of those laws, regulations, and ordinances regarding the extent of their support for enforcement activities?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

- 6.3.5 How much of this LPHS Model Standard is achieved by the local 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 local public health agency?

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



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

**This service includes:**

- Identifying populations with barriers to personal health services.
- Identifying personal health service needs of populations with limited access to a coordinated system of clinical care.
- Assuring the linkage of people to appropriate personal health services through coordination of provider services and development of interventions that address barriers to care (e.g., culturally and linguistically appropriate staff and materials, transportation services).

**Indicator 7.1**

### Identification of Populations with Barriers to Personal Health Service

**LPHS Model Standard:**

The LPHS assures equitable access to personal health services for all community residents. It identifies populations who may encounter barriers to personal health services. Vulnerable populations may encounter barriers to personal health services due to age, a lack of education, poverty, culture, race, language barriers, religion, national origin, physical disability, mental disability, or lack of health insurance.

**Please answer the following questions related to Indicator 7.1:**

7.1.1 Does the LPHS identify any populations who may encounter barriers to the receipt of personal health services?

*If so, do these populations include:*

- 7.1.1.1 Children? (less than 18 years of age)
- 7.1.1.2 Persons 65 years of age and older?
- 7.1.1.3 Persons who may encounter barriers due to a lack of education?
- 7.1.1.4 Persons with low income?
- 7.1.1.5 Persons with cultural or language barriers?
- 7.1.1.6 Persons who may encounter barriers because of their race or ethnicity?
- 7.1.1.7 Persons with physical disabilities?
- 7.1.1.8 Persons with mental illness?
- 7.1.1.9 Uninsured or under-insured persons?
- 7.1.1.10 Persons who may encounter barriers due to geographic location?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

7.1.2 How much of this LPHS Model Standard is achieved by the local public health system collectively?

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

7.1.2.1 What percent of the answer reported in question 7.1.2 is the direct contribution of the local public health agency?

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

Indicator 7.2

Identifying Personal Health Services Needs of Populations

**LPHS Model Standard:**

The LPHS provides personal health services that are accessible, acceptable, and available to its population. The LPHS has defined and agreed upon relative roles and responsibilities for the local governmental public health entity, hospitals, managed care plans, and other community health care providers in relation to providing these services.

In order to accomplish this, the LPHS:

- Defines personal health service needs for the general population. This includes defining specific preventive, curative, and rehabilitative health service needs for the catchment areas within its jurisdiction.
- Assesses the extent to which personal health services are provided.
- Identifies the personal health service needs of populations who may encounter barriers to the receipt of personal health services.

**Please answer the following questions related to Indicator 7.2:**

7.2.1 Has the LPHS defined personal health service needs for all of its catchment areas?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

7.2.2 Has the LPHS assessed the extent to which personal health services are being provided?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

*If so, did the assessment address the extent to which personal health services are:*

7.2.2.1 Accessible?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

7.2.2.2 Acceptable?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

7.2.2.3 Available?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

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

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

*If so, do these populations include:*

7.2.3.1 Children? (less than 18 years of age)

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

7.2.3.2 Persons 65 years of age and older?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

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

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

7.2.3.4 Persons with low income?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

- 7.2.3.5 Persons with cultural or language barriers?
- 7.2.3.6 Persons who may encounter barriers because of their race or ethnicity?
- 7.2.3.7 Persons with physical disabilities?
- 7.2.3.8 Persons with mental illness?
- 7.2.3.9 Uninsured or under-insured persons?
- 7.2.3.10 Persons who may encounter barriers due to geographic location?

<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
YES	HIGH PARTIALLY	LOW PARTIALLY	NO
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
YES	HIGH PARTIALLY	LOW PARTIALLY	NO
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
YES	HIGH PARTIALLY	LOW PARTIALLY	NO
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
YES	HIGH PARTIALLY	LOW PARTIALLY	NO
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
YES	HIGH PARTIALLY	LOW PARTIALLY	NO

7.2.4 How much of this LPHS Model Standard is achieved by the local public health system collectively?

<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0-25%	26-50%	51-75%	76-100%

7.2.4.1 What percent of the answer reported in question 7.2.4 is the direct contribution of the local public health agency?

<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0-25%	26-50%	51-75%	76-100%

Indicator 7.3

Assuring the Linkage of People to Personal Health Services

**LPHS Model Standard:**

The organizations within the LPHS (e.g., the local public health agency, hospitals, managed care plans, other community health care providers) agree on their roles and responsibilities in order to provide needed personal health services. The LPHS supports and coordinates partnerships and referral mechanisms among the community's public health, primary care, oral health, social service, and mental health systems to optimize access to needed personal health services. The LPHS seeks to create innovative partnerships with other organizations-such as libraries, parenting centers, and service organizations-that will help to enhance the effectiveness of LPHS personal health services.

In order to accomplish this, the LPHS:

- Assures the linkage of individuals to personal health services, including populations who may encounter barriers to care.
- Provides community outreach and linkage services in a manner that recognizes the diverse needs of unserved and underserved populations.
- Enrolls eligible beneficiaries in state Medicaid or Medical Assistance Programs.
- Coordinates the delivery of personal health and social services with service providers to optimize access.
- Conducts an analysis of age-specific participation in preventive services.

Please answer the following questions related to Indicator 7.3:

7.3.1 Does the LPHS assure the provision of needed personal health services?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

*If so, does the LPHS assure the provision of services to the following populations who may encounter barriers to care:*

- 7.3.1.1 Children? (less than 18 years of age)
- 7.3.1.2 Persons 65 years of age and older?
- 7.3.1.3 Persons who may encounter barriers due to lack of education?
- 7.3.1.4 Persons with low income?
- 7.3.1.5 Persons with cultural or language barriers?
- 7.3.1.6 Persons who may encounter barriers because of their race or ethnicity?
- 7.3.1.7 Persons with physical disabilities?
- 7.3.1.8 Persons with mental illness?
- 7.3.1.9 Uninsured or under-insured persons?
- 7.3.1.10 Persons who may encounter barriers due to geographic location?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

7.3.2 Does the LPHS provide outreach and linkage services for the community? YES HIGH PARTIALLY LOW PARTIALLY NO

*If so, does the LPHS assure:*

7.3.2.1 Culturally and linguistically appropriate staff to assist population groups in obtaining personal health services? YES HIGH PARTIALLY LOW PARTIALLY NO

7.3.2.2 Culturally and linguistically appropriate materials? YES HIGH PARTIALLY LOW PARTIALLY NO

7.3.2.3 Transportation services for those with special needs? YES HIGH PARTIALLY LOW PARTIALLY NO

7.3.2.4 Targeted health promotion and disease prevention programs for specific populations? YES HIGH PARTIALLY LOW PARTIALLY NO

7.3.3 Does the LPHS have initiatives to enroll eligible beneficiaries in state Medicaid or medical assistance programs? YES HIGH PARTIALLY LOW PARTIALLY NO

7.3.4 Does the LPHS assure the coordinated delivery of personal health services to populations who may encounter barriers to obtain health care? YES HIGH PARTIALLY LOW PARTIALLY NO

*If so, are specific responsibilities assumed by:*

7.3.4.1 The local governmental public health agency? YES HIGH PARTIALLY LOW PARTIALLY NO

7.3.4.2 Other governmental agencies providing services to these populations, (e.g., social services)? YES HIGH PARTIALLY LOW PARTIALLY NO

7.3.4.3 Hospitals providing services to the community? YES HIGH PARTIALLY LOW PARTIALLY NO

7.3.4.4 Managed care plans active in the community? YES HIGH PARTIALLY LOW PARTIALLY NO

7.3.4.5 Charitable organizations active in the community? YES HIGH PARTIALLY LOW PARTIALLY NO

7.3.4.6 Organizations representing populations within the community? YES HIGH PARTIALLY LOW PARTIALLY NO

*If so, are programs which target the same populations (e.g., WIC and childhood immunizations):*

7.3.4.7 Co-located to optimize access? YES HIGH PARTIALLY LOW PARTIALLY NO

7.3.4.8 Coordinated to optimize access? YES HIGH PARTIALLY LOW PARTIALLY NO

7.3.5 Within the past three years, has the LPHS conducted an analysis of age-specific participation in preventive services? YES HIGH PARTIALLY LOW PARTIALLY NO

7.3.6 How much of this LPHS Model Standard is achieved by the local public health system collectively?

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

7.3.6.1 What percent of the answer reported in question 7.3.6 is the direct contribution of the local public health agency?

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

**This service includes:**

- Assessment of workforce (including volunteers and other lay community health workers) to meet community needs for public and personal health services.
- Maintaining public health workforce standards, including efficient processes for licensure/credentialing of professionals and incorporation of core public health competencies needed to provide the Essential Public Health Services into personnel systems.
- Adoption of continuous quality improvement and life-long learning programs for all members of the public health workforce, including opportunities for formal and informal public health leadership development.

**Indicator 8.1****Workforce Assessment****LPHS Model Standard:**

Workforce assessment is the process of determining the competencies, skills, and knowledge; categories and number of personnel; and training needed to achieve community public and personal health goals. It is a community process that includes the identification of those available to contribute to the provision of the Essential Public Health Services and the particular strengths and assets that each brings. Workforce assessment includes the projection of optimal numbers and types of personnel and the formulation of plans to address identified workforce shortfalls or gaps.

To accomplish this, organizations within the LPHS:

- Establish a collaborative process to periodically determine the competencies, composition, and size of the public and personal health workforce that provides the Essential Public Health Services.
- Identify and address gaps in the public and personal health workforce, using information from the assessment.
- Distribute information from the workforce assessment to community organizations, including governing bodies and public and private agencies, for use in their strategic and operational plans.

Please answer the following questions related to Indicator 8.1:

<p>8.1.1 Has the LPHS conducted a workforce assessment within the past three years?</p> <p><i>If so, did the workforce assessment:</i></p> <p>8.1.1.1 Include participation from multiple organizations within the LPHS?</p> <p>8.1.1.2 Identify workforce competencies within the framework of the Essential Public Health Services?</p> <p>8.1.1.3 Determine the composition of the public and personal health workforce?</p> <p>8.1.1.4 Determine the size of the public and personal health workforce?</p> <p>8.1.1.5 Address the role of volunteers and other lay community health workers?</p> <p>8.1.1.6 Identify areas for improvement through continuing education and training?</p>	<p><input checked="" type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p> <p><input checked="" type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p> <p><input checked="" type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p> <p><input checked="" type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p> <p><input checked="" type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p> <p><input checked="" type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p> <p><input checked="" type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p> <p><input checked="" type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p>
<p>8.1.2 Have gaps within the public and personal health workforce been identified?</p> <p><i>If so,</i></p> <p>8.1.2.1 Were gaps related to workforce composition identified?</p> <p>8.1.2.2 Were gaps related to workforce size identified?</p> <p>8.1.2.3 Are the results of the workforce assessment used to develop plans to address workforce gaps?</p> <p>8.1.2.4 Have the organizations within the LPHS implemented plans for correction?</p> <p>8.1.2.5 Is there a formal process to evaluate the effectiveness of plans to address workforce gaps?</p>	<p><input checked="" type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p> <p><input checked="" type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p> <p><input checked="" type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p> <p><input checked="" type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p> <p><input checked="" type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p> <p><input checked="" type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p>
<p>8.1.3 Were the results of the workforce assessment disseminated for use in LPHS organizations' strategic or operational plans?</p> <p><i>If so, was this information provided to:</i></p> <p>8.1.3.1 Community leaders?</p> <p>8.1.3.2 Governing bodies?</p> <p>8.1.3.3 Public agencies?</p>	<p><input checked="" type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p> <p><input checked="" type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p> <p><input checked="" type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p>



8.1.4 How much of this LPHS Model Standard is achieved by the local public health system collectively?

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

8.1.4.1 What percent of the answer reported in question 8.1.4 is the direct contribution of the local public health agency?

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

Indicator 8.2

Public Health Workforce Standards

**LPHS Model Standard:**

Organizations within the LPHS develop and maintain public health workforce standards for individuals who deliver and/or contribute to the Essential Public Health Services. Public health workforce qualifications include certifications, licenses, and education required by law or established by local, state, or federal policy guidelines. In addition, core and specific competencies that are needed to provide the Essential Public Health Services are incorporated into personnel systems. These standards are linked to job performance through clearly written position descriptions and regular performance evaluations.

To accomplish this, organizations within the LPHS:

- Are aware of and in compliance with guidelines and/or licensure/certification requirements for personnel contributing to the Essential Public Health Services.
- Periodically develop, use, and review job standards and position descriptions that incorporate specific competency and performance expectations.
- Evaluate members of the public health workforce on their demonstration of core public health competencies and those competencies specific to a work function or setting and encourage staff to respond to evaluations and performance goal adjustments by taking advantage of continuing education and training opportunities.

**Please answer the following questions related to Indicator 8.2:**

Workforce standards are essential for each organization within the local public health system, but are particularly important for the local public health agency where the largest concentration of public health professionals exists. Specific questions devoted to the local public health agency have been added in the assessment for Indicator 8.2.

- 8.2.1 Are organizations within the LPHS aware of and in compliance with guidelines and/or licensure/certification requirements for personnel contributing to the Essential Public Health Services?
- 8.2.2 Have organizations within the LPHS developed written job standards and/or position descriptions for all personnel contributing to the Essential Public Health Services?
- 8.2.3 Does the local public health agency develop written job standards and/or position descriptions for all personnel contributing to the Essential Public Health Services?

YES HIGH PARTIALLY LOW PARTIALLY NO

YES HIGH PARTIALLY LOW PARTIALLY NO

YES HIGH PARTIALLY LOW PARTIALLY NO

*If so,*

- 8.2.3.1 Are job competencies specified for each position?
- 8.2.3.2 Are types and levels of experience and education specified for each position?
- 8.2.2.3 Are required certifications or licenses specified for positions?
- 8.2.2.4 Are performance expectations included in job descriptions?
- 8.2.2.5 Are volunteer and lay community health positions included?
- 8.2.2.6 Are the job standards and/or position descriptions reviewed periodically?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

*If so, does the review:*

- 8.2.2.6.1 Occur annually?
- 8.2.2.6.2 Include employee input?
- 8.2.2.6.3 Include supervisory input?
- 8.2.2.6.4 Lead to revision of the job standards and/or position descriptions?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

8.2.4 Do organizations within the local public health system conduct performance evaluations?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

8.2.5 Does the local public health agency conduct performance evaluations?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

*If so,*

- 8.2.5.1 Are performance evaluations conducted annually?
- 8.2.5.2 Are performance evaluations based on the demonstration of core public health competencies?
- 8.2.5.3 Are performance evaluations based on demonstration of competencies specific to a work function or setting?
- 8.2.5.4 Are performance evaluations based on direct observations of staff performance?
- 8.2.5.5 Are performance goals for individual workers adjusted as part of the performance evaluation?
- 8.2.5.6 Are employees encouraged to respond to performance evaluations?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

*If so,*

- 8.2.5.6.1 Are employees encouraged to participate in continuing education and training?
- 8.2.5.7 Are evaluators trained in techniques for performance appraisal as part of an overall performance improvement process?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

8.2.6 How much of this LPHS Model Standard is achieved by the local public health system collectively?

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

8.2.6.1 What percent of the answer reported in question 8.2.6 is the direct contribution of the local public health agency?

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

## Indicator 8.3

## Life-Long Learning Through Continuing Education, Training, and Mentoring

## LPHS Model Standard:

Continuing education and training include formal and informal educational opportunities. This may encompass distance learning, workshops, seminars, national and regional conferences, and other activities intended to strengthen the professional knowledge and skills of employees contributing to the provision of the Essential Public Health Services. Experienced mentors and coaches are available to less experienced staff to provide advice, assist with skill development and other needed career resources. Opportunities are available for staff to work with academic and research institutions, particularly those connected with schools of public health, public administration, and population health disciplines. Through these academic linkages, the public health workforce, faculty, and students are provided opportunities for relevant interaction, which enriches both settings.

The complexity of promoting health and preventing disease in a country as diverse as the United States requires the public health workforce to continually learn and apply this new knowledge. The population in the United States continues to be diverse in terms of race, ethnicity, faith beliefs, age, economics, education, life-style preference and other demographic characteristics. Factors such as the social environment, physical environment, economic status, genetic predisposition, behavioral risk factors, and health care also influence health and well-being. An understanding and respect for this diversity and the underlying factors that address health are critical to the performance of all of the Essential Public Health Services. The LPHS respects diverse perspectives and cultural values and expects staff to demonstrate cultural competence in all interactions based on the dignity and value of each individual as a professional colleague or community member.

To accomplish this, organizations within the LPHS:

- Identify education and training needs and encourage opportunities for public health workforce development.
- Provide opportunities for all personnel to develop core public health competencies.
- Provide incentives (e.g., improvements in pay scale, release time, tuition reimbursement) for the public health workforce to pursue education and training.
- Provide opportunities for public health workforce members, faculty and student interaction to mutually enrich practice-academic settings.

Please answer the following questions related to Indicator 8.3:

8.3.1 Does the LPHS identify education and training needs and encourage opportunities for public health workforce development?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

*If so,*

8.3.1.1 Does public health workforce development utilize a variety of training modalities?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

*If so, does this include:*

8.3.1.1.1 Distance learning technology?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

8.3.1.1.2 National and regional conferences?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

8.3.1.1.3 Staff cross-training?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

8.3.1.1.4 Coaching?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

8.3.1.1.5 Mentoring and modeling?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

8.3.2 Does the local governmental public health entity provide opportunities for all personnel to develop core public health competencies?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

*If so, do these core competencies include:*

8.3.2.1 An understanding of the Essential Public Health Services?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

8.3.2.2 An understanding of the multiple determinants of health to develop more effective public health interventions?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

8.3.2.3 Cultural competence to interact with colleagues and community members?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

8.3.3 Are incentives provided to the workforce to participate in educational and training experiences?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

*If so, do these incentives include:*

8.3.5.1 Career advancement?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

8.3.5.2 Time off for coursework or conferences?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

8.3.5.3 Tuition reimbursement?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

8.3.5.4 Recognition by supervisors?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

8.3.4 Are there opportunities for interaction between staff of LPHS organizations and faculty from academic and research institutions, particularly those connected with schools of public health?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

8.3.5 How much of this LPHS Model Standard is achieved by the local public health system collectively?

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

8.3.5.1 What percent of the answer reported in question 8.3.5 is the direct contribution of the local public health agency?

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

Indicator 8.4

Public Health Leadership Development

**LPHS Model Standard:**

Public health leadership is demonstrated by both individuals and organizations that are committed to improving the health of the community. Leaders play a vital role in assuring the creation of a public health system, the implementation of the Essential Public Health Services, and the creation and achievement of a shared vision of community health and well-being. LPHS leadership may be provided by the local governmental public health entity, may emerge from the public and private sectors or the community, or may be shared by multiple stakeholders. The LPHS encourages the development of leadership capacity that is inclusive, representative of community diversity, and respectful of the community's perspective.

To accomplish this, the organizations within the LPHS:

- Provide formal (e.g., educational programs, leadership institutes) and informal (e.g., coaching, mentoring) opportunities for leadership development for employees at all organizational levels.
- Promote collaborative leadership through the creation of a local public health system with a shared vision and participatory decision-making.
- Assure that organizations and/or individuals have opportunities to provide leadership in areas where their expertise or experience can provide insight, direction, or resources.
- Provide opportunities for development of diverse community leadership to assure sustainability of public health initiatives.

Please answer the following questions related to Indicator 8.4 :

8.4.1 Do organizations within the LPHS promote the development of leadership skills?

YES HIGH PARTIALLY LOW PARTIALLY NO

*If so, is leadership skill development promoted by:*

8.4.1.1 Encouraging potential leaders to attend formal leadership training?

YES HIGH PARTIALLY LOW PARTIALLY NO

*If so, do members of the LPHS workforce participate in the following:*

8.4.1.1.1 National Public Health Leadership Institute?

YES HIGH PARTIALLY LOW PARTIALLY NO

8.4.1.1.2 Regional or state public health leadership institutes?

YES HIGH PARTIALLY LOW PARTIALLY NO

8.4.1.1.3 Executive management seminars or programs?

YES HIGH PARTIALLY LOW PARTIALLY NO

8.4.1.1.4 Graduate programs in leadership/management?

YES HIGH PARTIALLY LOW PARTIALLY NO



8.4.1.2 Mentoring personnel in middle management/supervisory positions?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

8.4.1.3 Promoting leadership at all levels within organizations that comprise the LPHS?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

*If so,*

8.4.1.3.1 Within LPHS organizations, are communication mechanisms that encourage informed participation in decision-making (e.g., staff meetings, listserv) established?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

8.4.1.4 Using performance evaluation plans to establish leadership expectations and to recognize leadership competence—both individual and collaborative—in team, unit, and other internal and external settings?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

8.4.2 Do organizations within the LPHS promote collaborative leadership through the creation of a shared vision and participatory decision-making?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

*If so,*

8.4.2.1 Across LPHS organizations, are communication mechanisms that encourage informed participation in decision-making (e.g., forums, listserv) established?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

8.4.3 Does the LPHS assure that organizations and/or individuals have opportunities to provide leadership in areas where their expertise or experience can provide insight, direction, or resources?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

8.4.4 Does the LPHS provide opportunities to develop community leadership through coaching and mentoring?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

*If so,*

8.4.4.1 Does the LPHS recruit new leaders who are representative of the diversity within their community?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

8.4.5 How much of this LPHS Model Standard is achieved by the local public health system collectively?

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

8.4.5.1 What percent of the answer reported in question 8.4.5 is the direct contribution of the local public health agency?

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

**This service includes:**

- Assessing the accessibility and quality of services delivered and the effectiveness of personal and population-based programs provided.
- Providing information necessary for allocating resources and reshaping programs.

**Indicator 9.1**

**Evaluation of Population-Based Health Services**

**LPHS Model Standard:**

The LPHS regularly evaluates the accessibility, quality, and effectiveness of population-based health services (e.g., injury prevention, physical activity, immunizations) and progress towards program goals. Using established criteria for performance, LPHS organizations and their contractors are evaluated against specific indicators for population-based services. The evaluation of population-based health services is built on the analysis of health status, service utilization, and community satisfaction data to assess program effectiveness and to provide information to allocate resources and reshape programs.

To accomplish this, the LPHS:

- Evaluates population-based health services against established criteria for performance, including the extent to which program goals are achieved for these services.
- Assesses community satisfaction with population-based services and programs through a broad-based process, which includes residents who are representative of the community and groups at increased risk of negative health outcomes.
- Identifies gaps in the provision of population-based health services.
- Uses evaluation findings to modify the strategic and operational plans of LPHS organizations to improve services and programs.

**Please answer the following questions related to Indicator 9.1:**

9.1.1 In the past three years, has the LPHS evaluated population-based health services?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

*If so,*

9.1.1.1 Are established criteria used to evaluate population-based health services?

YES HIGH PARTIALLY LOW PARTIALLY NO

*If so, do these criteria include:*

9.1.1.1.1 Established targets for access to population-based health services (e.g., immunization rates)?

YES HIGH PARTIALLY LOW PARTIALLY NO

9.1.1.1.2 Quality standards for population-based health services (e.g., *The Guide to Community Preventive Services*)?

YES HIGH PARTIALLY LOW PARTIALLY NO

9.1.1.1.3 Established targets for the effectiveness of population-based health services (e.g., Healthy People 2010 objectives)?

YES HIGH PARTIALLY LOW PARTIALLY NO

9.1.1.2 Does the evaluation determine the extent to which program goals are achieved for population-based health services?

YES HIGH PARTIALLY LOW PARTIALLY NO

*If so, does evaluation of program goals include determining:*

9.1.1.2.1 Access to population-based health services?

YES HIGH PARTIALLY LOW PARTIALLY NO

9.1.1.2.2 Quality of the population-based health services?

YES HIGH PARTIALLY LOW PARTIALLY NO

9.1.1.2.3 Effectiveness of the population-based health services?

YES HIGH PARTIALLY LOW PARTIALLY NO

9.1.2 Does the LPHS assess community satisfaction with population-based health services?

YES HIGH PARTIALLY LOW PARTIALLY NO

*If so, does the assessment:*

9.1.2.1 Gather input from residents representing a cross-section of the community?

YES HIGH PARTIALLY LOW PARTIALLY NO

9.1.2.2 Determine if residents' needs are being met, including those groups at increased risk of negative health outcomes?

YES HIGH PARTIALLY LOW PARTIALLY NO

9.1.2.3 Determine residents' satisfaction with the responsiveness to their complaints or concerns regarding population-based health services?

YES HIGH PARTIALLY LOW PARTIALLY NO

9.1.2.4 Identify areas where population-based health services can be improved?

YES HIGH PARTIALLY LOW PARTIALLY NO

9.1.3 Does the LPHS identify gaps in the provision of population-based health services?

YES HIGH PARTIALLY LOW PARTIALLY NO

9.1.4 Do organizations within the LPHS use the results of the evaluation in the development of their strategic and operational plans?

YES HIGH PARTIALLY LOW PARTIALLY NO

9.1.5 How much of this LPHS Model Standard is achieved by the local public health system collectively?

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

9.1.5.1 What percent of the answer reported in question 9.1.5 is the direct contribution of the local public health agency?

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

Indicator 9.2

Evaluation of Personal Health Services

**LPHS Model Standard:**

The LPHS regularly evaluates the accessibility, quality, and effectiveness of personal health services, ranging from prevention services to acute care to hospice care. Special attention is given to the ability of community providers to deliver services across life stages and population groups. An important component of the evaluation is a survey of client satisfaction. The clients surveyed are representative of all actual and potential users of the system. The survey addresses satisfaction with access to the system by populations with barriers to personal health services, usability of the system by all clients, and inclusiveness of services.

To accomplish this, organizations within the LPHS:

- Evaluate the accessibility, quality, and effectiveness of personal health services.
- Evaluate personal health services against established criteria.
- Assess the satisfaction of clients (including those at increased risk of negative health outcomes).
- Use information technology to assure quality of personal health services and connections among providers.
- Use evaluation findings to modify their strategic and operational plans and to improve services and programs.

**Please answer the following questions related to Indicator 9.2:**

9.2.1. In the past three years, have organizations within the LPHS evaluated personal health services for the community?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

*If so, were the following assessed:*

9.2.1.1 Access to personal health services?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

9.2.1.2 The quality of personal health services?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

9.2.1.3 The effectiveness of personal health services?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

9.2.2 Were specific personal health services in the community evaluated against established criteria?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

*If so, does the evaluation include an assessment of:*

9.2.2.1 Clinical preventive services?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

9.2.2.2 Primary health care services?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

9.2.2.3 Specialty care services?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

9.2.2.4 Outpatient surgery services?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

9.2.2.5 Emergency care services?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

9.2.2.6 Hospital care services?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

<p>9.2.2.7 Rehabilitative care services?</p> <p>9.2.2.8 Home health care services?</p> <p>9.2.2.9 Long-term care services?</p> <p>9.2.2.10 Hospice care services?</p>	<p><input checked="" type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p> <p><input checked="" type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p> <p><input checked="" type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p> <p><input checked="" type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p>
<p>9.2.3 Does the LPHS assess client satisfaction with personal health services?</p> <p><i>If so,</i></p> <p>9.2.3.1 Do clients or community groups help plan the assessment process?</p> <p>9.2.3.2 Does the assessment determine the adequacy of the scope of personal health services offered?</p> <p>9.2.3.3 Does the assessment examine how well services meet personal health needs of clients, including those at increased risk of negative health outcomes?</p> <p>9.2.3.4 Does the assessment identify areas for improvement?</p> <p>9.2.3.5 Does the assessment determine client satisfaction with the responsiveness to their complaints or concerns regarding personal health services?</p> <p>9.2.3.6 Does the assessment determine client satisfaction with systems related to payment for personal health services (e.g., Medicaid, Medicare, managed care plans, preferred provider plans)?</p> <p>9.2.3.7 Were surveyed clients representative of actual and potential users of services?</p>	<p><input checked="" type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p> <p><input checked="" type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p> <p><input checked="" type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p> <p><input checked="" type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p> <p><input checked="" type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p> <p><input checked="" type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p> <p><input checked="" type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p> <p><input checked="" type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p> <p><input checked="" type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p>
<p>9.2.4 Do organizations within the LPHS use information technology to assure quality of personal health services?</p> <p><i>If so,</i></p> <p>9.2.4.1 Do organizations use computerized medical records?</p> <p>9.2.4.2 Is information technology used to facilitate connections among providers?</p>	<p><input checked="" type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p> <p><input checked="" type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p>
<p>9.2.5 Do organizations within the LPHS use the results of the evaluation in the development of their strategic and operational plans?</p>	<p><input checked="" type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p>

9.2.6 How much of this LPHS Model Standard is achieved by the local public health system collectively?

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

9.2.6.1 What percent of the answer reported in question 9.2.6 is the direct contribution of the local public health agency?

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

Indicator 9.3

Evaluation of the Local Public Health System

**LPHS Model Standard:**

A local public health system includes all public, private, and voluntary entities, as well as individuals and informal associations, that contribute to the delivery of the Essential Public Health Services within a jurisdiction. The evaluation focuses primarily on the performance of the local public health system as a whole. The local governmental public health entity takes a lead role in convening a collaborative evaluation process. Organizations engaged in the evaluation process use established criteria to assess LPHS activities, the achievement of goals, and any lapses in quality. The criteria used meet or exceed the standards laid out in the National Public Health Performance Standards Program. Community perceptions are a vital component of the evaluation. The evaluation findings are regularly used to inform the community health improvement process and to improve services and programs.

To accomplish this, the LPHS:

- Identifies community organizations or entities that contribute to the delivery of the Essential Public Health Services.
- Evaluates the comprehensiveness of LPHS activities against established criteria at least every five years and ensures that all organizations within the LPHS contribute to the evaluation process.
- Assesses the effectiveness of communication, coordination, and linkage among LPHS entities.
- Uses information from the evaluation process to refine existing community health programs, to establish new ones, and to redirect resources as needed to accomplish LPHS goals.

**Please answer the following questions related to Indicator 9.3:**

9.3.1 Has the LPHS identified community organizations or entities that contribute to the delivery of the Essential Public Health Services?

YES HIGH PARTIALLY LOW PARTIALLY NO

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

YES HIGH PARTIALLY LOW PARTIALLY NO

*If so, does the evaluation:*

9.3.2.1 Assess the comprehensiveness of LPHS activities?

YES HIGH PARTIALLY LOW PARTIALLY NO

9.3.2.2 Use established criteria?

YES HIGH PARTIALLY LOW PARTIALLY NO

*If so,*

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

YES HIGH PARTIALLY LOW PARTIALLY NO

*If so, do the participating organizations include:*

9.3.2.3.1 The local governmental public health agency?

YES HIGH PARTIALLY LOW PARTIALLY NO

<p>9.3.2.3.2</p>	<p>The local governing entity (e.g., board of health)?</p>	<p><input type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p>
<p>9.3.2.3.3</p>	<p>Other governmental entities (e.g., state agencies, other local agencies)?</p>	<p><input type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p>
<p>9.3.2.3.4</p>	<p>Hospitals?</p>	<p><input type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p>
<p>9.3.2.3.5</p>	<p>Managed care organizations?</p>	<p><input type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p>
<p>9.3.2.3.6</p>	<p>Primary care clinics and physicians?</p>	<p><input type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p>
<p>9.3.2.3.7</p>	<p>Social service providers?</p>	<p><input type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p>
<p>9.3.2.3.8</p>	<p>Civic organizations?</p>	<p><input type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p>
<p>9.3.2.3.9</p>	<p>Professional organizations?</p>	<p><input type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p>
<p>9.3.2.3.10</p>	<p>Local businesses and employers?</p>	<p><input type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p>
<p>9.3.2.3.11</p>	<p>Neighborhood organizations?</p>	<p><input type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p>
<p>9.3.2.3.12</p>	<p>Faith institutions?</p>	<p><input type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p>
<p>9.3.2.3.13</p>	<p>Transportation providers?</p>	<p><input type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p>
<p>9.3.2.3.14</p>	<p>Educational institutions?</p>	<p><input type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p>
<p>9.3.2.3.15</p>	<p>Public safety and emergency response organizations?</p>	<p><input type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p>
<p>9.3.2.3.16</p>	<p>Environmental or environmental-health agencies?</p>	<p><input type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p>
<p>9.3.2.3.17</p>	<p>Non-profit organizations/advocacy groups?</p>	<p><input type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p>
<p>9.3.2.3.18</p>	<p>Local officials who impact policy and fiscal decisions?</p>	<p><input type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p>
<p>9.3.2.3.19</p>	<p>Other community organizations?</p>	<p><input type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p>
<p>9.3.3</p>	<p>Are the linkages and relationships among organizations that comprise the LPHS assessed?</p>	<p><input type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p>
	<p><i>If so,</i></p>	
<p>9.3.3.1</p>	<p>Is the exchange of information among the organizations in the LPHS assessed?</p>	<p><input type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p>
<p>9.3.3.2</p>	<p>Are linkage mechanisms among the providers of population-based services and personal health services assessed (e.g., referral systems, memoranda of understanding)?</p>	<p><input type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p>
<p>9.3.3.3</p>	<p>Is the use of resources (e.g., staff, communication systems) to support the coordination among LPHS organizations assessed?</p>	<p><input type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p>
<p>9.3.4</p>	<p>Does the LPHS use results from the evaluation process to guide community health improvements?</p>	<p><input type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p>
	<p><i>If so, are the results from the evaluation process used:</i></p>	
<p>9.3.4.1</p>	<p>To refine existing community health programs?</p>	<p><input type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p>
<p>9.3.4.2</p>	<p>To establish new community health programs?</p>	<p><input type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p>
<p>9.3.4.3</p>	<p>To redirect resources?</p>	<p><input type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p>
<p>9.3.4.4</p>	<p>To inform the community health improvement process?</p>	<p><input type="radio"/> YES <input type="radio"/> HIGH PARTIALLY <input type="radio"/> LOW PARTIALLY <input type="radio"/> NO</p>



9.3.5 How much of this LPHS Model Standard is achieved by the local public health system collectively?

0-25%

26-50%

51-75%

76-100%

9.3.5.1 What percent of the answer reported in question 9.3.5 is the direct contribution of the local public health agency?

0-25%

26-50%

51-75%

76-100%

**This service includes:**

- A continuum of innovative solutions to health problems ranging from practical field-based efforts to foster change in public health practice, to more academic efforts to encourage new directions in scientific research.
- Linkages with institutions of higher learning and research.
- Capacity to mount timely epidemiological and health policy analyses and conduct health systems research.

**Indicator 10.1**

**Fostering Innovation**

### LPHS Model Standard:

Organizations within the LPHS foster innovation to strengthen public health practice. Innovation includes practical field-based efforts to foster change in public health practice as well as academic efforts to encourage new directions in scientific research.

To accomplish this, organizations within the LPHS:

- Enable staff to identify new solutions to health problems in the community by providing the time and resources for staff to pilot test or conduct experiments to determine the feasibility of implementing new ideas.
- Propose to research organizations one or more public health issues for inclusion in their research agenda.
- Research and monitor best practice information from other agencies and organizations at the local, state, and national level.
- Encourage community participation in research development and implementation (e.g., identifying research priorities, designing studies, preparing related communications for the general public).

Please answer the following questions related to Indicator 10.1:

10.1.1 Do LPHS organizations encourage staff to develop new solutions to health problems in the community?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

*If so,*

10.1.1.1 Do LPHS organizations provide time and/or resources for staff to pilot test or conduct experiments to determine new solutions?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

10.1.1.2 Have LPHS organizations identified barriers to implementing innovative solutions to health problems within the community?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

10.1.1.3 Do LPHS organizations implement innovations determined to be most likely to lead to improved public health practice?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

10.1.2 During the past two years, have LPHS organizations proposed to research organizations one or more public health issues for inclusion in their research agenda?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

10.1.3 Do LPHS organizations identify and/or monitor best practices developed by other public health agencies or organizations?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

10.1.4 Do LPHS organizations encourage community participation in the development or implementation of research?

YES  HIGH PARTIALLY  LOW PARTIALLY  NO

10.1.5 How much of this LPHS Model Standard is achieved by the local public health system collectively?

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

10.1.5.1 What percent of the answer reported in question 10.1.5 is the direct contribution of the local public health agency?

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

Indicator 10.2

Linkage with Institutions of Higher Learning and/or Research

**LPHS Model Standard:**

The LPHS establishes a wide range of relationships with institutions of higher learning and/or research organizations, including patterns of mutual consultation, and formal and informal affiliation. Such relationships can occur with schools of public health as well as with schools and departments of medicine, nursing, pharmacy, allied health, business and environmental science. The LPHS establishes linkages with other research organizations, such as federal and state agencies, associations, private research organizations, and research departments or divisions of business firms. The LPHS links with one or more institutions of higher learning and/or research organizations to co-sponsor continuing education programs. Resources such as a technical library, on-line services, and information technology support these linkages.

To accomplish this, the LPHS:

- Partners with institutions of higher learning or research to conduct research activities related to the Essential Public Health Services.
- Develops relationships with these institutions that range from patterns of consultation to formal and informal affiliations.
- Encourages proactive interaction between the academic/research and practice communities, including field training experiences and continuing education opportunities.

Please answer the following questions related to Indicator 10.2:

10.2.1 Does the LPHS partner with at least one institution of higher learning and/or research organization to conduct research related to the Essential Public Health Services?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

10.2.2 Does the LPHS develop relationships with institutions of higher learning and/or research organizations?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

*If so, do these relationships include:*

10.2.2.1 Consultations?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

10.2.2.2 Formal affiliations?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

10.2.2.3 Informal affiliations?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

10.2.2.4 Technical assistance?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

10.2.3 Does the LPHS encourage proactive interaction between the academic and practice communities?

YES
  HIGH PARTIALLY
  LOW PARTIALLY
  NO

*If so, does this interaction include:*

- 10.2.3.1 Exchange of faculty and public health workforce members?  YES  HIGH PARTIALLY  LOW PARTIALLY  NO
- 10.2.3.2 Arrangements with institutions of higher learning and/or research organizations to provide field training or work-study experiences for their students or interns?  YES  HIGH PARTIALLY  LOW PARTIALLY  NO
- 10.2.3.3 Co-sponsored continuing education for the public health workforce?  YES  HIGH PARTIALLY  LOW PARTIALLY  NO

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10.2.4 How much of this LPHS Model Standard is achieved by the local public health system collectively?

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

10.2.4.1 What percent of the answer reported in question 10.2.4 is the direct contribution of the local public health agency?

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

Indicator 10.3

**Capacity to Initiate or Participate in Timely Epidemiological, Health Policy, and Health Systems Research**

**LPHS Model Standard:**

Organizations within the LPHS initiate and/or participate in research that contributes to epidemiological and health policy analyses and improved health system performance. Health systems research encompasses both population-based and personal health care services research. This research includes the examination of factors related to the efficient and effective implementation of the Essential Public Health Services (public health systems research) as well as the study of variables that influence health care quality and service delivery (health services research).

The capacity to initiate or participate in timely epidemiological, policy, and health systems research begins with ready access to researchers with the knowledge and skill to design and conduct research in those areas. This capacity also includes the availability of resources, facilities for analyses, and the ability to disseminate and apply research findings to improve public health practice.

To accomplish this, the LPHS:

- Has access to researchers with the knowledge and skill to design and conduct health-related studies.
- Ensures the availability of resources (e.g., databases, information technology) to facilitate research.
- Plans for the dissemination of research findings to public health colleagues (e.g., publication in journals, websites).
- Evaluates the development, implementation, and impact of LPHS research efforts.

**Please answer the following questions related to Indicator 10.3:**

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

*If so, do one or more of the researchers have training or experience in the following research methods:*

- 10.3.1.1 Epidemiology?
- 10.3.1.2 Health policy?
- 10.3.1.3 Health economics?
- 10.3.1.4 Health services?
- 10.3.1.5 Health systems?

10.3.2 Within the community, are there resources to facilitate research within the LPHS?

YES HIGH PARTIALLY LOW PARTIALLY NO

YES HIGH PARTIALLY LOW PARTIALLY NO

YES HIGH PARTIALLY LOW PARTIALLY NO

YES HIGH PARTIALLY LOW PARTIALLY NO

YES HIGH PARTIALLY LOW PARTIALLY NO

YES HIGH PARTIALLY LOW PARTIALLY NO

YES HIGH PARTIALLY LOW PARTIALLY NO

If so, do these resources include:

- 10.3.2.1 Databases?
- 10.3.2.2 Technical libraries?
- 10.3.2.3 Distance learning?
- 10.3.2.4 On-line resources?

<input checked="" type="radio"/> YES	<input type="radio"/> HIGH PARTIALLY	<input type="radio"/> LOW PARTIALLY	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> HIGH PARTIALLY	<input type="radio"/> LOW PARTIALLY	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> HIGH PARTIALLY	<input type="radio"/> LOW PARTIALLY	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> HIGH PARTIALLY	<input type="radio"/> LOW PARTIALLY	<input type="radio"/> NO

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

If so,

10.3.3.1 Does the LPHS publish findings from their research?

<input checked="" type="radio"/> YES	<input type="radio"/> HIGH PARTIALLY	<input type="radio"/> LOW PARTIALLY	<input type="radio"/> NO
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10.3.4 Does the LPHS evaluate its research activities?

If so, does the LPHS evaluate the:

- 10.3.4.1 Development of research activities?
- 10.3.4.2 Implementation of research activities?
- 10.3.4.3 Impact of research activities?

<input checked="" type="radio"/> YES	<input type="radio"/> HIGH PARTIALLY	<input type="radio"/> LOW PARTIALLY	<input type="radio"/> NO
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<input checked="" type="radio"/> YES	<input type="radio"/> HIGH PARTIALLY	<input type="radio"/> LOW PARTIALLY	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> HIGH PARTIALLY	<input type="radio"/> LOW PARTIALLY	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> HIGH PARTIALLY	<input type="radio"/> LOW PARTIALLY	<input type="radio"/> NO

10.3.5 How much of this LPHS Model Standard is achieved by the local public health system collectively?

<input checked="" type="radio"/> 0-25%	<input type="radio"/> 26-50%	<input type="radio"/> 51-75%	<input type="radio"/> 76-100%
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10.3.5.1 What percent of the answer reported in question 10.3.5 is the direct contribution of the local public health agency?

<input checked="" type="radio"/> 0-25%	<input type="radio"/> 26-50%	<input type="radio"/> 51-75%	<input type="radio"/> 76-100%
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