National Public Health Performance Standards

Local Public Health System Assessment Report

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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 the 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).

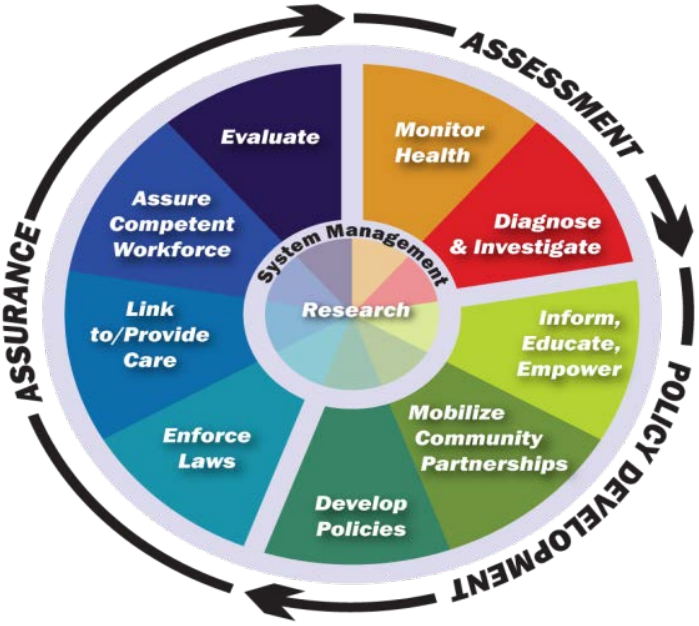


Figure 1. The ten Essential Public Health Services and how they relate to the three core functions of public health.

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.

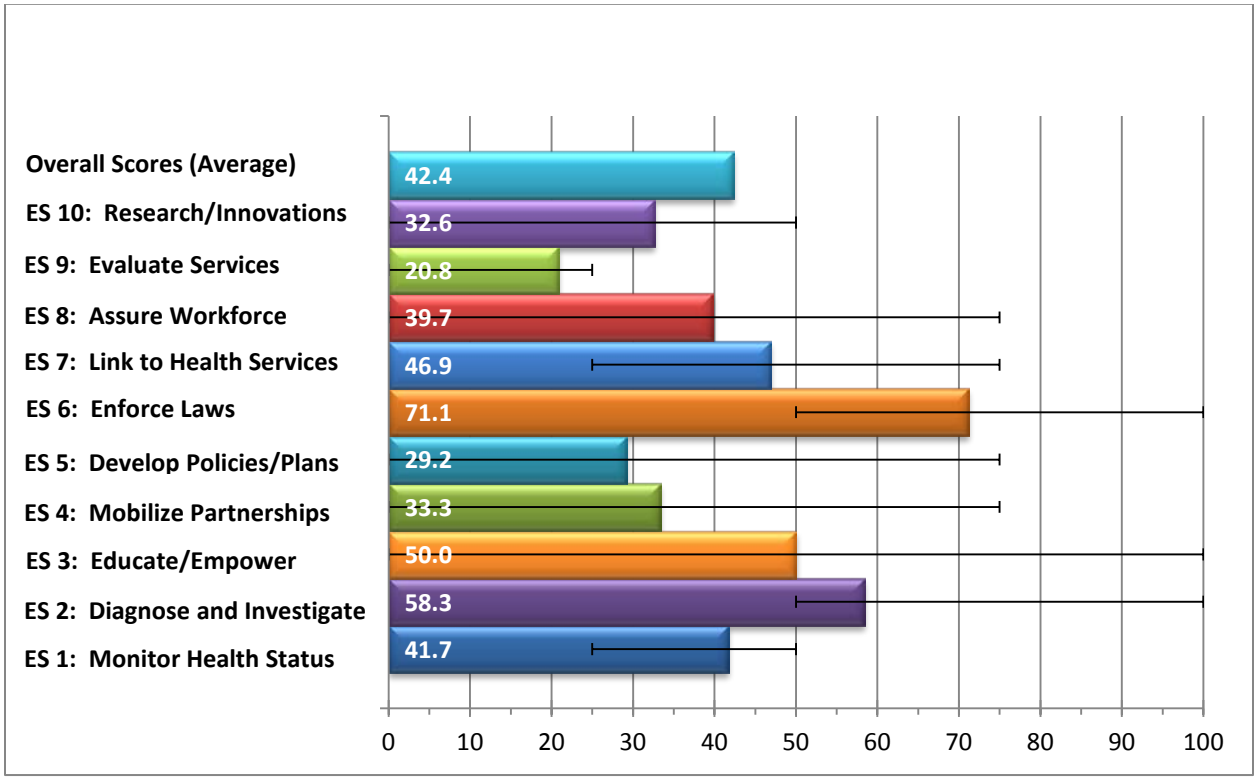
Based upon the responses you provided during your assessment, an average was calculated for each of the ten EPHS. Each Essential Service score can be interpreted as the overall degree to which your public health system meets the performance standards (quality indicators) for each Essential Service. Scores 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

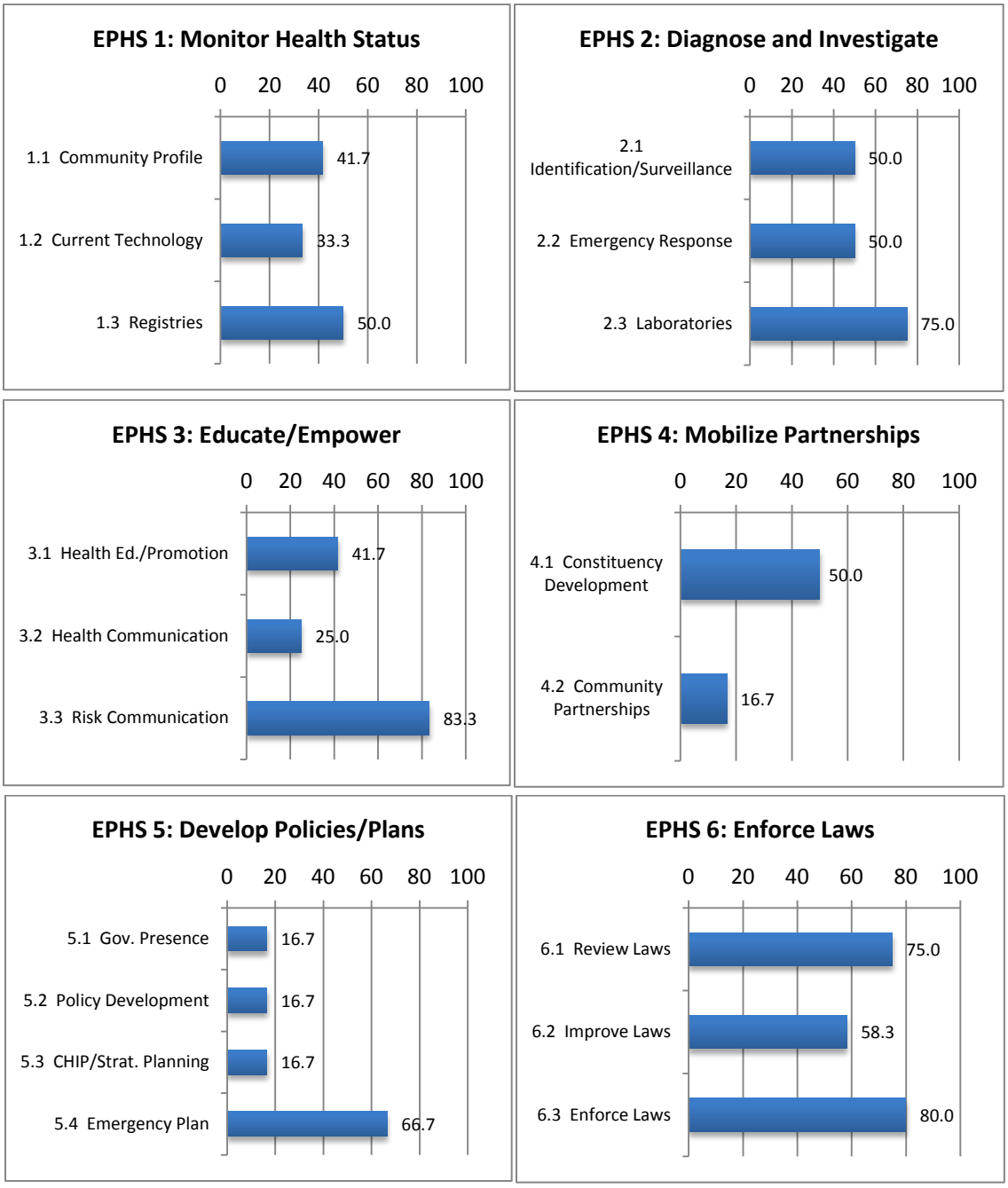


Figure 3. Performance Scores by Essential Service for Each Model Standard (con,t.)

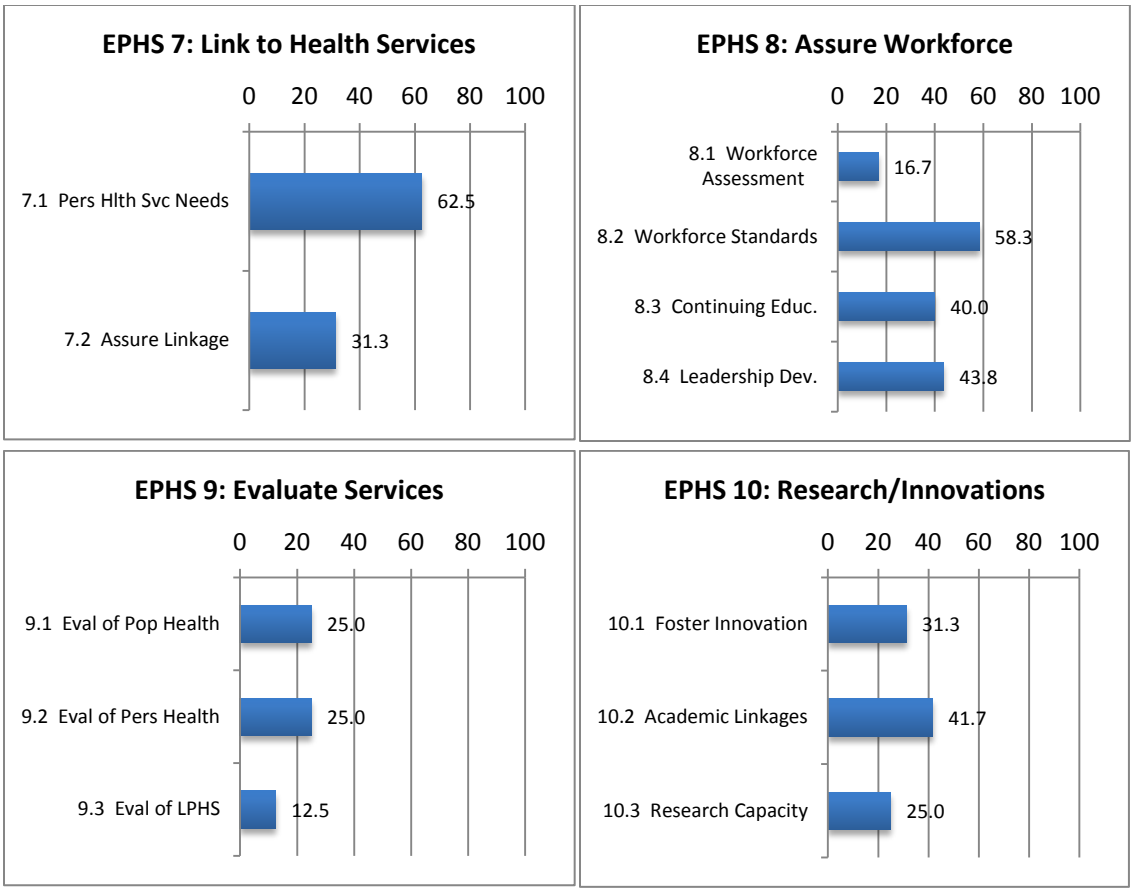


Table 2. Overall Performance, Priority, and Contribution Scores Reported by Essential Service and Corresponding Model Standard

	Performance Score (%)	Priority Score (1 to 10)	Agency Contribution Score (%)
ES 1: Monitor Health Status	**41.7**		
1.1 Community Profile	41.7		
1.2 Current Technology	33.3		
1.3 Registries	50.0		
ES 2: Diagnose and Investigate	**58.3**		
2.1 Identification/Surveillance	50.0		
2.2 Emergency Response	50.0		
2.3 Laboratories	75.0		
ES 3: Educate/Empower	**50.0**		
3.1 Health Education/Promotion	41.7		
3.2 Health Communication	25.0		
3.3 Risk Communication	83.3		
ES 4: Mobilize Partnerships	**33.3**		
4.1 Constituency Development	50.0	Priority Assessment not reported by health department.	Agency Assessment not reported by health department.
4.2 Community Partnerships	16.7		
ES 5: Develop Policies/Plans	**29.2**		
5.1 Governmental Presence	16.7		
5.2 Policy Development	16.7		
5.3 CHIP/Strategic Planning	16.7		
5.4 Emergency Plan	66.7		
ES 6: Enforce Laws	**71.1**		
6.1 Review Laws	75.0		
6.2 Improve Laws	58.3		
6.3 Enforce Laws	80.0		
ES 7: Link to Health Services	**46.9**		
7.1 Personal Health Service Needs	62.5		
7.2 Assure Linkage	31.3		
ES 8: Assure Workforce	**39.7**		
8.1 Workforce Assessment	16.7		
8.2 Workforce Standards	58.3		
8.3 Continuing Education	40.0		
8.4 Leadership Development	43.8		
ES 9: Evaluate Services	**20.8**		
9.1 Evaluation of Population Health	25.0		
9.2 Evaluation of Personal Health	25.0		
9.3 Evaluation of LPHS	12.5		
ES 10: Research/Innovations	**32.6**		
10.1 Foster Innovation	31.3		
10.2 Academic Linkages	41.7		
10.3 Research Capacity	25.0		
Average Overall Score	**42.4**		
Median	**40.7**		

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.

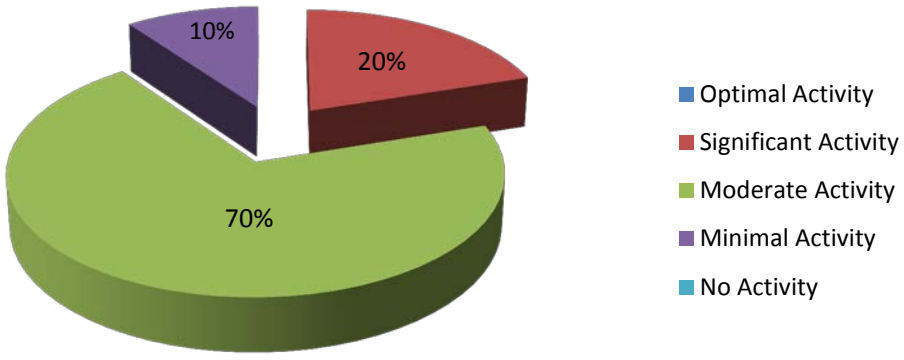
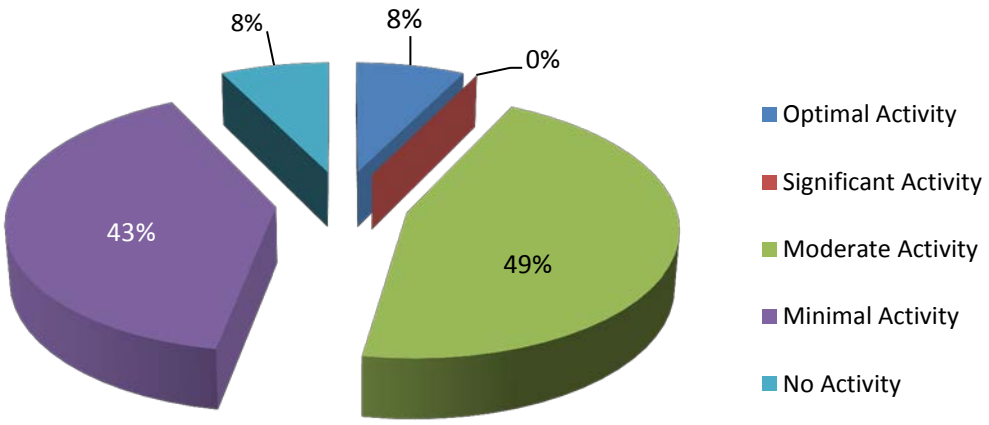


Figure 5. Percentage of the system's Model Standard scores that fall within the five activity categories. This chart provides a high level snapshot of the information found in Figure 3, summarizing the composite measures for all 30 Model Standards.



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 (Appendix B).

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 (Appendix B) 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?	50
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?	25
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?	25
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.) ?	25
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?	50
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?	50
2.1.2	Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies and emerging threats (natural and manmade)?	50
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?	50
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?	50
2.2.2	Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?	50
2.2.3	Designate a jurisdictional Emergency Response Coordinator?	50
2.2.4	Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?	50
2.2.5	Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies?	50
2.2.6	Evaluate incidents for effectiveness and opportunities for improvement?	50
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?	50
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?	50
3.1.3	Engage the community throughout the process of setting priorities, developing plans and implementing health education and health promotion activities?	25
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?	25
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?	50
3.2.3	Identify and train spokespersons on public health issues?	0

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?	100
3.3.2	Make sure resources are available for a rapid emergency communication response?	100
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?	75
4.1.2	Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?	50
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?	25
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?	50
4.2.2	Establish a broad-based community health improvement committee?	0
4.2.3	Assess how well community partnerships and strategic alliances are working to improve community health?	0

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?	25
5.1.2	See that the local health department is accredited through the national voluntary accreditation program?	0
5.1.3	Assure that the local health department has enough resources to do its part in providing essential public health services?	25
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?	25
5.2.2	Alert policymakers and the community of the possible public health impacts (both intended and unintended) from current and/or proposed policies?	25

5.2.3	Review existing policies at least every three to five years?	0
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?	25
5.3.2	Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?	25
5.3.3	Connect organizational strategic plans with the Community Health Improvement Plan?	0
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?	75
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?	75
5.4.3	Test the plan through regular drills and revise the plan as needed, at least every two years?	50

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?	50
6.1.3	Review existing public health laws, regulations, and ordinances at least once every five years?	75
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?	75
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?	50
6.2.3	Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?	50
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?	50
6.3.5	Evaluate how well local organizations comply with public health laws?	50

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?	75
7.1.2	Identify all personal health service needs and unmet needs throughout the community?	75
7.1.3	Defines partner roles and responsibilities to respond to the unmet needs of the community?	25
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?	25
7.2.2	Help people access personal health services, in a way that takes into account the unique needs of different populations?	25
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?	0
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?	50
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?	50
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?	25
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?	50
8.4.3	Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?	50
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?	25

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?	25
9.1.4	Use evaluation findings to improve plans and services?	25
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?	25
9.2.2	Compare the quality of personal health services to established guidelines?	25
9.2.3	Measure satisfaction with personal health services?	25
9.2.4	Use technology, like the internet or electronic health records, to improve quality of care?	25
9.2.5	Use evaluation findings to improve services and program delivery?	25
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?	25
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?	0
9.3.3	Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?	25
9.3.4	Use results from the evaluation process to improve the LPHS?	0

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?	50
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?	50
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?	0
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: Qualitative Assessment Data Submitted

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

ESSENTIAL SERVICE 1: Monitor Health Status to Identify Community Health Problems			
STRENGTHS	**WEAKNESSES**	**OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS**	**PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES**
1.1 Model Standard: Population-Based Community Health Assessment (CHA)			
• Hospital does Community Health Assessment every three year w/ office of rural health (last one 2012) (Mostly in Yerington area; objective-to improve community awareness & satisfaction; see what people know and what they felt they needed) – includes mental health • Silver Springs/Stagecoach (2-3 in last 20 years) w/ Office of Rural Health (13 questions—where they go for care, overall health, utilizations & need & barriers); includes mental health • Medical Outreach Response Event reports from health risk survey and client intake survey, Healthy People 2020 reports • Primary providers may be doing assessments (Renown, Carson Tahoe) • YRBS – every other year (middle and high school) MH • County Health Rankings (yearly-national level) • BRFSS – includes mental health • PRC hospital survey for Carson Tahoe – includes mental health • Carson City Health Human Services—focused on just Carson City • Hometown Health survey in Fernley (didn't get a whole lot of response) • Healthy Communities Coalition – assets, developmental survey, social norms done for each community around youth (each community in Lyon, other than Smith Valley), try to bring data together and present to community • Rural Health Report – every other year on odd years • Lahontan Medical Center (rural health) – does annual consumer satisfaction survey; not broad	• Would like to have more participation – (20% sampling of return for Lahonton Medical Center survey); this was a long survey • Some awareness • Superintendent doesn't even know about assessments, so why should teachers or students? • Hard because there are multiple communities that are very different. • So many assessments-it's almost too overwhelming. • We are almost backing into process—we have a feeling, then we go to data • We have no EMS/police regularly participating in any communities regularly; here…no representation from home health; nursing homes—these people are not being represented in the public health system • Some people don't participate in the meeting or some may not even know they are part of the system • What is being provided vs. the perception of what should be provided	• Need a major coordinating entity to pull pieces together • Also needs something for all of Lyon County – not just individual communities • Try to do an assessment as a coalition, but it's not coordinated or comprehensive • Have more opportunities to share this information with the actual consumers so they can become aware of all this information too. • Pull out important information and knowing how to use it.	
1.2 Model Standard: Current Technology to Manage and Communicate Population Health Data			
• Nevada State Health Department – puts out graphs online, presented at Board of Commissioners, presented at Health Communities Coalition and given to providers • Rural Health – excellent graphs; is online	• Gap – schools and community may not be getting Nevada State Health Department data • YRBS – this is not getting presented to students • Individuals may prefer talking to a person instead of seeking information online • May not have the data to show the next steps or process for improvement • Data may be available, but funds may not be present to make changes to the problem • Can't query data • A huge workforce development gap • When your numbers are so small and you are wanting to draw any conclusions from them, one person can skew them easily	• Need to consider your population – internet is not always the best way because they might not have access or might not know how to use it • Validity of the assessment, phrasing the questions can impact the results • Need to understand the assessment and the percentages, what does it all mean? • Use tools such as dashboards	
1.3 Model Standard: Maintenance of Population Health Registries			
• Immunization registry (WebIZ) – NSHD is trying really hard to make it available and aware for all parents and providers • MyHealthyVet – vet can get all data, STDs,Hep. • (Health care organizations are required by law to report these)	• Yes data gets in to these, but is it timely (this is improving though)	• Not entered into the system if taken elsewhere • Pull data out and try to make it applicable	

Essential Service 2: Diagnose and Investigate Health Problems and Health Hazards

ESSENTIAL SERVICE 2: Diagnose and Investigate Health Problems and Health Hazards			
STRENGTHS	**WEAKNESSES**	**OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS**	**PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES**
2.1 Model Standard: Identification and Surveillance of Health Threats			
• Major health issues are helped with CDC; public health officers, emergency responders, and county now communicate better on threats. • In LC public health threats are suppose to go through public health officer • Unfortunately Lyon County works in silos but usually in case of emergency the county comes together and CCHHS steps in to serve Lyon County. • Policies and laws help to protect	• State of Nevada not quite there with surveillance systems. How well do those needed communicate, especially down to local level. • State does bring reports to commissioners on health threats. How well will certain health issues like cancer clusters get attention. • Community health nurses are not acute care or emergency care. • Another glitch is community health nurses need approved overtime to be covered with liability. • Silo problem • Been a 'learn by experience' situation in LC • Lyon County depends on Carson City Health and Human Services for health threats and surveillance. • Paramedics are not trained to give vaccinations and are relied on heavily in the central corridor for health care response • Staff changes at state level can impact coordination at the local level • Local public health officer distant and private providers are not involved	• CCHHS currently has been doing PODs to help community agencies with health preparedness.	
2.2 Model Standard: Investigation and Response to Public Health Threats and Emergencies			
• The emergency preparedness system in LC works well. • Because of LC's emergency management and preparedness staff and system (mandated for counties to have), this model standard has structure and capacity to deal with public health threats and emergencies.	• Communication in and among critical public health players that currently exist somewhat a barrier. • State contracts with CC to help Lyon County like vaccinations. Issue is personnel to deal with this over long periods of time. Resources are so limited. • Public health emergencies responded the same way as responding to disasters and other threats of such. • State and county plans work well with 2.2, however there are some gaps in existing laws. Life threatening outbreaks a little rough. • State bureaucracy often acts as a barrier	LC working on an ordinance for a board of county health	
2.3 Model Standard: Laboratory Support for Investigation of Health Threats			
• Significant: only during public health emergencies, threats and requirements uphold processes and protocols	• issues of out-dated procedures and requirements; LC deals with transportation barriers to get stuff to lab on time with routine specimens, even ones of concern		

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

ESSENTIAL SERVICE 3: Inform, Educate, and Empower People about Health Issues			
STRENGTHS	**WEAKNESSES**	**OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS**	**PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES**
3.1 Model Standard: Health Education and Promotion			
• Healthy Communities Coalition (HCC) – substance abuse, mental health promotion, screenings, email messaging, Stand Tall kids • Lyon County Health Nurses-people who come to clinic; one-on-one and in community, implementation of Medical Outreach Response Event (MORE) by HCC, visit school nurses, media) • School nurses/teachers – kids & parents, one-on-one, newsletters; health classes • Mental Health – nurses do quarterly physical health assessments on patients; in groups • Senior Centers – health education, bulletins, provide meals, physical health activities • Community Chest – Comstock Youth Works program (service learning projects in Dayton/Silver Springs/Yerington) and Cow Bus (immunizations info to parents; 'child find') • WIC – teaching nutrition and activity • Carson City Health Human Services (CCHHS) – education, support, activities through food pantries; etc. etc.; safe routes to school (also in Fernley) • Sherriff – GREAT (making positive, non-risky choices to middle school); car seat fittings; CPR trainings • Churches refer people to services; churches do positive promotion of mental health through youth groups • Hospital District – open house to inform; new EMS crew will be doing blood pressure checks; participated • Reports are given to commissioners, information is trying to get out	• Don't see the public health educating and marketing as it used to be • Presenting information, but not recommending the changes • Good job of informing people, but not really taking the next step to involve them in the process. Notion of shaping policy • No luxury of having a public health district, everyone is scattered, difficult to pull information together	• Missing coordinating, everything done individually. More communication is needed. • Different understanding about how to maintain health	
3.2 Model Standard: Health Communication			
• We are really good at the informal communications piece; • Health Alert Network and list serves • There is a huge amount of trust in the food bank and people are willing to talk to people there; food bank staff are using relationships to communicate • 98% of kids identified a teacher that they can go to get information from • Kids doing a good job spreading information	• List serves not getting out to people • A lot of information but who is the audience and what is the message • Challenge of getting the message to the audience	Brand new health advocates coming on board that are trained by the health division (did MORE surveys, go into food bank, CNA program) Kids do a great job on this (32 tobacco health educators – HS students that teach middle school, who then teach elementary)	
3.3 Model Standard: Risk Communication			
• Has an emergency manager; has an emergency plan; meet on this (maybe not as regularly); have a LEPSY – this is probably the one area where all of these bubbles (LPHS reps) are involved • Strength – state does have a Public Health Preparedness person who just does this for rural Nevada (including Lyon) and this system is tested; employees have to do it • Schools are involved (PODS, etc.)	• Mental health should be included, but are they actually involved. • MHDS is often finding out about these from schools, not the county • Hospital is a part of the plan, but it is not coordinated. • We do a good job because we are good neighbors, not because we have coordinated agreements • Disconnect between first responders and volunteers	• We don't have a coordinated, community wide drill – this is something we are currently missing. • Perform county wide drill at least once a year, We should also be doing this for each community	

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

ESSENTIAL SERVICE 4: Mobilize Community Partnerships to Identify and Solve Health Problems			
STRENGTHS	**WEAKNESSES**	**OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS**	**PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES**
4.1 Model Standard: Constituency Development			
• HCC - MOR event (with partners) • Food pantry (taken on its own role, apart from HCC); task forces in communities • Co-op – leadership, nutrition information • Latter Day Saints church – mobilizing membership to help in problems (such as hunger); has well mobilized membership & resources • Senior Centers – mobilize community partnerships through (nutrition, nutritional health education, socialization, 'no wrong door' aging & disability resource site) • Community health nurses – identify problems (eyes & ears) • School nurses (same as Community Health Nurse) • 4-H, River Wranglers, Boy Scouts, Advisory boards/citizen groups ,Business development community, CCHHS , State of Nevada Mental Health Disability Services • Stronger Economies Together (SET) – for the first time ever, the economic development committee is looking at health (ongoing w/ Northern Nevada Development Authority)			
4.2 Model Standard: Community Partnerships			
• MOR Event • SET event • School Based Health Center conversations • Coop to improve communication • Community Gardens	• Concern – most of positives are in central 'corridor' (Dayton, Silver Springs, Stagecoach communities)– not all of Lyon county • No method of assessing or set up because there is no normal committee to have that function	it is important to make efforts for a school based health center and Healthy Communities Coalition's committees formal in order to actually improve health	

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

ESSENTIAL SERVICE 5: Develop Policies and Plans that Support Individual and Community Health Efforts			
STRENGTHS	**WEAKNESSES**	**OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS**	**PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES**
5.1 Model Standard: Governmental Presence at the Local Level			
• Health issues & Health emergencies: Lyon ,Douglas, Carson, Storey County has done a good job with basic homeland security issues grant money with mass fatality, influenza planning • Legislature and NRS then it goes through the Health Division, some things come down to health and human services. • Local level- has some policy but falls under the federal law. • Environmental health deals with food safety and sanitation in schools and septic system. • Environmental health section does a good job in mandating inspections • Many federal programs are limited to funding. Has to meet specific requirement within the grants. • Provide medical services, but components are fragmented	• County has no authority to deal with health, county will either ignore. Little authority for preventative care because of state. • Big government not trickling fast enough to the local level. They help regulate law and policies, but not enough at the local level. • Huge gap between the federal/state and local level. County has little ability to make change without going to the state legislature. • Many federal programs are limited to funding. Has to meet specific requirement within the grants. • Spread to different programs where there might be only 2 people regulating. • Local policy is driven by financial services • Health division has plans, but the problem is that it is not translated to the local level. • Clear access of who to contact • Plans not being exercised, if they are exercised only doing a small segment. • Path hasn't been laid clearly for staff. • Public push back; Government making changes in the community without community feedback, community responding negatively • Need public buy in for policy culture to be fully effective.	• Local system should work their way up, might be able to institute changes better since they are working closer to the citizens. • If big government trickled down to the local government they would be able to help enforce policy quicker • Support of policy to make the system work together • How can you bend services with the financial situation you are in? How can you use the funding to meet the needs? • Grassroots effort should be evident, but need funding. • Local services translating the plans from the higher level. • Need better Coordination and communication between state and local government • Coordinating information between the state and the county. State not being able to disseminate information. • Sharing of information • Facilitate someone at the local level to facilitate these things.	
5.2 Model Standard: Public Health Policy Development			
• Have a little bit of it at the state health division, but not big enough. It's happening a little but not as much as we would like, especially at the local level where policy could be more influential. Overall the big picture is getting looked at by the legislature, but could be looked at more at the local level. • Coalition is trying to fill the gap between their public health system and through the division/local level.			
5.3 Model Standard: Community Health Improvement Process and Strategic Planning			
• Schools, farms, pantries, coming together. Informal nontraditional entities stepping up and performing community health that are not a formal public health entity	• Health division performs needs assessment and they get input, but a lot of it only gets put into grant making priorities at the local level. Concerns there is too many assessments being conducted and needs to be a way to coordinate applicable assessments • System coming together to identify strategies to improve system , but nothing in place to strategize as a system. • If meetings aren't attended by all members or entities of the system then one wouldn't know what's occurring within the community	• Need an explanation of what system is and how everybody is part of it.	
5.4 Model Standard: Plan for Public Health Emergencies			
• State health division has done a great job in getting plans in place, problem is training people. • All plans are exercised on a frequently basis, not always visible. 1st tier responders • PODS exercise • Trying to get everyone to participate, but may not be reaching out to smaller communities	• Against the law to share emergency plan with people • Difficult when people are moving from different departments. • Limited exercises • Requirements not known • Problem is dealing with the non-disease issues • No one looks at the plan unless its needed, that's why it broken down into sections. • (Its fragmented, and many don't know much about it) • State might have a plan however the plans may not be shared among others. • Many do not know enough about it; however you're not supposed to know about it. • Don't have capacity to do everything.	• Plans are updated and revised, learn and adjust plans. After an exercise, should evaluate to see if it worked. • Organizing services and having volunteers think of how they can help	

Essential Service 6: Enforce Laws and Regulations that Protect Health and Ensure Safety

ESSENTIAL SERVICE 6: Enforce Laws and Regulations that Protect Health and Ensure Safety			
STRENGTHS	**WEAKNESSES**	**OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS**	**PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES**
6.1 Model Standard: Review and Evaluation of Laws, Regulations, and Ordinances			
• State health division • County health officers deal with brothels • Fire department dealing with fire and building codes. • Utilities dealing with the water issues/quality • Animal control (animal shelter in silver springs) • County will go to the various county departments • (HCQC) State Health care Quality and compliance- regulates the following: nursing homes, all lab technicians, man agencies, many entities, group homes, all medical facilities, day care centers, group home for youth, alcohol drug rehab therapies. Addresses any catastrophes. State of Nevada Substance Abuse Prevention Treatment Agency • Nevada Department Environmental Protection takes care of environmental health, hazards for the facilities • State fire Marshall handling hazardous materials, going around to make sure they are not going over capacity • Sheriffs/ high way patrol support regulating seatbelts, drunk drivers, texting while in the car. Address issues such as domestic violence, alcohol compliance check • Counseling regulated • Food code: Supervisor stays on top in food safety, mirrors FDA food code which is revised every 3 years, updated.	• Outdated regulations that were confusing to the licensing, takes a number of years to renew regulations • Stay up to date with laws, but chronic disease is what kills us. No policy around chronic disease. • Public health is a lot more than medical, we do great with building codes and such, but it is expensive • Acute problems would be bad news such as buildings falling apart vs. larger problems such as chronic disease, acute problems that are addressed ultimately saves more lives in some aspect because these are things that people use regularly etc.		
6.2 Model Standard: Involvement in the Improvement of Laws, Regulations, and Ordinances			
• State is proactive about staying up to date • local and state government do a good job of identifying problem and trying to fix it • legislative counselor helps to provide technical assistance • there is an avenue for participation	avenue for participation can be difficult to navigate		
6.3 Model Standard: Enforcement of Laws, Regulations, and Ordinances			
• identified in statute • Statute designates health division or whoever is responsible	• Not enough inspectors to do comprehensive inspections (not enough staffing)		

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

ESSENTIAL SERVICE 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable			
STRENGTHS	**WEAKNESSES**	**OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS**	**PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES**
7.1 Model Standard: Identification of Personal Health Service Needs of Populations			
• Lyon County human services connect clients to medical resources • Community health nurses do the same and do many referrals. Refer patients to: Mental health, crisis pregnancy center, hawk clinic for dental care, UNR medical school for special clinic, Sierra family health, Banner Hospital, Banner Urgent Care, and Renown. • Healthy smiles for children and adults • South line medical center • Tribal Clinics do provide some care to non-natives. Flexible for patients to make payments • Senior Centers provide transportation for senior clients and those over 60 • Mental health services has various programs and provides referrals • Central Lyon Fire district provides services such as: Addressing program- will put address up, car seat program, smoke detector program. Self-pay population, • School district is a major referral system, health nurse and service providers are available for students, along with counselors who support families • Boys and girls club have the resources on hand and are easily accessible for them.	• Gaps in providing women's health, medical care with no money, no Medicaid access an issue • Transportation issues in Silver Springs, Stagecoach getting to Yerington or Reno. • Lahontan Medical Center is very pricy, large sliding scale. • Gap in health and human services where some don't qualify for Medicare or Medicaid so don't receive any services. • No doctors in Dayton, there are PA's but not regular doctor care. • If patients are referred to HAW Clinic for dental, you must have a substantial amount of money to be seen. • HAWC: must have a certain amount of payment to receive care • Co-insurance can be problematic; patients are still paying a lot. • No access point for families, contacting emergency • Need advocates for rape victims • Maintenance of chronic disease or lack of maintenance is a gap • Don't have strong system, informally know who does what, but outside of work circle or immediate work you don't know where to send them. No particular group or way of knowing how information is communicated among the different areas.	• Need a comprehensive way of directing people. Usually one person is referred to someone, and then sent to another person. • Develop local community resource book for all programs/clinics that provide services and give referrals.	
7.2 Model Standard: Assuring the Linkage of People to Personal Health Services			
	• Patients are receiving referrals and professionals/providers are connecting them to other resources, but it's all about the follow up • Lack of capacity in every service, good job linking patients but can't provide services or provide follow up. • Many individuals or "bubbles" (LPHS reps) don't know what services are available. A problem of the system not knowing what other providers are providing. • Does the system know exactly what others are doing in the community? • Community specific: Some communities know more than others. Needs a point of access in the system. Geographic gap. • With every service available, how well do you know where to direct people? Some people part of the system have no clue how to refer or send people • Lack of involvement from other counties, such as Fernley. They may forget they are part of the system. • Decentralize public health system ->Hard to coordinate services between state and local levels. • The problem lies within the system. The system needs someone or needs to identify someone who deals with all aspects of public health, not just someone who focuses on a health issue such as chronic disease.		

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

ESSENTIAL SERVICE 8: Assure a Competent Public and Personal Health Care Workforce			
STRENGTHS	**WEAKNESSES**	**OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS**	**PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES**
8.1 Model Standard: Workforce Assessment, Planning, and Development			
• Regulatory boards that you have to renew your license through. They want to make sure you are keeping current, can't continue if license isn't current. • Grant requirements. Example requirement might include educating staff and training to ensure in compliance with the grant. • Hiring a licensed person, credentials, fingerprinting • WICHE program • CNA program for school district (Lyon County School District) • WNC putting a program for medical records EMR (electronic medical recording) • Culinary Arts Program • School district doing a good job as to creating new pathways for students who don't want to go to college • School district looking at what's available and how they can offer students best education especially if they want to stay in community & be successful • Community Health Advocates sponsored by the Nevada state health division • SET (Strengthening Economies Together) group- recruitment for a • health care professional • Emergency services (Training for volunteers and apprenticeship) • Apprenticeship programs through the volunteer fire departments	• Gap in which the structure can grow • Biggest gap: provider to client ratio • Troubles with reciprocity • Trouble in engaging people to get into the health field		
8.2 Model Standard: Public Health Workforce Standards			
	• People moving from state to state if fired to get a new job		
8.3 Model Standard: Life-Long Learning through Continuing Education, Training, and Mentoring			
8.4 Model Standard: Public Health Leadership Development			
• Fire Department offer Leadership classes at UNR and competitions			

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

ESSENTIAL SERVICE 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services			
STRENGTHS	**WEAKNESSES**	**OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS**	**PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES**
9.1 Model Standard: Evaluation of Population-Based Health Services			
	• No public health authority, very fragmented system and coordinated effort or central authority. • Evaluation occurring in silos • State does minimal and very generic in services. Carson City contracts to provide some services for Lyon County. • Sense of feeling that the Lyon County public health officer is disconnected. • State health present on county health risks. Not sure who evaluates, local government doesn't have mechanism, no reports from local providers and facilities, everything else goes through the state and bypasses local government. Part of the problem is funding, more economic crisis impedes potential to evaluate. Due to budget issues, Lyon County continues to reduce public health services and availability through community health clinics. State monitors mostly. Problems associated with each gap not being coordinated or assessed compounded by fragmented system and lack of communication. Theme of fragments and different agencies do it in isolation. No efforts for a county-wide effort/evaluation. Reports that are received are still in pockets. Rely on being small communities and informal efforts to have an idea		
9.2 Model Standard: Evaluation of Personal Health Services			
• Many local providers like South Lyon Medical Center and Fire Districts have built in evaluations in their systems	Pockets, silos, fragemented efforts for evaluation, and even disjointed services. No centralized system for evaluating		
9.3 Model Standard: Evaluation of the Local Public Health System			
	Lyon County Board of Commissioners act at Board of Health and are not equipped with necessary skills for the task. There is too much reliance on the state to address issues and needs. Challenges getting stakeholders to the table, lack of collaboration, furthering agencies working in silos. Private providers are not and probably don't consider themselves in public health. Another problem with LC is it is looking at regions not one county and one community.	Until this LPHSA process, many agencies in LC didn't know even know how to consider a public health system. What surfaced was an uncoordinated, fragmented, and silo-operations type of system.	

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

ESSENTIAL SERVICE 10: Research for New Insights and Innovative Solutions to Health Problems			
STRENGTHS	**WEAKNESSES**	**OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS**	**PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES**
10.1 Model Standard: Fostering Innovation			
Schools- YRBS HCC MORE Event- consumer level Mapping reveals data gaps Best practices for SBHC are researching other areas Engaged with the integration of databases from Health and Mental Health to portray county level findings. Healthy Communities Coalition takes on the role for the system (with the exception of public preparedness) by staying involved with state and national entities around best practices and research.	Existing research isn't to improve or inform system as much as individual partner organizations. Haven't taken ownership for driving research agenda—it's from external sources.	Opportunity to combine the data to suggest a few areas of research. Create a mindset so that research is integral to any service or new project that we deem important: what can we learn while doing this?	
10.2 Model Standard: Linkage with Institutions of Higher Learning and/or Research			
SAMHSA- CASAT-NHD Have focused on substance abuse/use prevention particularly among youth YRBS- working with NDE to advocate for getting access to the data for coalitions. Partnering is a strength but not necessarily around research	No real independent efforts	Be more proactive about working with universities—not just responding to external requests. Include internships or involve university/college student in all projects, wherever possible.	
10.3 Model Standard: Capacity to Initiate or Participate in Research			
Collaboration with State Health Division to assist in gathering data or look more into it. Have access to TPI for local support on design and implementation around evaluation research. The Healthy Communities Coalition staff have participated in different research studies so they have the capacity to fully participate and facilitate in partnership with others.	More of problem-solving orientation—find resources vs. conduct research. Thinking about their community priorities isn't naturally accompanied by considering research opportunities. There's not a critical mass—it's more on an as needed basis or housed in one or two organizations.	Develop a community-based research agenda to begin moving it out and developing partnerships and resources.	

APPENDIX C: 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