

Indiana Public Health System Quality Improvement Project

Report from Purdue University:

Local Public Health System Instrument Version 2.0

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LaGrange County

December 12, 2007

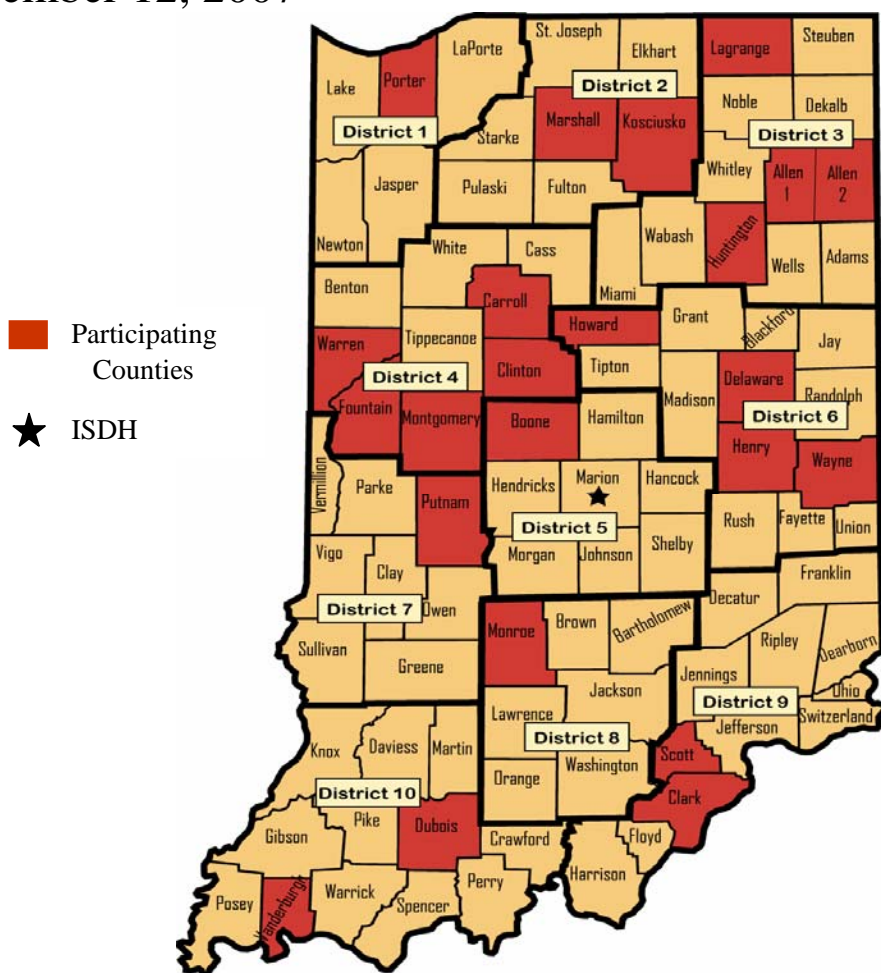


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Introduction

Definition of County Groupings:

For this report, counties have been divided into categories based on population size and geographic location. The groupings are as follows:

Population Size :

Small/Medium: Carroll, Clinton, Fountain & Warren, Henry, Howard, Kosciusko, LaGrange,
Marshall

Large: Allen, Clark, Delaware, Monroe, Porter, Vanderburgh

Geographic Location :

Region A (Districts 1, 2, and 3): Allen, Lagrange, Kocisusko, Marshall, Porter

Region B (Districts 4, 5, 6, and 7): Carroll, Clinton, Delaware, Fountain & Warren, Henry, Howard

Region C (Districts 8, 9, and 10): Clark, Monroe, Vanderburgh

Coding Key:

Survey responses are coded according to the following scheme:

Optimal Activity: 100%

Significant Activity: 75%

Moderate Activity: 50%

Minimal Activity: 25%

No Activity: 0%

Note:

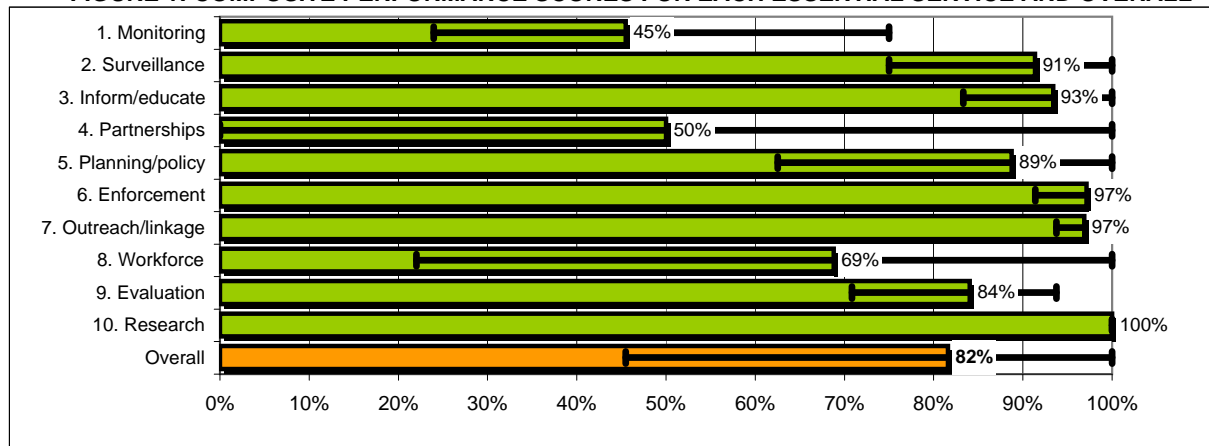
The pages in Section I of this document are derived from the original CDC document, "Report of Results from the National Public Health Performance Standards Program: Revised Local Instrument." Modifications have been made to the pie charts (Figures 4-6) to reflect the survey response cutoffs defined above.

Section I : Report

REPORT OF RESULTS FROM THE NATIONAL PUBLIC HEALTH PERFORMANCE STANDARDS PROGRAM REVISED LOCAL INSTRUMENT LaGrange County

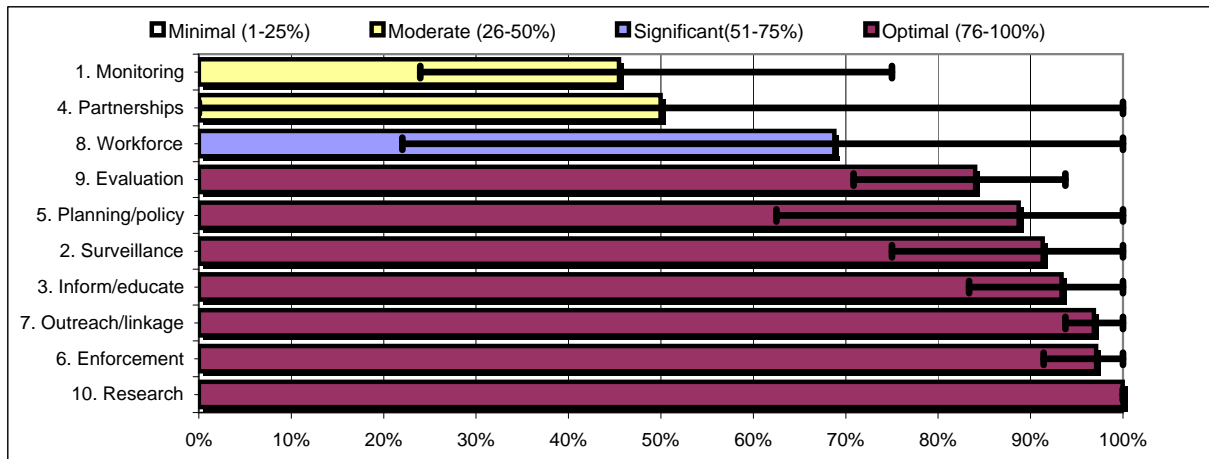
Responses to the Local Instrument are used to construct summary measures of performance, called composite scores, for each of the 10 Essential Public Health Services (EPHS). Each composite score can be interpreted as the overall degree to which the public health system meets the performance standards defined for each essential service. Composite scores range from a minimum value of 0% (absolutely no activity is performed pursuant to the standards) to a maximum possible value of 100% (all activities associated with the standards are performed at optimal levels). **Figure 1** displays composite scores for each essential service along with an overall composite score that indicates the average performance level across all 10 essential services. **Figure 2** ranks each composite score from low to high, allowing easy identification of service domains where performance is relatively strong or weak. The graphics in **Figure 3** display composite scores for the performance model standards within each essential service. These graphics highlight the specific activities that contribute to performance levels within each essential service.

FIGURE 1: COMPOSITE PERFORMANCE SCORES FOR EACH ESSENTIAL SERVICE AND OVERALL



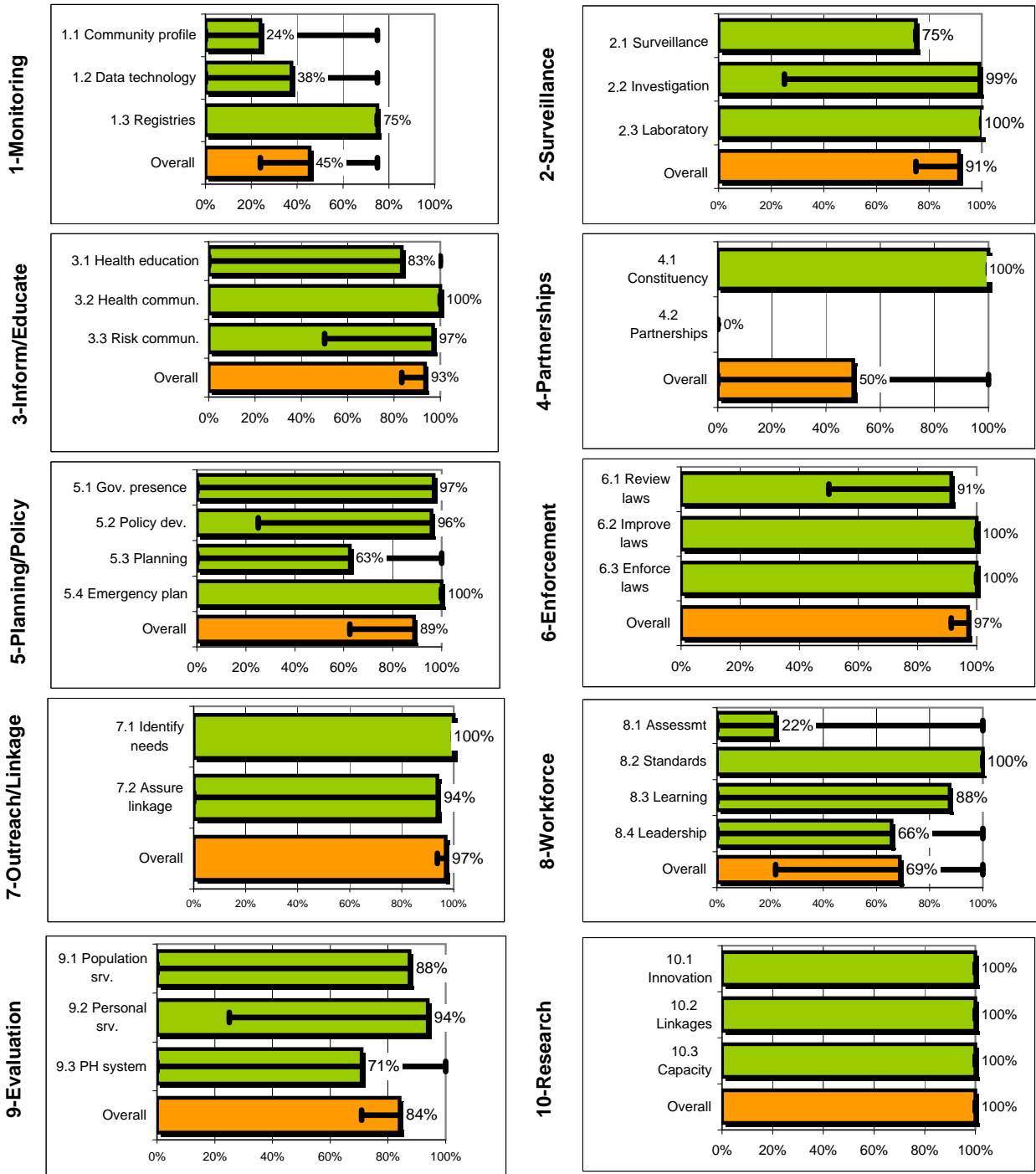
Note: error bars show the score range (minimum and maximum values) for model standards within each service

FIGURE 2: RANK ORDERED PERFORMANCE SCORES FOR EACH ESSENTIAL SERVICE



Note: error bars show the score range (minimum and maximum values) for model standards within each service

FIGURE 3: PERFORMANCE SCORES FOR EACH MODEL STANDARD, BY ESSENTIAL SERVICE



Figures 4-5 display the proportion of performance measures that exceeded specified thresholds of achievement in meeting performance standards. The five threshold levels of achievement used in scoring these measures are shown in the legend at the middle of the page. For example, measures receiving a composite score of 76-100% were classified as meeting performance standards at the *optimal* level. Figure 4 summarizes the composite performance measures for each essential service, and Figure 5 summarizes the composite measures for each model standard and for all questions on the instrument.

FIGURE 4: PERCENTAGE OF ESSENTIAL SERVICES SCORED AS MEETING PERFORMANCE STANDARDS, BY LEVEL OF ACHIEVEMENT

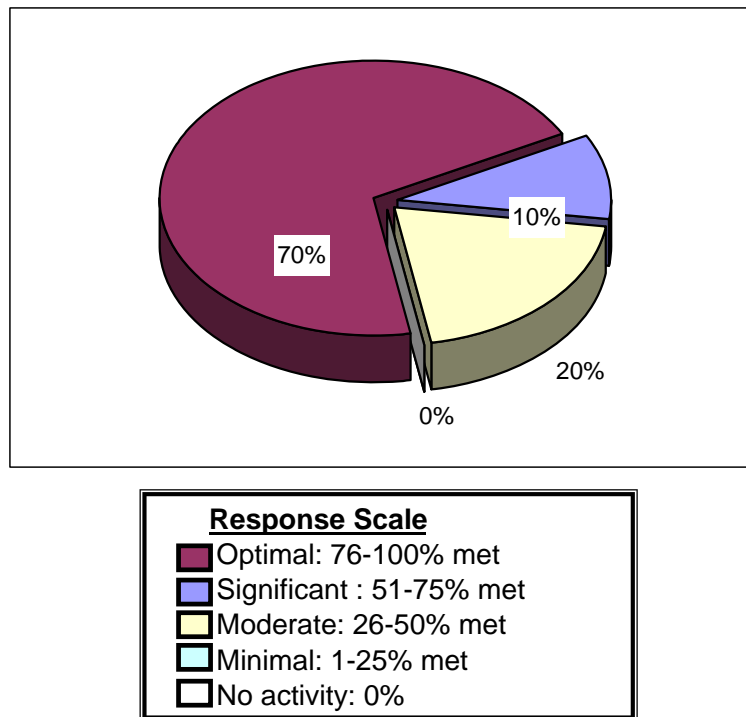
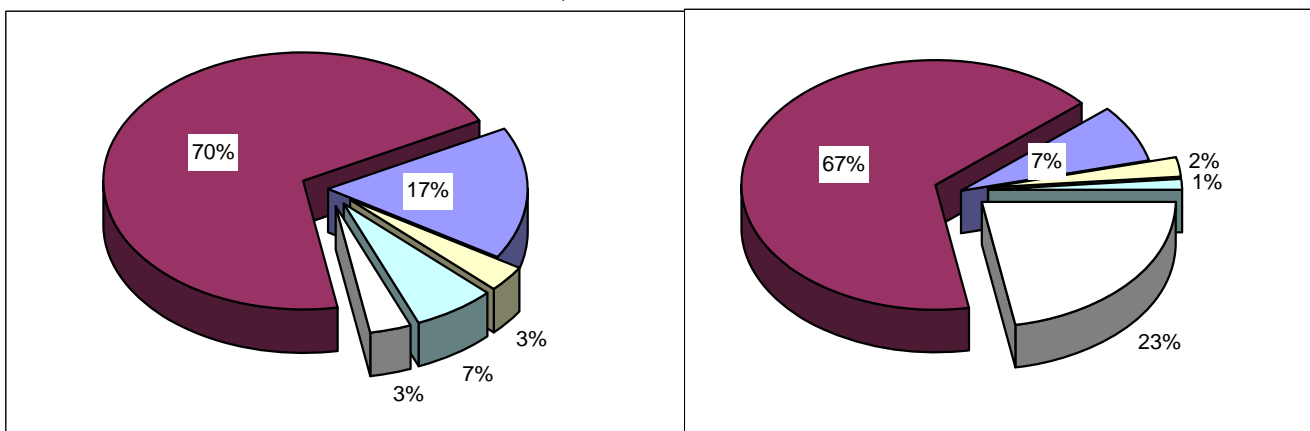


FIGURE 5: PERCENTAGE OF MODEL STANDARDS AND QUESTIONS SCORED AS MEETING PERFORMANCE STANDARDS, BY LEVEL OF ACHIEVEMENT



Note: instrument contains 30 model standards and 322 total scored questions

Figures 6-7 display performance scores for each service and model standard, arrayed by the priority ranking assigned to each. The upper left quadrant (I) contains activities that were considered relatively high-priority but were performed at relatively low levels. Priority should be given to improving performance for these activities. Activities appearing in the top right quadrant (II) were considered relatively high-priority activities and were performed at relatively high levels. Priority should be given to maintaining high performance levels for these activities. The lower right quadrant (III) contains activities that were considered lower-priority activities and were performed at relatively high levels. Systems may choose to give activities in this quadrant less attention while focusing improvement efforts elsewhere. Finally, the lower left quadrant (IV) contains activities that were considered lower-priority activities and were performed at relatively low levels. Activities in this quadrant may be considered for future improvement efforts once priority activities have been addressed.

FIGURE 6: BOX PLOT OF ESSENTIAL SERVICE SCORES AND PRIORITY RANKINGS FOR THE LOCAL PUBLIC HEALTH SYSTEM

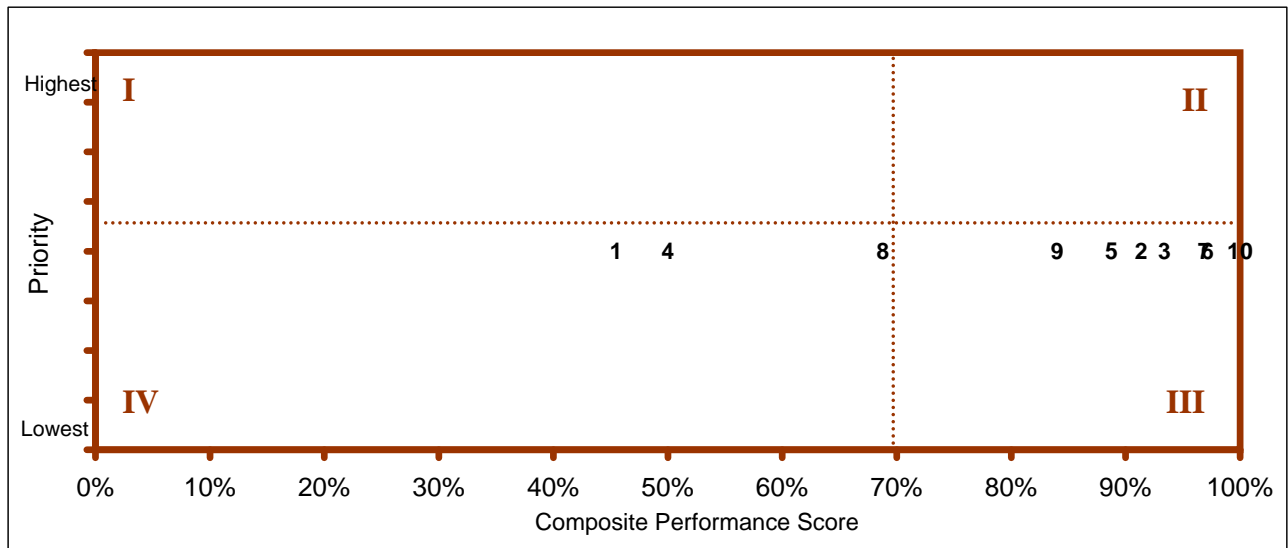
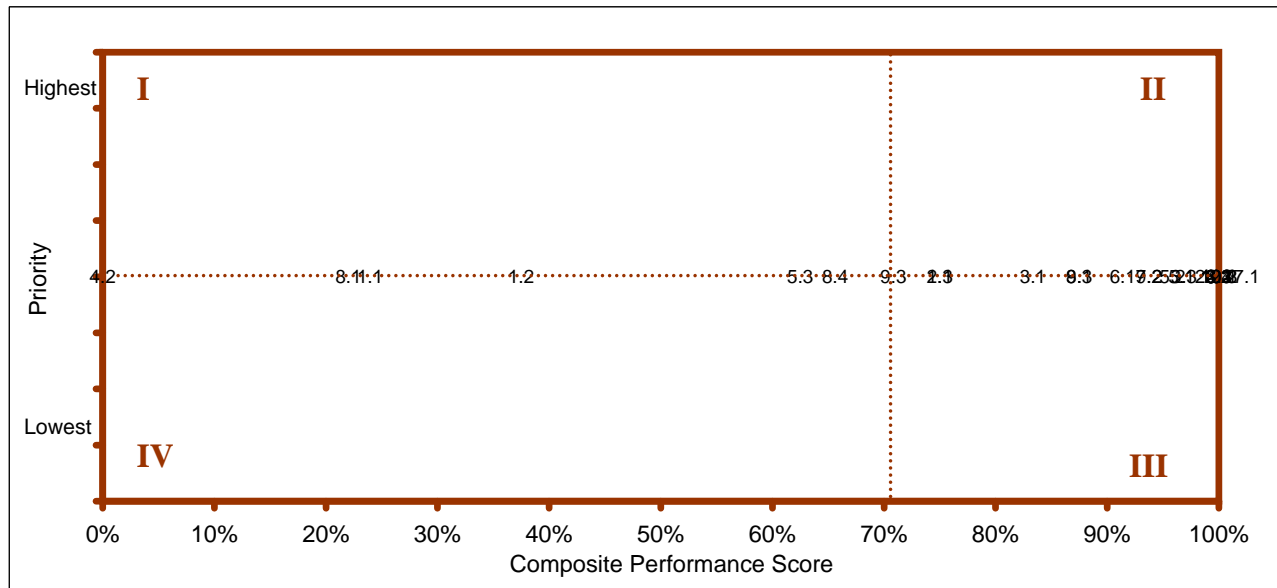


FIGURE 7: BOX PLOT OF MODEL STANDARD SCORES AND PRIORITY RANKINGS FOR THE LOCAL PUBLIC HEALTH SYSTEM



Figures 8-9 display performance scores for each service and model standard, arrayed by the level of contribution made by the local public health agency (agency). The upper left quadrant (I) contains activities that were rated relatively high on agency contribution but were performed at relatively low levels. Activities appearing in the top right quadrant (II) had high agency contribution scores and were performed at relatively high levels. The lower right quadrant (III) contains activities that were rated relatively low on agency contribution and were performed at relatively high levels. Finally, the lower left quadrant (IV) contains indicators that were rated relatively low on agency contribution and were performed at relatively low levels.

FIGURE 8: BOX PLOT OF ESSENTIAL SERVICE SCORES AND LHD AGENCY SCORES

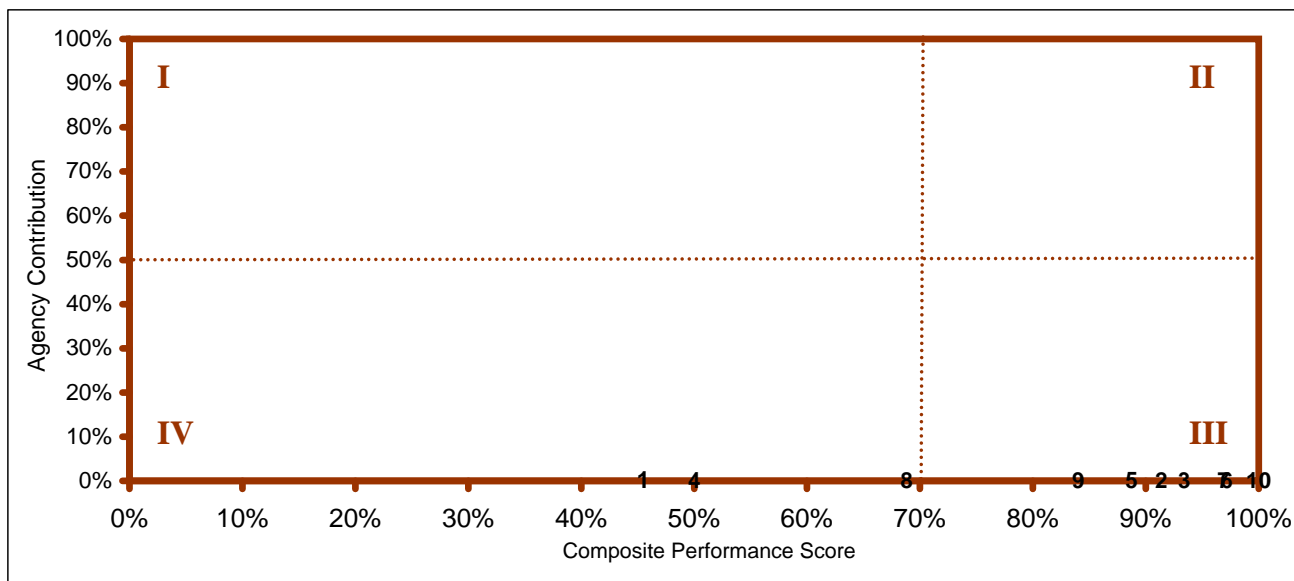
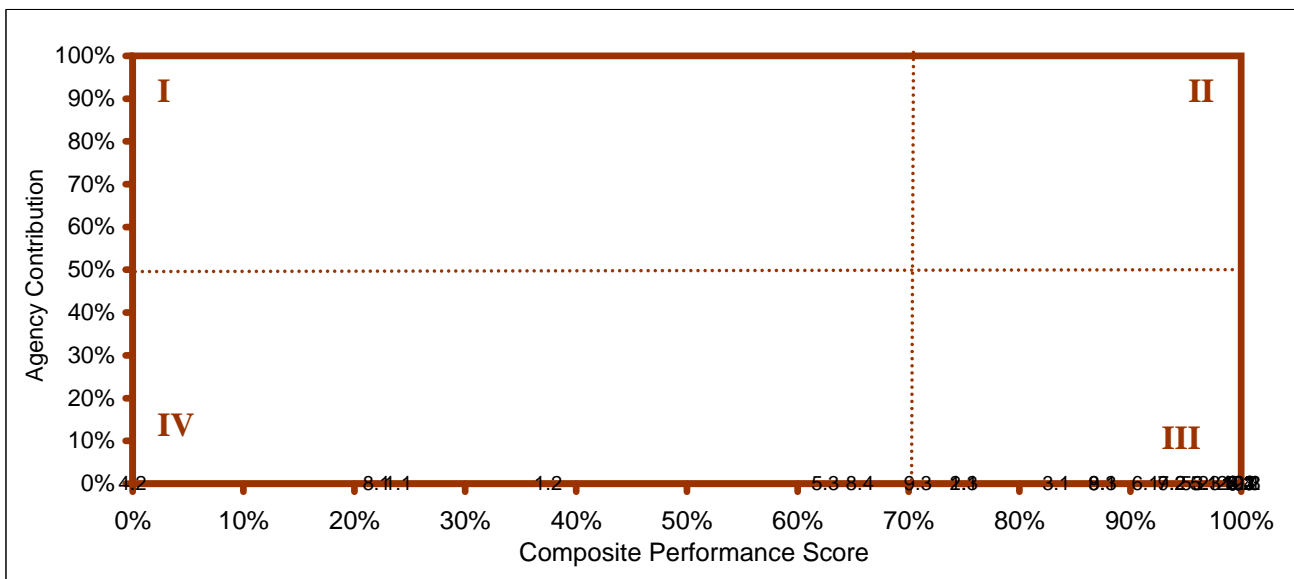


FIGURE 9: BOX PLOT OF MODEL STANDARD SCORES AND LHD AGENCY SCORES



Section II : Overall Comparisons

Responses to the Local Instrument are used to construct summary measures of performance, called composite scores, for each of the 10 Essential Public Health Services (EPHS). Each composite score can be interpreted as the overall degree to which the public health system meets the performance standards defined for each essential service. Composite scores range from a minimum value of 0% (absolutely no activity is performed pursuant to the standards) to a maximum possible value of 100% (all activities associated with the standards are performed at optimal levels).

Figure 10 displays a bullet graph giving a comparison of the overall composite score for your county to the overall composite score for your county's geographical group, population size group, and to the entire group of counties as a whole. The horizontal blue bars represent the overall composite score for each of these three groups, and the vertical black bar represents the overall composite score for your county.

As an example, LaGrange County had an overall composite score of 81.58% (represented by the vertical black bar), and the average overall composite score for your geographical group was 68.97% (represented by the first horizontal blue bar).

FIGURE 10: BULLET GRAPH OF OVERALL SCORES

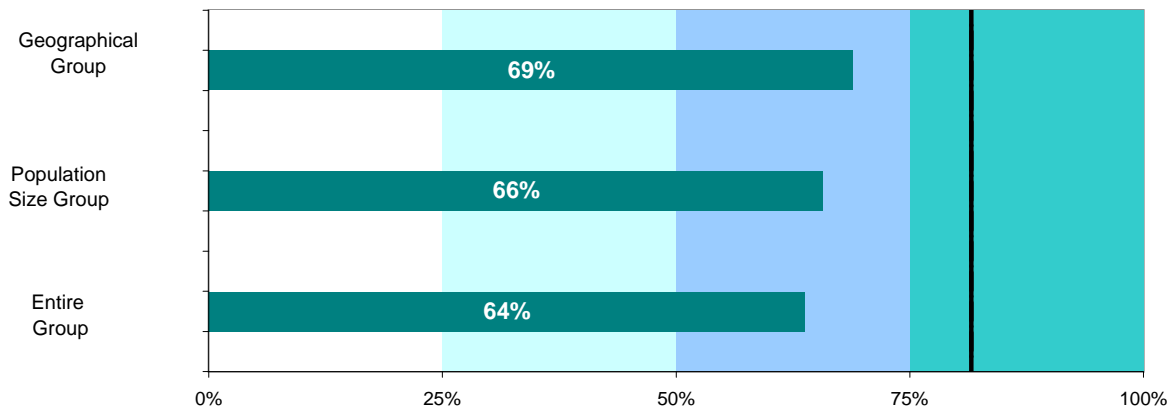
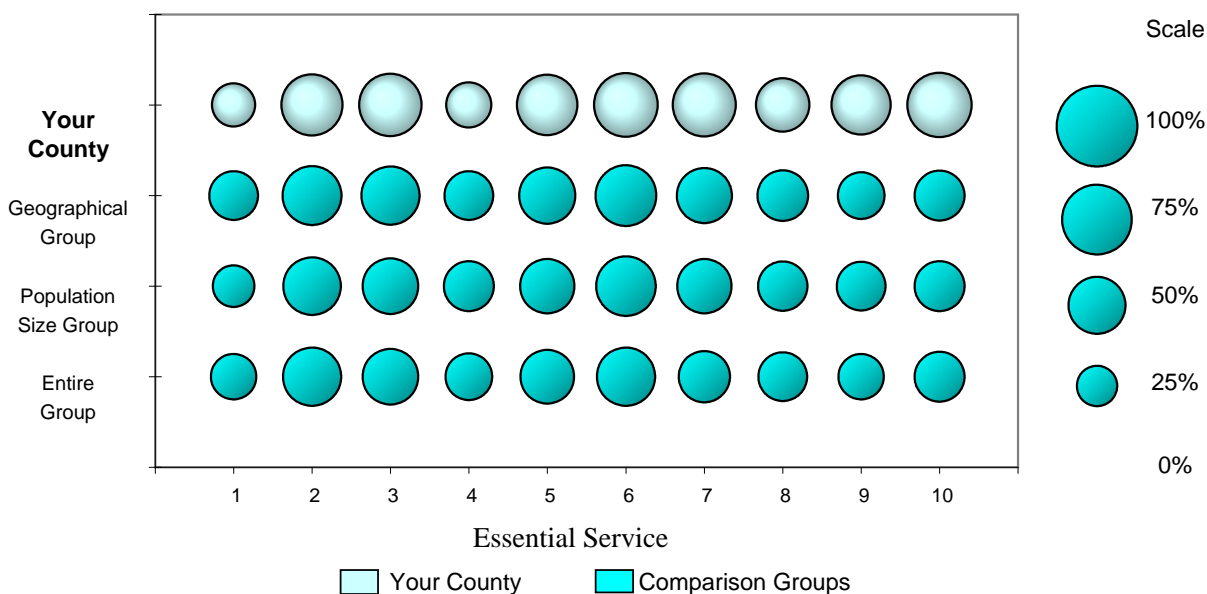


Figure 11 displays a bubble graph giving a comparison of the average composite scores by essential service for your county to the geographical group, population size group, and entire group averages. Essential services are labeled 1 to 10. The size of the bubbles in this diagram is proportional to the score for a particular essential service. That is, the larger the bubble, the higher the average score for a particular essential service.

As an example, for Essential Service 1 (Monitoring), your county had a composite score of 45.49% and the average composite score for your geographical group was 57%. As a result, the bubble representing Essential Service 1 for your county is smaller than that representing Essential Service 1 for your geographical group. This graph gives a visual comparison of the relative scores of essential services by comparison group. See Table 1 for a numerical summary of this graph.

FIGURE 11: COMPOSITE PERFORMANCE SCORES FOR EACH ESSENTIAL SERVICE



Section III : Individual Results

Table 1 gives a numerical summary of the bar graphs shown in Figures 1-3. The composite score of each essential service, as well as the composite score for each underlying model standard, is included as a percentage. The average composite scores for your geographical group and population size group are also included, as well as the average composite score for the entire group.

Category	County	Geo.	Pop. Size	Entire
ES 1 - Monitoring	45.5%	57.0%	41.5%	49.2%
1.1: Population-Based Community Health Profile (CHP)	24.0%	41.2%	28.9%	32.7%
1.2: Current Technology to Manage and Communicate Health Data	37.5%	49.2%	31.3%	40.2%
1.3: Maintenance of Population Health Registries	75.0%	80.6%	64.5%	74.8%
ES 2 - Surveillance	91.4%	83.1%	78.9%	82.0%
2.1: Identification and Surveillance of Health Threats	75.0%	74.4%	62.8%	66.5%
2.2: Investigation and Response to Public Health Threats	99.1%	84.6%	84.1%	86.5%
2.3: Laboratory Support for Investigation of Health Threats	100.0%	90.3%	89.8%	93.0%
ES 3 - Inform/educate	93.4%	81.4%	74.4%	73.8%
3.1: Health Education and Promotion	83.3%	80.6%	74.8%	76.0%
3.2: Health Communication	100.0%	81.3%	72.0%	71.1%
3.3: Risk Communication	96.9%	82.3%	76.5%	74.2%
ES 4 - Partnerships	50.0%	56.6%	59.8%	52.7%
4.1: Constituency Development	100.0%	74.5%	68.9%	61.8%
4.2: Community Partnerships	0.0%	38.8%	50.7%	43.5%
ES 5 - Planning/policy	88.8%	76.2%	71.6%	68.9%
5.1: Governmental Presence at the Local Level	96.7%	87.7%	85.9%	84.4%
5.2: Public Health Policy Development	95.8%	74.2%	68.6%	64.3%
5.3: Community Health Improvement Process and Strategic Planning	62.5%	48.0%	37.8%	33.5%
5.4: Plan for Public Health Emergencies	100.0%	95.0%	94.1%	93.5%
ES 6 - Enforcement	97.1%	88.8%	84.5%	81.8%
6.1: Review and Evaluation of Laws, Regulations, and Ordinances	91.4%	87.7%	86.4%	84.4%
6.2: Involvement in the Improvement of Laws, Regulations, and	100.0%	91.7%	78.1%	76.2%
6.3: Enforcement of Laws, Regulations, and Ordinances	100.0%	87.0%	88.8%	84.9%
ES 7 - Outreach/linkage	96.9%	73.3%	71.7%	63.5%
7.1: Identification of Personal Health Service Needs of Populations	100.0%	82.5%	78.1%	69.9%
7.2: Assuring the Linkage of People to Personal Health Services	93.8%	64.1%	65.3%	57.1%
ES 8 - Workforce	68.8%	60.6%	58.0%	57.1%
8.1: Workforce Assessment, Planning, and Development	22.0%	30.7%	30.4%	29.9%
8.2: Public Health Workforce Standards	100.0%	85.5%	77.8%	81.3%
8.3: Life-Long Learning Through Continuing Education, Training	87.5%	71.1%	68.8%	65.2%
8.4: Public Health Leadership Development	65.6%	55.2%	55.0%	52.1%
ES 9 - Evaluation	84.0%	53.0%	57.5%	49.2%
9.1: Evaluation of Population-Based Health Services	87.5%	53.9%	61.2%	51.2%
9.2: Evaluation of Personal Health Services	93.8%	64.3%	65.3%	62.1%
9.3: Evaluation of the Local Public Health System	70.8%	40.7%	45.9%	34.2%
ES 10 - Research	100.0%	59.7%	59.8%	59.6%
10.1: Fostering Innovation	100.0%	63.1%	53.1%	51.3%
10.2: Linkage with Institutions of Higher Learning and/or Research	100.0%	63.3%	70.8%	72.6%
10.3: Capacity to Initiate or Participate in Research	100.0%	52.5%	55.5%	54.9%
Average Total Score	81.6%	69.0%	65.8%	63.8%

Section IV : Full Survey Responses

ES 1 - Monitor health status to identify health problems		
1.1: Population-Based Community Health Profile (CHP)		
1.1.1	Has the LPHS conducted a community health assessment?	75%
1.1.1.1	Is the community health assessment updated at least every 3 years?	75%
1.1.1.2	Are data from the assessment compared to data from other representative areas or populations?	50%
1.1.1.3	Are data used to track trends over time?	75%
1.1.1.4	Does the LPHS use data from community health assessments to monitor progress toward health-related objectives?	75%
1.1.2	Does the LPHS compile data from the community health assessment(s) into a community health profile (CHP)?	0%
1.1.2.1	Community demographic characteristics?	0%
1.1.2.2	Community socioeconomic characteristics?	0%
1.1.2.3	Health resource availability data?	0%
1.1.2.4	Quality of life data for the community?	0%
1.1.2.5	Behavioral risk factors for the community?	0%
1.1.2.6	Community environmental health indicators?	0%
1.1.2.7	Social and mental health data?	0%
1.1.2.8	Maternal and child health data?	0%
1.1.2.9	Death, illness, and/or injury data?	0%
1.1.2.10	Communicable disease data?	0%
1.1.2.11	Sentinel events data for the community?	0%
1.1.2.12	Has the LPHS identified the individuals or organizations responsible for contributing data and /or resources to produce the CHP?	0%
1.1.2.13	Does each contributor of data have access to the completed CHP?	0%
1.1.3	Is community-wide use of community health assessment or CHP data promoted?	0%
1.1.3.1	Is a media strategy in place to promote community-wide use of the CHP?	0%
1.1.3.2	Is the information easily accessible by the general public?	0%
1.1.3.3	Do organizations in the LPHS use the CHP to inform health policy and planning decisions?	0%
1.2: Current Technology to Manage and Communicate Population Health Data		
1.2.1	Does the LPHS use state-of-the-art technology to support health profile databases?	75%
1.2.1.1	Is technology utilized to make community health data available electronically?	0%
1.2.2	Does the LPHS have access to geocoded health data?	75%
1.2.2.1	Does the LPHS use geographic information systems (GIS)?	75%
1.2.3	Does the LPHS use computer-generated graphics to identify trends and/or compare data by relevant categories (i.e., race, gender, age group)?	0%
1.3: Maintenance of Population Health Registries		
1.3.1	Does the LPHS maintain and/or contribute to one or more population health registries?	75%
1.3.1.1	Are there standards for data collection?	75%
1.3.1.2	Are there established processes for reporting health events to the registry or registries?	75%
1.3.2	In the past year, has the LPHS used information from one or more population health registries?	75%

ES 2 - Diagnose and investigate health problems and health hazards**2.1: Identification and Surveillance of Health Threats**

2.1.1	Does the LPHS operate or participate in surveillance system(s) designed to monitor health problems and identify health threats?	75%
2.1.1.1	Integrated with national and/or state surveillance systems?	75%
2.1.1.2	Compliant with national and/or state health information exchange guidelines?	75%
2.1.1.3	Does the LPHS use the surveillance system(s) to monitor changes in the occurrence of health problems and hazards?	75%
2.1.2	Do community health professionals submit reportable disease information in a timely manner to the state or LPHS?	75%
2.1.3	Does the LPHS have necessary resources to support health problem and health hazard surveillance and investigation activities?	75%
2.1.3.1	Does the LPHS use information technology for surveillance activities (e.g., geographic information systems, word processing, spreadsheets, database analysis, and graphics presentation software)?	75%
2.1.3.2	Does the LPHS have (or have access to) Masters or Doctoral level epidemiologists and/or statisticians to assess, investigate and analyze public health threats and health hazards?	75%

2.2: Investigation and Response to Public Health Threats and Emergencies

2.2.1	Does the LPHS maintain written protocols for implementing a program of case finding, contact tracing, source identification, and containment for communicable diseases or toxic exposures?	100%
2.2.1.1	Animal control?	100%
2.2.1.2	Vector control?	100%
2.2.1.3	Exposure to food-borne illness?	100%
2.2.1.4	Exposure to water-borne illness?	100%
2.2.1.5	Excessive lead levels?	25%
2.2.1.6	Exposure to asbestos?	100%
2.2.1.7	Exposure to other toxic chemicals?	100%
2.2.1.8	Communicable diseases?	100%
2.2.2	Does the LPHS have current epidemiological case investigation protocols to guide immediate investigations of public health emergencies?	100%
2.2.2.1	Infectious disease outbreaks?	100%
2.2.2.2	Environmental health hazards and emergencies?	100%
2.2.2.3	Chemical threats and incidents?	100%
2.2.2.4	Biological agent threats?	100%
2.2.2.5	Radiological threats?	100%
2.2.2.6	Large-scale natural disasters?	100%
2.2.2.7	Intentional incidents?	100%
2.2.3	Has the LPHS designated an individual to serve as an Emergency Response Coordinator within the jurisdiction?	100%
2.2.3.1	Coordinate with the local health department's emergency response personnel?	100%
2.2.3.2	Coordinate with local community leaders?	100%
2.2.4	Can LPHS personnel rapidly respond to natural and intentional disasters?	100%

2.2.4.1	Does the LPHS maintain a current roster of personnel with the technical expertise to respond to natural and intentional emergencies and disasters?	100%
2.2.4.2	Does the LPHS have access to response personnel within one hour?	100%
2.2.4.3	Does the LPHS have capacity to mobilize sufficient numbers of trained professionals in an emergency (i.e., surge capacity)?	100%
2.2.4.4	Does the LPHS have capacity to mobilize volunteers during a disaster?	100%
2.2.5	Does the LPHS evaluate public health emergency response incidents for effectiveness and opportunities for improvement (e.g., After Action Reports)?	100%
2.2.5.1	Are findings incorporated into emergency plans?	100%
2.3: Laboratory Support for Investigation of Health Threats		
2.3.1	Does the LPHS maintain ready access to laboratories capable of meeting routine diagnostic and surveillance needs?	100%
2.3.2	Does the LPHS have ready access to laboratory services to support investigations of public health threats, hazards, and emergencies?	100%
2.3.2.1	Does the LPHS have access to laboratory services to support these investigations within four hours of notification?	100%
2.3.2.2	Does the LPHS have access to at least one microbiology laboratory within four hours of notification?	100%
2.3.3	Does the LPHS utilize only laboratories that are licensed and/or credentialed?	100%
2.3.4	Does the LPHS maintain current guidelines or protocols for handling laboratory samples?	100%
ES 3 - Inform, educate and empower people about health issues		
3.1: Health Education and Promotion		
3.1.1	Does the LPHS provide the general public, policymakers, and public and private stakeholders with information on community health?	100%
3.1.1.1	Community health status (e.g., heart disease rates, cancer rates, environmental risks)?	0%
3.1.1.2	Community health needs, such as those identified by members of the community or through a needs assessment tool such as APEXPH or MAPP, including prevention and risk (e.g., obesity, smoking, etc.)?	0%
3.1.2	Does the LPHS plan and conduct health education and/or health promotion campaigns?	100%
3.1.2.1	Are these campaigns based on sound theory, evidence of effectiveness, and/or best practice?	100%
3.1.2.2	Are these campaigns designed to support healthy behavior among individuals and their communities?	100%
3.1.2.3	Are campaigns tailored for populations with higher risk of negative health outcomes?	100%
3.1.2.4	Are campaigns designed to reach populations in specific settings?	100%
3.1.2.5	Does the LPHS evaluate its public health education and health promotion activities on an ongoing basis?	100%
3.1.2.6	Are evaluation results used to revise and strengthen the programs?	100%
3.1.3	Do LPHS organizations work together to plan, conduct, and implement health education and promotion activities?	100%
3.1.3.1	Do organizations work together on specific health promotion activities (e.g., supermarkets and nutrition interventions)?	100%

3.1.3.2	Do LPHS entities work with community advocates and local media outlets to publicize health promotion activities?	100%
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3.2: Health Communication		
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3.2.1	Have LPHS organizations developed health communication plans?	100%
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3.2.1.1	Do LPHS organizations work collaboratively to link the communication plans?	100%
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3.2.1.2	Include policies and procedures for creating, sharing, and disseminating information with partners and key stakeholders?	100%
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3.2.1.3	Identify different sectors of the population in order to create targeted public health messages for various audiences?	100%
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3.2.1.4	Provide guidance for developing content and materials appropriate to the type of dissemination channel?	100%
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3.2.1.5	Provide guidance for creating targeted public health messages using various channels?	100%
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3.2.2	Does the LPHS establish and utilize relationships with the media?	100%
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3.2.2.1	Does the LPHS have policies and procedures in place to route all media inquiries appropriately?	100%
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3.2.2.2	Does the LPHS have a mechanism in place to document and respond to public inquiries?	100%
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3.2.2.3	Does the LPHS coordinate with local media to develop information or features on health issues?	100%
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3.2.3	Has the LPHS identified and designated individuals such as public information officers to provide important health information and answers to public and media inquiries?	100%
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3.2.3.1	Are designated spokespersons adequately trained in providing accurate, timely, and appropriate information on public health issues for different audiences?	100%
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3.2.3.2	Does the LPHS have policies and procedures in place to coordinate responses and public announcements related to public health issues?	100%
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3.3: Risk Communication		
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3.3.1	Has the LPHS developed emergency communications plan(s) that can be adapted to different types of emergencies (i.e., disease outbreaks, natural disasters, bioterrorism)?	100%
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3.3.1.1	Procedures for inter-agency coordination of plans dependent upon the type of emergency (i.e., use of the plans to create a unified emergency communications plan)?	100%
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3.3.1.2	Established lines of authority, reporting, and responsibilities for emergency communications teams in accordance with the National Incident Management System (NIMS)?	100%
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3.3.1.3	Procedures for alerting communities, including special populations, about possible health threats or disease outbreaks?	100%
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3.3.1.4	Guidelines for providing necessary, appropriate information from emergency operation center situation reports, health alerts, and meeting notes to stakeholders, partners, and the community?	100%
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3.3.2	Does the LPHS have resources to ensure rapid communications response?	100%
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3.3.2.1	Have the technological capacity (e.g., telephone, electronic, and print) to respond to communication needs?	100%
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3.3.2.2	Have staff to develop or adapt emergency communications materials and to provide communications for all stakeholders and partners in the event of an emergency?	100%
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3.3.3	Does the LPHS provide crisis and emergency communications training for new and current staff?	100%
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3.3.4	Does the LPHS have policies and procedures in place to ensure rapid, mobile response by public information officers?	100%
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3.3.4.1	Does the LPHS maintain a directory of emergency contact information for media liaisons, partners, stakeholders, and public information officers?	100%
3.3.4.2	Does the LPHS provide communication “Go-Kits” to assist in public information officer response?	50%

ES 4 - Mobilize community partnerships to identify and solve health problems

4.1: Constituency Development

4.1.1	Does the LPHS have a process for identifying key constituents or stakeholders?	100%
4.1.1.1	Does the LPHS maintain a current list of the names and contact information for individuals and key constituent groups?	100%
4.1.1.2	Are new individuals/groups identified for constituency building?	100%
4.1.1.3	Are key constituents identified for general health issues (i.e., improved health and quality of life at the community level)?	100%
4.1.1.4	Are key constituents identified for specific health concerns (i.e., a particular health theme, disease, risk factor, life stage need)?	100%
4.1.2	Does the LPHS encourage the participation of constituents in improving community health?	100%
4.1.2.1	Does the LPHS encourage constituents from the community-at-large to identify community issues and themes through a variety of means?	100%
4.1.2.2	Does the LPHS support, through recruitment, promotion, and retention, opportunities for volunteers to help in community health improvement projects or activities?	100%
4.1.3	Does the LPHS maintain a current directory of organizations that comprise the LPHS?	100%
4.1.3.1	Is the directory easily accessible?	100%
4.1.4	Does the LPHS use communications strategies to build awareness of the importance of public health?	100%
4.1.4.1	Do communications strategies exist for building awareness with the community-at-large?	100%
4.1.4.2	Do communications strategies exist for facilitating communication among organizations?	100%

4.2: Community Partnerships

4.2.1	Do partnerships exist in the community to maximize public health improvement activities?	0%
4.2.1.1	Exchange information?	0%
4.2.1.2	Alter or align activities related to the Essential Public Health Services?	0%
4.2.1.3	Conduct collaborative decision-making and action?	0%
4.2.1.4	Optimize resources to deliver Essential Public Health Services?	0%
4.2.1.5	Share responsibilities to deliver Essential Public Health Services?	0%
4.2.1.6	Include a broad representation of the community (including representatives such as those listed in 4.1.3 Discussion Toolbox)?	0%
4.2.2	Does the LPHS have a broad-based community health improvement committee?	0%
4.2.2.1	Participate in the community health assessment process?	0%
4.2.2.2	Participate in the implementation of a community health improvement process?	0%
4.2.2.3	Monitor and evaluate progress toward prioritized goals?	0%
4.2.2.4	Leverage community resources?	0%
4.2.2.5	Meet on a regular basis?	0%
4.2.3	Does the LPHS review the effectiveness of community partnerships and strategic alliances developed to improve community health?	0%

4.2.3.1	An assessment of the effectiveness of partnership participation in solving health problems?	0%
4.2.3.2	Information on the satisfaction of constituents with partnership efforts?	0%
4.2.3.3	An assessment of the expertise and system capacity needed to conduct partnership building activities?	0%
4.2.3.4	Identification of actions to improve the partnership process and capacity?	0%
4.2.3.5	Implementation of actions recommended to improve the partnership process and capacity?	0%
ES 5 - Develop policies and plans that support individual and community health efforts		
5.1: Governmental Presence at the Local Level		
5.1.1	Does the LPHS include a governmental local public health presence (i.e., local health department) to assure the provision of Essential Public Health Services to the community?	100%
5.1.1.1	Maintain current documentation describing its mission?	100%
5.1.1.2	Maintain current documentation describing its statutory, chartered, and/or legal responsibilities?	100%
5.1.1.3	Assess its functions against the operational definition of a functional local health department?	100%
5.1.2	Does the LPHS assure the availability of resources for the local health department's contributions to the Essential Public Health Services?	100%
5.1.2.1	Availability of legal counsel on issues related to the provision of Essential Public Health Services?	100%
5.1.2.2	Funding for mandated public health programs?	100%
5.1.2.3	Funding for needed public health programs, as identified by the community?	0%
5.1.2.4	The personnel required to deliver Essential Public Health Services, including a designated local health official?	100%
5.1.2.5	The facilities, equipment, and supplies required to deliver Essential Public Health Services?	100%
5.1.3	Does a local board of health or other governing entity conduct oversight for the local health department? (This question not scored.)	100%
5.1.3.1	Has this local board of health or other governing entity completed the National Public Health Performance Standards Program Local Public Health Governance Performance Assessment Instrument? (This question not scored.)	0%
5.1.4	Does the LHD work with the state public health agency and other state partners to assure the provision of public health services?	100%
5.1.4.1	Have state partners completed the National Public Health Performance Standards Program State Public Health System Performance Assessment Instrument with input from the local level? (This question not scored.)	0%
5.2: Public Health Policy Development		
5.2.1	Does the LPHS contribute to the development of public health policies?	100%
5.2.1.1	Does the LPHS engage constituents in identifying and analyzing issues?	100%
5.2.1.2	Does the LPHS advocate for prevention and protection policies for those in the community who bear a disproportionate risk for mortality or morbidity?	100%
5.2.1.3	Within the past year, has the LPHS been involved in activities that influenced or informed the public health policy process?	25%
5.2.2	Does the LPHS alert policymakers and the public of public health impacts from current and/or proposed policies?	100%
5.2.3	Does the LPHS review public health policies at least every three to five years?	100%
5.2.3.1	Assessment of outcomes and/or consequences?	100%

5.2.3.2	Examination of potential community health impact of other policy areas (e.g., fiscal, social, environmental)?	100%
5.2.3.3	Community constituents, including those affected by the policy?	100%
5.3: Community Health Improvement Process and Strategic Planning		
5.3.1	Has the LPHS established a community health improvement process (e.g., MAPP, PACE EH)?	0%
5.3.1.1	Did the community health improvement process use an established tool such as MAPP or PACE-EH?	0%
5.3.1.2	Is there broad participation in the community health improvement process?	0%
5.3.1.3	Information from community health assessments?	0%
5.3.1.4	Issues and themes identified by the community?	0%
5.3.1.5	Identification of community assets and resources?	0%
5.3.1.6	Prioritization of community health issues?	0%
5.3.1.7	Development of measurable health objectives?	0%
5.3.1.8	Does the process result in the development of a community health improvement plan?	0%
5.3.1.8.1	Is the community health improvement plan linked to a state health improvement plan? (This question not scored.)	0%
5.3.2	Has the LPHS developed strategies to address community health objectives?	75%
5.3.2.1	Have the individuals or organizations accountable for the implementation of these strategies been identified?	100%
5.3.3	Does the local health department (LHD) conduct a strategic planning process?	100%
5.3.3.1	Does the LHD review its organizational strategic plan to determine how it can best be aligned with community health improvement process?	100%
5.4: Plan for Public Health Emergencies		
5.4.1	Do LPHS organizations participate in a task force or coalition of community partners to develop and maintain local and/or regional emergency preparedness and response plans?	100%
5.4.1.1	Does task force participation include broad representation from the LPHS?	100%
5.4.2	Does the LPHS have an all-hazards emergency preparedness and response plan?	100%
5.4.2.1	Identify public health disasters and emergencies that might trigger its implementation?	100%
5.4.2.2	Align with existing plans, protocols and procedures for emergency response within the community?	100%
5.4.2.3	Clearly outline protocols and standard operating procedures for emergency response?	100%
5.4.3	Has the All-Hazards plan been reviewed and, if appropriate, revised within the past two years?	100%
5.4.3.1	Has any part of the plan been tested through simulations of one or more “mock events” within the past two years?	100%
5.4.3.2	Did the mock event include a written After Action Report identifying opportunities for improvement?	100%
5.4.3.3	Was the plan modified based on these findings?	100%

ES 6 - Enforce laws and regulations that protect health and ensure safety		
6.1: Review and Evaluation of Laws, Regulations, and Ordinances		
6.1.1	Does the LPHS identify local public health issues that can only be addressed through laws, regulations, and ordinances?	100%
6.1.2	Is the LPHS knowledgeable about federal, state, and local laws, regulations, and ordinances that protect the public's health?	100%
6.1.3	Does the LPHS review the laws, regulations, and ordinances that protect public health at least once every five years?	50%
6.1.3.1	Determine whether laws, regulations, and ordinances provide the authority to carry out the Essential Public Health Services?	50%
6.1.3.2	Assess compliance with public health laws, regulations, and ordinances?	100%
6.1.3.3	Determine the impact of existing laws, regulations, and ordinances on the health of the community?	100%
6.1.3.4	Determine whether public health laws, regulations, and ordinances require updating?	75%
6.1.4	Do governmental entities within the LPHS have access to legal counsel to assist with the review of laws, regulations, and ordinances related to the public's health?	100%
6.2: Involvement in the Improvement of Laws, Regulations, and Ordinances		
6.2.1	Does the LPHS identify local public health issues that are not adequately addressed through existing laws, regulations, and ordinances?	100%
6.2.2	Within the past five years, have LPHS organizations participated in the development or modification of laws, regulations, or ordinances for public health issues that are not adequately addressed through existing laws, regulations, and ordinances?	100%
6.2.3	Do LPHS organizations provide technical assistance to legislative, regulatory or advocacy groups for drafting proposed legislation, regulations, or ordinances?	100%
6.3: Enforcement of Laws, Regulations, and Ordinances		
6.3.1	Do governmental public health entities within your LPHS have the authority to enforce laws, regulations, or ordinances related to the public's health?	100%
6.3.1.1	Does a document (paper or electronic) exist that identifies the roles and responsibilities of each governmental entity with enforcement authority?	100%
6.3.1.2	Do governmental entities with enforcement authority provide their staff who engage in or support enforcement activities, with formal training on compliance and enforcement?	100%
6.3.2	Is the local health department or governmental public health entity empowered through laws and regulations to implement necessary community interventions in the event of a public health emergency?	100%
6.3.2.1	Implement quarantine and isolation?	100%
6.3.2.2	Implement mass immunization and dispensing clinics?	100%
6.3.3	Does the LPHS assure that all enforcement activities are conducted in accordance with applicable laws, regulations, and ordinances?	100%
6.3.3.1	Have the appropriate power and ability to prevent, detect, manage, and contain emergency health threats?	100%
6.3.3.2	Conduct enforcement activities within the time frame stipulated in laws, regulations, or ordinances?	100%

6.3.3.3	Conduct enforcement activities in compliance with due process and civil rights protections?	100%
6.3.4	Does the LPHS provide information about public health laws, regulations, and ordinances to the individuals and organizations who are required to comply with them?	100%
6.3.4.1	Is dissemination of this information integrated with other public health activities (e.g., health education, communicable disease control, health assessment, planning)?	100%
6.3.5	In the past five years, has the LPHS assessed the compliance of institutions and businesses in the community (e.g., schools, food establishments, day care facilities) with laws, regulations, and ordinances designed to ensure the public's health?	100%
6.3.5.1	Include input from the regulated institutions and businesses regarding their perceived difficulties with compliance?	100%
6.3.5.2	Examine the extent of resistance to, or support for, enforcement activities by regulated institutions and businesses?	100%
6.3.5.3	Include input from key stakeholders (other than the regulated institutions and businesses) of those laws, regulations, and ordinances regarding the extent of their support for enforcement activities?	100%

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

7.1: Identification of Personal Health Service Needs of Populations

7.1.1	Does the LPHS identify any populations who may experience barriers to personal health services?	100%
7.1.2	Has the LPHS identified the personal health service needs of populations in its jurisdiction?	100%
7.1.2.1	Have personal health service needs been identified for populations who may experience barriers to care?	100%
7.1.3	Has the LPHS assessed the extent to which personal health services in its jurisdiction are available to populations who may experience barriers to care?	100%
7.1.3.1	Has the LPHS assessed the extent to which personal health services are utilized by populations who may experience barriers to care?	100%

7.2: Assuring the Linkage of People to Personal Health Services

7.2.1	Does the LPHS link populations to needed personal health services?	100%
7.2.2	Does the LPHS provide assistance to vulnerable populations in accessing needed health services?	100%
7.2.2.1	Culturally and linguistically appropriate staff to assist population groups in obtaining personal health services?	100%
7.2.2.2	Culturally and linguistically appropriate materials?	100%
7.2.2.3	Transportation services for those with special needs?	100%
7.2.3	Does the LPHS have initiatives to enroll eligible individuals in public benefit programs such as Medicaid, and/or other medical or prescription assistance programs?	100%
7.2.4	Does the LPHS coordinate the delivery of personal health and social services to optimize access to services for populations who may encounter barriers to care?	100%
7.2.4.1	Are services targeting the same populations co-located to optimize access?	0%
7.2.4.2	Are services targeting the same populations coordinated among providers to optimize access?	100%

ES 8 - Assure a competent public health and personal health care workforce		
8.1: Workforce Assessment, Planning, and Development		
8.1.1	Within the past three years, has an assessment of the LPHS workforce been conducted?	0%
8.1.2	Whether or not a formal assessment has been conducted, have shortfalls and/or gaps within the LPHS workforce been identified?	100%
8.1.2.1	Were gaps related to workforce composition identified?	50%
8.1.2.2	Were gaps related to workforce size identified?	50%
8.1.2.3	Were gaps related to workforce skills and/or experience identified?	50%
8.1.2.4	Were recruitment and retention shortfalls identified?	50%
8.1.2.5	Is this knowledge used to develop plans to address workforce gaps?	25%
8.1.2.6	Have the organizations within the LPHS implemented plans for correction?	0%
8.1.2.7	Is there a formal process to evaluate the effectiveness of plans to address workforce gaps?	0%
8.1.3	Were the results of the workforce assessment and/or gap analysis disseminated for use in LPHS organizations' strategic or operational plans?	0%
8.1.3.1	Community leaders?	0%
8.1.3.2	Governing bodies?	0%
8.1.3.3	Public agencies?	0%
8.1.3.4	Elected officials?	0%
8.2: Public Health Workforce Standards		
8.2.1	Are organizations within the LPHS aware of guidelines and/or licensure/certification requirements for personnel contributing to the Essential Public Health Services?	100%
8.2.1.1	Are organizations within the LPHS in compliance with guidelines and/or licensure/certification requirements for personnel contributing to the Essential Public Health Services?	100%
8.2.2	Have organizations within the LPHS developed written job standards and/or position descriptions for all personnel contributing to the Essential Public Health Services?	100%
8.2.3	Do organizations within the LPHS conduct annual performance evaluations?	100%
8.2.4	Does the LHD develop written job standards and/or position descriptions for all personnel?	100%
8.2.4.1	Are job standards and/or position descriptions reviewed periodically?	100%
8.2.5	Does the LHD conduct performance evaluations?	100%
8.3: Life-Long Learning Through Continuing Education, Training, and Mentoring		
8.3.1	Does the LPHS identify education and training needs so as to encourage opportunities for workforce development?	100%
8.3.1.1	Distance learning technology?	100%
8.3.1.2	National, state, local and regional conferences?	100%
8.3.1.3	Staff cross-training?	100%
8.3.1.4	Coaching, mentoring and modeling?	100%
8.3.1.5	Does the LPHS provide refresher courses for key public health issues (e.g., HIPAA, non-discrimination, and emergency preparedness)?	100%
8.3.2	Does the LPHS provide opportunities for all personnel to develop core public health competencies?	100%
8.3.2.1	An understanding of the Essential Public Health Services?	100%

8.3.2.2	An understanding of the multiple determinants of health to develop more effective public health interventions?	100%
8.3.2.3	Cultural competence to interact with colleagues and community members?	100%
8.3.3	Are incentives provided to the workforce to participate in educational and training experiences?	0%
8.3.3.1	Does the LHD have dedicated resources for training and education?	100%
8.3.4	Are there opportunities for interaction between staff of LPHS organizations and faculty from academic and research institutions, particularly those connected with schools of public health?	100%

8.4: Public Health Leadership Development

8.4.1	Do organizations within the LPHS promote the development of leadership skills?	100%
8.4.1.1	Encouraging potential leaders to attend formal leadership training?	100%
8.4.1.2	Mentoring personnel in middle management/supervisory positions?	0%
8.4.1.3	Promoting leadership at all levels within organizations that comprise the LPHS?	0%
8.4.1.4	Establishing financial resources to support leadership development on an ongoing basis?	0%
8.4.2	Do organizations within the LPHS promote collaborative leadership through the creation of a shared vision and participatory decision-making?	0%
8.4.2.1	Across LPHS organizations, are there established communication mechanisms that encourage informed participation in decision-making (e.g., forums, list serve)?	100%
8.4.3	Does the LPHS provide leadership opportunities for individuals and/or organizations in areas where their expertise or experience can provide insight, direction, or resources?	100%
8.4.4	Does the LPHS recruit and retain new leaders who are representative of the population diversity within their community?	0%
8.4.4.1	Does the LPHS provide opportunities to develop community leadership through coaching and mentoring?	100%

ES 9 - Evaluate effectiveness, accessibility, & quality of personal and population-based health services

9.1: Evaluation of Population-Based Health Services

9.1.1	In the past three years, has the LPHS evaluated population-based health services?	0%
9.1.1.1	Are established criteria used to evaluate population-based health services?	100%
9.1.1.2	Does the evaluation determine the extent to which program goals are achieved for population-based health services?	100%
9.1.2	Does the LPHS assess community satisfaction with population-based health services?	100%
9.1.2.1	Gather input from residents representing a cross-section of the community?	100%
9.1.2.2	Determine if residents' needs are being met, including those groups at increased risk of negative health outcomes?	100%
9.1.2.3	Determine residents' satisfaction with the responsiveness to their complaints or concerns regarding population-based health services?	100%
9.1.2.4	Identify areas where population-based health services can be improved?	100%
9.1.3	Does the LPHS identify gaps in the provision of population-based health services?	100%
9.1.4	Do organizations within the LPHS use the results of population-based health services evaluation in the development of their strategic and operational plans?	100%

9.2: Evaluation of Personal Health Services		
9.2.1	In the past three years, have organizations within the LPHS evaluated personal health services for the community?	100%
9.2.1.1	Access to personal health services?	75%
9.2.1.2	The quality of personal health services?	75%
9.2.1.3	The effectiveness of personal health services?	75%
9.2.2	Are specific personal health services in the community evaluated against established standards (e.g., JCAHO, State licensure, HEDIS)?	100%
9.2.3	Does the LPHS assess client satisfaction with personal health services?	100%
9.2.3.1	Were surveyed clients representative of past, current and potential users of services?	100%
9.2.4	Do organizations within the LPHS use information technology to assure quality of personal health services?	100%
9.2.4.1	Do organizations use electronic health records?	100%
9.2.4.2	Is information technology used to facilitate communication among providers (e.g., Health Information Exchange or Regional Health Information Organizations)?	25%
9.2.5	Do organizations within the LPHS use the results of the evaluation in the development of their strategic and operational plans?	100%
9.3: Evaluation of the Local Public Health System		
9.3.1	Has the LPHS identified community organizations or entities that contribute to the delivery of the Essential Public Health Services?	100%
9.3.2	Is an evaluation of the LPHS conducted every three to five years?	100%
9.3.2.1	Assess the comprehensiveness of LPHS activities?	100%
9.3.2.2	Use established standards (e.g., National Public Health Performance Standards Program)?	0%
9.3.2.3	Do LPHS entities participate in the evaluation of the LPHS?	0%
9.3.3	Has a partnership assessment been conducted that evaluates the relationships among organizations that comprise the LPHS (e.g., the NPHPSP or an evaluation of a partnership within the MAPP process)?	0%
9.3.3.1	Is the exchange of information among the organizations in the LPHS assessed?	0%
9.3.3.2	Are linkage mechanisms among the providers of population-based services and personal health services assessed (e.g., referral systems, memoranda of understanding)?	100%
9.3.3.3	Is the use of resources (e.g., staff, communication systems) to support the coordination among LPHS organizations assessed?	0%
9.3.4	Does the LPHS use results from the evaluation process to guide community health improvements?	100%
9.3.4.1	To refine existing community health programs?	100%
9.3.4.2	To establish new community health programs?	100%
9.3.4.3	To redirect resources?	100%
9.3.4.4	To inform the community health improvement process?	100%
ES 10 - Research for new insights and innovative solutions to health problems		
10.1: Fostering Innovation		
10.1.1	Do LPHS organizations encourage staff to develop new solutions to health problems in the community?	100%
10.1.1.1	Do LPHS organizations provide time and/or resources for staff to pilot test or conduct studies to determine new solutions?	100%

10.1.2	During the past two years, have LPHS organizations proposed to research organizations one or more public health issues for inclusion in their research agenda?	100%
10.1.3	Do LPHS organizations identify and stay current with best practices developed by other public health agencies or organizations?	100%
10.1.4	Do LPHS organizations encourage community participation in the development or implementation of research?	100%
10.2: Linkage with Institutions of Higher Learning and/or Research		
10.2.1	Does the LPHS develop relationships with institutions of higher learning and/or research organizations?	100%
10.2.2	Does the LPHS partner with at least one institution of higher learning and/or research organization to conduct research related to the public's health?	100%
10.2.3	Does the LPHS encourage collaboration between the academic and practice communities?	100%
10.3: Capacity to Initiate or Participate in Research		
10.3.1	Does the LPHS have access to researchers (either on staff or through other arrangements)?	100%
10.3.2	Is there access to resources to facilitate research within the LPHS?	100%
10.3.3	Does the LPHS disseminate findings from their research?	100%
10.3.4	Does the LPHS evaluate its research activities?	100%
10.3.4.1	Development of research activities?	100%
10.3.4.2	Implementation of research activities?	100%
10.3.4.3	Impact of research activities on public health practice?	100%
10.3.4.4	Involvement of community representatives in collaborative research efforts (i.e., community-based participatory research)?	100%

Priority Survey	
ES 1 - Monitor health status to identify health problems	
1.1: Population-Based Community Health Profile (CHP)	5
1.2: Current Technology to Manage and Communicate Population Health Data	5
1.3: Maintenance of Population Health Registries	5
ES 2 - Diagnose and investigate health problems and health hazards	
2.1: Identification and Surveillance of Health Threats	5
2.2: Investigation and Response to Public Health Threats and Emergencies	5
2.3: Laboratory Support for Investigation of Health Threats	5
ES 3 - Inform, educate and empower people about health issues	
3.1: Health Education and Promotion	5
3.2: Health Communication	5
3.3: Risk Communication	5
ES 4 - Mobilize community partnerships to identify and solve health problems	
4.1: Constituency Development	5
4.2: Community Partnerships	5
ES 5 - Develop policies and plans that support individual and community health efforts	
5.1: Governmental Presence at the Local Level	5
5.2: Public Health Policy Development	5
5.3: Community Health Improvement Process and Strategic Planning	5
5.4: Plan for Public Health Emergencies	5
ES 6 - Enforce laws and regulations that protect health and ensure safety	
6.1: Review and Evaluation of Laws, Regulations, and Ordinances	5
6.2: Involvement in the Improvement of Laws, Regulations, and Ordinances	5
6.3: Enforcement of Laws, Regulations, and Ordinances	5
ES 7 - Link people to needed personal health services and assure the provision of health care when otherwise unavailable	
7.1: Identification of Personal Health Service Needs of Populations	5
7.2: Assuring the Linkage of People to Personal Health Services	5
ES 8 - Assure a competent public health and personal health care workforce	
8.1: Workforce Assessment, Planning, and Development	5
8.2: Public Health Workforce Standards	5
8.3: Life-Long Learning Through Continuing Education, Training, and Mentoring	5
8.4: Public Health Leadership Development	5
ES 9 - Evaluate effectiveness, accessibility, & quality of personal and population-based health services	
9.1: Evaluation of Population-Based Health Services	5
9.2: Evaluation of Personal Health Services	5
9.3: Evaluation of the Local Public Health System	5
ES 10 - Research for new insights and innovative solutions to health problems	
10.1: Fostering Innovation	5
10.2: Linkage with Institutions of Higher Learning and/or Research	5
10.3: Capacity to Initiate or Participate in Research	5

Local Health Department (LHD) Contribution	
ES 1 - Monitor health status to identify health problems	
1.1: Population-Based Community Health Profile (CHP)	0%
1.2: Current Technology to Manage and Communicate Population Health Data	0%
1.3: Maintenance of Population Health Registries	0%
ES 2 - Diagnose and investigate health problems and health hazards	
2.1: Identification and Surveillance of Health Threats	0%
2.2: Investigation and Response to Public Health Threats and Emergencies	0%
2.3: Laboratory Support for Investigation of Health Threats	0%
ES 3 - Inform, educate and empower people about health issues	
3.1: Health Education and Promotion	0%
3.2: Health Communication	0%
3.3: Risk Communication	0%
ES 4 - Mobilize community partnerships to identify and solve health problems	
4.1: Constituency Development	0%
4.2: Community Partnerships	0%
ES 5 - Develop policies and plans that support individual and community health efforts	
5.1: Governmental Presence at the Local Level	0%
5.2: Public Health Policy Development	0%
5.3: Community Health Improvement Process and Strategic Planning	0%
5.4: Plan for Public Health Emergencies	0%
ES 6 - Enforce laws and regulations that protect health and ensure safety	
6.1: Review and Evaluation of Laws, Regulations, and Ordinances	0%
6.2: Involvement in the Improvement of Laws, Regulations, and Ordinances	0%
6.3: Enforcement of Laws, Regulations, and Ordinances	0%
ES 7 - Link people to needed personal health services and assure the provision of health care when otherwise unavailable	
7.1: Identification of Personal Health Service Needs of Populations	0%
7.2: Assuring the Linkage of People to Personal Health Services	0%
ES 8 - Assure a competent public health and personal health care workforce	
8.1: Workforce Assessment, Planning, and Development	0%
8.2: Public Health Workforce Standards	0%
8.3: Life-Long Learning Through Continuing Education, Training, and Mentoring	0%
8.4: Public Health Leadership Development	0%
ES 9 - Evaluate effectiveness, accessibility, & quality of personal and population-based health services	
9.1: Evaluation of Population-Based Health Services	0%
9.2: Evaluation of Personal Health Services	0%
9.3: Evaluation of the Local Public Health System	0%
ES 10 - Research for new insights and innovative solutions to health problems	
10.1: Fostering Innovation	0%
10.2: Linkage with Institutions of Higher Learning and/or Research	0%
10.3: Capacity to Initiate or Participate in Research	0%

Section V : List of Questions with Response of 'No Activity'

- 1.1.2 Does the LPHS compile data from the community health assessment(s) into a community health profile (CHP)?
- 1.1.2.1 Community demographic characteristics?
- 1.1.2.2 Community socioeconomic characteristics?
- 1.1.2.3 Health resource availability data?
- 1.1.2.4 Quality of life data for the community?
- 1.1.2.5 Behavioral risk factors for the community?
- 1.1.2.6 Community environmental health indicators?
- 1.1.2.7 Social and mental health data?
- 1.1.2.8 Maternal and child health data?
- 1.1.2.9 Death, illness, and/or injury data?
- 1.1.2.10 Communicable disease data?
- 1.1.2.11 Sentinel events data for the community?
- 1.1.2.12 Has the LPHS identified the individuals or organizations responsible for contributing data and /or resources to produce the CHP?
- 1.1.2.13 Does each contributor of data have access to the completed CHP?
- 1.1.3 Is community-wide use of community health assessment or CHP data promoted?
- 1.1.3.1 Is a media strategy in place to promote community-wide use of the CHP?
- 1.1.3.2 Is the information easily accessible by the general public?
- 1.1.3.3 Do organizations in the LPHS use the CHP to inform health policy and planning decisions?
- 1.2.1.1 Is technology utilized to make community health data available electronically?
- 1.2.3 Does the LPHS use computer-generated graphics to identify trends and/or compare data by relevant categories (i.e., race, gender, age group)?
- 3.1.1.1 Community health status (e.g., heart disease rates, cancer rates, environmental risks)?
- 3.1.1.2 Community health needs, such as those identified by members of the community or through a needs assessment tool such as APEXPH or MAPP, including prevention and risk (e.g., obesity, smoking, etc.)?
- 4.2.1 Do partnerships exist in the community to maximize public health improvement activities?

- 4.2.1.1 Exchange information?
- 4.2.1.2 Alter or align activities related to the Essential Public Health Services?
- 4.2.1.3 Conduct collaborative decision-making and action?
- 4.2.1.4 Optimize resources to deliver Essential Public Health Services?
- 4.2.1.5 Share responsibilities to deliver Essential Public Health Services?
- 4.2.1.6 Include a broad representation of the community (including representatives such as those listed in 4.1.3 Discussion Toolbox)?
- 4.2.2 Does the LPHS have a broad-based community health improvement committee?
 - 4.2.2.1 Participate in the community health assessment process?
 - 4.2.2.2 Participate in the implementation of a community health improvement process?
 - 4.2.2.3 Monitor and evaluate progress toward prioritized goals?
 - 4.2.2.4 Leverage community resources?
 - 4.2.2.5 Meet on a regular basis?
- 4.2.3 Does the LPHS review the effectiveness of community partnerships and strategic alliances developed to improve community health?
 - 4.2.3.1 An assessment of the effectiveness of partnership participation in solving health problems?
 - 4.2.3.2 Information on the satisfaction of constituents with partnership efforts?
 - 4.2.3.3 An assessment of the expertise and system capacity needed to conduct partnership building activities?
 - 4.2.3.4 Identification of actions to improve the partnership process and capacity?
 - 4.2.3.5 Implementation of actions recommended to improve the partnership process and capacity?
- 5.1.2.3 Funding for needed public health programs, as identified by the community?
 - 5.1.3.1 Has this local board of health or other governing entity completed the National Public Health Performance Standards Program Local Public Health Governance Performance Assessment Instrument? (This question not scored.)
 - 5.1.4.1 Have state partners completed the National Public Health Performance Standards Program State Public Health System Performance Assessment Instrument with input from the local level? (This question not scored.)
- 5.3.1 Has the LPHS established a community health improvement process (e.g., MAPP, PACE EH)?
 - 5.3.1.1 Did the community health improvement process use an established tool such as MAPP or PACE-EH?
 - 5.3.1.2 Is there broad participation in the community health improvement process?

- 5.3.1.3 Information from community health assessments?
- 5.3.1.4 Issues and themes identified by the community?
- 5.3.1.5 Identification of community assets and resources?
- 5.3.1.6 Prioritization of community health issues?
- 5.3.1.7 Development of measurable health objectives?
- 5.3.1.8 Does the process result in the development of a community health improvement plan?
- 5.3.1.8.1 Is the community health improvement plan linked to a state health improvement plan? (This question not scored.)
- 7.2.4.1 Are services targeting the same populations co-located to optimize access?
- 8.1.1 Within the past three years, has an assessment of the LPHS workforce been conducted?
- 8.1.2.6 Have the organizations within the LPHS implemented plans for correction?
- 8.1.2.7 Is there a formal process to evaluate the effectiveness of plans to address workforce gaps?
- 8.1.3 Were the results of the workforce assessment and/or gap analysis disseminated for use in LPHS organizations' strategic or operational plans?
- 8.1.3.1 Community leaders?
- 8.1.3.2 Governing bodies?
- 8.1.3.3 Public agencies?
- 8.1.3.4 Elected officials?
- 8.3.3 Are incentives provided to the workforce to participate in educational and training experiences?
- 8.4.1.2 Mentoring personnel in middle management/supervisory positions?
- 8.4.1.3 Promoting leadership at all levels within organizations that comprise the LPHS?
- 8.4.1.4 Establishing financial resources to support leadership development on an ongoing basis?
- 8.4.2 Do organizations within the LPHS promote collaborative leadership through the creation of a shared vision and participatory decision-making?
- 8.4.4 Does the LPHS recruit and retain new leaders who are representative of the population diversity within their community?
- 9.1.1 In the past three years, has the LPHS evaluated population-based health services?
- 9.3.2.2 Use established standards (e.g., National Public Health Performance Standards Program)?

- 9.3.2.3 Do LPHS entities participate in the evaluation of the LPHS?
- 9.3.3 Has a partnership assessment been conducted that evaluates the relationships among organizations that comprise the LPHS (e.g., the NPHPSP or an evaluation of a partnership within the MAPP process)?
- 9.3.3.1 Is the exchange of information among the organizations in the LPHS assessed?
- 9.3.3.3 Is the use of resources (e.g., staff, communication systems) to support the coordination among LPHS organizations assessed?

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