THE STRATEGY TEAM LTD

THE OHIO STATE UNIVERSITY
COLLEGE OF PUBLIC HEALTH

Delaware County Local Public Health System Assessment Report

July 2013

Report provided by:
The Ohio State University College of Public Health, Center for Public Health Practice & the Centers for Disease Control and Prevention with support from The Strategy Team, Ltd.

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INTRODUCTION

This report provides a summary of the Local Public Health System Assessment (LPHSA) conducted in Delaware County, Ohio. The main body of the report provides a summary of the LPHSA project and processes, highlights of assessment findings, and recommendations. Attachment A is the Center for Disease Control and Prevention's full assessment report which provides a detailed, comprehensive overview of findings. Appendix B contains the discussion notes from the LPHSA which may provide additional context to the quantitative data presented in this report.

The results of this report are important to the PHDC as they look to improve the overall health and well-being of Delaware County residents. The PHDC has a role in interpreting and assigning meaning to the results as part of the overall community health assessment project. Four recommendations are provided at the end of this report for guidance and consideration moving forward.

PROJECT DESCRIPTION

In the Spring of 2013 the Partnership for a Healthy Delaware County (PHDC), with support from the Delaware General Health District (DGHD), undertook an initiative to conduct an assessment of the public health system in Delaware County. This Local Public Health System Assessment (LPHSA) was part of a larger 2013 comprehensive community health assessment project occurring within the county utilizing the Mobilizing Action through Planning and Partnerships (MAPP) process as a framework. The LPHSA is one of four assessments conducted as part of the MAPP process and is a component of the National Public Health System Performance Standards Program (NPHPSP). The PHDC serves as the steering committee for the 2013 Delaware County MAPP project.

The Center for Public Health Practice at The Ohio State University's College of Public Health (CPHP) was retained to assist with the implementation and facilitation of the LPHSA.

Thirty-one members of the PHDC who collectively represented over 25 different public health system contributors participated in the assessment on May 28, 2013. An optional Priority Questionnaire was completed by a subcommittee of five volunteers from the PHDC on June 4, 2013. The subcommittee's priority rating scores were presented to and approved by the full PHDC on June 11, 2013.

The table on the next page provides an overview of the Delaware County system assessment project plan and associated timeline.

Table 1: Delaware County Public Health System Assessment Project Plan

Activity			2013			
Pre Assessment Phase	Assessment Phase	Post Assessment Phase	Mar	Apr	May	Jun
Project management						
Organize/plan the assessment process • **logistics, process**						
Select participants and communicate project intent and scope • **electronic participant list; invitations *(4/19);* participant confirmation & materials *(5/7)***						
Orient participants to Local Public Health System Assessment • **(5/14)**						
Conduct the Local Public Health System Assessment • **(5/28)**						
Conduct Preliminary Prioritization • **(6/4)**						
PHDC Meeting/Priority Approval • **(6/11)**						
Collect and organize assessment data • **input data into the online reporting system *(6/17)*** • **maintain assessment evaluation results and create evaluation summary *(6/19)***						
Draft final assessment report • **draft final report *(6/21)*** • **share with DGHD (6/21)** • **DGHD return with feedback (6/25)** • **final approval of report (6/26)**						
Complete final report for publication • **report available to public (6/28)**						
Communicate to the Media on the progress of the project						

METHODS & IMPLEMENTATION

Planning

The CPHP worked directly with the DGHD to plan the assessment. The assessment was conducted using NPHPSP guidelines and was influenced by the CPHP's past experience with the assessment. Additional factors considered during planning included anticipated schedules of participants, overall project deadlines, and PHDC member expectations.

Recruitment for the assessment was conducted by the DGHD. Participants were recruited from PHDC membership. Notices regarding the assessment were discussed as part of regularly scheduled PHDC meetings, and email invitations for assessment meetings were sent to all PHDC members. PHDC members were asked to commit to a 2.5 hour meeting which served as the LPHSA orientation session. The day-long assessment was conducted two weeks after the orientation session. Follow-up e-mails, phone calls, and personal invitations were used to recruit participants. Five members of the PHDC volunteered on the day of the assessment to serve on a sub-committee to complete the Priority Questionnaire. Table 2, on the next page, provides an overview of the meetings that were conducted as part of the overall LPHSA process. Specific information related to each of the meetings is provided following the table.

Table 2: Overview of LPHSA – Related Meetings

Meeting	Purpose	Total # in Attendance	Date/Time/Location
Orientation	Orient participants to the assessment purpose and process	20	May 14, 2013 9 A.M. – 11:30 A.M. DCBDD* Conference Room
Local Public Health System Assessment	Assess performance of public health system by completing system assessment instrument	31	May 28, 2013 8:30 A.M. – 5 P.M. OhioHealth Grady Memorial Hospital Specialty Rooms 1,2,& 3
Sub Committee Preliminary Prioritization (Priority Questionnaire)	Assess priority of model standards to the public health system	5	June 4, 2013 1 P.M. – 3 P.M. DGHD** Board Room
PCHD Prioritization	Approve the priorities identified by the prioritization sub-group on June 4th	38	June 11, 2013 9 A.M. – 10:15 A.M. DCBDD Conference Rom

*Delaware County Board of Developmental Disabilities

**Delaware General Health District

Orientation

An orientation to the assessment was held in a conference room at the Delaware County Board of Developmental Disabilities in Lewis Center on May 14, 2013. Twenty individuals participated in the 2.5 hour orientation, which was facilitated by a CPHP staff member. The primary purpose of the orientation was to introduce participants to the LPHSA purpose and assessment process. In an effort to increase participant understanding of the local public health system and their agency's contributions to and their role in the local public health system, the facilitator conducted a "gallery walk". Participants were first introduced to the 10 Essential Public Health Services (EPHS), which provide the basis for the LPHSA. Chart paper sheets, each labeled with one of the 10 EPHS, were posted around the room. Participants were instructed to walk around the room and write their agency's contributions to each of the EPHS on the chart paper.

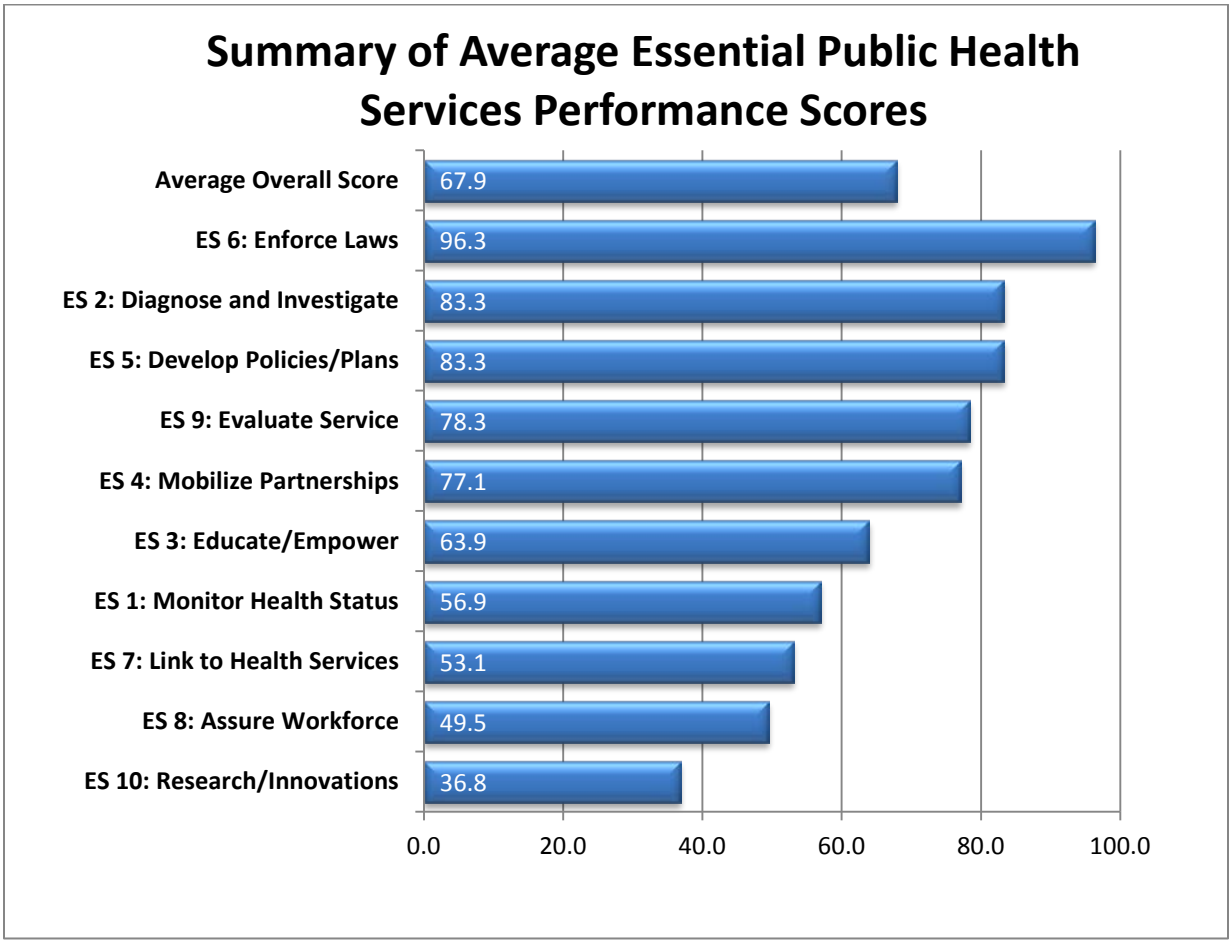
Assessment

The assessment was held on May 28, 2013 from 8:30 A.M. to 5 P.M. at OhioHealth Grady Memorial Hospital in Delaware. Three small groups ran simultaneously throughout the day; each group focused on a different EPHS. The CPHP assigned PHDC members to small groups based on NPHPSP guidelines, information collected at orientation, and on participant preference and availability. The small groups ranged in size from 5 to 8 individuals. At the start of each session, the facilitator briefly introduced participants to the assessment purpose and process. Once familiar with the process, the group began the assessment of their assigned Essential Service. Consensus responses were the goal; when consensus was not reached readily, a majority vote was taken. Turning Point, a computer-driven audience response system, was used to encourage discussion and to record the final vote in instances where consensus

could not be reached. (See Figure 1 on next page for a summary of performance scores by EPHS.) Each small group was facilitated by a CPHP staff member. The CPHP also provided scribes for each group who were responsible for capturing the performance scores as well as discussion notes. Participant evaluations were conducted to gauge satisfaction with the assessment experience.

Figure 1, shown below, displays the average performance score for each EPHS, along with an overall average score across all 10 EPHS. (Note: Performance scores for each model standard within the EPHS is provided in the CDC-generated report located in Appendix A.) Examination of these performance scores provides an immediate sense of the local public health system's greatest strengths and weaknesses. Caution should be taking when reviewing these scores. A low performance score does not necessarily indicate that improvement is warranted. Conversely, a high performance score does not indicate that improvements are not necessary. System partners should review and discuss these performance scores, along with the associated priority ratings (presented in the next section), to make meaning of the results and identify potential strategies for system-level improvements.

Figure 1: Summary of Average Performance Scores by EPHS



Prioritization

Five PHDC members volunteered to serve on a subcommittee to prioritize the Model Standards by completing the optional Priority Questionnaire and to recommend the preliminary prioritization ratings to the full PHDC. This subcommittee work session was held on June 4, 2013 from 1 P.M. – 3 P.M. in the Board Room at the DGHD. DGHD staff was available to field questions. The Priority Questionnaire required participants to consider the priority of improving each of the 30 Model Standards to the local public health system. Participants considered the following question for each Model Standard: *On a scale from 1-10 (with 1 being low and 10 being high), how important is it to improve our system's performance related to this model standard*? Participants referred to the small group discussions and performance scores assigned during the assessment on May 28th and also considered the Model Standard's impact on health and safety, the feasibility to improve performance, and the availability of resources to support improvements when determining the priority rating scores. Consensus was the goal; when consensus could not be reached majority vote was the determining factor in assigning the priority rating score. Turning Point audience response devices were used both to stimulate discussion and to record a final vote when consensus could not be reached. The process was facilitated by a CPHP staff member who also facilitated the assessment; a second CPHP staff member was present to take notes.

On June 11, 2013, the priority ratings were presented to the full PHDC for review and approval. After the PHDC Co-Chairperson convened the meeting and welcomed attendees, the CPHP staff member who facilitated the subcommittee prioritization work session provided an overview of the assessment and prioritization processes. A member of the subcommittee presented the recommended priority ratings. A short question and answer period followed, and a vote for approval was conducted. Twenty-five PHDC members voted to approve the established priorities which constituted a majority.

Table 3, located on the following page, provides a summary of priority rating scores approved by the PCHD on June 11, 2013. Priority scores assigned by the subcommittee ranged from 1 (low priority) – 9 (high priority). The model standards were subsequently grouped into three categories based on their assigned priority rating score. Model standards receiving priority rating scores of 7-9 were categorized as high priority, model standards receiving priority rating scores of 4-6 were categorized as mid-level priorities, and model standards receiving priority rating scores of 1-3 were categorized as low priority. Note that PHDC members suggested that model standard 5.2 be considered at a higher priority as policy development supports activities associated with other high priority model standards such as health education/health promotion and linking people to needed health services.

Table 3: Summary of Priority Rating Scores Approved by PHDC*

Model Standard	Priority
3.1: Health Education and Promotion	High
3.2: Health Communication	
1.3: Maintenance of Population Health Registries	
7.2: Assuring the Linkage of People to Personal Health Services	
1.2: Current Technology to Manage and Communicate Population Health Data	
4.1: Constituency Development	
9.1: Evaluation of Population-Based Health Services	
5.1: Government Presence at the Local Level	Mid-Level
7.1: Identification of Personal health Service Needs of Populations	
1.1: Population-Based Community Health Profile	
9.2: Evaluation of Personal Health Services	
6.2: Involvement in the Improvement of Laws, Regulations, and Ordinances	
8.1: Workforce Assessment, Planning, and Development	
10.1: Fostering Innovation	
2.3: Laboratory Support for Investigation of Health Threats	Low
3.3: Risk Communication	
8.3: Life-Long Learning through Continuing Education, Training, and Mentoring	
2.1: Identification and Surveillance of Health Threats	
4.2: Community Partnerships	
5.3: Community Health Improvement Process and Strategic Planning	
6.1: Review and Evaluation of Laws, Regulations, and Ordinances	
6.3: Enforcement of Laws, Regulations, and Ordinances	
8.4: Public Health Leadership Development	
9.3: Evaluation of the Local Public Health System	
10.2: Linkage with Institutions of Higher Learning and/or Research	
10.3: Capacity to Initiate of Participate in Research	
2.2: Investigation and Response to Public Health Threats and Emergencies	
5.2: Public Health Policy Development	
5.4: Plan for Public Health Emergencies	
8.2: Public Health Workforce Standards	

*These priority ratings were approved by majority vote of the PHDC Steering Committee on June 11, 2013. One comment recorded for the record:

- Model Standard 5.2 (Public Health Policy Development) should be considered at a higher priority as it supports other Model Standards within the high priority category; specifically Model Standard 3.1 Health Education and Promotion

RECOMMENDATIONS

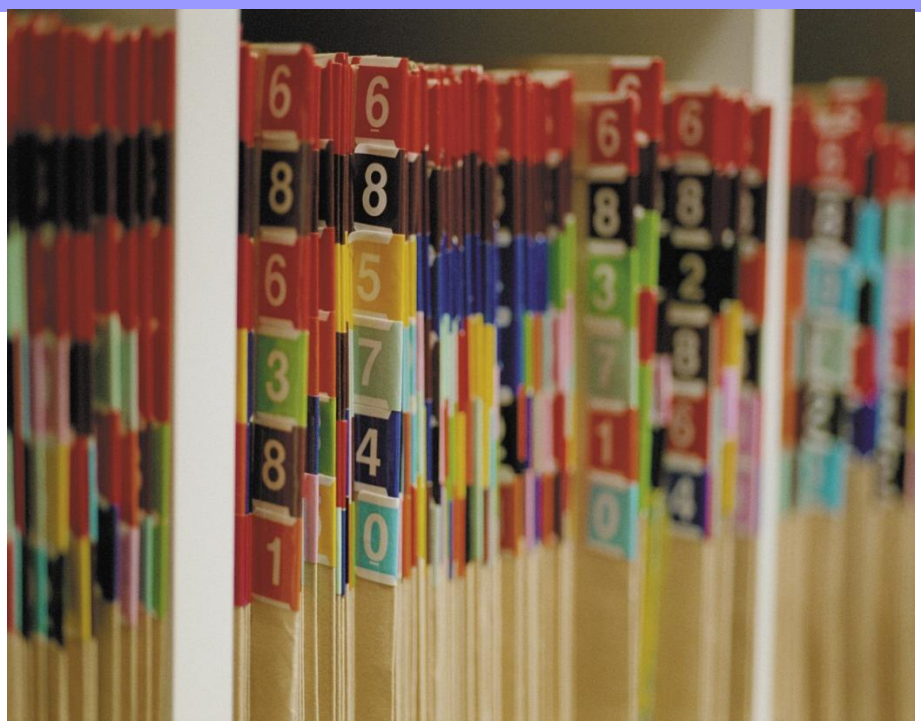
The following four recommendations are provided for guidance and consideration.

1) **Consider the LPHSA performance scores in conjunction with the priority ratings.** Those model standards with performance scores ≤ 50% and priority rating scores ≥ 7 may provide the greatest and most immediate opportunity for improvement. These include:
    a. Model Standard 1.2: Utilize current technology to manage and communicate population health data
    b. Model Standard 7.2: Assure linkage of people to personal health services
2) **Compare LPHSA priorities with the data collected through the other three MAPP assessments.** Cross walking the priorities from each assessment may reveal themes that could become priorities for the overall Community Health Improvement Plan.
3) **Review the discussion notes generated during the system assessment and subsequent prioritization meeting.** These discussion notes (Appendix B) will provide additional context to the quantitative data presented in this report and may also reveal specific strengths, weaknesses, and opportunities for improvement related to identified LPHSA priorities. This information may also be useful as the PHDC identifies specific action steps to address Community Health Improvement Plan priorities.
4) **Share this report with PHDC members, other system partners, and the community at large**. Participants invested their time and best thinking to this assessment process; many expressed enthusiasm for the process, networking, and opportunities that were identified. These results can be used to identify system level improvements and inform Community Health Improvement Plan priorities, but can also be used by individual system contributors when considering their own agency's performance and contributions to the public health system.

APPENDIX A:

CDC-Generated Local Public Health System Assessment Report

National Public Health Performance Standards



Local Public Health System Assessment Report

Delaware General Health District
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Delaware, OH 43015

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

NATIONAL PUBLIC HEALTH PERFORMANCE STANDARDS

Local Public Health System Assessment

June 2013 Report

The findings and conclusions stemming from the use of NPHPS tools are those of the end users. They are not provided or endorsed by the Centers for Disease Control and Prevention, nor do they represent CDC's views or policies.

NPHPS
NATIONAL PUBLIC HEALTH PERFORMANCE STANDARDS

STRENGTHENING SYSTEMS, IMPROVING THE PUBLIC'S HEALTH

Program Partner Organizations

American Public Health Association
www.apha.org

Association of State and Territorial Health Officials
www.astho.org

Centers for Disease Control and Prevention
www.cdc.gov

National Association of County and City Health Officials
www.naccho.org

National Association of Local Boards of Health
www.nalboh.org

National Network of Public Health Institutes
www.nnphi.org

Public Health Foundation
www.phf.org

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Acknowledgements

The National Public Health Performance Standards (NPHPS) was developed collaboratively by the program's national partner organizations. The NPHPS partner organizations include: American Public Health Association (APHA); Association of State and Territorial Health Officials (ASTHO); Centers for Disease Control and Prevention (CDC); National Association of County and City Health Officials (NACCHO); National Association of Local Boards of Health (NALBOH); National Network of Public Health Institutes (NNPHI); and then Public Health Foundation (PHF). We thank the staff of these organizations for their time and expertise in the support of the NPHPS.

Background

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

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

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

- State Public Health System Performance Assessment Instrument,
- Local Public Health System Performance Assessment Instrument, and
- Public Health Governing Entity Performance Assessment Instrument

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

Introduction

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

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

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

Figure 1. The ten Essential Public Health Services and how they relate to the three core functions of public health.

Purpose

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

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

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

About the Report

Calculating the Scores

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

Table 1 below characterizes levels of activity for Essential Services and Model Standards. Using the responses to all of the assessment questions, a scoring process generates scores for each first-tier or "stem" question, Model Standard, Essential Service, and one overall assessment score.

Table 1. Summary of Assessment Response Options

Optimal Activity (76-100%)	The public health system is doing absolutely everything possible for this activity and there is no need for improvement.
Significant Activity (51-75%)	The public health system participates a great deal in this activity, and there is opportunity for minor improvement.
Moderate Activity (26-50%)	The public health system somewhat participates in this activity, and there is opportunity for greater improvement.
Minimal Activity (1-25%)	The public health system provides limited activity, and there is opportunity for substantial improvement.
No Activity (0%)	The public health system does not participate in this activity at all.

Understanding Data Limitations

There are a number of limitations to the NPHPS assessment data due to self-report, wide variations in the breadth and knowledge of participants, the variety of assessment methods used, and differences in interpretation of assessment questions. Data and resultant information should not be interpreted to reflect the capacity or performance of any single agency or organization within the public health system or used for comparisons between jurisdictions or organizations. Use of NPHPS generated data and associated recommendations are limited to guiding an overall public health infrastructure and performance improvement process for the public health system as determined by organizations involved in the assessment.

All performance scores are an average; Model Standard scores are an average of the stem question scores within that Model Standard, Essential Service scores are an average of the Model Standard scores within that Essential Service and the overall assessment score is the average of the Essential Service scores. The responses to the questions within the assessment are based upon processes that utilize input from diverse system participants with different experiences and perspectives. The gathering of these inputs and the development of a response for each question incorporates an element of subjectivity, which may be minimized through the use of particular assessment methods. Additionally, while certain assessment methods are recommended, processes differ among sites. The assessment methods are not fully standardized and these differences in administration of the self-assessment may introduce an element of measurement error. In addition, there are differences in knowledge about the public health system among assessment participants. This may lead to some interpretation differences and issues for some questions, potentially introducing a degree of random non-sampling error.

Presentation of Results

The NPHPS has attempted to present results - through a variety of figures and tables - in a user-friendly and clear manner. For ease of use, many figures and tables use short titles to refer to Essential Services, Model Standards, and questions. If in doubt of the meaning, please refer to the full text in the assessment instruments.

Sites may have chosen to complete two additional questionnaires, the Priority of Model Standards Questionnaire assesses how performance of each Model Standard compares with the priority rating and the Agency Contribution Questionnaire assesses the local health department's contribution to achieving the Model Standard. Sites that submitted responses for these questionnaires will see the results included as additional components of their report.

Results

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

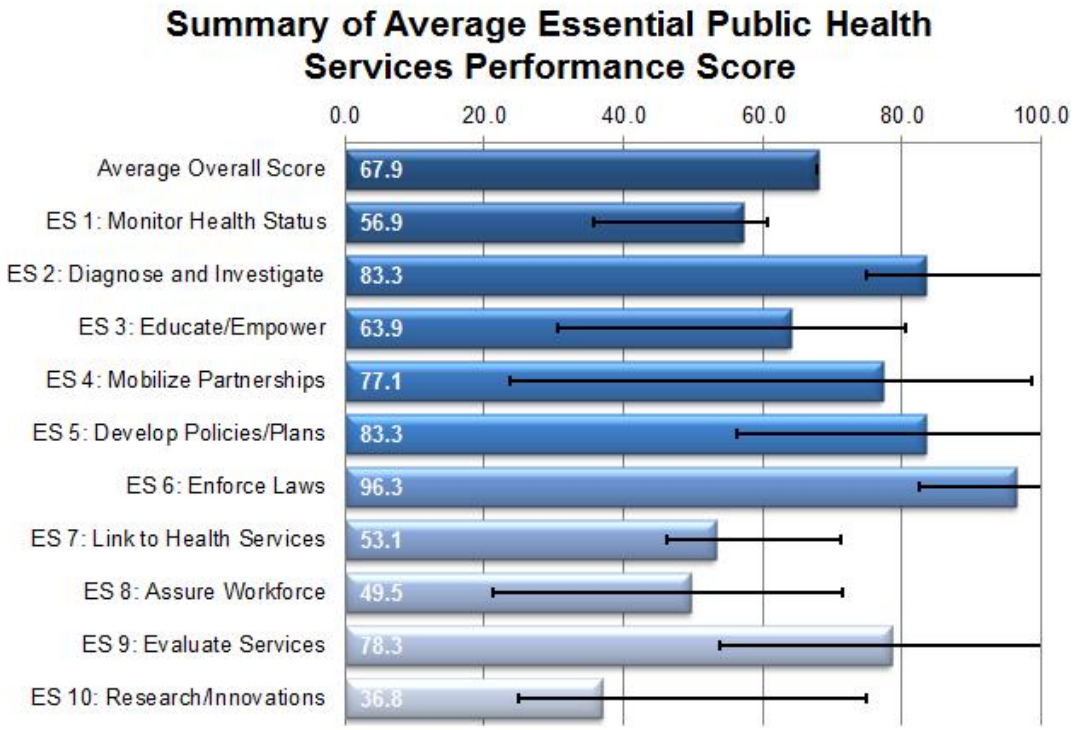
Based upon the responses you provided during your assessment, an average was calculated for each of the ten EPHS. Each Essential Service score can be interpreted as the overall degree to which your public health system meets the performance standards (quality indicators) for each Essential Service. Scores can range from a minimum value of 0% (no activity is performed

pursuant to the standards) to a maximum value of 100% (all activities associated with the standards are performed at optimal levels).

Figure 2 displays the average score for each Essential Service, along with an overall average assessment score across all 10 EPHS. Take a look at the overall performance scores for each Essential Service. Examination of these scores can immediately give a sense of the local public health system's greatest strengths and weaknesses. Note the black bars that identify the range of performance score responses within each Essential Service.

Overall Scores for Each Essential Public Health Service

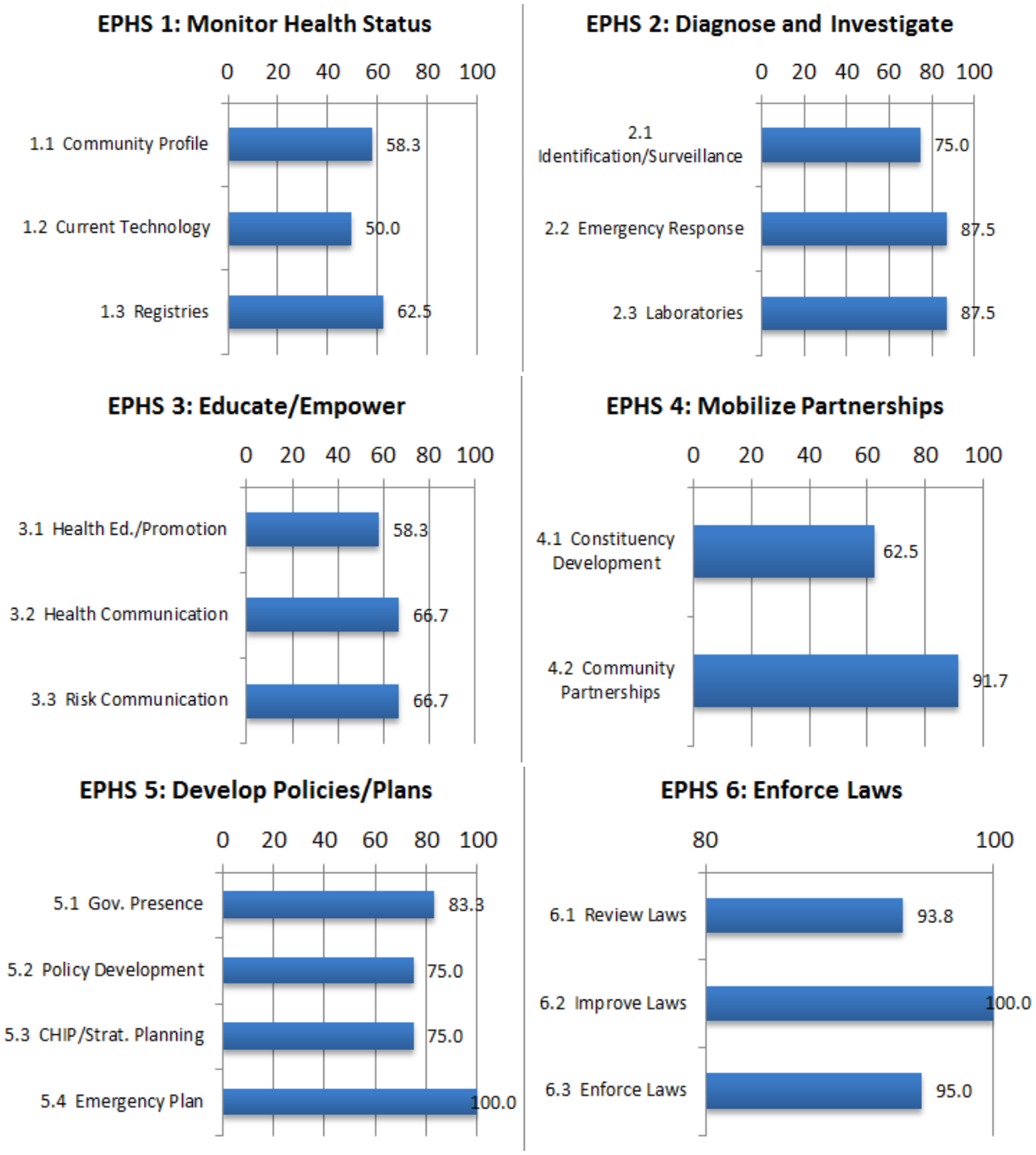
Figure 2. Summary of Average EPHS Performance Scores

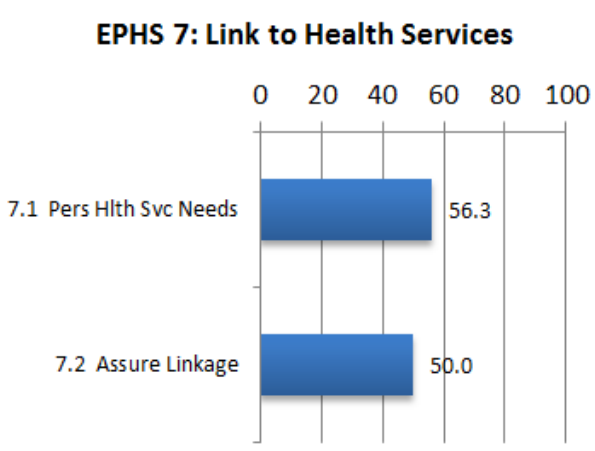


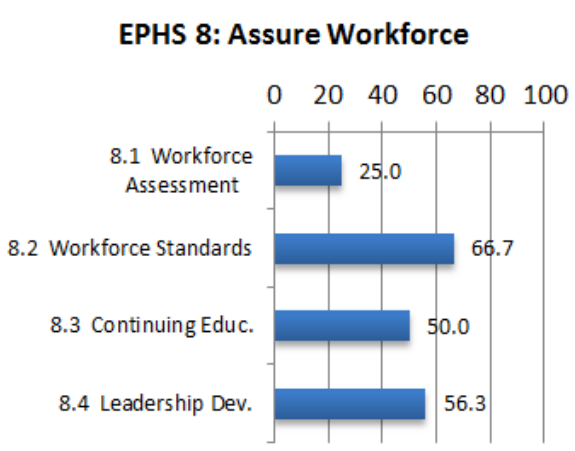
Performance Scores by Essential Service for Each Model Standard

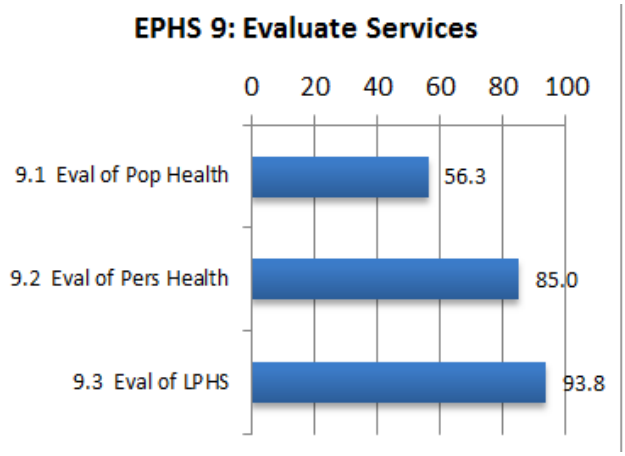
Figure 3 and Table 2 on the following pages display the average performance score for each of the Model Standards within each Essential Service. This level of analysis enables you to identify specific activities that contributed to high or low performance within each Essential Service.

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




EPHS 7: Link to Health Services
0
20
40
60
80
100
7.1 Pers Hlth Svc Needs
56.3
7.2 Assure Linkage
50.0


EPHS 8: Assure Workforce
0
20
40
60
80
100
8.1 Workforce Assessment
25.0
8.2 Workforce Standards
66.7
8.3 Continuing Educ.
50.0
8.4 Leadership Dev.
56.3


EPHS 9: Evaluate Services
0
20
40
60
80
100
9.1 Eval of Pop Health
56.3
9.2 Eval of Pers Health
85.0
9.3 Eval of LPHS
93.8

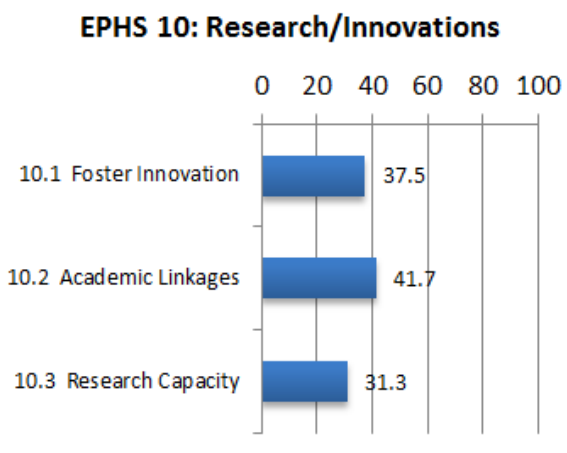

EPHS 10: Research/Innovations
0
20
40
60
80
100
10.1 Foster Innovation
37.5
10.2 Academic Linkages
41.7
10.3 Research Capacity
31.3

Table 2. Overall Performance, Priority, and Contribution Scores Reported by Essential Service and Corresponding Model Standard

	Performance Score (%)	Priority Score (1 to 10)	Agency Contribution Score (%)
ES 1: Monitor Health Status	**56.9**	**6.7**	
1.1 Community Profile	58.3	5.0	
1.2 Current Technology	50.0	7.0	
1.3 Registries	62.5	8.0	
ES 2: Diagnose and Investigate	**83.3**	**2.0**	
2.1 Identification/Surveillance	75.0	2.0	
2.2 Emergency Response	87.5	1.0	
2.3 Laboratories	87.5	3.0	
ES 3: Educate/Empower	**63.9**	**6.7**	
3.1 Health Education/Promotion	58.3	9.0	
3.2 Health Communication	66.7	8.0	
3.3 Risk Communication	66.7	3.0	
ES 4: Mobilize Partnerships	**77.1**	**4.5**	
4.1 Constituency Development	62.5	7.0	
4.2 Community Partnerships	91.7	2.0	
ES 5: Develop Policies/Plans	**83.3**	**2.5**	
5.1 Governmental Presence	83.3	6.0	
5.2 Policy Development	75.0	1.0	
5.3 CHIP/Strategic Planning	75.0	2.0	
5.4 Emergency Plan	100.0	1.0	
ES 6: Enforce Laws	**96.3**	**2.7**	
6.1 Review Laws	93.8	2.0	
6.2 Improve Laws	100.0	4.0	
6.3 Enforce Laws	95.0	2.0	
ES 7: Link to Health Services	**53.1**	**7.0**	
7.1 Personal Health Service Needs	56.3	6.0	
7.2 Assure Linkage	50.0	8.0	
ES 8: Assure Workforce	**49.5**	**2.5**	
8.1 Workforce Assessment	25.0	4.0	
8.2 Workforce Standards	66.7	1.0	
8.3 Continuing Education	50.0	3.0	
8.4 Leadership Development	56.3	2.0	
ES 9: Evaluate Services	**78.3**	**4.7**	
9.1 Evaluation of Population Health	56.3	7.0	
9.2 Evaluation of Personal Health	85.0	5.0	
9.3 Evaluation of LPHS	93.8	2.0	
ES 10: Research/Innovations	**36.8**	**2.7**	
10.1 Foster Innovation	37.5	4.0	
10.2 Academic Linkages	41.7	2.0	
10.3 Research Capacity	31.3	2.0	
Average Overall Score	**67.9**	**4.2**	
Median	**70.5**	**3.6**	

Agency Assessment not reported by health department.

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

Performance Relative to Optimal Activity

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

Figure 4. Percentage of the system's Essential Services scores that fall within the five activity categories. This chart provides a high level snapshot of the information found in Figure 2, summarizing the composite performance measures for all 10 Essential Services.

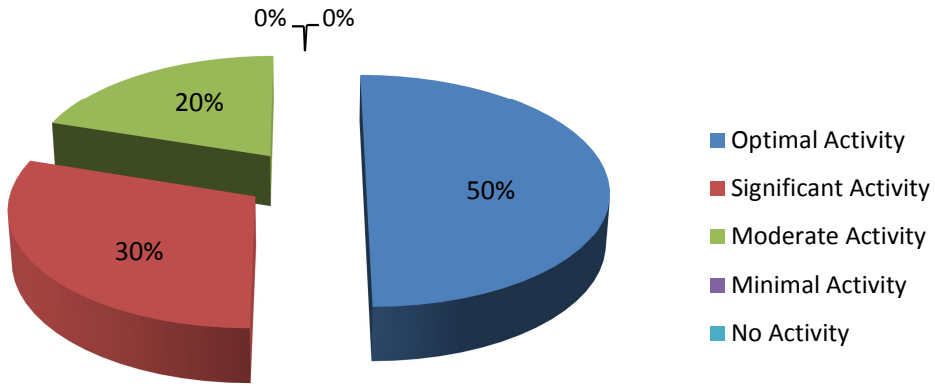
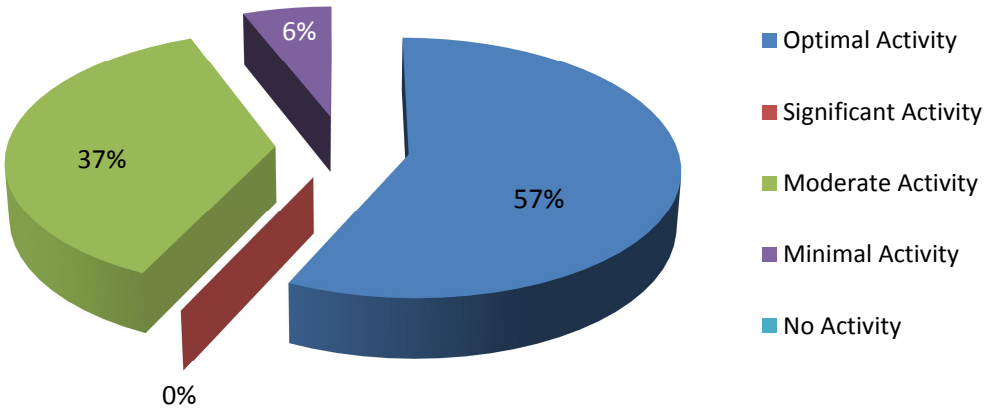


Figure 5. Percentage of the system's Model Standard scores that fall within the five activity categories. This chart provides a high level snapshot of the information found in Figure 3, summarizing the composite measures for all 30 Model Standards.



Analysis and Discussion

Having a standard way in which to analyze the data in this report is important. This process does not have to be difficult; however, drawing some initial conclusions from your data will prove invaluable as you move forward with your improvement efforts. It is crucial that participants fully discuss the performance assessment results. The bar graphs, charts, and summary information in the Results section of this report should be helpful in identifying high and low performing areas. Please refer to Appendix H of the Local Assessment Implementation Guide. This referenced set of discussion questions will to help guide you as you analyze the data found in the previous sections of this report.

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

Next Steps - Developing Your Action Plan

Congratulations on your participation in the local assessment process. A primary goal of the NPHPS is that data is used proactively to monitor, assess, and improve the quality of essential public health services. This report is an initial step to identifying immediate actions and activities to improve local initiatives. The results in this report may also be used to identify longer-term priorities for improvement, as well as possible improvement projects.

As noted in the Introduction of this report, NPHPS data may be used to inform a variety of organization and/or systems planning and improvement processes. Plan to use both quantitative data (Appendix A) and qualitative data from the assessment to identify improvement opportunities. While there may be many potential quality improvement projects, do not be overwhelmed – the point is not that you have to address them all now. Rather, consider this step as a way to identify possible opportunities to enhance your system performance and plan to use the guidance provided in this section, along with the resources offered in Appendix C, to develop specific goals for improvement within your public health system and move from assessment and analysis toward action.

Note: Communities implementing Mobilizing for Action through Planning and Partnerships (MAPP) may refer to the MAPP guidance for considering NPHPS data along with other assessment data in the Identifying Strategic Issues phase of MAPP.

Action Planning

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

Consider the following points as you build an Action Plan to address the priorities you have identified

• Each public health partner should be considered when approaching quality improvement for your system

• The success of your improvement activities are dependent upon the active participation and contribution of each and every member of the system

• An integral part of performance improvement is working consistently to have long-term effects

• A multi-disciplinary approach that employs measurement and analysis is key to accomplishing and sustaining improvements

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

F **Find** an opportunity for improvement using your results.

O **Organize** a team of public health system partners to work on the improvement. Someone in the group should be identified as the team leader. Team members should represent the appropriate organizations that can make an impact.

C **Consider** the current process, where simple improvements can be made and who should make the improvements.

U **Understand** the problem further if necessary, how and why it is occurring, and the factors that contribute to it. Once you have identified priorities, finding solutions entails delving into possible reasons, or "root causes," of the weakness or problem. Only when participants determine why performance problems (or successes!) have occurred will they be able to identify workable solutions that improve future performance. Most performance issues may be traced to well-defined system causes, such as policies, leadership, funding, incentives, information, personnel or coordination. Many QI tools are applicable. You may consider using a variety of basic QI tools such as brainstorming, 5-whys, prioritization, or cause and effect diagrams to better understand the problem (refer to Appendix C for resources).

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

Monitoring and Evaluation

Keys to Success

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

After your Action Plan is implemented, monitoring and evaluation continues to determine whether quality improvement occurred and whether the activities were effective. If the

Essential Service performance does not improve within the expected time, additional evaluation must be conducted (an additional QI cycle) to determine why and how you can update your Action Plan to be more effective. The Action Plan can be adjusted as you continue to monitor and evaluate your efforts.

APPENDIX A: Individual Questions and Responses

ESSENTIAL SERVICE 1: Monitor Health Status to Identify Community Health Problems		
1.1	Model Standard: Population-Based Community Health Assessment (CHA) *At what level does the local public health system:*	
1.1.1	Conduct regular community health assessments?	75
1.1.2	Continuously update the community health assessment with current information?	50
1.1.3	Promote the use of the community health assessment among community members and partners?	50
1.2	Model Standard: Current Technology to Manage and Communicate Population Health Data *At what level does the local public health system:*	
1.2.1	Use the best available technology and methods to display data on the public's health?	50
1.2.2	Analyze health data, including geographic information, to see where health problems exist?	50
1.2.3	Use computer software to create charts, graphs, and maps to display complex public health data (trends over time, sub-population analyses, etc.) ?	50
1.3	Model Standard: Maintenance of Population Health Registries *At what level does the local public health system:*	
1.3.1	Collect data on specific health concerns to provide the data to population health registries in a timely manner, consistent with current standards?	75
1.3.2	Use information from population health registries in community health assessments or other analyses?	50

ESSENTIAL SERVICE 2: Diagnose and Investigate Health Problems and Health Hazards		
2.1	Model Standard: Identification and Surveillance of Health Threats *At what level does the local public health system:*	
2.1.1	Participate in a comprehensive surveillance system with national, state and local partners to identify, monitor, share information, and understand emerging health problems and threats?	75
2.1.2	Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies and emerging threats (natural and manmade)?	75
2.1.3	Assure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise?	75
2.2	Model Standard: Investigation and Response to Public Health Threats and Emergencies *At what level does the local public health system:*	

2.2.1	Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case finding, contact tracing, and source identification and containment?	100
2.2.2	Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?	75
2.2.3	Designate a jurisdictional Emergency Response Coordinator?	100
2.2.4	Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?	100
2.2.5	Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies?	75
2.2.6	Evaluate incidents for effectiveness and opportunities for improvement?	75
2.3	Model Standard: Laboratory Support for Investigation of Health Threats *At what level does the local public health system:*	
2.3.1	Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring?	100
2.3.2	Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?	75
2.3.3	Use only licensed or credentialed laboratories?	100
2.3.4	Maintain a written list of rules related to laboratories, for handling samples (collecting, labeling, storing, transporting, and delivering), for determining who is in charge of the samples at what point, and for reporting the results?	75

ESSENTIAL SERVICE 3: Inform, Educate, and Empower People about Health Issues		
3.1	Model Standard: Health Education and Promotion *At what level does the local public health system:*	
3.1.1	Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?	50
3.1.2	Coordinate health promotion and health education activities to reach individual, interpersonal, community, and societal levels?	75
3.1.3	Engage the community throughout the process of setting priorities, developing plans and implementing health education and health promotion activities?	50
3.2	Model Standard: Health Communication *At what level does the local public health system:*	
3.2.1	Develop health communication plans for relating to media and the public and for sharing information among LPHS organizations?	75
3.2.2	Use relationships with different media providers (e.g. print, radio, television, and the internet) to share health information, matching the message with the target audience?	75
3.2.3	Identify and train spokespersons on public health issues?	50

3.3	Model Standard: Risk Communication *At what level does the local public health system:*	
3.3.1	Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?	75
3.3.2	Make sure resources are available for a rapid emergency communication response?	75
3.3.3	Provide risk communication training for employees and volunteers?	50

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

ESSENTIAL SERVICE 5: Develop Policies and Plans that Support Individual and Community Health Efforts		
5.1	Model Standard: Governmental Presence at the Local Level *At what level does the local public health system:*	
5.1.1	Support the work of a local health department dedicated to the public health to make sure the essential public health services are provided?	100
5.1.2	See that the local health department is accredited through the national voluntary accreditation program?	75
5.1.3	Assure that the local health department has enough resources to do its part in providing essential public health services?	75
5.2	Model Standard: Public Health Policy Development *At what level does the local public health system:*	
5.2.1	Contribute to public health policies by engaging in activities that inform the policy development process?	75
5.2.2	Alert policymakers and the community of the possible public health impacts (both intended and unintended) from current and/or proposed policies?	75

5.2.3	Review existing policies at least every three to five years?	75
5.3	Model Standard: Community Health Improvement Process and Strategic Planning *At what level does the local public health system:*	
5.3.1	Establish a community health improvement process, with broad- based diverse participation, that uses information from both the community health assessment and the perceptions of community members?	100
5.3.2	Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?	75
5.3.3	Connect organizational strategic plans with the Community Health Improvement Plan?	50
5.4	Model Standard: Plan for Public Health Emergencies *At what level does the local public health system:*	
5.4.1	Support a workgroup to develop and maintain preparedness and response plans?	100
5.4.2	Develop a plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed?	100
5.4.3	Test the plan through regular drills and revise the plan as needed, at least every two years?	100

ESSENTIAL SERVICE 6: Enforce Laws and Regulations that Protect Health and Ensure Safety		
6.1	Model Standard: Review and Evaluation of Laws, Regulations, and Ordinances *At what level does the local public health system:*	
6.1.1	Identify public health issues that can be addressed through laws, regulations, or ordinances?	75
6.1.2	Stay up-to-date with current laws, regulations, and ordinances that prevent, promote, or protect public health on the federal, state, and local levels?	100
6.1.3	Review existing public health laws, regulations, and ordinances at least once every five years?	100
6.1.4	Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?	100
6.2	Model Standard: Involvement in the Improvement of Laws, Regulations, and Ordinances *At what level does the local public health system:*	
6.2.1	Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?	100
6.2.2	Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote the public health?	100
6.2.3	Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?	100
6.3	Model Standard: Enforcement of Laws, Regulations, and Ordinances *At what level does the local public health system:*	

6.3.1	Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?	100
6.3.2	Assure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies?	100
6.3.3	Assure that all enforcement activities related to public health codes are done within the law?	100
6.3.4	Educate individuals and organizations about relevant laws, regulations, and ordinances?	75
6.3.5	Evaluate how well local organizations comply with public health laws?	100

ESSENTIAL SERVICE 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable		
7.1	Model Standard: Identification of Personal Health Service Needs of Populations *At what level does the local public health system:*	
7.1.1	Identify groups of people in the community who have trouble accessing or connecting to personal health services?	50
7.1.2	Identify all personal health service needs and unmet needs throughout the community?	50
7.1.3	Defines partner roles and responsibilities to respond to the unmet needs of the community?	50
7.1.4	Understand the reasons that people do not get the care they need?	75
7.2	Model Standard: Assuring the Linkage of People to Personal Health Services *At what level does the local public health system:*	
7.2.1	Connect (or link) people to organizations that can provide the personal health services they may need?	75
7.2.2	Help people access personal health services, in a way that takes into account the unique needs of different populations?	50
7.2.3	Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs)?	50
7.2.4	Coordinate the delivery of personal health and social services so that everyone has access to the care they need?	25

ESSENTIAL SERVICE 8: Assure a Competent Public and Personal Health Care Workforce		
8.1	Model Standard: Workforce Assessment, Planning, and Development *At what level does the local public health system:*	
8.1.1	Set up a process and a schedule to track the numbers and types of LPHS jobs and the knowledge, skills, and abilities that they require whether those jobs are in the public or private sector?	25
8.1.2	Review the information from the workforce assessment and use it to find and address gaps in the local public health workforce?	25

8.1.3	Provide information from the workforce assessment to other community organizations and groups, including governing bodies and public and private agencies, for use in their organizational planning?	25
8.2	Model Standard: Public Health Workforce Standards *At what level does the local public health system:*	
8.2.1	Make sure that all members of the public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and meet the law?	75
8.2.2	Develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the essential public health services?	75
8.2.3	Base the hiring and performance review of members of the public health workforce in public health competencies?	50
8.3	Model Standard: Life-Long Learning through Continuing Education, Training, and Mentoring *At what level does the local public health system:*	
8.3.1	Identify education and training needs and encourage the workforce to participate in available education and training?	75
8.3.2	Provide ways for workers to develop core skills related to essential public health services?	50
8.3.3	Develop incentives for workforce training, such as tuition reimbursement, time off for class, and pay increases?	25
8.3.4	Create and support collaborations between organizations within the public health system for training and education?	50
8.3.5	Continually train the public health workforce to deliver services in a cultural competent manner and understand social determinants of health?	50
8.4	Model Standard: Public Health Leadership Development *At what level does the local public health system:*	
8.4.1	Provide access to formal and informal leadership development opportunities for employees at all organizational levels?	50
8.4.2	Create a shared vision of community health and the public health system, welcoming all leaders and community members to work together?	75
8.4.3	Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?	75
8.4.4	Provide opportunities for the development of leaders representative of the diversity within the community?	25

ESSENTIAL SERVICE 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services		
9.1	Model Standard: Evaluation of Population-Based Health Services *At what level does the local public health system:*	
9.1.1	Evaluate how well population-based health services are working, including whether the goals that were set for programs were achieved?	50

9.1.2	Assess whether community members, including those with a higher risk of having a health problem, are satisfied with the approaches to preventing disease, illness, and injury?	25
9.1.3	Identify gaps in the provision of population-based health services?	75
9.1.4	Use evaluation findings to improve plans and services?	75
9.2	Model Standard: Evaluation of Personal Health Services *At what level does the local public health system:*	
9.2.1	Evaluate the accessibility, quality, and effectiveness of personal health services?	75
9.2.2	Compare the quality of personal health services to established guidelines?	100
9.2.3	Measure satisfaction with personal health services?	100
9.2.4	Use technology, like the internet or electronic health records, to improve quality of care?	75
9.2.5	Use evaluation findings to improve services and program delivery?	75
9.3	Model Standard: Evaluation of the Local Public Health System *At what level does the local public health system:*	
9.3.1	Identify all public, private, and voluntary organizations that provide essential public health services?	100
9.3.2	Evaluate how well LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing to essential public health services?	100
9.3.3	Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?	100
9.3.4	Use results from the evaluation process to improve the LPHS?	75

ESSENTIAL SERVICE 10: Research for New Insights and Innovative Solutions to Health Problems		
10.1	Model Standard: Fostering Innovation *At what level does the local public health system:*	
10.1.1	Provide staff with the time and resources to pilot test or conduct studies to test new solutions to public health problems and see how well they actually work?	25
10.1.2	Suggest ideas about what currently needs to be studied in public health to organizations that do research?	25
10.1.3	Keep up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health?	75
10.1.4	Encourage community participation in research, including deciding what will be studied, conducting research, and in sharing results?	25
10.2	Model Standard: Linkage with Institutions of Higher Learning and/or Research *At what level does the local public health system:*	
10.2.1	Develop relationships with colleges, universities, or other research organizations, with a free flow of information, to create formal and informal	50

	arrangements to work together?	
10.2.2	Partner with colleges, universities, or other research organizations to do public health research, including community-based participatory research?	25
10.2.3	Encourage colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education?	50
10.3	Model Standard: Capacity to Initiate or Participate in Research *At what level does the local public health system:*	
10.3.1	Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies?	25
10.3.2	Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?	25
10.3.3	Share findings with public health colleagues and the community broadly, through journals, websites, community meetings, etc?	50
10.3.4	Evaluate public health systems research efforts throughout all stages of work from planning to impact on local public health practice?	25

APPENDIX B: Additional Resources

General

Association of State and Territorial Health Officers (ASTHO)
http://www.astho.org/

CDC/Office of State, Tribal, Local, and Territorial Support (OSTLTS)
http://www.cdc.gov/ostlts/programs/index.html

Guide to Clinical Preventive Services
http://www.ahrq.gov/clinic/pocketgd.htm

Guide to Community Preventive Services
www.thecommunityguide.org

National Association of City and County Health Officers (NACCHO)
http://www.naccho.org/topics/infrastructure/

National Association of Local Boards of Health (NALBOH)
http://www.nalboh.org

- Being an Effective Local Board of Health Member: Your Role in the Local Public Health System
  http://www.nalboh.org/pdffiles/LBOH%20Guide%20-%20Booklet%20Format%202008.pdf

- Public Health 101 Curriculum for governing entities
  http://www.nalboh.org/pdffiles/Bd%20Gov%20pdfs/NALBOH_Public_Health101Curriculum.pdf

Accreditation

ASTHO's Accreditation and Performance Improvement resources
http://astho.org/Programs/Accreditation-and-Performance/

NACCHO Accreditation Preparation and Quality Improvement
http://www.naccho.org/topics/infrastructure/accreditation/index.cfm

Public Health Accreditation Board
www.phaboard.org

Health Assessment and Planning (CHIP/ SHIP)

Healthy People 2010 Toolkit

- Communicating Health Goals and Objectives
  http://www.healthypeople.gov/2010/state/toolkit/12Marketing2002.pdf
- Setting Health Priorities and Establishing Health Objectives
  http://www.healthypeople.gov/2010/state/toolkit/09Priorities2002.pdf

Healthy People 2020
www.healthypeople.gov

- MAP-IT: A Guide To Using Healthy People 2020 in Your Community
  http://www.healthypeople.gov/2020/implementing/default.aspx

Mobilizing for Action through Planning and Partnership

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

MAPP Clearinghouse
http://www.naccho.org/topics/infrastructure/mapp/framework/clearinghouse/
MAPP Framework
http://www.naccho.org/topics/infrastructure/mapp/framework/index.cfm

National Public Health Performance Standards Program
http://www.cdc.gov/nphpsp/index.html

Performance Management /Quality Improvement

American Society for Quality; Evaluation and Decision Making Tools: Multi-voting
http://asq.org/learn-about-quality/decision-making-tools/overview/overview.html

Improving Health in the Community: A Role for Performance Monitoring
http://www.nap.edu/catalog/5298.html

National Network of Public Health Institutes Public Health Performance Improvement Toolkit
http://nnphi.org/tools/public-health-performance-improvement-toolkit-2

Public Health Foundation – Performance Management and Quality Improvement
http://www.phf.org/focusareas/Pages/default.aspx

Turning Point
http://www.turningpointprogram.org/toolkit/content/silostosystems.htm

US Department of Health and Human Services Public Health System, Finance, and Quality Program
http://www.hhs.gov/ash/initiatives/quality/finance/forum.html

Evaluation

CDC Framework for Program Evaluation in Public Health
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4811a1.htm

Guide to Developing an Outcome Logic Model and Measurement Plan (United Way)
http://www.yourunitedway.org/media/Guide_for_Logic_Models_and_Measurements.pdf

National Resource for Evidence Based Programs and Practices
www.nrepp.samhsa.gov

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

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

APPENDIX B:

Discussion Notes

LPHS Essential Service 1:

Monitor health status to identify community health problems

LPHS Model Standard 1.1: Population-Based Community Health Assessment (CHA)

General Discussion of Model Standard

- BRFSS polling is currently under way. Note: BRFSS survey isn't coming from local number, and from Wright State. Asks basic questions, (e.g. how much do you exercise, fruits and vegetables, smoking, sexual activity, sexual/physical violence, mental health, general stress). Occurs every 5 years.
- BRFSS also performed on state level (every 5 years)
- Achieve group is meeting, looking at gaps and strengths, access to healthy foods/food access. Has done bus tour of local communities (looks at sample of villages/towns in Delaware), looking for parks, stores, food access, resources etc. Evaluates annually. Hopes to put in food pantry near some grocery stores. Also evaluates schools for food offering, amount of physical activity offered.
- Central Ohio Mental Health Center is trying to perform mental health screenings at local events but with limited success.
- Every three or four years youth in school districts are given youth version of BRFSS (general health, substance use, mental health). County Mental Health board spearheads this.
- Every three years ODH surveys 3rd grade BMI. Looks at aggregate county data, feeds into general health and nutrition programs.
- WIC data comes in every year to show BMI status of children and other indicators of health
- Informal data collection occurs as part of existing programs. E.g. questions about healthcare resources that are available to community members.
- COMHC is partnering with county police to monitor individuals with behavioral/mental health problems
- How well do we understand the degree of health distress among community adults?
- Council of older adults collects data on elderly community members
- Lack of consistent local data based on multiple data sources, health department is looking to consolidate health data from multiple county sources. Hope to better target funding, identify areas where data is lacking
- Difficulty capturing risks and needs of most vulnerable community members
- Health department works very hard to get a representative sample of different demographics within the community but certain groups are hard to reach
- Forces of change assessment will be performed over the summer. Community members will be invited to discuss health needs in person

Model Standard Scores and Notes

1.1.1 Conduct regular community health assessments?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	✠	○

Poll: 1 – optimal, 2 – significant, 1 – moderate

- Some felt that based on overall system work, a lot is being done in terms of assessment however others felt that there is room for improvement in parts of the system
- Optimal would mean coordination of assessment process, e.g. pooling of multiple agency data sources
- However, this question does not address quality of assessment, only frequency but some participants feel that to increase value of information, existing room for improvement in CHAs should be captured

1.1.2 Continuously update the community health assessment with current information?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	✠	○	○

Poll : 9 - moderate

- 'Continuously' is a sticking point, not everyone is sure what this means

1.1.3 Promote the use of the community health assessment among community members and partners?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	✠	○	○

Poll : 1 – significant, 5 – moderate, 3 – minimal

- One said optimal because current CHA based on input from community members and partners
- Others said minimal because system as a whole lacks communication between partners e.g. mental health system/senior organizations are not using CHAs as fully

LPHS Model Standard 1.1-Population-Based Community Health Assessment (CHA)		
Strengths	**Weaknesses**	**Improvements**
• partnerships are emerging between members of public health system	• difficulty reaching all community members • not all areas in county are part of assessments • more could be done to disseminate health data • more could be done to link data to programming • lack of awareness among community partners regarding system capacity to utilize technology	

LPHS Model Standard 1.2: Current Technology to Manage and Communicate Population Health Data

General Discussion of Model Standard

- BRFSS uses GIS to map health data by zip code areas, results posted to health department website, takes 6 months to a year to do this.
- Lots of agencies have data on their websites or in their annual reports but not all data is "marketed" to the public.
- Communication doesn't necessarily require computer technology, managing and communication aren't the same thing. Note that questions don't really address communication aspect.
- Note: "best available" means different things to different agencies/organizations, involves budget, resources, etc.

Model Standard Scores and Notes

1.2.1 Use the best available technology and methods to display data on the public's health?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	✠	○	○

Poll : 1 – optimal, 1 – significant, 6 – moderate, 1 – minimal

- Health department stands out in areas related to displaying, but other system partners may not be performing to the same extent.
- Communication of data is not specific.
- Also noted that "best available" relates to just resources available.

1.2.2 Analyze health data, including geographic information, to see where health problems exist?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	✠	○	○

Poll: 3 – significant, 5 – moderate, 1 – minimal

- Group not sure if they know enough to really answer this question on a system level, 'moderate' vote may reflect lack of familiarity. Some feel their familiarity with the county's ability (collectively) to analyze health data is low.
- Hospital utilizes some of this information, but there is disagreement on what 'geographic' information is.

1.2.3 Use computer software to create charts, graphs, and maps to display complex public health data (trends over time, sub-population analyses, etc.)?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	✠	○	○

Poll: 2 – significant, 6 – moderate, 1 - minimal

- One person said 'moderate' due to lack of familiarity, also wasn't sure that all system entities display complex data.
- One person incorrectly indicated 'significant'.
- Lots of departments look at trends over time.
- Note: Questions arose regarding purpose of data collection and analysis. What comes of this data on a system level?

LPHS Model Standard 1.2- Current Technology to Manage and Communicate Population Health Data		
Strengths	**Weaknesses**	**Improvements**
	• lack of awareness among community partners regarding system capacity to utilize technology	

LPHS Model Standard 1.3: Maintenance of Population Health Registries

General Discussion of Model Standard

- EMS and hospitals report trauma data to central Ohio trauma system.
- Hospitals/coroner provides birth and death data to state registry including cause of death and low birth weight.
- Cancer data is reported to cancer registries.
- Immunization data goes to state registry.
- Certain diseases (e.g. STDs) are reported to state health department.
- This is done, but is it enough?

Model Standard Scores and Notes

1.3.1 Collect timely data consistent with current standards on specific health concerns in order to provide the data to population health registries?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	✠	○

Poll: 5 – significant, 4 - moderate

- Optimal vote feels that there are so many required registries that the system as a whole achieves this standard. Also notes that this question applies specifically to existing health registries.
- Others are not familiar enough with requirements.
- Significant vote: there is a lot of activity regarding health data reporting, but there are some holes.

1.3.2 Use information from population health registries in community health assessments or other analyses?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	✠	○	○

Poll: 3 – optimal, 1 – significant, 5 – moderate

- Health registry data is easy to acquire and used commonly by public health system and in CHAs.

LPHS Model Standard 1.3- Maintenance of Population Health Registries		
Strengths	**Weaknesses**	**Improvements**

LPHS Essential Service 2:

Diagnose and investigate health problems and health hazards

LPHS Model Standard 2.1: Identification and Surveillance of Health Threats

General Discussion of Model Standard

Model Standard Scores and Notes

2.1.1 Participate in a comprehensive surveillance system with national, state and local partners to identify, monitor, and share information and understand emerging health problems and threats?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	✠	○

2.1.2 Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies and emerging threats (natural and manmade)?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	✠	○

- Physicians offices – lab reported 100% of time; general diagnoses maybe not

2.1.3 Assure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	✠	○

Poll: 1 – Moderate, 5 – Significant

- Why moderate? Coordination getting better but still questions of who has authority; still some uncertainties with regards to who is in charge. Communication – is it good?
- Why significant? IT investments significant; need improvement. Good communication between ODH and surrounding counties. Epidemiologists have access to info. EMA has a new system that communicates directly with state; whether or not to declare an emergency; Statewide system. Delaware County resource rich on cutting edge.
- All agreed after discussion to significant.
- If community doesn't know about these things, should this be considered in voting?
- Within community, people should care. Importance for community to know, depends on topic. Public Information Officer helps with this.

LPHS Model Standard 2.1: Identification and Surveillance of Health Threats		
Strengths	**Weaknesses**	**Improvements**
• HD 24-hr alerts; surveillance linked to schools, support of CDC, etc; can get support • HD gets info about which schools will be surveyed	• Need better communication between ODH and county when surveillance is happening; residents being contacted by both	• Improve data sharing

• EMS going around county; those needing additional needs, e.g., special needs – have info on computer • Alert system – can only make so many calls per minute – weather, hazardous materials, amber alert; land lines automatic, sign up for cell • First responders called HD about fertilizer spills, etc. ; good communication with partners, know partners well, well integrated; Grady tied into this system as well • Grady system nice info to extrapolate by zip codes, etc.; miss some due to mindset that people want to go to a Franklin County facility – same services at Grady as Franklin Co • Don't see immediate results with prevention activities • CBRN monitoring is in place; several agencies monitor it • Radiological monitors; calibrated annually • Epi has system for monitoring; also have EpiX – are emergency room visits are increased; tells if co residents are going elsewhere; tells problem, call infectious disease nurses in order to tie together; monitors normal thresholds; alerts if there is a peak; fire depts keep data on transports/calls • Communication between partners	• Potential weakness is communication between ODH and county • Better communication regarding surveys who is being asked; need to avoid duplication • More tech, older residents or poorer don't have computers; some people only have cell phones • Relied on ODH to do lab screening, but not now – a weakness; concerned what's next – not testing for west Nile virus, state doesn't support prevention; what's wrong with the system • Emerging issues get the support, not chronic disease; not looking at prevention, but looking at medical care • Peoples' priorities are changing, may not understand the situation or don't care about; interest in funding very personal based – what about me? • Communication with ODH – sometimes an alert comes late	

LPHS Model Standard 2.2: Investigation and Response to Public Health Threats and Emergencies

General Discussion of Model Standard

Model Standard Scores and Notes

2.2.1 Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case finding, contact tracing, and source identification and containment?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	✠

Poll: 6 – Optimal

- Optimal – very detailed manual; standards written well; national standards available.
- Significant – how are we on toxic exposure, EMA has a plan; Awareness is an issue;
- Sometimes neglect to review or read plans or update them; always room for improvement; better than 75%

2.2.2 Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	✠	○

Poll: 3 – Significant, 3 - Optimal

- Significant – develop written rules; rely a lot on national and federal partners. Good getting info out, but change info rapidly; develop or determine what a case really is. Intentional disasters – do we have policies written, who to call, who to bring in; shared services agreement, mass causality plan; number of written protocols
- Agreed to accept significant

2.2.3 Designate a jurisdictional Emergency Response Coordinator?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	✠

Poll: 1 – Moderate, 5 – Optimal

- Moderate – someone said that we don't have a coordinator – Agreed to go with optimal after discussion.

2.2.4 Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	✠

Poll: 1 – Significant, 5 – Optimal

- Significant – agreed to go with optimal; 'rapidly respond' was reason for significant originally

2.2.5 Identify personnel with the technical expertise to rapidly respond to possible biological,

chemical, or and nuclear public health emergencies?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	✠	○

Poll: 4 – Significant, 2 – Optimal

- Significant – not sure who can do this.
- Optimal – have this capability
- Area for improvement – getting volunteers with expertise; agreed to go with Significant

2.2.6 Evaluate incidents for effectiveness and opportunities for improvement (through After Action Reports and Improvement Plans)?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	✠	○

Poll: 5 – Significant, 1 – Optimal

- Optimal agreed to go with Significant after discussion.

LPHS Model Standard 2.2: Investigation and Response to Public Health Threats and Emergencies		
Strengths	**Weaknesses**	**Improvements**
• Communicable disease team • ODH has statewide protocols • Regional epi plan that is followed; work through NIMS; fire dept in charge until others come and then becomes joint; Delaware Area response team trained at all levels; • Statewide data base for all volunteers to register; each organization responsible for getting own volunteers • OH Fire Chiefs have an emergency plan – each dept has listed with state what resources are available. Can call to get resources needed. • There is an awareness of others who would respond – they do talk; threat - money decreases how do we make changes; fewer	• Medical Reserve Corps volunteers need to be strengthened; do have an email list; how we can engage them if no emergency; increase numbers • Citizens Emergency Response team – better coordination • Medical community needs to be aware of emergencies, but not necessarily aware of HD and what it does; can work with the hospitals and get info to docs; communication; Should there be a Physician newsletter to keep them in the loop? • Perspective of partners needs to be considered • Written plans need to be updated • Budget cuts reduce what can be provided	• After action debrief and fix what needs to be done immediately; lose sight of what may take longer to fix • Look to other orgs to help provide resources

resources need to rely more on other partners; leveraging – but all because we have relationships with others; communicated with others	• Follow up steps (after actions) after every exercise and each event; may be biased • No follow up with the longer term things	

LPHS Model Standard 2.3: Laboratory Support for Investigation of Health Threats

General Discussion of Model Standard

Model Standard Scores and Notes

2.3.1 Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	✠

Poll: 6 – Optimal

- Significant because could run out of reagents
- Routine makes it optimal

2.3.2 Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	✠	○

Poll: 6 – Significant

- Moderate – worried about the what ifs; capacity issues a concern
- Significant – reach a threshold to make a decision even if supplies are depleted; national stockpile has supplies

2.3.3 Use only licensed or credentialed laboratories?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	✠

Poll: 6 – Optimal

- No discussion; total agreement.

2.3.4 Maintain a written list of rules related to laboratories, for handling samples (including collecting, labeling, storing, transporting, and delivering), determining who is in charge of the samples at what point, and reporting the results?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	✠	○

Poll: 3 – Significant, 3 – Optimal

- Significant - Not sure about reporting; getting results where need to go isn't ever optimal; understand chain of custody but not sure it would happen
- Optimal – thinks system works
- Agreed to significant

LPHS Model Standard 2.3: Laboratory Support for Investigation of Health Threats		
Strengths	**Weaknesses**	**Improvements**
• Opportunity – back-up lab at hospital; reference labs • Relationship with PA for lab • Have labs around that can be used	• ODH, no zoonotic lab services • Capacity a problem • Cost a problem; • chain of custody – there are written rules • Reporting systems to patient	

LPHS Essential Service 3:

Inform, educate, and empower people about health issues

LPHS Model Standard 3.1: Health Education and Promotion

General Discussion of Model Standard

- Good job at raising the bar; reaching into different communities, townships, and schools to promote better health; more involvement in alternative languages (within past 12 yrs) -> specific to health department
- Ways to combat child obesity in grassroots campaign; increase healthy breakfast program participation and increase physical activity in schools funded with small grants to meet federal standards; nutrition education tends to be cut when funding is an issue
- Schools used to be mandated by USDA and get reimbursed for following wellness policy;
- Wellness committees composed of teachers fighting funding issues to support health and nutrition education; alarmed because if not learning nutrition education in school, where else to learn?
- Using social media to target unplanned pregnancy -> facebook and google ads for 16-24 years old; innovation in outreach
- Traditional outreach: pamphlets, newsletters, communicators to let people know what services are offered
- Newsletters are valuable wayd to receive this info, also facebook, webpage, Grady as part of Ohio Health uses calendar to keep up with events
- Depends on who is served; always received Delaware County newsletter but as sole resource; certain groups are neglected in info they receive; no central coordinated effort to communicate -> noted funding/budget as an issue and great barrier
- What service, what population, how to communicate -> putting puzzle pieces together in order to be optimal
- LPHS is umbrella group
- Need to be proactive at all levels and age-groups to target health issues -> need to invest in middle-age, not just youth; have tendency to put public dollars in most vulnerable groups (youth and elderly)

Model Standard Scores and Notes

3.1.1 Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	✠	○	○

Poll: 6 - moderate, 1 - significant

- Moderate voters: higher end, no particular agency noted but everyone together could ultimately improve; lots of outreach but best to coordinate; group as whole does not fulfill this; more than minor opportunity for improvement
- Significant voters: problem is accessibility because only know of programs they are involved in so outreach is a problem, notifying public of services
- Health dept providing analyses, but other organizations just provide services

3.1.2 Coordinate health promotion and health education activities to reach individual, interpersonal, community, and societal levels?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	✠	○

Poll: 5 - significant, 2 - moderate

- System as a whole is significant but coordination is still an issue
- Lots of services offered but communication remains an issue
- Compared to other counties, Delaware has resources to stay ahead
- Lots of sharing going on, but is it really coordinated?
- Overlap of services so difficult to truly coordinate because organizations might be afraid to let go; impressed by getting people to the table today;
- Work more with organizations and better communication since 2008 -> agreement by few

3.1.3 Engage the community throughout the process of setting priorities, developing plans and implementing health education and health promotion activities?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	✠	○	○

Poll: 2 - significant, 5 - moderate

- Optimal voter: all different organizations reach out and engage as best they can but satisfactory response may differ; delivery of message from all agencies has improved since last assessment; overall at lower end of optimal level
- Setting priorities and engaging entire community is difficult
- Difficult to engage teachers at times but more so at administrative level
- Writing policy for community center to provide outlet for needs
- Unsure what organizations need; who (organizations or group of organizations) is actually connecting the dots
- Moderate voter: know a lot is happening but some groups may not have been reached; certain outlets allow exposure of certain organizations/groups; trying to remedy issue of exposure through surveys and assessments; better than minimal but long ways to go to be optimal
- Communities are providing services based on grants available but community may not really need those services, not ideal because doesn't factor in need of community -> funding issue

LPHS Model Standard 3.1: Health Education and Promotion		
Strengths	**Weaknesses**	**Improvements**
• Because of funding issues we do more research-based activities to be efficient and effective • Work more with other organizations and better communication since 2008 • All different organizations reach out and engage as best they can • Trying to remedy issue of exposure through surveys and assessments	• Coordination and communication was major theme • Outreach is a problem, notifying public of services • Difficult to engage teachers at times but more so at administrative level • Communities providing services based on grants available but community may not really need those services	• Creating a place where people can go to get information; better direction to correct source depending on need; pull group together to organize sources; keeping everything together to make it a one-stop shop; establish referral system; organizations work together so not one sole organization is overloaded

LPHS Model Standard 3.2: Health Communication

General Discussion of Model Standard

- Thinks everyone works on their own; better now at working together and all do outreach but not very coordinated
- Impressed by certain organizations (big segment) outreach
- If got same message from multiple sources, might increase change; more influential if lots of organizations support same issue/message/initiative and organization
- Capable but not there yet -> CHALLENGE

Model Standard Scores and Notes

3.2.1 Develop health communication plans for media and public relations and for sharing information among LPHS organizations?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	✠	○

Poll: 4 - significant, 3 - moderate

- Lower level of significant: agreement
- Can't say if all organizations have communication plans; better job than ever; use of social media helps because constantly out there
- There is a more focus on priorities and coordinate efforts
- More minor improvement needed
- Difficult to decipher assessment percentages; needs improvement -> CDC

3.2.2 Use relationships with different media providers (e.g. print, radio, television, and the internet) to share health information, matching the message with the target audience?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	✠	○

Poll: 2 – optimal, 5 - significant

- Social media used for pregnancy resources
- Not everyone has same access as other groups
- Minimal voter: we communicate with specific groups but unsure how other organizations are reaching audiences
- Optimal voter: everyone has upped their game a lot; everyone has broader spread, 4-5 people spreading the word and people in the field; lots of different ways to reach community
- Significant voter: recognizing that everyone gets information in different ways, facebook, website, newsletters, fairs, coalitions, flyers, twitter -> lots of avenues to reach different audiences; not everyone uses all different types of media so spread thin to reach different groups via different methods
- No specific local outlet

3.2.3 Identify and train spokespersons on public health issues?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	✠	○	○

Poll: 2 - significant, 5 - moderate

- Not sure what question asks
- Each organization will have respective spokesperson but maybe 30% of organizations may not have spokesperson
- Might not have conscious voice to represent organization -> might not be identified
- Making major strides so higher part of moderate

LPHS Model Standard 3.2: Health Communication		
Strengths	**Weaknesses**	**Improvements**
• Do great job at sharing • Various avenues of social media to reach audience; constant exposure Lots of avenues to reach different audiences	• Not everyone has same access to sources of info • No specific local outlet • Might not have conscious voice to represent organization	• Develop calendar of resources and events per month -> post to newsletters, message boards, online forums

LPHS Model Standard 3.3 Risk Communication

General Discussion of Model Standard

- Excellent; we know who is in charge; frequently practice for public emergency, very well prepared as a county
- Coordination among first responders is great; have conferences to review and practice; specific services for certain populations to assist in times of emergency, "what more can they do?"
- Not just social media, depends on situation when notifying public during certain emergency/situation
- EMS is driver of risk communication; good level of communication, training and coordination; well-organized
- Improve on notifying when practice sessions are offered

Model Standard Scores and Notes

3.3.1 Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	✠	○

Poll: 1 - optimal, 6 - significant

- Always room for minor improvement
- Training sessions provide room to improve
- More conversation on assessment percentages used –note to CDC
    - disagreement: health department is more in tune with system; other organizations have room for improvement -> significant voter

3.3.2 Make sure resources are available for a rapid emergency communication response?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	✠	○

Poll: 1 - optimal, 5 - significant, 1 - moderate

3.3.3 Provide risk communication training for employees and volunteers?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	✠	○	○

Poll: 7 - moderate

- Impossible to know how all agencies are doing regarding communication training
- Double barrel question: big difference between employees and volunteers
- Some organizations probably doing this optimally -> 30-40%

LPHS Model Standard 3.3 Risk Communication		
Strengths	**Weaknesses**	**Improvements**
• Trainings provide constant improvement • Coordination among first responders is great	• Always room for improvement; training of volunteers	• Involve other organizations in emergency training to expand reach of risk communication • Education in risk communication for other organizations

LPHS Essential Service 4:

Mobilize community partnerships to identify and solve health problems

LPHS Model Standard 4.1: Constituency Development

General Discussion of Model Standard

- Lots of interaction between larger organizations; neighborhood organizations have less involvement; more focus on larger agencies
- Struggle for smaller agencies is not realizing they're part of the system; partnerships within system but not part of larger system
- More interaction/involvement from community members
- There are strong and active coalitions within the county
- Always room for improvement -> some agreement
- Businesses never asked to disseminate information; 90 contacts from health department to contact and arrange dissemination
- Growing priority for nonprofits to become involved in larger health system; major improvement
- In terms of collaboration, need improvement in reaching smaller agencies
- As larger Public Health community, community population doesn't know what Public Health is which affects funding and affects local level engagement
- Businesses usually unaware of nonprofit agencies throughout the county

Model Standard Scores and Notes

4.1.1 Maintain a complete and current directory of community organizations?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	✠	○	○

Poll: 2 - significant, 5 – moderate

- ODH has fairly good directory of coalitions to examine what's done in health districts, but not the system as a whole, a hotline pulls all agencies together into one location -> depends how assessing it which makes it difficult
- Difference between having directory and engaging the community
- Confusion about the question -> access to directory or know how to obtain the directory, or simply does it exist?
- Significant voter: knows system well so agrees directory is available
- Not one complete directory because we depend on other partnerships to reach different groups of people and city groups -> diffusing effectiveness of LPHS
- It is easier if you know where to obtain directory...

4.1.2 Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	✠	○

Poll: 5 - significant, 2 - moderate

- Lots of activity but difficult to determine the established process to identify key constituents
- Referring to tobacco, we know who to target but is it an established process? Not sure, but know and aware of certain groups to target (best practices)
- If following best practices, then is an established process
- Have best practices for certain topics
- Significant voter: most agencies have established practices, possibly verbal but could more established
- Coalitions have fair amount of training for various issues to help identify which agencies should be involved
- Smaller organizations have more established practices to reach out to and identify needs of geographic areas

4.1.3 Encourage constituents to participate in activities to improve community health?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	✠	○	○

Poll: 2 - significant, 4 - moderate, 1 - minimal

- Each group is working to reach constituents they feel are important
- Question: is there a difference between reaching and involvement? Are we really engaging community members? Active participation from community members?
- Focus on 'encourage' because takes long time to change habits; focus on flow of info to community
- Think of neighborhood—neighbors aren't engaged in community issues
- No accountability with "encourage"
- Minimal voter: not sure what's happening, reads and seems informed about many issues but feels unaware of activities to improve community health
- CDC creates broad sense of health system but is a limited resource; unsure of objective of public health goal within county and CDC; focus on cost and high-risk populations

4.1.4 Create forums for communication of public health issues?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	✠	○

Poll: 1 - optimal, 5 - significant

- Several coalitions throughout county focus on health issues but not enough community participation
- Optimal voter: so many forums trying to engage, but not sure about their success
- Everyone is different in how they obtain info
- Getting people involved is difficult
- Having representation at forums is optimal but is very difficult so conduct survey to obtain input/feedback because people don't want to attend meetings
- Conduct focus groups and door to door surveys on community's feelings about health topics
- Not many health issues that people are surprised about—info is out there

LPHS Model Standard 4.1: Constituency Development		
Strengths	**Weaknesses**	**Improvements**
• Lots of interaction between larger organizations • Strong and active coalitions present throughout county • If exposed and aware initially, easy to access directory and info • Most agencies have an established process	• Unaware of agencies available • Nonprofits not fully integrated and involved in public health system; difficult to determine the established process to identify key constituents; not much engagement from community; • Getting people involved is difficult • Not an effective way to engage community because lots of energy exerted with little involvement from community; • No accountability for initiatives • Difficult to fund health issues if funding is not available • Nonprofits have difficulty keeping up with for-profit agencies • Neighbors aren't engaged in community issues	• Using chamber as avenue to reach businesses • Work with other organizations • Integrated marketing effort to engage people and has to be consistent message across organizations

LPHS Model Standard 4.2: Community Partnerships

General Discussion of Model Standard

- A lot of community partnerships: ACHIEVE group, Wellness Collaborative, Hunger Alliance, etc…
- Which organization is the big umbrella? Can benefit from more integration
- Health District is main force among collaboration
- Information disseminated to different groups and more targeted groups
- Faith-based networks, chamber networks available
- Health Department has programs to present to trustees -> lots of outreach., works as advocate
- Asking for time and resources from all constituents is important but difficult to focus on same problem; sustainability of organizations is difficult

Model Standard Scores and Notes

4.2.1 Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	✠

Poll: 5 - optimal, 2 - significant

- Optimal voter: doing this for long time, process more refined since 2008; more cohesive and room for improvement but stronger than before
- Good communication between partnerships
- Economy and tighter budgets force partnerships and encourage more collaboration and use of resources -> more effective at forming strategic alliances
- PEACE Collaborative: prevention organizations; ensure not duplicating services -> more efficient
- Delaware County known for its collaboration efforts between agencies

4.2.2 Establish a broad-based community health improvement committee?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	✠

Poll: 5 - optimal, 1 - significant, 1 - moderate

- No discussion

4.2.3 Assess how well community partnerships and strategic alliances are working to improve community health?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	✠	○

Poll: 1 - optimal, 3 - significant, 3 - moderate -> lean towards significant

- Not about outcomes but efforts leading to outcomes
- Are we working together or working harder? All questions very similar
- Weakness of some coalition work -> not regularly assessing people at the table and effectiveness
- Organizations are working hard but could be more effective
- Organic dissolving of involvement in coalitions from participants -> why did attendance drop off? Did we achieve our goals? Are the appropriate people at the table?
- Process measurements and outcome measurements are different and attract participation differently
- No accountability to clients they serve
- Differing types of outcomes, tangible measures keep people interested because of change/difference that was made

LPHS Model Standard 4.2: Community Partnerships		
Strengths	**Weaknesses**	**Improvements**
• Many community partnerships and networks • Lots of outreach from agencies • Community partnerships and strategic alliances are more cohesive and collaborative • Not much duplication of services/efforts • Good communication between partnerships	• Difficult for agencies to all focus on the same issue; • No regular assessment of effectiveness of coalitions in achieving outcomes; • No accountability on clients they serve	• Annual assessment of partnership activities • Have more focus and target specific groups regarding certain health issues/topics

LPHS Essential Service 5:

Develop policies and plans that support individual and community health efforts

LPHS Model Standard 5.1: Governmental Presence at the Local Level

General Discussion of Model Standard

- Changing environment, but can still influence

Model Standard Scores and Notes

5.1.1 Support the work of a governmental local public health entity to make sure the essential public health services are provided?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	✠

Poll: 2 – Significant, 7 – Optimal

- Why Minimal? No idea of what other agencies do to support the health department in the 10 services
- Why Optimal? We're doing well with what is known; essential services and more are provided
- Why Significant? We are moving toward to accreditation
- Why significant? We can't be optimal because of accreditation. Public awareness may need to be Improved. Need to know more about how other agencies contribute.
- Why Optimal? We (DCHD)are doing an excellent job of communicating; all relative, going for accreditation. We are doing our job and doing it well; the public may not be aware.

5.1.2 See that the local health department is accredited through the national voluntary accreditation program?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	✠	○

Poll: 2 – Moderate, 5 – Significant, 2 – Optimal

- We're here today; a lot of accreditation is based on assessment
- We're in the process, working toward, going for accreditation – want to be the best even if not required

5.1.3 Assure that the local health department has enough resources to do its part in providing essential public health services?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	✠	○

Poll 1: 1 – Moderate, 5 – Significant, 3 – Optimal

- Why Moderate? Financial resources availability to do what is needed could be better
- Why Significant? Community resources available; can cover the costs that state or federal $s can't Friends for Life and Local Levy
- Why Optimal? Send staff to conferences; have great relationships with other agencies
- Why Moderate? Threats to resources/dollars

LPHS Model Standard 5.1: Governmental Presence at the Local Level		
Strengths	**Weaknesses**	**Improvements**
• DCHD submission for PH accreditation • Behavioral health has partnered with DCHD; strong relationship, many projects together; share data; coordination of services rather than duplicate • ARC has agreement with DCHD in event of disaster, e.g., pandemic flu • Agencies pulling together • Good resource for Chuck's agency • Public education with Tom's group; interact quite a bit, labs • Bicycle helmets, immunization, WIC • Friends for Life – provides support for some programs when funds aren't available • Environmental Health – restaurants, swimming pools, sewers, etc. • Good local funding	• Funding cuts • Lack of awareness • Uncertainty of future	

LPHS Model Standard 5.2: Public Health Policy Development

General Discussion of Model Standard

- How broad-based are the assessments when looking at economic development, etc? The idea is to get health consequences considered
- Health in All policy
- **Model Standard Scores and Notes**

5.2.1 Contribute to public health policies by engaging in activities that inform the policy development process?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	✠	○

Poll 1: 1 – Moderate, 6 – Significant, 1 – Optimal

- Why Optimal? A lot is mandated and DCHD is doing a good job with these.
- Why Significant? Response was based on lack of awareness of what is happening.

5.2.2 Alert policymakers and the community of the possible public health impacts (both intended and unintended) from current and/or proposed policies?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	✠	○

Poll: 1 – Moderate, 6 - Significant, 2 – Optimal

- Why Optimal? A lot is mandated and is going to happen; it's a role of the HD to make this known, therefore, it's optimal.

5.2.3 Review existing policies at least every three to five years?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	✠	○

Poll 1: 2 – Moderate, 6 – Significant, 1 – Optimal

- Why Moderate? Lack of knowledge of what agencies are doing.
- Why Optimal? It seems agencies are on a schedule of reviewing.

LPHS Model Standard 5.2: Public Health Policy Development		
Strengths	**Weaknesses**	**Improvements**
• Received NACCHO grant – trained various sectors to look at chronic disease – policy systems/environmental change – community coalition, resident input • Peace Collaborative – prevention services – school districts identify gaps, e.g. suicide prevention, alcohol prevention, etc. • Action for Healthy Kids – work with schools/influence parents through kids –		

three pronged approach – nutrition, activity • Fire/EMS – policies reviewed by DCHD; try to review every two years • Frequency of DCHD policy reviews – state statutes through state committee work; staff try to influence national • JFS done at state level, supervised by state; try to influence, • Look at health impact of development; try to influence process		

LPHS Model Standard 5.3: Community Health Improvement Process and Strategic Planning

General Discussion of Model Standard

Model Standard Scores and Notes

5.3.1 Establish a community health improvement process, with broad- based diverse participation, that uses information from both the community health assessment and the perceptions of community members?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	✠

Poll 1: 8 – Significant, 1 – Optimal

- Why Optimal? We are talking about the process and the process is well established. There are town hall meetings, phone surveys; a strength of the county is the assessment process.
- Why Significant? More could have been done with outcomes of the previous process.
- Why Significant? More goes to the community than to the agencies.
- Why Optimal? Knows/is aware that there are opportunities for residents to be involved.

5.3.2 Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	✠	○

Poll 1: 3 – Moderate, 6 – Significant

- Why Moderate? Is involved but wasn't aware of who was doing what; awareness of what was happening. It's hard to take to next level.

- Why significant? Plans well laid out, but people not held accountable to carrying out; who makes who accountable? It's hard to take to next level. Execution is not necessarily there.

5.3.3 Connect organizational strategic plans with the Community Health Improvement Plan?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	✠	○	○

Poll 1: 6 – Moderate, 3 – Significant

- Why Moderate? No clue as to what organizations have done to link their plans with the Community Health Improvement Plan
- Why Significant? Knows what was done – twp meetings, etc sharing and asking how they could help; Peace Collaborative and Mental Health board – what was done needs to be in same document.

LPHS Model Standard 5.3: Community Health Improvement Process and Strategic Planning		
Strengths	**Weaknesses**	**Improvements**
• There is a process - MAPP – 3 priorities (obesity #1); owned by community. • Plans well laid out. • Environmental health survey – 3 top priorities (green space, alternative energy); assessed various school district students; how community receives health info. • DCHD collects a lot of data; other agencies do also to apply for grants. • HD staff sit on Steve's planning process; Chuck's more indirect but does influence.	• Achievable not recognized, strategies need to be more specific. • Increased communication to entire community of what needs to be done. • Health equity – improvement needs beyond essentials – gaps in services.	

LPHS Model Standard 5.4: Plan for Public Health Emergencies

General Discussion of Model Standard

No discussion.

Model Standard Scores and Notes

5.4.1 Support a workgroup to develop and maintain preparedness and response plans?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	✠

Poll: 1 – Significant, 8 – Optimal

- Why Significant? There is room for improvement, but optimal is fine.

5.4.2 Develop a plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	✠

Poll: 1 – Significant, 8 – Optimal

- Why Significant? No comment as to why.

5.4.3 Test the plan through regular drills and revise the plan as needed, at least every two years?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	✠

Poll: 2 – Significant, 7 – Optimal

- Why Optimal? The plan is revised every two years, drill once a year; this year at zoo; county EMS is accredited; fire depts. going through process, also police depts.
- Why Moderate? Would move to significant, but believes that partners aren't sharing information as they should.
- ARC does follow up to drills and how could improve.

LPHS Model Standard 5.4: Plan for Public Health Emergencies		
Strengths	**Weaknesses**	**Improvements**
• ARC has MOU with other agencies; plan determines who does what, EMA, HD, ARC, Fire Dept • Trained in NIMS • Mock drills • Joint Information command training • Back-up plans in place with other agencies • Special Needs registration • Disaster trailer • Mass casualty meds • Back-up lists • Response plans • Partners have plans		• More drills • Improved sharing of plans among system partners

LPHS Essential Service 6:

Enforce laws and regulations that protect health and ensure safety

LPHS Model Standard 6.1: Review and Evaluation of Laws, Regulations, and Ordinances

General Discussion of Model Standard

- For the health district, health laws and regulations are assigned based on Ohio Revised Code, are reviewed every 5 years (sunshine law), are enforced by environmental health department. Health Department sends related newsletters, testifies at statehouse, attends trustee meeting as needed.
- All state laws undergo 5 year review process.
- Most recently change in tobacco laws have resulted in change in school/campus requirements (enforced by complaint only, ODH actually does enforcement).
- State inspects laboratories, nursing homes, other medical facilities, county deals with hazardous waste.
- General health district supports townships.
- Fire department coordinates health department to address things like well water, restaurant health, H1N1 management.
- Health department utilizes county prosecuting attorney, as do townships.

Model Standard Scores and Notes

6.1.1 Identify public health issues that can be addressed through laws, regulations, or ordinances?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	✠	○

Poll: 3 – optimal, 4 – significant

- Optimal – laws/regulations/ordinances exist and are identified/enforced. Health Department does "optimal" others do not.
- Significant – to knowledge, health issues are identified, but can't be sure if true everywhere.
- Organizations within public health system identify specific issues/laws, but don't always coordinate/communicate with rest of system.

6.1.2 Stay up-to-date with current laws, regulations, and ordinances that prevent, promote, or protect public health on the federal, state, and local levels?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	✠

Poll: 5 – optimal, 2 – significant

- Optimal – the system as a whole stays up do date on codes and policies on an agency by agency basis.
- Significant – there are inherent challenges staying up to date with new laws as they emerge, especially for smaller organizations (e.g. challenges interpreting Affordable Care Act).

6.1.3 Review existing public health laws, regulations, and ordinances at least once every five years?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	✠

Poll: 5 – optimal, 2 – significant

- No discussion noted.

6.1.4 Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	✠

Poll: 5 – optimal, 1 – significant, 1 – moderate

- Moderate – parts of system don't have the same resources as other parts (e.g. smaller organizations (non-governmental) don't have the same resources as the health department).
- Optimal/Significant – the majority of the public health system does have access to legal counsel.

LPHS Model Standard 6.1: Review and Evaluation of Laws, Regulations, and Ordinances		
Strengths	**Weaknesses**	**Improvements**
• Strength of enforcement relies on strength of prosecuting attorney's office. • Strong Ohio Revised Code, law requires that those rules and regulations be reviewed every five years.	• Lack of funding to support communication/enforcement of laws and regulations in general.	• Chance to communicate better with other agencies and with community regarding laws and regulations.

LPHS Model Standard 6.2: Involvement in the Improvement of Laws, Regulations, and Ordinances

General Discussion of Model Standard

- Health and Human Services collaborative meets monthly with local legislators regarding what is happening in government that might affect Delaware county.
- Health system is part of law-making process.
- Delaware County health staff advise ODH and also state government. Two DGHD staff on Public Health Council, JCAR.
- Health system partners also work with advocacy groups to push legislation. Non-profits also lobby on behalf of specific issues.
- However, health system's influence is sometimes limited due to political agendas.
- Sometimes unfunded mandates create problems with enforcement, but overall, the system adequately addresses laws.

Model Standard Scores and Notes

6.2.1 Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	✠

Poll: 5 – optimal, 2 – optimal

6.2.2 Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote the public health?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	✠

Poll: 7 – optimal

6.2.3 Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	✠

Poll: 7 – optimal

- Job and Family Service work with Delaware county specific legislators in drafting process, non-profits do this too.

LPHS Model Standard 6.2: Involvement in the Improvement of Laws, Regulations, and Ordinances		
Strengths	**Weaknesses**	**Improvements**
• Lots of local entities and professional organizations with manpower and expertise to speak to lawmakers. • Direct communication with lawmakers who represent county • Receptive lawmakers.	• Support of state health department in terms of influencing lawmakers is not optimal. • State dollars towards public health initiatives is low.	• Involve agencies and entities that may be affected by new or changed laws.

LPHS Model Standard 6.3: Enforcement of Laws, Regulations, and Ordinances

General Discussion of Model Standard

- System entities work together to enforce existing laws and regulations.
- Lots of communication between entities to do the best job possible.

Model Standard Scores and Notes

6.3.1 Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	✠

Poll: 5 – optimal, 2 – significant

6.3.2 Assure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	✠

Poll: 6 – optimal, 1 – significant

6.3.3 Assure that all enforcement activities related to public health codes are done within the law?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	✠

Poll: 6 – optimal, 1 – significant

6.3.4 Educate individuals and organizations about relevant laws, regulations, and ordinances?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	✠	○

Poll: 3 – optimal, 4 – significant

- Health system is involved proactively with certain people or business (e.g. working with new restaurants)
- Overall, optimal in some aspects of system, but not all.

6.3.5 Evaluate how well local organizations comply with public health laws?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	✠

Poll: 5 – optimal, 2 – significant

- Optimal – it's unlikely that 25% of organizations do not comply with public health laws.
- Sees evaluation as including individual inspections.
- Moderate – not sure health system as a whole is evaluating how well local organizations are complying on an aggregate level, programs are just now starting to implement changes based on analysis.

LPHS Model Standard 6.3: Enforcement of Laws, Regulations, and Ordinances		
Strengths	**Weaknesses**	**Improvements**
• System works together to ensure public health and safety from a regulatory perspective, make referrals to appropriate partners. • Responsibility and decision making is shared between system partners. • Leverage expertise of partners. • Also good at educating system partners regarding abilities and purviews of system partners.	• Some aspects of system (mostly non-governmental) are not as tightly knitted into regulatory system, partnerships are not as firmly established and information not shared as could be.	• More evaluation based on aggregate data to see how well system is complying across the board.

LPHS Essential Service 7:

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

LPHS Model Standard 7.1: Identification of Personal Health Service Needs of Populations

General Discussion of Model Standard

- General health district/federal programs talk about/announce programs (e.g. Medicaid, SNAP).
- Pockets within the system that track health needs (e.g. hospitals).
- Anyone who calls Helpline will be put in touch with needed resources/information.
- MAPP assessment reached out to underserved populations.
- There is a substantial number of people in Delaware without health insurance who are not served in Delaware County, not sure if local system identifies these people.
- Communicator (a local newspaper) often includes information on relevant health issues & makes linkages.
- Health department performs some services.
- Medicare doesn't cover dental/vision so many seniors don't have dental/vision care.
- There is not a comprehensive way in the community to identify populations without care; no "gap" coverage.
- Schools do some screening among children, but do not identify lack of care.
- Lack of care is a growing issue in Delaware County.
- Central Ohio Mental Health Agency collects some data on individuals who lack access to mental health care.
- Hospital write-offs indicate growing need for care (e.g. through ER visits).
- Overall not sure if Health Department assesses access to health care, although state wide BRFSS collects info on this issue, still not sure if Delaware county tracks this.

Model Standard Scores and Notes

7.1.1 Identify groups of people in the community who have trouble accessing or connecting to personal health services?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	✠	○	○

Poll: 2 – significant, 6 - moderate

- Moderate: given number of health assessments that are conducted, some amount of identification of access to care is done.
- There are number of resources available to individuals without care.
- Minimal: health assessments identify types of health issues experienced, but don't really address access.
- Significant: question specifies identifying groups of people with difficulty accessing care or in need of services, health system is aware of these groups, but not necessarily individuals.

- There is a great deal of activity that goes on regarding this standard but there is room for improvement in terms of coordinating assessments and cataloguing info.

7.1.2 Identify all personal health service needs and unmet needs throughout the community?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	✠	○	○

Poll: 2 – significant, 6 – moderate

- Significant – there seems to be a lot of activity regarding this issue in the health system.

7.1.3 Defines partner roles and responsibilities to respond to the unmet needs of the community?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	✠	○	○

Poll: 3 – significant, 5 – moderate

- Significant - Many program activities are based on direction of funders, responsibilities are clearly defined.
- Each organization has a clearly defined role, not a lot of overlap in terms of responding to needs.
- Moderate – not sure to what extent the public health system does this.
- There are pockets of this, but not a coordinated, system-wide effort to define roles.
- Is our identification *purposeful*?
- Minimal – parts of the system do not meet this standard as well as others.
- Others feel there is a lot of overlap in organization services.

7.1.4 Understand the reasons that people do not get the care they need?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	✠	○

Poll: 6 – significant, 2 – moderate

- Reasons behind lack of care are fairly well understand by members of local health system (e.g. lack of insurance, language barrier, transportation/childcare).
- Moderates worry that the system thinks it knows barriers to care but doesn't actually (e.g. personal reasons for not using services).
- Vote of 'significant' is given with some reservations regarding possible assumptions.

LPHS Model Standard 7.1: Identification of Personal Health Service Needs of Populations		
Strengths	**Weaknesses**	**Improvements**
• Defined roles for different organizations – know what is expected. • Helpline/211 database is fairly comprehensive and user friendly. • Health department is good convener.	• Need even better coordinated efforts. • Many partners do not know what others do.	• Develop listing of role of different organizations.

LPHS Model Standard 7.2: Assuring the Linkage of People to Personal Health Services

General Discussion of Model Standard

- 211 service in Delaware County (to the extent that people know about it) helps put people in touch with public health services and physician referral services. Suggest presentation of these services.
- The council for older adults helps people access Medicare.
- Ohio Benefits Bank – can sign up online.
- COMHA helps assure that people with mental health problems receive needed services.
- Schools have community expos that can help link people to services.
- There is significant difficulty within the public health system in regard to following up with individuals and assuring that they receive needed services.
- Case management is costly and time consuming; need is getting worse.

Model Standard Scores and Notes

7.2.1 Connect (or link) people to organizations that can provide the personal health services they may need?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	✠	○

Poll: 8 - significant

- Moderate – still not convinced of system robustness in terms of linking people to needed services if they don't have insurance, may not know enough about services that exist.
- You may have the means to connect people, but if they don't utilize the service, or if the service doesn't exist to meet their need, you have a problem.
- Significant – this question gets at can you get a referral, not necessarily can you get treatment/services.
- Overall, referrals can be made initially or for existing services, but some needed services don't exist and some services are only available one time.

7.2.2 Help people access personal health services, in a way that takes into account the unique needs of different populations?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	✠	○	○

Poll: 8 – moderate

- Significant – referrals are available regardless of group membership/demographic.
- Moderate – not all services can accommodate things like interpreters.
- 'Unique' needs are not always met.

7.2.3 Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs)?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	✠	○	○

Poll: 6 – moderate, 2 – minimal

- Job and Family Services helps people signs up for benefits, but not sure how accessible to all members of population, also it's becoming harder and harder to stay on assistance.
- Council for Older Adults helps older adults sign up for Medicare; some sign up for services within school(s).
- Overall, signing up is fragmented. There are pockets of service helping people do this but not uniform.
- Question of who actually helps people sign up?

7.2.4 Coordinate the delivery of personal health and social services so that everyone has access to the care they need?

No Activity	Minimal	Moderate	Significant	Optimal
○	✠	○	○	○

Poll: 1 – moderate, 7 – minimal

- Question of whether or not this is feasible.
- There is some attempt within the system to not duplicate services. There is discussion regarding how entities work together to provide service.
- Group isn't sure if question refers to system overall coordinating delivery of services, or to more specific coordination within sub-populations.
- HIPAA restricts some info sharing.
- Minimal – not a lot of system level coordination.
- Coordination efforts are fragmented

LPHS Model Standard 7.2: Assuring the Linkage of People to Personal Health Services		
Strengths	**Weaknesses**	**Improvements**
• Good at processes in place.	• Not so good at services that don't exist. • Challenge of cross-discipline follow up. • Overall coordination of service provision. • Lack of case managers.	

LPHS Essential Service 8:

Assure a competent public health and personal health care workforce

LPHS Model Standard 8.1: Workforce Assessment, Planning, and Development

General Discussion of Model Standard

- Those licensed need to maintain license, CE required regardless of being related to PH
- Mental Health – EPB incentives to get training, update skills; how to improve upon what have
- Health Dept does assessment of needs; workforce licensed workers need to keep current
- Survey of nutrition staff including training needs
- Monumental task to bring all types together
- May be happening area by area, but not as the big picture. Do we have enough of __? Broad scope needed.
- What types of employees are needed?

Model Standard Scores and Notes

8.1.1 Complete a workforce assessment, a process to track the numbers and types of LPHS jobs, both public and private sector and the associated knowledge, skills, and abilities required of the jobs?

No Activity	Minimal	Moderate	Significant	Optimal
○	✠	○	○	○

Poll: 5 – Minimal, 1 – Moderate

- Why Moderate? The entities are doing an assessment, may not be doing it collectively; willing to go to minimal.

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

No Activity	Minimal	Moderate	Significant	Optimal
○	✠	○	○	○

Poll: 2 – No Activity, 4 – Minimal

- Why Minimal? There may be something going on.
- Why No Activity? Nothing is being done as a whole.
- Assume people are doing it, but not collectively. No will go to minimal.

8.1.3 Provide information from the workforce assessment to other community organizations and groups, including governing bodies and public and private agencies, for use in their organizational planning?

No Activity	Minimal	Moderate	Significant	Optimal
○	✠	○	○	○

Poll: 2 – No Activity, 4 – Minimal

- Why No Activity? Not much if anything across silos even if happening within. Plans not necessarily shared.
- Occurring in pockets, sharing not what it should be; some may not be willing to share; interest at state level to enumerate; county health collaborative

LPHS Model Standard 8.1: Workforce Assessment, Planning, and Development		
Strengths	**Weaknesses**	**Improvements**
	• Isolated assessments • Info not disseminated, gaps not necessarily known • Need to talk more with each other	

LPHS Model Standard 8.2: Public Health Workforce Standards

General Discussion of Model Standard

Model Standard Scores and Notes

8.2.1 Make sure that all members of the public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and comply with legal requirements of the law?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	✠	○

Poll: 5 – Significant, 1 – Optimal

- Why Optimal? What else can we do? Entity maintains licensure, documentation. May have license but not education to do particular job
- Optimal because there are requirements, but willing to go to significant.

8.2.2 Develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the essential public health services?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	✠	○

Poll: 1 – Moderate, 5 – Significant

- Why Significant? Someone oversees; on paper, documentation there; paperwork there. Are all essential public health services provided? What part fits the description? Intent is not for all to contribute to all ten essential services.

8.2.3 Base the hiring and performance review of members of the public health workforce in public health competencies?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	✠	○	○

Poll: 5 – Moderate, 1 – Significant

- Not being done (hiring based on PH competencies); using own discipline competencies rather than PH competencies; many sets of competencies out there.

LPHS Model Standard 8.2: Public Health Workforce Standards		
Strengths	**Weaknesses**	**Improvements**
	• Not familiar with public health – competencies needed. • There need to be job standards/position descriptions related to public health. • Performance evaluations – not standard, but common across system at least in public system. • Need the opportunity to look at other sets. • Some are minimum level.	

LPHS Model Standard 8.3: Life-Long Learning through Continuing Education, Training, and Mentoring

General Discussion of Model Standard

Model Standard Scores and Notes

8.3.1 Identify education and training needs and encourage the workforce to participate in available education and training?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	✠	○

Poll: 1 – Moderate, 5 – Significant

- Why Optimal? Involved with so many; can accept significant.
- Why Minimal? Lot of assumptions in identifying
- Why Significant? over 50% being encouraged
- Meeting a minimal set of standards for significant.

8.3.2 Provide ways for workers to develop core skills related to the Essential Public Health Services?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	✠	○	○

Poll: 1 – Minimal, 5 – Moderate

- Why Moderate? Essential PH Services harder to prove; moderate # people doing minimal.

8.3.3 Develop incentives for workforce training, such as tuition reimbursement, time off for class, and pay increases?

No Activity	Minimal	Moderate	Significant	Optimal
○	✠	○	○	○

Poll: 5 – Minimal, 1 – Moderate

- Why Moderate? Optimistic; willing to accept moderate.

8.3.4 Create and support collaborations between organizations within the public health system for training and education?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	✠	○	○

Poll: 6 – Moderate

- Why Moderate? A lot of work still to be done; some are doing it; core group working on this; time off for training.

8.3.5 Continually train the public health workforce to deliver services in a cultural competent manner and understand social determinants of health?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	✠	○	○

Poll: 1 – Minimal, 4 – Moderate, 1 – Significant

- Why Moderate? Confident moderate amount going on.
- Why Minimal? Social determinants may not be met; read an article, answer questions, competent.
- Delaware not a diverse county racially, but economically; new wave. Moderate accepted; how much focus is on this area?

LPHS Model Standard 8.3: Life-Long Learning through Continuing Education, Training, and Mentoring		
Strengths	**Weaknesses**	**Improvements**
• DCHD does a good job for employees • DCHD has a group that works with training; Connections done a lot to bring trainings to DE beyond what agencies do; interdisciplinary; hard to provide CEs	• Less and less designated for CE, training, mentoring • No paid time off for training	

• Need identified – group decides most urgent need – 5 -6 agencies usually, open to everyone; no formal process • Within agencies – mental health trains first responders • Leadership Delaware – exposes community to different disciplines at system level • Sexual Response Team – mental, law enforcement, etc. • Family & Children first council – youth/parents • Kiwanis, Rotary – interdisciplinary training • Ohio Health – CEs • Connections – Help Line • Distance classes – reach?		

LPHS Model Standard 8.4: Public Health Leadership Development

General Discussion of Model Standard

Model Standard Scores and Notes

8.4.1 Provide access to formal and informal leadership development opportunities for employees at all organizational levels?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	✠	○	○

Poll: 4 – Moderate, 2 – Significant

- Why Significant? Steve's organization encourages everyone to do so; non-profits don't have resources to do this.
- Why Moderate? All - is everyone really getting a chance?
- Significants can go with moderate.

8.4.2 Create a shared vision of community health and the public health system, welcoming all leaders and community members to work together?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	✠	○

Poll: 6 – Significant

- No discussion – consensus first Poll.

8.4.3 Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	✠	○

Poll: 1 – Moderate, 4 – Significant, 1 – Optimal

- Why Optimal? Never heard anyone say no to someone taking a leadership role.

8.4.4 Provide opportunities for the development of leaders whom represent of the diversity within the community?

No Activity	Minimal	Moderate	Significant	Optimal
○	✠	○	○	○
	5	1		

Poll: 5 – Minimal, 1 – Moderate

- Should not be minimal, but for purpose of this OK.

LPHS Model Standard 8.4: Public Health Leadership Development		
Strengths	**Weaknesses**	**Improvements**
• Coalitions/collaborative efforts – opportunity to be a leader; openness to this • Stability of leadership; building trust; core group who know community, but hard for new leaders to emerge • Standup leadership teams – HS students; camp with 1/3 freshmen • Working together to get levies passed	• Train and leave • Problem solving; personal relationships, better accountability • Question whether leaders are representative of population diversity?	

LPHS Essential Service 9:

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

LPHS Model Standard 9.1: Evaluation of Population-Based Health Services

General Discussion of Model Standard

- Funding rules what programs will get funded; more need than available funds
- Difficult to evaluate services and fidelity to model
- United Way applications are all evidence-based
- Health assessment every 5 years to develop strategic plan to determine priorities and compare to Healthy People 2020
- Surveys for those who receive services; not sure if individuals access services frequently
- Evaluating effectiveness is difficult
- Lots of venues to identify gaps and collaborative efforts
- Efforts to evaluate are done but not sure if it's effective
- Individual agency evaluates services but not collectively as a system
- Different evaluations; no systematic evaluation for different services
- Estimates of how many hungry people, but not sure how many of them make use of the services from hunger alliance
- Historic data doesn't always exist; selection of demographic data is important (1, 3, 5 years) because different wards and subsections encompass different populations; additional information from factual and reliable sources is used to determine priorities
- Lack of data
- Many different factors contribute to outcomes, which are longitudinal

Model Standard Scores and Notes

9.1.1 Evaluate how well population-based health services are working, including whether the goals that were set for programs were achieved?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	✠	○	○

Poll: 6 – Moderate

- Minimal voter: statement on the system; can't quantify prevention; the better you do, the less funding you get; no good way to measure effectiveness
- National benchmarks for some agencies but difficult to determine what factor contributes to improvement
- Certain policy initiatives have been effective -> tobacco
- Lack of community members interaction and input in meetings hinder the possible effectiveness of a program/initiative

9.1.2 Assess whether community members, including those with a higher risk of having a health problem, are satisfied with the approaches taken toward preventing disease, illness, and injury?

No Activity	Minimal	Moderate	Significant	Optimal
○	✠	○	○	○

Poll: 1 - moderate, 5 - minimal

- Minimal voter: can't see any improvements, lacking accountability among people agencies serve
- Can't assess high-risk individuals -> difficult
- No accountability -> societal issue; level of denial
- Using social media to obtain pulse of community -> way to communicate success and increase reach
- Satisfaction of individuals in regards to services vary
- Among youth, parents can be driving source of denial of disease (obesity)

9.1.3 Identify gaps in the provision of population-based health services?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	✠	○

Poll: 6 - significant

- Significant voter: know what the gaps are but don't know how to fix them
- May not have data but know what the gaps are
- Relationships among agencies help to identify gaps
- Still work to be done to identify gaps

9.1.4 Use evaluation findings to improve plans, processes, and services?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	✠	○

Poll: 5 - significant, 1 - moderate

- Significant voter: continually look for best practices to improve
- When have findings, do a good job; but if don't have, can't do anything
- Very little that can be evaluated

LPHS Model Standard 9.1: Evaluation of Population-Based Health Services		
Strengths	**Weaknesses**	**Improvements**
• Lots of avenues to identify gaps and collaborative efforts; • Able to identify gaps in the provision of population-based health services; • Most agencies strive for improvements; people at the table genuinely care about the issue -> champion	• Difficult to assess effectiveness due to multiple factors that contribute to an outcome; • Lack of data that examines effectiveness and therefore difficult to make comparisons; • Lack of input from community members hinders the possible effectiveness of a program/initiative	• Using social media to obtain pulse of community -> way to communicate success and increase reach such as create an app for the county to examine the effectiveness with surveys, etc. Columbus Public does this.

LPHS Model Standard 9.2: Evaluation of Personal Health Services

General Discussion of Model Standard

- Ohio Health and OSU use surveys to evaluate but not sure what the hospital does with the data
- Hospitals know their market and want to remain competitive so they evaluate
- Health Information Exchange Services and Electronic Medical Records will increase amount of data that is available
- How to harvest information from community to better serve community -> all goes back to data collection
- Grace Free Clinic: difficult to evaluate satisfaction and services due to population not returning, often due to immigrant status

Model Standard Scores and Notes

9.2.1 Evaluate the accessibility, quality, and effectiveness of personal health services?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	✠	○

Poll: 4 - significant, 2 - moderate

- Specific agencies evaluate/quantify accessibility of services
- Minimal voter: can't evaluate the quality of the services for some populations
- If one doesn't have finances to access services, it's difficult to obtain services and to evaluate them
- Accessibility can be evaluated and we do a good job

9.2.2 Compare the quality of personal health services to established guidelines?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	✠

Poll: 5 - optimal, 1 - significant

- Hospital evaluates the quality of services
- Have to conduct follow-up as part of protocol because consequences if don't follow guidelines

9.2.3 Measure satisfaction with personal health services?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	✠

Poll: 5 - optimal, 1 - significant

- Hard to judge my client's satisfaction; may not be truly honest because afraid of burning bridges to services
- Across the board, most organizations have to assess satisfaction
- More surveys needed about satisfaction within agency; could interview clients about satisfaction

9.2.4 Use technology, like the internet or electronic health records, to improve quality of care?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	✠	○

Poll: 6 - significant

- Moderate voter: still fairly new and some physicians do not have electronic health records
- Minimal voter: don't know about answer; difficulty visualizing electronic surveys for population use
- Very technology driven; if residents are able to participate
- Technology used in drug treatment at pharmacy to log prescriptions -> more use of technology

9.2.5 Use evaluation findings to improve services and program delivery?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	✠	○

Poll: 6 – Significant

- Optimal vote: though 76%
- Have data, but not funding, can't improve services

LPHS Model Standard 9.2: Evaluation of Personal Health Services		
Strengths	**Weaknesses**	**Improvements**
• Able to assess access of personal health services • Health services follow appropriate guidelines • Satisfaction assessments appear to be prevalent among most agencies • Increased use of technology to improve quality of care • Use evaluation findings to improve services	• Data is difficult to obtain or lack of evaluation data; • Difficult to conduct evaluation due to funding	• Sharing of resources -> volunteer services

LPHS Model Standard 9.3: Evaluation of the Local Public Health System

General Discussion of Model Standard

Model Standard Scores and Notes

9.3.1 Identify all public, private, and voluntary organizations that provide Essential Public Health Services?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	✠

Poll: 5 - optimal, 1 - significant

- Optimal voter: good representation of agencies throughout county as part of bigger process

9.3.2 Evaluate how well LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing to Essential Public Health Services?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	✠

Poll: 5 **-** optimal, 1 - significant

9.3.3 Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	✠

Poll: 6 - Optimal

- Growing number of people who participate in activities and services

9.3.4 Use results from the evaluation process to improve the LPHS?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	✠	○

Poll: 1 - optimal, 5 - significant

- By bringing new people in, creates awareness
- Different avenues to disseminate evaluation results; use social media and technology
- Survey Monkey is more direct and quick -> good response rate and cheap
- More community collaboration
- A lot of people who use services in clinics have access to a smartphone

LPHS Model Standard 9.3: Evaluation of the Local Public Health System		
Strengths	**Weaknesses**	**Improvements**
• Good representation of different organizations throughout county • Local public health system activities meet the needs of the community • Organizations in LPHS communicate, connect and coordinate services well • Within agencies, lots of long-term experience	• Comparing the data (over time)	• Compare data (over time) once available

LPHS Essential Service 10:

Research for new insights and innovative solutions to health problems

LPHS Model Standard 10.1: Fostering Innovation

General Discussion of Model Standard

- Health Department has to convene people together for grants
- Set out certain percentage of effort to conduct research
- Access to care issues -> gaps in data pertaining to healthcare; reach out to others for help
- Use of social media is more innovative; exploring new ground; district is doing cutting edge stuff
- Research is being done but not with universities
- More use of evidence-based practices rather than conducting own research

Model Standard Scores and Notes

10.1.1 Provide staff with the time and resources to pilot test or conduct studies to test new solutions to public health problems and see how well they actually work?

No Activity	Minimal	Moderate	Significant	Optimal
○	✠	○	○	○

Poll: 7 - minimal

- As LPHS, leaning more towards minimal (moderate voter)
- Struggling to provide services so difficult to pilot test

10.1.2 Suggest ideas about what currently needs to be studied in public health to organizations that do research?

No Activity	Minimal	Moderate	Significant	Optimal
○	✠	○	○	○

Poll: 3 - moderate, 5 - minimal

- Ideas are suggested but not always carried out; research dollars have dried up

10.1.3 Keep up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	✠	○

Poll: 1 - optimal, 6 - significant, 1 - minimal

- Keep up with data for funding and customers
- Program effectiveness is closely examined
- Significant voter: licensing of agencies keeps it current

10.1.4 Encourage community participation in research, including deciding what will be studied, conducting research, and sharing results?

No Activity	Minimal	Moderate	Significant	Optimal
○	✠	○	○	○

Poll: 2 - moderate, 6 - minimal 6

- Been here a little over 2 years and have seen 2 studies about access to care conducted -> that's significant for a local health department
- Not engaging community in research (system as a whole)

LPHS Model Standard 10.1: Fostering Innovation		
Strengths	**Weaknesses**	**Improvements**
• Innovative use of social media to explore new ground • Program effectiveness is closely examined • Willingness to try new things -> innovative	• Lack resources to conduct studies and pilot test new solutions to PH problems; • Ideas for research in PH are not always pursued; • Looking at the Public Health system as a whole is difficult • Community members may not be very engaged in research	• Opportunities for social media research • Conference calls to improve resources among system

LPHS Model Standard 10.2: Linkage with Institutions of Higher Learning and/or Research

General Discussion of Model Standard

- For health district, improving research at OSU and Ohio Wesleyan; pilot a program; try to be connected; have lots of students come through
- Getting nutrition-based guidelines from OSU
- Workforce related rather than research related ties among OSU and Ohio Wesleyan

Model Standard Scores and Notes

10.2.1 Develop relationships with colleges, universities, or other research organizations, with a free flow of information, to create formal and informal arrangements to work together?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	✠	○	○

Poll: 3 - significant, 5 - moderate

- Moderate voter: difficult to look at everyone on egg chart; I don't know; can only speak for my organization
- Likely to have some connection between agencies and universities
- Internship programs may be going on and we don't know

10.2.2 Partner with colleges, universities, or other research organizations to do public health research, including community-based participatory research?

No Activity	Minimal	Moderate	Significant	Optimal
○	✠	○	○	○

Poll: 1 - moderate, 7 - minimal

- Significant voter: more of hunch than real knowledge of situation; think there are things that are going on but no real knowledge, perhaps at hospital

10.2.3 Encourage colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	✠	○	○

Poll: 8 - moderate

- Always have some university student working on research project
- Have students in our system; students from psychology participate
- Encourage placement of interns in system
- Some organizations are not conducive to have students participate/intern
- Red Cross might want a marketing intern for a program

LPHS Model Standard 10.2: Linkage with Institutions of Higher Learning and/or Research		
Strengths	**Weaknesses**	**Improvements**
• Linkages present with local universities but not always research focused; • Strong collaboration and partnerships	• Difficulty determining extent of research among agencies in local public health system; • Time and funding -> can't try something new	• Reaching out to organizations and universities for more opportunities; • Need more resources -> share resources; possible to reach out to private sector; • Donation of services

LPHS Model Standard 10.3: Capacity to Initiate or Participate in Research

General Discussion of Model Standard

- Some bigger corporations present in county, but may be difficult to get interest and funding
- Many connections to OSU -> relationships but not systems-wide; Red Cross has resources nationwide
- For funding through federal grants, etc., need to have access to more comparative data -> can't generate that research

Model Standard Scores and Notes

10.3.1 Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies?

No Activity	Minimal	Moderate	Significant	Optimal
○	✠	○	○	○

Poll: 8 - minimal

- Not always easy to collaborate

10.3.2 Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?

No Activity	Minimal	Moderate	Significant	Optimal
○	✠	○	○	○

Poll: 8 - minimal

10.3.3 Share findings with public health colleagues and the community broadly, through journals, websites, community meetings, etc.?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	✠	○	○

Poll: 1 - significant, 7 - moderate

- Thinking about events like this and collaboration efforts made rating high but rethought vote to moderate/minimal if focusing on research and findings
- Systems as a whole can improve
- Difference between presenting other findings and sharing own research
- Newsletters don't really focus on most recent research

10.3.4 Evaluate public health systems research efforts throughout all stages of work from planning to impact on local public health practice?

No Activity	Minimal	Moderate	Significant	Optimal
○	✠	○	○	○

Poll: 1 - moderate, 7 - minimal

- All stages of planning will impact health status -> longitudinal view
- If not doing research, can't evaluate

LPHS Model Standard 10.3: Capacity to Initiate or Participate in Research		
Strengths	**Weaknesses**	**Improvements**
• Willingness to conduct new research	• Lack of resources result in difficulty to initiate research	• LPHS should reach out for more corporate funding; start research on initiatives