

## NPHPSP Local Public Health System Assessment: Model Standard Descriptions

### LPHS Model Standard 1.1: Population-Based Community Health Profile (CHP)

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

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

To accomplish this, the local public health system (LPHS):

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

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

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

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

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

To accomplish this, the LPHS:

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

### LPHS Model Standard 1.3: Maintenance of Population Health Registries

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

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

To accomplish this, the LPHS:

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

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### LPHS Model Standard 2.1: Identification and Surveillance of Health Threats

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

To accomplish this, the LPHS:

- Participates in integrated state, local and national surveillance system(s) that identify and analyze health problems and threats.
- Collects timely reportable disease information from community health professionals who submit information on possible disease outbreaks.
- Utilizes human and technological resources to support surveillance and investigation activities, including state-of-the-art information technology and communication systems, as well as Masters and/or Doctoral level statistical and epidemiological expertise to assess, investigate, and analyze health threats and health hazards.

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

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

In order to have the capacity to investigate and respond to public health emergencies, the LPHS:

- Maintains written protocols to implement a program of case finding, contact tracing and source identification and containment for communicable diseases or toxic exposures.
- Develops written protocols for the immediate investigation of public health threats and emergencies, including natural and intentional disasters.
- Designates an Emergency Response Coordinator.
- Identifies personnel with the technical expertise to rapidly respond to potential biological, chemical, or radiological public health emergencies.
- Evaluates incidents for effectiveness and opportunities for improvement.

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

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

In order to accomplish this, the LPHS:

- Maintains ready access to laboratories capable of meeting routine diagnostic and surveillance needs.
- Maintains ready access (24 hours-per-day/7 days-per-week) to laboratories capable of supporting investigations of public health threats, hazards, and emergencies.
- Confirms that laboratories are in compliance with regulations and standards through credentialing and licensing agencies.
- Maintains guidelines or protocols to address the handling of laboratory samples, which describe procedures for storing, collecting, labeling, transporting, and delivering laboratory samples, and for determining the chain of custody regarding the handling of these samples, as well as reporting findings.

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### **LPHS Model Standard 3.1: Health Education and Promotion**

The local public health system (LPHS) actively creates, communicates, and delivers health information and health interventions using customer-centered and science-based strategies to protect and promote the health of diverse populations. The LPHS supports its health improvement objectives and responds to public health issues with health education and health promotion initiatives that are based on the best available scientific evidence of effectiveness in helping people make healthy choices throughout their lives. Strong working relations include numerous agencies that are actively engaged in promoting and implementing these activities.

The LPHS designs and implements a wide range of health education and health promotion activities. Health promotion activities include any combination of educational and environmental supports that give individuals, groups, or communities greater control over conditions affecting their health. Health education is the process by which the LPHS conveys information and facilitates the development of health-enhancing skills among individuals and groups in the community. Health education serves to reinforce health promotion messages within the community, ultimately helping to reduce health risk and improve health status.

To accomplish this, the LPHS:

- Provides the public, policymakers, and stakeholders with information on community health status and health needs in the community, as well as information on policies and programs that can improve community health.
- Plans, conducts, and evaluates targeted health education and health promotion activities to develop and enhance knowledge and attitudes and assist in lowering risk or changing negative behaviors.
- Works with other entities within the system on health education and health promotion activities that facilitate healthy living in healthy communities.

### **LPHS Model Standard 3.2: Health Communication**

Health communication encompasses the use of multiple communication strategies to inform and influence individual and community decisions that enhance health. Health communication includes activities related to media campaigns, social marketing, entertainment education, and interactive health communication. Health communication serves to raise awareness of health risks and solutions, support adoption of healthy behavior, and create advocacy for health policies and programs that empower people to adopt healthy lifestyles.

The LPHS utilizes a variety of communication channels, such as interpersonal, small group, organizational, community, and mass media, to reach people in a variety of settings, including home, school, work, and community. The LPHS works collaboratively to identify the best contexts, channels, and content of health messages in their community and to leverage resources for their implementation.

To accomplish this, the LPHS:

- Develops health communication plans addressing media and public relations, as well as guidelines for sharing information among stakeholders.
- Utilizes relationships with media channels (e.g., print, radio, television, Internet) to share health information with general and targeted audiences.
- Identifies and trains spokespersons on public health issues.

### **LPHS Model Standard 3.3: Risk Communication**

Risk communication is the provision of information by public health professionals to allow individual, stakeholders, or an entire community to make the best possible decisions about their well-being in times of crisis or emergency. Risk communication includes pre-event, event and post-event communication planning. The LPHS identifies and analyzes potential risks in order to develop strategic plans for public, media, partner, and stakeholder communication during public health emergencies, including terrorism.

To accomplish this, the LPHS:

- Develops an emergency communications plan to effectively create and disseminate materials for each stage of a crisis according to recognized theories and methods.
- Ensures adequate resources to enable a rapid emergency communications response.
- Provides crisis and emergency communications training for employees and establishes protocols for the dissemination of public information and instructions during a public health emergency.
- Maintains current, accurate 24 hours-per-day, 7 days-per-week contact information and collaborative relations with news media, public information officers (PIOs), and partners.

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### LPHS Model Standard 4.1: Constituency Development

Constituents of the LPHS include all persons and organizations that directly contribute to or benefit from public health. Constituents may include members of the public served by the local public health system (LPHS), the governmental bodies it represents, and other health, environmental, and non-health-related organizations in the community. Constituency development is the process of establishing collaborative relationships among the LPHS and all current and potential stakeholders. As part of constituency development activities, the LPHS develops and operationalizes a communications strategy designed to educate the community about the benefits of public health and the role of the LPHS in improving community health. The LPHS operationalizes the communications strategy through formal and informal community networks, which may include businesses, schools, healthcare organizations, the faith community, and community associations.

For effective constituency development, the LPHS:

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

### LPHS Model Standard 4.2: Community Partnerships

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

Multi-sector partnerships such as community health improvement committees (community committees) exist in some communities as formally constituted bodies (e.g., a community health planning council) while in other communities they are less formal groups. The community committee is a dynamic collaboration designed to be comprehensive and inclusive in its membership and its approach to community health improvement.

To accomplish this, the LPHS:

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

### LPHS Model Standard 5.1: Governmental Presence at the Local Level

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

To accomplish this, the local public health system (LPHS):

- Includes a local governmental public health entity to assure the delivery of the Essential Public Health Services to the community.
- Assures the availability of adequate resources for the local health department's contributions to the provision of Essential Public Health Services.
- Maintains an appropriate relationship with its local governing entity (e.g., local board of health, county commission, state health agency).

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- Coordinates with the state public health system.

### LPHS Model Standard 5.2: Public Health Policy Development

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

The LPHS works with the community to identify policy needs and gaps to develop policies to improve the public’s health. The LPHS promotes the community’s understanding of, and advocacy for, policies to improve health, and serves as a resource to elected officials to establish and maintain public health policies. To assure effective public health policy, the LPHS:

- Contributes to the development and/or modification of public health policy by facilitating community involvement and engaging in activities that inform the policy development process.
- Alerts policymakers and the public of potential public health impacts (both intended and unintended) from current and/or proposed policies.
- Reviews existing policies at least every three to five years.

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

Community health improvement includes traditional public health, environmental health, and health services categories, as well as business, economic, housing, land use, health equity and other community issues affecting the public’s health. The community health improvement process involves an ongoing collaborative, community-wide effort by the LPHS to identify, analyze, and address health problems; assess applicable data; inventory community health assets and resources; identify community perceptions; develop and implement coordinated strategies; develop measurable health objectives and indicators; identify accountable entities; and cultivate community “ownership” of the entire process. The community health improvement process provides the opportunity to develop a community-owned plan that will lead to a healthier community.

The community health improvement process is further strengthened by the organizational strategic planning activities of LPHS members, including the local health department. To effectively leverage community resources and optimize outcomes, organizations within the LPHS make efforts to review and align their organizational strategic plans with the community health improvement process.

To accomplish this, the LPHS:

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

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

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

### LPHS Model Standard 5.4: Plan for Public Health Emergencies

An “All-Hazards” emergency preparedness and response plan describes the roles, functions and responsibilities of LPHS and other entities in the event of one or more types of public health emergencies. LPHS entities, including the local health department, emergency management, law enforcement, fire departments, health care providers, and other partners work collaboratively to formulate emergency response plans and procedures. Careful planning and mobilization of resources and partners prior to an event is crucial to a prompt and effective response. The plan should create an all-hazards response infrastructure, in that it outlines the capacity of the LPHS to respond to all public health emergencies (including natural and intentional incidents and disasters), while taking into account the unique and complex challenges presented by chemical, biological, radiological, nuclear and explosive incidents. These plans describe community interventions necessary to prevent, monitor and control the incident.

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

- Establishes a task force to develop and maintain emergency preparedness and response plans.
- Develops a plan that defines public health disasters and emergencies that might trigger implementation of the LPHS emergency response plan, describes organizational responsibilities, and establishes standard operating procedures and clearly outlines alert and evacuation protocols.
- Tests the plan through the staging of one or more “mock events,” and revises the plan as necessary at least every two years.

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

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

In order to accomplish this, the LPHS:

- Identifies public health issues that can only be addressed through laws, regulations, or ordinances.
- Is knowledgeable about current federal, state, and local laws, regulations, and ordinances that protect the public's health.
- Reviews public health laws, regulations, and ordinances at least once every five years.
- Has access to legal counsel for assistance in the review of laws, regulations, and ordinances.

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

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

In order to accomplish this, the LPHS:

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

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

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

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

- Identifies organizations within the LPHS that have authority to enforce public health laws, regulations, or ordinances.
- Assures that a local governmental public health entity is appropriately empowered through laws and regulations to act in public health emergencies and implement necessary community interventions.
- Assures that all enforcement activities are conducted in accordance with laws, regulations, and ordinances.
- Informs and educates individuals and organizations of the meaning and purpose of public health laws, regulations, and ordinances with which they are required to comply.
- Evaluates the compliance of regulated organizations and entities.

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

The local public health system (LPHS) identifies populations who may encounter barriers to personal health services. Identified barriers may be due to age, lack of education, poverty, culture, race, language, religion, national origin, physical and/or mental disability, or lack of health insurance. In order to ensure equitable access to personal health services, the LPHS has defined and agreed upon roles and responsibilities for the local governmental public health entity, hospitals, managed care plans, and other community health care providers in relation to providing these services.

To accomplish this, the LPHS:

- Identifies populations in the community who may experience barriers to the receipt of personal health

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services.

- Defines personal health service needs for the general population and for those populations who may experience barriers to personal health services. This includes defining specific preventive, curative, and rehabilitative health service needs for the jurisdiction.
- Assesses the extent to which personal health services in the jurisdiction are available and utilized by populations who may encounter barriers to care.

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

The LPHS supports and coordinates partnerships and referral mechanisms among the community's public health, primary care, oral health, social service, and mental health systems to optimize access to needed personal health services. The LPHS seeks to create innovative partnerships with organizations such as libraries, parenting centers, and service organizations, that will help to enhance the effectiveness of LPHS personal health services.

To accomplish this, the LPHS:

- Links populations to personal health services, including populations who may encounter barriers to care.
- Provides assistance in accessing personal health services in a manner that recognizes the diverse needs of unserved and underserved populations.
- Enrolls eligible beneficiaries in state Medicaid or Medical and Prescription Assistance Programs.
- Coordinates the delivery of personal health and social services to optimize access.

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

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

To accomplish this, organizations within the local public health system (LPHS):

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

### LPHS Model Standard 8.2: Public Health Workforce Standards

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

To accomplish this, organizations within the LPHS:

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

Workforce standards are essential for each organization within the local public health system, but are particularly important for the local health department (LHD) where a large concentration of public health professionals exists. To fulfill these important obligations the LHD:

- Develops written job standards and/or position descriptions for all LHD personnel.
- Conducts annual performance evaluations of personnel within the LHD.

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

Continuing education and training include formal and informal educational opportunities. This may en-

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

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

To accomplish this, organizations within the LPHS:

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

### LPHS Model Standard 8.4: Public Health Leadership Development

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

To accomplish this, the organizations within the LPHS:

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

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

The local public health system (LPHS) regularly evaluates the accessibility, quality, and effectiveness of population-based health services (e.g., injury prevention, physical activity, immunizations) and progress towards program goals. The LPHS has established performance criteria, or used externally established performance criteria (e.g., Healthy People 2010 objectives or The Guide to Community Preventive Services), to evaluate specific indicators for population-based services. The evaluation of population-based health services is built on the analysis of health status, service utilization, and community satisfaction data to assess program effectiveness and to provide information to allocate resources and reshape programs.

To accomplish this, the LPHS:

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

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services and programs.

### LPHS Model Standard 9.2: Evaluation of Personal Health Services

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

To accomplish this, organizations within the LPHS:

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

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

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

To accomplish this, the LPHS:

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

### LPHS Model Standard 10.1: Fostering Innovation

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

To accomplish this, organizations within the LPHS:

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

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

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

To accomplish this, the LPHS:

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- Develops relationships with these institutions that range from patterns of consultation to formal and informal affiliations.
- Partners with institutions of higher learning or research to conduct research activities related to the public's health, including community-based participatory research.
- Encourages collaboration between the academic/research and practice communities, including field training experiences and continuing education opportunities.

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

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

The capacity to initiate or participate in timely epidemiological, policy, and health systems research begins with ready access to researchers with the knowledge and skill to design and conduct research in those areas. This capacity also includes the availability of resources, such as a technical library, on-line services, and information technology. Capacity also includes facilities for analyses, and the ability to disseminate and apply research findings to improve public health practice.

To accomplish this, the LPHS:

- Includes or has access to researchers with the knowledge and skill to design and conduct health-related studies.
- Ensures the availability of resources (e.g., databases, information technology) to facilitate research.
- Disseminates research findings to public health colleagues and others (e.g., publication in journals, websites).
- Evaluates the development, implementation, and impact of LPHS research efforts on public health practice.