FLORIDA
DEPARTMENT OF HEALTH

in Okaloosa County

Local Public Health System Assessment
2011

Florida HEALTH
Okaloosa County

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The National Public Health Performance Standards Program

Local Public Health System Performance Assessment
Report of Results

A. The NPHPSP Report of Results

I. INTRODUCTION

The National Public Health Performance Standards Program (NPHPSP) assessments are intended to help users answer questions such as "What are the activities and capacities of our public health system?" and "How well are we providing the Essential Public Health Services in our jurisdiction?" The dialogue that occurs in answering these questions can help to identify strengths and weaknesses and determine opportunities for improvement.

The NPHPSP is a partnership effort to improve the practice of public health and the performance of public health systems. The NPHPSP 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 NPHPSP is a collaborative effort of seven national partners:

- Centers for Disease Control and Prevention, Office of Chief of Public Health Practice (CDC/OCPHP)
- American Public Health Association (APHA)
- Association of State and Territorial Health Officials (ASTHO)
- National Association of County and City Health Officials (NACCHO)
- National Association of Local Boards of Health (NALBOH)
- National Network of Public Health Institutes (NNPHI)
- Public Health Foundation (PHF)

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
- Local Public Health Governance Performance Assessment Instrument.

This report provides a summary of results from the NPHPSP Local Public Health System Assessment (OMB Control number 0920-0555, expiration date: August 31, 2013). The report, including the charts, graphs, and scores, are intended to help sites gain a good understanding of their performance and move on to the next step in strengthening their public system.

II. ABOUT THE REPORT

Calculating the scores

The NPHPSP assessment instruments are constructed using the Essential Public Health Services (EPHS) as a framework. Within the Local Instrument, each EPHS 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 should indicate how well the model standard - which portrays the highest level of performance or "gold standard" - is being met.

Sites responded to assessment questions using the following response options below. These same categories are used in this report to characterize levels of activity for Essential Services and model standards.

NO ACTIVITY	0% or absolutely no activity.
MINIMAL ACTIVITY	Greater than zero, but no more than 25% of the activity described within the question is met.
MODERATE ACTIVITY	Greater than 25%, but no more than 50% of the activity described within the question is met.
SIGNIFICANT ACTIVITY	Greater than 50%, but no more than 75% of the activity described within the question is met.
OPTIMAL ACTIVITY	Greater than 75% of the activity described within the question is met.

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 score. The scoring methodology is available from CDC or can be accessed on-line at http://www.cdc.gov/nphpsp/conducting.html.

Understanding data limitations

Respondents to the self-assessment should understand what the performance scores represent and potential data limitations. All performance scores are a composite; stem question scores represent a composite of the stem question and subquestion responses; model standard scores are a composite of the question scores within that area, and so on. 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 can be minimized through the use of particular assessment methods. Additionally, while certain assessment methods are recommended, processes can 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.

Because of the limitations noted, the results and recommendations associated with these reported data should be used for quality improvement purposes. More specifically, results should be utilized for guiding an overall public health infrastructure and performance improvement process for the public health system. These data represent the collective performance of all organizational participants in the assessment of the local public health system. The data and results should not be interpreted to reflect the capacity or performance of any single agency or organization.

Presentation of results

The NPHPSP has attempted to present results - through a variety of figures and tables - in a user-friendly and clear manner. Results are presented in a Microsoft Word document, which allows users to easily copy and paste or edit the report for their own customized purposes. Original responses to all questions are also available.

For ease of use, many figures in 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 choose to complete two optional questionnaires - one which asks about priority of each model standard and the second which assesses the local health department's contribution to achieving the model standard. Sites that submit responses for these questionnaires will see the results included as an additional component of their reports. Recipients of the priority results section may find that the scatter plot figures include data points that overlap. This is unavoidable when presenting results that represent similar data; in these cases, sites may find that the table listing of results will more clearly show the results found in each quadrant.

III. TIPS FOR INTERPRETING AND USING NPHPSP ASSESSMENT RESULTS

The use of these results by respondents to strengthen the public health system is the most important part of the performance improvement process that the NPHPSP is intended to promote. Report data may be used to identify strengths and weaknesses within the local public health system and pinpoint areas of performance that need improvement. The NPHPSP User Guide describes steps for using these results to develop and implement public health system performance improvement plans. Implementation of these plans is critical to achieving a higher performing public health system. Suggested steps in developing such improvement plans are:

1. Organize Participation for Performance Improvement
2. Prioritize Areas for Action
3. Explore "Root Causes" of Performance Problems
4. Develop and Implement Improvement Plans
5. Regularly Monitor and Report Progress

Refer to the User Guide section, "After We Complete the Assessment, What Next?" for details on the above steps.

Assessment results represent the collective performance of all entities in the local public health system and not any one organization. Therefore, system partners should be involved in the discussion of results and improvement strategies to assure that this information is appropriately used. The assessment results can drive improvement planning within each organization as well as system-wide. In addition, coordinated use of the Local Instrument with the Governance Instrument or state-wide use of the Local Instrument can lead to more successful and comprehensive improvement plans to address more systemic statewide issues.

Although respondents will ultimately want to review these results with stakeholders in the context of their overall performance improvement process, they may initially find it helpful to review the results either individually or in a small group. The following tips may be helpful when initially reviewing the results, or preparing to present the results to performance improvement stakeholders.

Examine performance scores

First, sites should take a look at the overall or composite performance scores for Essential Services and model standards. These scores are presented visually in order by Essential Service (Figure 1) and in ascending order (Figure 2). Additionally, Figure 3 uses color designations to indicate performance level categories. Examination of these scores can immediately give a sense of the local public health system's greatest strengths and weaknesses.

Review the range of scores within each Essential Service and model standard

The Essential Service score is an average of the model standard scores within that service, and, in turn, the model standard scores represent the average of stem question scores for that standard. If there is great range or difference in scores, focusing attention on the model standard(s) or questions with the lower scores will help to identify where performance inconsistency or weakness may be. Some figures, such as the bar charts in Figure 4, provide "range bars" which indicate the variation in scores. Looking for long range bars will help to easily identify these opportunities.

Also, refer back to the original question responses to determine where weaknesses or inconsistencies in performance may be occurring. By examining the assessment questions, including the subquestions and discussion toolbox items, participants will be reminded of particular areas of concern that may most need attention.

Consider the context

The NPHPSP User Guide and other technical assistance resources strongly encourage responding jurisdictions to gather and record qualitative input from participants throughout the assessment process. Such information can include insights that shaped group responses, gaps that were uncovered, solutions to identified problems, and impressions or early ideas for improving system performance. This information should have emerged from the general discussion of the model standards and assessment questions, as well as the responses to discussion toolbox topics.

The results viewed in this report should be considered within the context of this qualitative information, as well as with other information. The assessment report, by itself, is not intended to be the sole "roadmap" to answer the question of what a local public health system's performance improvement priorities should be. The original purpose of the assessment, current issues being addressed by the community, and the needs and interests for all stakeholders should be considered.

Some sites have used a process such as Mobilizing for Action through Planning and Partnerships (MAPP) to address their NPHPSP data within the context of other community issues. In the MAPP process, local users consider the NPHPSP results in addition to three other assessments - community health status, community themes and strengths, and forces of change - before determining strategic issues, setting priorities, and developing action plans. See "Resources for Next Steps" for more about MAPP.

Use the optional priority rating and agency contribution questionnaire results

Sites may choose to complete two optional questionnaires - one which asks about priority of each model standard and the second which assesses the local health department's contribution to achieving of the model standard. The supplemental priority questionnaire, which asks about the priority of each model standard to the public health system, should guide sites in considering their performance scores in relationship to their own system's priorities. The use of this questionnaire can guide sites in targeting their limited attention and resources to areas of high priority but low performance. This information should serve to catalyze or strengthen the performance improvement activities resulting from the assessment process.

The second questionnaire, which asks about the contribution of the public health agency to each model standard, can assist sites in considering the role of the agency in performance improvement efforts. Sites that use this component will see a list of questions to consider regarding the agency role and as it relates to the results for each model standard. These results may assist the local health department in its own strategic planning and quality improvement activities.

IV. FINAL REMARKS

The challenge of preventing illness and improving health is ongoing and complex. The ability to meet this challenge rests on the capacity and performance of public health systems. Through well equipped, high-performing public health systems, this challenge can be addressed. Public health performance standards are intended to guide the development of stronger public health systems capable of improving the health of populations. The development of high-performing public health systems will increase the likelihood that all citizens have access to a defined optimal level of public health services. Through periodic assessment guided by model performance standards, public health leaders can improve collaboration and integration among the many components of a public health system, and more effectively and efficiently use resources while improving health intervention services.

B. Performance Assessment Instrument Results

I. How well did the system perform the ten Essential Public Health Services (EPHS)?

Table 1: Summary of performance scores by Essential Public Health Service (EPHS)

EPHS		Score
1	Monitor Health Status To Identify Community Health Problems	87
2	Diagnose And Investigate Health Problems and Health Hazards	97
3	Inform, Educate, And Empower People about Health Issues	71
4	Mobilize Community Partnerships to Identify and Solve Health Problems	68
5	Develop Policies and Plans that Support Individual and Community Health Efforts	64
6	Enforce Laws and Regulations that Protect Health and Ensure Safety	82
7	Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	61
8	Assure a Competent Public and Personal Health Care Workforce	83
9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	48
10	Research for New Insights and Innovative Solutions to Health Problems	92
Overall Performance Score		75

Figure 1: Summary of EPHS performance scores and overall score (with range)

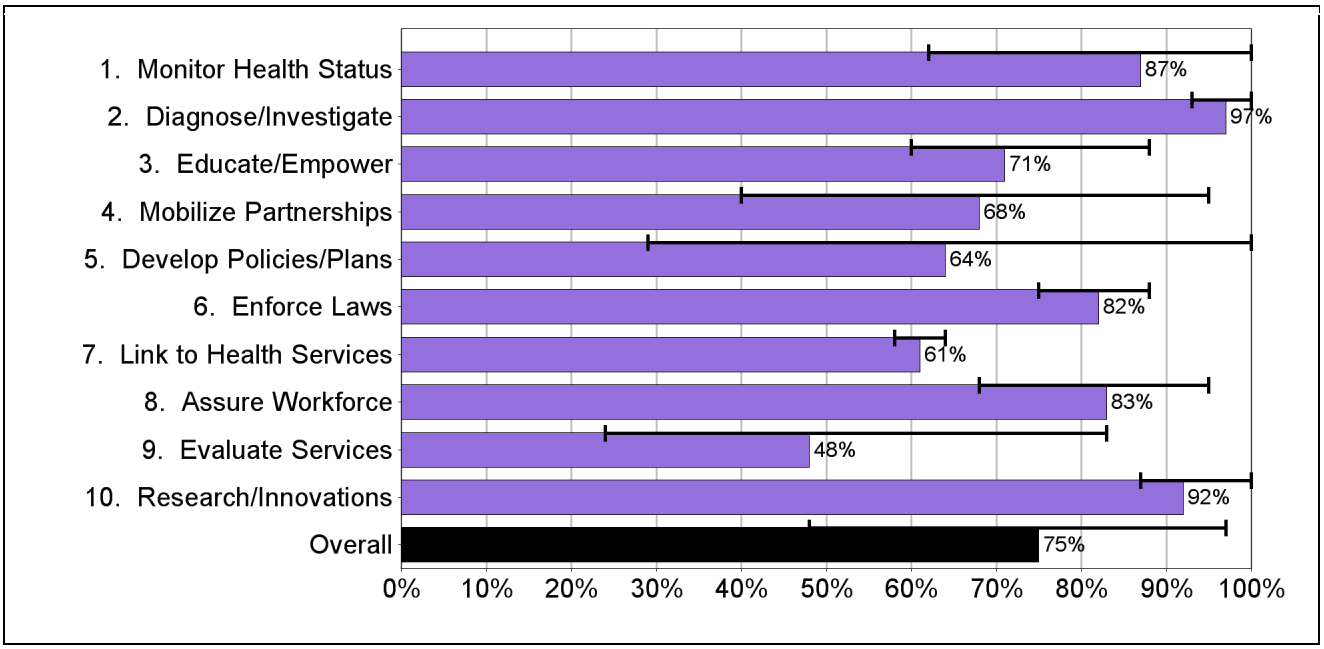


Table 1 (above) provides a quick overview of the system's performance in each of the 10 Essential Public Health Services (EPHS). Each EPHS score is a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels).

Figure 1 (above) displays performance scores for each Essential Service along with an overall score that indicates the average performance level across all 10 Essential Services. The range bars show the minimum and maximum values of responses within the Essential Service and an overall score. Areas of wide range may warrant a closer look in **Figure 4** or the raw data.

Figure 2: Rank ordered performance scores for each Essential Service

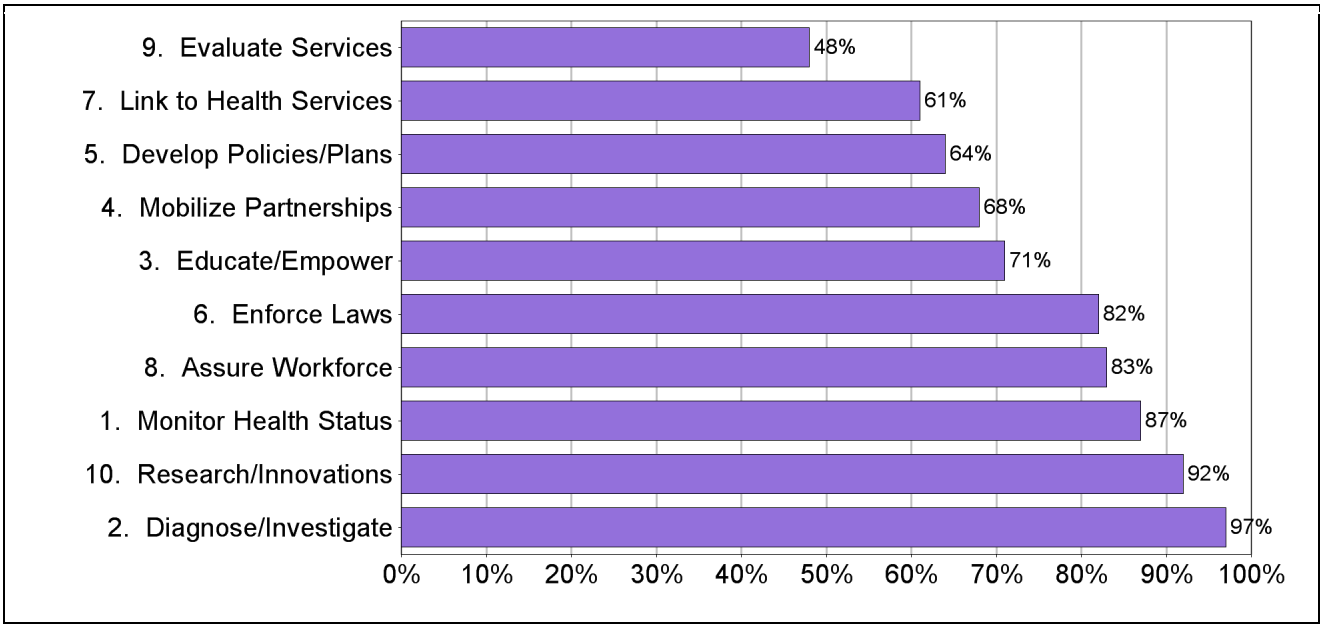


Figure 3: Rank ordered performance scores for each Essential Service, by level of activity

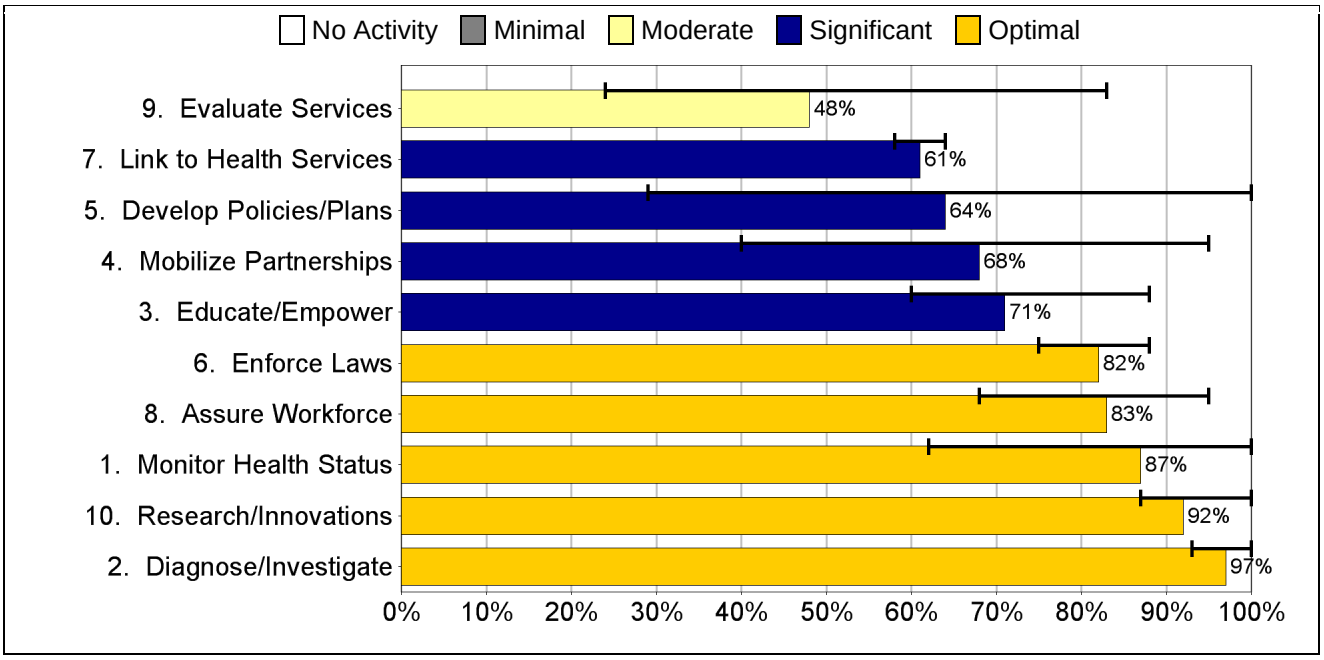


Figure 2 (above) displays each composite score from low to high, allowing easy identification of service domains where performance is relatively strong or weak.

Figure 3 (above) provides a composite picture of the previous two graphs. The range lines show the range of responses within an Essential Service. The color coded bars make it easier to identify which of the Essential Services fall in the five categories of performance activity.

Figure 4 (next page) shows scores for each model standard. Sites can use these graphs to pinpoint specific activities within the Essential Service that may need a closer look. Note these scores also have range bars, showing sub-areas that comprise the model standard.

II. How well did the system perform on specific model standards?

Figure 4: Performance scores for each model standard, by Essential Service

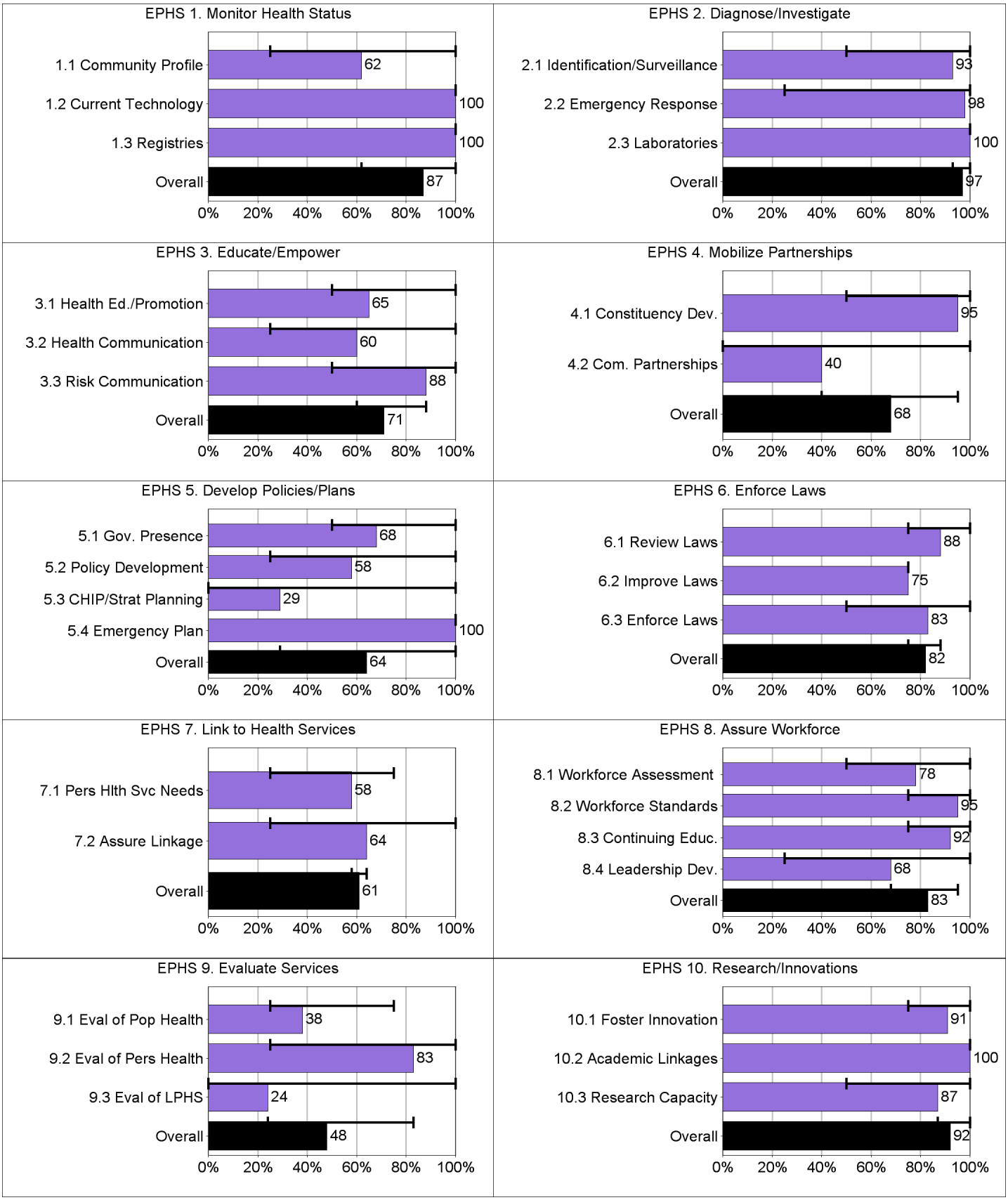


Table 2: Summary of performance scores by Essential Public Health Service (EPHS) and model standard

Essential Public Health Service	Score
EPHS 1. Monitor Health Status To Identify Community Health Problems	87
1.1 Population-Based Community Health Profile (CHP)	62
1.1.1 Community health assessment	78
1.1.2 Community health profile (CHP)	59
1.1.3 Community-wide use of community health assessment or CHP data	50
1.2 Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data	100
1.2.1 State-of-the-art technology to support health profile databases	100
1.2.2 Access to geocoded health data	100
1.2.3 Use of computer-generated graphics	100
1.3 Maintenance of Population Health Registries	100
1.3.1 Maintenance of and/or contribution to population health registries	100
1.3.2 Use of information from population health registries	100
EPHS 2. Diagnose And Investigate Health Problems and Health Hazards	97
2.1 Identification and Surveillance of Health Threats	93
2.1.1 Surveillance system(s) to monitor health problems and identify health threats	79
2.1.2 Submission of reportable disease information in a timely manner	100
2.1.3 Resources to support surveillance and investigation activities	100
2.2 Investigation and Response to Public Health Threats and Emergencies	98
2.2.1 Written protocols for case finding, contact tracing, source identification, and containment	92
2.2.2 Current epidemiological case investigation protocols	100
2.2.3 Designated Emergency Response Coordinator	100
2.2.4 Rapid response of personnel in emergency / disasters	100
2.2.5 Evaluation of public health emergency response	100
2.3 Laboratory Support for Investigation of Health Threats	100
2.3.1 Ready access to laboratories for routine diagnostic and surveillance needs	100
2.3.2 Ready access to laboratories for public health threats, hazards, and emergencies	100
2.3.3 Licenses and/or credentialed laboratories	100
2.3.4 Maintenance of guidelines or protocols for handling laboratory samples	100
EPHS 3. Inform, Educate, And Empower People about Health Issues	71
3.1 Health Education and Promotion	65
3.1.1 Provision of community health information	56
3.1.2 Health education and/or health promotion campaigns	90
3.1.3 Collaboration on health communication plans	50
3.2 Health Communication	60
3.2.1 Development of health communication plans	25
3.2.2 Relationships with media	79
3.2.3 Designation of public information officers	75
3.3 Risk Communication	88
3.3.1 Emergency communications plan(s)	100
3.3.2 Resources for rapid communications response	100
3.3.3 Crisis and emergency communications training	75
3.3.4 Policies and procedures for public information officer response	75

Essential Public Health Service	Score
EPHS 4. Mobilize Community Partnerships to Identify and Solve Health Problems	68
4.1 Constituency Development	95
4.1.1 Identification of key constituents or stakeholders	100
4.1.2 Participation of constituents in improving community health	81
4.1.3 Directory of organizations that comprise the LPHS	100
4.1.4 Communications strategies to build awareness of public health	100
4.2 Community Partnerships	40
4.2.1 Partnerships for public health improvement activities	96
4.2.2 Community health improvement committee	0
4.2.3 Review of community partnerships and strategic alliances	25
EPHS 5. Develop Policies and Plans that Support Individual and Community Health Efforts	64
5.1 Government Presence at the Local Level	68
5.1.1 Governmental local public health presence	75
5.1.2 Resources for the local health department	80
5.1.3 Local board of health or other governing entity (not scored)	0
5.1.4 LHD work with the state public health agency and other state partners	50
5.2 Public Health Policy Development	58
5.2.1 Contribution to development of public health policies	75
5.2.2 Alert policymakers/public of public health impacts from policies	75
5.2.3 Review of public health policies	25
5.3 Community Health Improvement Process	29
5.3.1 Community health improvement process	24
5.3.2 Strategies to address community health objectives	0
5.3.3 Local health department (LHD) strategic planning process	63
5.4 Plan for Public Health Emergencies	100
5.4.1 Community task force or coalition for emergency preparedness and response plans	100
5.4.2 All-hazards emergency preparedness and response plan	100
5.4.3 Review and revision of the all-hazards plan	100
EPHS 6. Enforce Laws and Regulations that Protect Health and Ensure Safety	82
6.1 Review and Evaluate Laws, Regulations, and Ordinances	88
6.1.1 Identification of public health issues to be addressed through laws, regulations, and ordinances	75
6.1.2 Knowledge of laws, regulations, and ordinances	100
6.1.3 Review of laws, regulations, and ordinances	78
6.1.4 Access to legal counsel	100
6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances	75
6.2.1 Identification of public health issues not addressed through existing laws	75
6.2.2 Development or modification of laws for public health issues	75
6.2.3 Technical assistance for drafting proposed legislation, regulations, or ordinances	75
6.3 Enforce Laws, Regulations and Ordinances	83
6.3.1 Authority to enforce laws, regulation, ordinances	88
6.3.2 Public health emergency powers	100
6.3.3 Enforcement in accordance with applicable laws, regulations, and ordinances	71
6.3.4 Provision of information about compliance	75
6.3.5 Assessment of compliance	83

Essential Public Health Service	Score
EPHS 7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	61
7.1 Identification of Populations with Barriers to Personal Health Services	58
7.1.1 Identification of populations who experience barriers to care	75
7.1.2 Identification of personal health service needs of populations	75
7.1.3 Assessment of personal health services available to populations who experience barriers to care	25
7.2 Assuring the Linkage of People to Personal Health Services	64
7.2.1 Link populations to needed personal health services	75
7.2.2 Assistance to vulnerable populations in accessing needed health services	29
7.2.3 Initiatives for enrolling eligible individuals in public benefit programs	100
7.2.4 Coordination of personal health and social services	50
EPHS 8. Assure a Competent Public and Personal Health Care Workforce	83
8.1 Workforce Assessment Planning, and Development	78
8.1.1 Assessment of the LPHS workforce	75
8.1.2 Identification of shortfalls and/or gaps within the LPHS workforce	64
8.1.3 Dissemination of results of the workforce assessment / gap analysis	94
8.2 Public Health Workforce Standards	95
8.2.1 Awareness of guidelines and/or licensure/certification requirements	100
8.2.2 Written job standards and/or position descriptions	100
8.2.3 Annual performance evaluations	100
8.2.4 LHD written job standards and/or position descriptions	100
8.2.5 LHD performance evaluations	75
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	92
8.3.1 Identification of education and training needs for workforce development	93
8.3.2 Opportunities for developing core public health competencies	88
8.3.3 Educational and training incentives	88
8.3.4 Interaction between personnel from LPHS and academic organizations	100
8.4 Public Health Leadership Development	68
8.4.1 Development of leadership skills	84
8.4.2 Collaborative leadership	75
8.4.3 Leadership opportunities for individuals and/or organizations	75
8.4.4 Recruitment and retention of new and diverse leaders	38

Essential Public Health Service	Score
EPHS 9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	48
9.1 Evaluation of Population-based Health Services	38
9.1.1 Evaluation of population-based health services	75
9.1.2 Assessment of community satisfaction with population-based health services	25
9.1.3 Identification of gaps in the provision of population-based health services	25
9.1.4 Use of population-based health services evaluation	25
9.2 Evaluation of Personal Health Care Services	83
9.2.1.In Personal health services evaluation	100
9.2.2 Evaluation of personal health services against established standards	100
9.2.3 Assessment of client satisfaction with personal health services	100
9.2.4 Information technology to assure quality of personal health services	38
9.2.5 Use of personal health services evaluation	75
9.3 Evaluation of the Local Public Health System	24
9.3.1 Identification of community organizations or entities that contribute to the EPHS	25
9.3.2 Periodic evaluation of LPHS	50
9.3.3 Evaluation of partnership within the LPHS	21
9.3.4 Use of LPHS evaluation to guide community health improvements	0
EPHS 10. Research for New Insights and Innovative Solutions to Health Problems	92
10.1 Fostering Innovation	91
10.1.1 Encouragement of new solutions to health problems	88
10.1.2 Proposal of public health issues for inclusion in research agenda	75
10.1.3 Identification and monitoring of best practices	100
10.1.4 Encouragement of community participation in research	100
10.2 Linkage with Institutions of Higher Learning and/or Research	100
10.2.1 Relationships with institutions of higher learning and/or research organizations	100
10.2.2 Partnerships to conduct research	100
10.2.3 Collaboration between the academic and practice communities	100
10.3 Capacity to Initiate or Participate in Research	87
10.3.1 Access to researchers	100
10.3.2 Access to resources to facilitate research	100
10.3.3 Dissemination of research findings	75
10.3.4 Evaluation of research activities	72

III. Overall, how well is the system achieving optimal activity levels?

Figure 5: Percentage of Essential Services scored in each level of activity

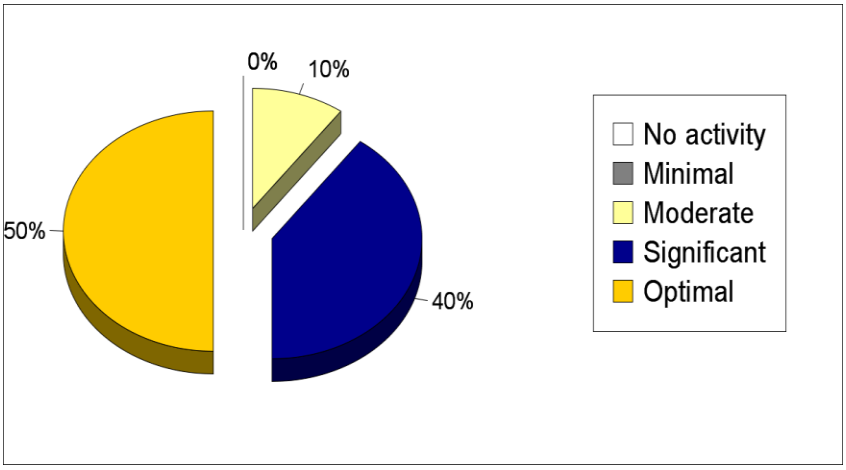


Figure 5 displays the percentage of the system's Essential Services scores that fall within the five activity categories. This chart provides the site with a high level snapshot of the information found in **Figure 3**.

Figure 6: Percentage of model standards scored in each level of activity

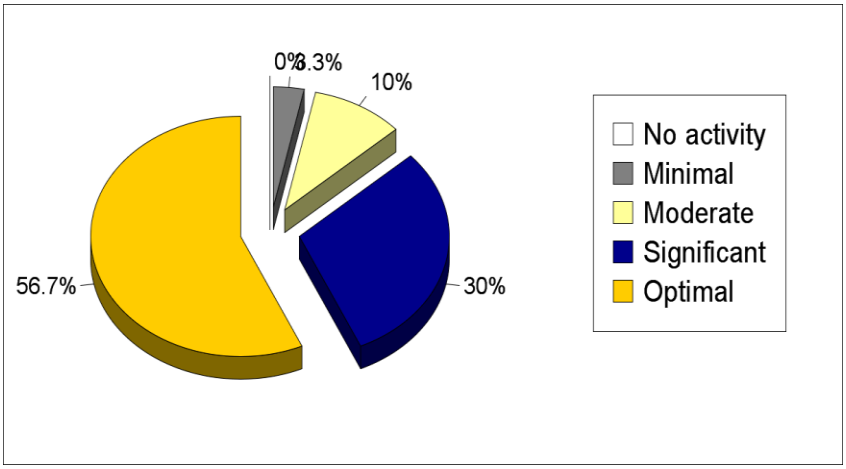


Figure 6 displays the percentage of the system's model standard scores that fall within the five activity categories.

Figure 7: Percentage of all questions scored in each level of activity

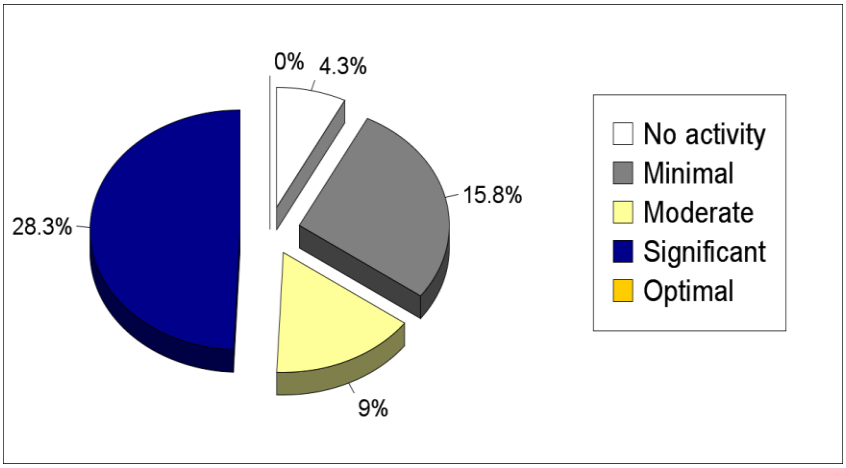


Figure 7 displays the percentage of all scored questions that fall within the five activity categories. This breakdown provides a closer snapshot of the system's performance, showing variation that may be masked by the scores in **Figures 5** and **6**.

C. Optional Priority Rating Results

What are potential areas for attention, based on the priority ratings and performance scores?

Tables 3 and **4** show priority ratings (as rated by participants on a 1-10 scale, with 10 being the highest) and performance scores for Essential Services and model standards, arranged under the four quadrants in **Figures 8** and **9**, which follow the tables. The four quadrants, which are based on how the performance of each Essential Service and/or model standard compares with the priority rating, should provide guidance in considering areas for attention and next steps for performance improvement.

Table 3: Essential Service by priority rating and performance score, with areas for attention

Essential Service	Priority Rating	Performance Score (level of activity)
Quadrant I (High Priority/Low Performance) - These important activities may need increased attention.		
3. Inform, Educate, And Empower People about Health Issues	9	71 (Significant)
4. Mobilize Community Partnerships to Identify and Solve Health Problems	9	68 (Significant)
7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	9	61 (Significant)
9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	9	48 (Moderate)
Quadrant II (High Priority/High Performance) - These activities are being done well, and it is important to maintain efforts.		
1. Monitor Health Status To Identify Community Health Problems	9	87 (Optimal)
2. Diagnose And Investigate Health Problems and Health Hazards	10	97 (Optimal)
Quadrant III (Low Priority/High Performance) - These activities are being done well, but the system can shift or reduce some resources or attention to focus on higher priority activities.		
6. Enforce Laws and Regulations that Protect Health and Ensure Safety	7	82 (Optimal)
8. Assure a Competent Public and Personal Health Care Workforce	7	83 (Optimal)
10. Research for New Insights and Innovative Solutions to Health Problems	8	92 (Optimal)
Quadrant IV (Low Priority/Low Performance) - These activities could be improved, but are of low priority. They may need little or no attention at this time.		
5. Develop Policies and Plans that Support Individual and Community Health Efforts	8	64 (Significant)

Table 4: Model standards by priority and performance score, with areas for attention

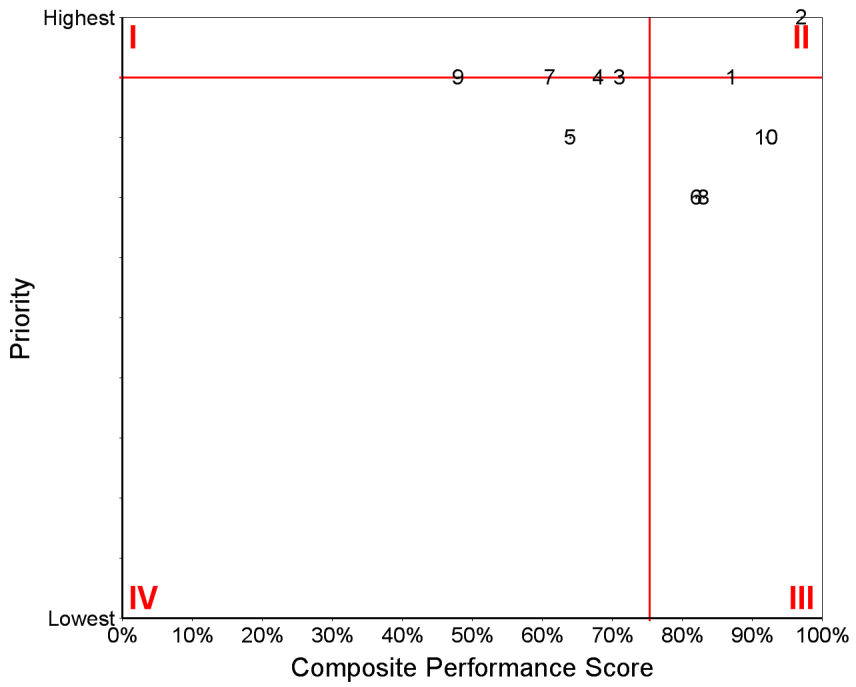
Model Standard	Priority Rating	Performance Score (level of activity)
Quadrant I (High Priority/Low Performance) - These important activities may need increased attention.		
1.1 Population-Based Community Health Profile (CHP)	9	62 (Significant)
3.1 Health Education and Promotion	9	65 (Significant)
3.2 Health Communication	9	60 (Significant)
4.2 Community Partnerships	10	40 (Moderate)
5.1 Government Presence at the Local Level	9	68 (Significant)
7.1 Identification of Populations with Barriers to Personal Health Services	9	58 (Significant)
7.2 Assuring the Linkage of People to Personal Health Services	9	64 (Significant)
9.1 Evaluation of Population-based Health Services	9	38 (Moderate)
9.3 Evaluation of the Local Public Health System	9	24 (Minimal)
Quadrant II (High Priority/High Performance) - These activities are being done well, and it is important to maintain efforts.		
1.2 Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data	9	100 (Optimal)
1.3 Maintenance of Population Health Registries	9	100 (Optimal)
2.1 Identification and Surveillance of Health Threats	10	93 (Optimal)
2.2 Investigation and Response to Public Health Threats and Emergencies	10	98 (Optimal)
2.3 Laboratory Support for Investigation of Health Threats	10	100 (Optimal)
3.3 Risk Communication	10	88 (Optimal)
5.4 Plan for Public Health Emergencies	9	100 (Optimal)
9.2 Evaluation of Personal Health Care Services	9	83 (Optimal)
10.1 Fostering Innovation	9	91 (Optimal)
Quadrant III (Low Priority/High Performance) - These activities are being done well, but the system can shift or reduce some resources or attention to focus on higher priority activities.		
4.1 Constituency Development	8	95 (Optimal)
6.1 Review and Evaluate Laws, Regulations, and Ordinances	6	88 (Optimal)
6.3 Enforce Laws, Regulations and Ordinances	8	83 (Optimal)
8.1 Workforce Assessment Planning, and Development	8	78 (Optimal)
8.2 Public Health Workforce Standards	6	95 (Optimal)
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	6	92 (Optimal)
10.2 Linkage with Institutions of Higher Learning and/or Research	8	100 (Optimal)
10.3 Capacity to Initiate or Participate in Research	6	87 (Optimal)
Quadrant IV (Low Priority/Low Performance) - These activities could be improved, but are of low priority. They may need little or no attention at this time.		
5.2 Public Health Policy Development	7	58 (Significant)
5.3 Community Health Improvement Process	8	29 (Moderate)
6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances	7	75 (Significant)
8.4 Public Health Leadership Development	6	68 (Significant)

Figures 8 and **9** (below) display Essential Services and model standards data within the following four categories using adjusted priority rating data:

Quadrant I (High Priority/Low Performance) - These important activities may need increased attention.
Quadrant II (High Priority/High Performance) - These activities are being done well, and it is important to maintain efforts.
Quadrant III (Low Priority/High Performance) - These activities are being done well, but the system can shift or reduce some resources or attention to focus on higher priority activities.
Quadrant IV (Low Priority/Low Performance) - These activities could be improved, but are of low priority. They may need little or no attention at this time.

The priority data are calculated based on the percentage standard deviation from the mean. Performance scores above the median value are displayed in the "high" performance quadrants. All other levels are displayed in the "low" performance quadrants. Essential Service data are calculated as a mean of model standard ratings within each Essential Service. In cases where performance scores and priority ratings are identical or very close, the numbers in these figures may overlap. To distinguish any overlapping numbers, please refer to the raw data or Table 4.

Figure 8: Scatter plot of Essential Service scores and priority ratings



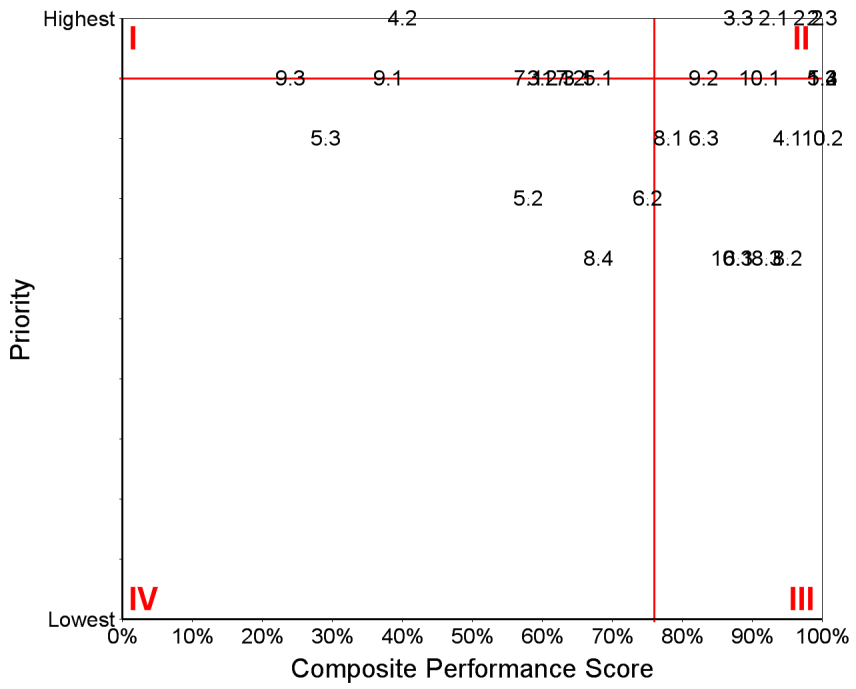
I (High Priority/Low Performance) - may need increased attention.

II (High Priority/High Performance) - important to maintain efforts.

III (Low Priority/High Performance) - potential areas to reduce efforts.

IV (Low Priority/Low Performance) - may need little or no attention.

Figure 9: Scatter plot of model standards scores and priority ratings



I (High Priority/Low Performance) - may need increased attention.

II (High Priority/High Performance) - important to maintain efforts.

III (Low Priority/High Performance) - potential areas to reduce efforts.

IV (Low Priority/Low Performance) - may need little or no attention.

D. Optional agency contribution results

How much does the Local Health Department contribute to the system's performance, as perceived by assessment participants?

Tables 5 and **6** (below) display Essential Services and model standards arranged by Local Health Department (LHD) contribution (Highest to Lowest) and performance score. Sites may want to consider the questions listed before these tables to further examine the relationship between the system and Department in achieving Essential Services and model standards. Questions to consider are suggested based on the four categories or "quadrants" displayed in **Figures 10** and **11**.

Quadrant		Questions to Consider
I.	**Low Performance/High Department Contribution**	• Is the Department's level of effort truly high, or do they just do more than anyone else? • Is the Department effective at what it does, and does it focus on the right things? • Is the level of Department effort sufficient for the jurisdiction's needs? • Should partners be doing more, or doing different things? • What else within or outside of the Department might be causing low performance?
II.	**High Performance/High Department Contribution**	• What does the Department do that may contribute to high performance in this area? Could any of these strategies be applied to other areas? • Is the high Department contribution appropriate, or is the Department taking on what should be partner responsibilities? • Could the Department do less and maintain satisfactory performance?
III.	**High Performance/Low Department Contribution**	• Who are the key partners that contribute to this area? What do they do that may contribute to high performance? Could any of these strategies be applied to other areas? • Does the low Department contribution seem right for this area, or are partners picking up slack for Department responsibilities? • Does the Department provide needed support for partner efforts? • Could the key partners do less and maintain satisfactory performance?
IV.	**Low Performance/Low Department Contribution**	• Who are the key partners that contribute to this area? Are their contributions truly high, or do they just do more than the Department? • Is the total level of effort sufficient for the jurisdiction's needs? • Are partners effective at what they do, and do they focus on the right things? • Does the low Department contribution seem right for this area, or is it likely to be contributing to low performance? • Does the Department provide needed support for partner efforts? • What else might be causing low performance?

Table 5: Essential Service by perceived LHD contribution and score

Essential Service	LHD Contribution	Performance Score	Consider Questions for:
1. Monitor Health Status To Identify Community Health Problems	92%	Optimal (87)	Quadrant II
2. Diagnose And Investigate Health Problems and Health Hazards	100%	Optimal (97)	Quadrant II
3. Inform, Educate, And Empower People about Health Issues	67%	Significant (71)	Quadrant I
4. Mobilize Community Partnerships to Identify and Solve Health Problems	38%	Significant (68)	Quadrant IV
5. Develop Policies and Plans that Support Individual and Community Health Efforts	69%	Significant (64)	Quadrant I
6. Enforce Laws and Regulations that Protect Health and Ensure Safety	50%	Optimal (82)	Quadrant II
7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	63%	Significant (61)	Quadrant I
8. Assure a Competent Public and Personal Health Care Workforce	38%	Optimal (83)	Quadrant III
9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	42%	Moderate (48)	Quadrant IV
10. Research for New Insights and Innovative Solutions to Health Problems	25%	Optimal (92)	Quadrant III

Table 6: Model standards by perceived LHD contribution and score

Model Standard	LHD Contribution	Performance Score	Consider Questions for:
1.1 Population-Based Community Health Profile (CHP)	75%	Significant (62)	Quadrant I
1.2 Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data	100%	Optimal (100)	Quadrant II
1.3 Maintenance of Population Health Registries	100%	Optimal (100)	Quadrant II
2.1 Identification and Surveillance of Health Threats	100%	Optimal (93)	Quadrant II
2.2 Investigation and Response to Public Health Threats and Emergencies	100%	Optimal (98)	Quadrant II
2.3 Laboratory Support for Investigation of Health Threats	100%	Optimal (100)	Quadrant II
3.1 Health Education and Promotion	50%	Significant (65)	Quadrant I
3.2 Health Communication	50%	Significant (60)	Quadrant I
3.3 Risk Communication	100%	Optimal (88)	Quadrant II
4.1 Constituency Development	50%	Optimal (95)	Quadrant II
4.2 Community Partnerships	25%	Moderate (40)	Quadrant IV
5.1 Government Presence at the Local Level	100%	Significant (68)	Quadrant I
5.2 Public Health Policy Development	25%	Significant (58)	Quadrant IV
5.3 Community Health Improvement Process	50%	Moderate (29)	Quadrant I
5.4 Plan for Public Health Emergencies	100%	Optimal (100)	Quadrant II
6.1 Review and Evaluate Laws, Regulations, and Ordinances	50%	Optimal (88)	Quadrant II
6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances	25%	Significant (75)	Quadrant IV
6.3 Enforce Laws, Regulations and Ordinances	75%	Optimal (83)	Quadrant II
7.1 Identification of Populations with Barriers to Personal Health Services	50%	Significant (58)	Quadrant I
7.2 Assuring the Linkage of People to Personal Health Services	75%	Significant (64)	Quadrant I
8.1 Workforce Assessment Planning, and Development	25%	Optimal (78)	Quadrant III
8.2 Public Health Workforce Standards	75%	Optimal (95)	Quadrant II
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	25%	Optimal (92)	Quadrant III
8.4 Public Health Leadership Development	25%	Significant (68)	Quadrant IV
9.1 Evaluation of Population-based Health Services	25%	Moderate (38)	Quadrant IV
9.2 Evaluation of Personal Health Care Services	25%	Optimal (83)	Quadrant III
9.3 Evaluation of the Local Public Health System	75%	Minimal (24)	Quadrant I
10.1 Fostering Innovation	25%	Optimal (91)	Quadrant III
10.2 Linkage with Institutions of Higher Learning and/or Research	25%	Optimal (100)	Quadrant III
10.3 Capacity to Initiate or Participate in Research	25%	Optimal (87)	Quadrant III

Figure 10: Scatter plot of Essential Service scores and LHD contribution scores

Essential Service data are calculated as a mean of model standard ratings within each Essential Service.

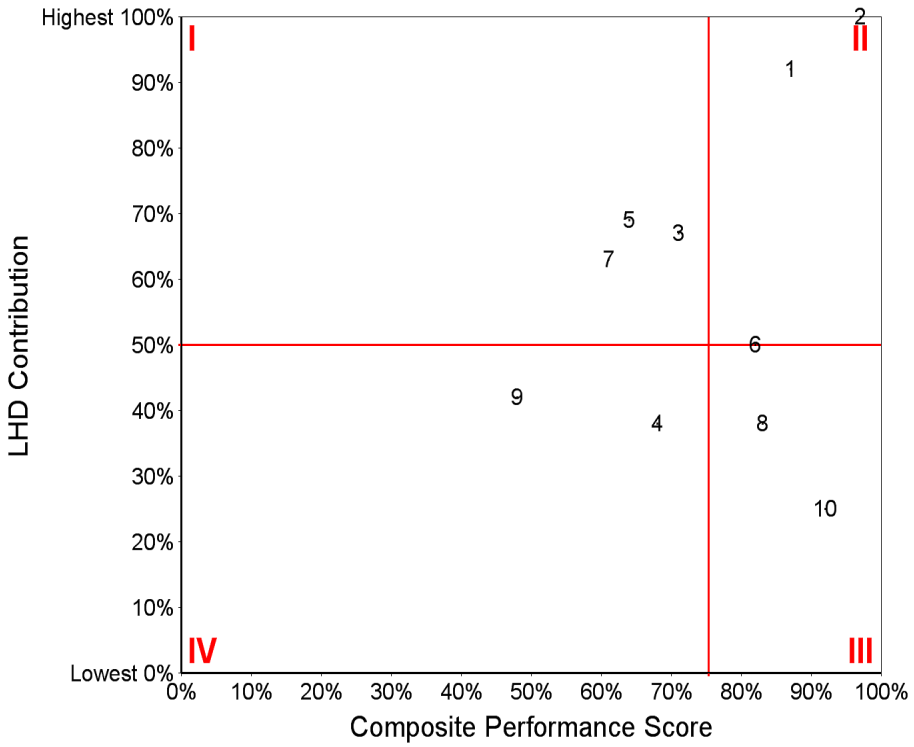
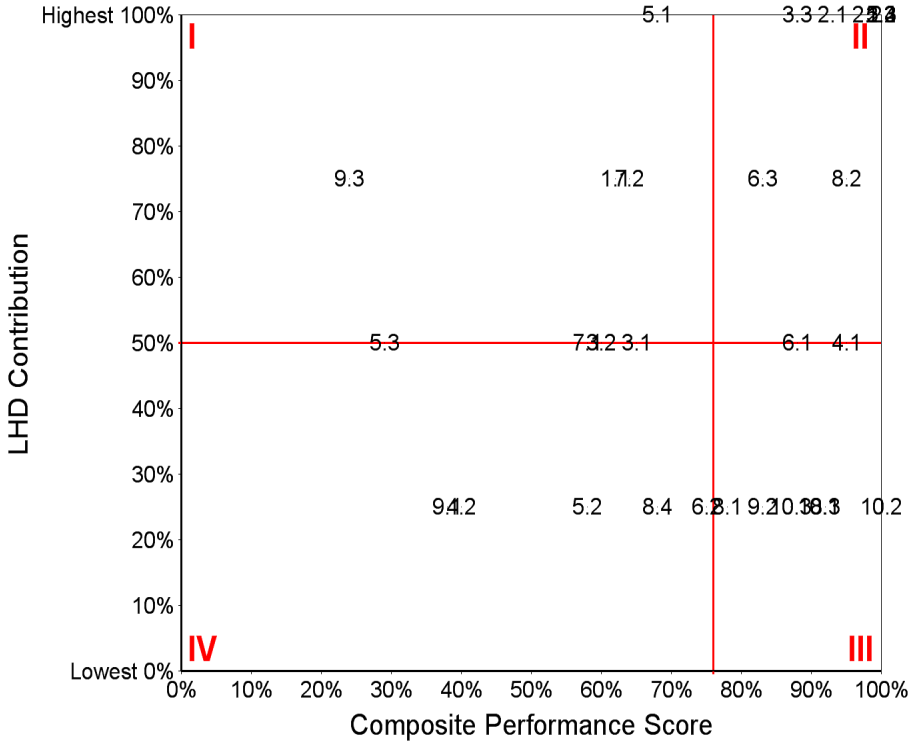


Figure 11: Scatter plot of model standard scores and LHD contribution scores



APPENDIX: RESOURCES FOR NEXT STEPS

The NPHPSP offers a variety of information, technical assistance, and training resources to assist in quality improvement activities. Descriptions of these resources are provided below. Other resources and websites that may be of particular interest to NPHPSP users are also noted below.

- **Technical Assistance and Consultation -** NPHPSP partners are available for phone and email consultation to state and localities as they plan for and conduct NPHPSP assessment and performance improvement activities. Contact 1-800-747-7649 or phpsp@cdc.gov.

- **NPHPSP User Guide -** The NPHPSP User Guide section, "After We Complete the Assessment, What Next?" describes five essential steps in a performance improvement process following the use of the NPHPSP assessment instruments. The NPHPSP User Guide may be found on the NPHPSP website (http://www.cdc.gov/NPHPSP/PDF/UserGuide.pdf).

- **NPHPSP Online Tool Kit -** Additional resources that may be found on, or are linked to, the NPHPSP website (http://www.cdc.gov/NPHPSP/generalResources.html) under the "Post Assessment/ Performance Improvement" link include sample performance improvement plans, quality improvement and priority-setting tools, and other technical assistance documents and links.

- **NPHPSP Online Resource Center -** Designed specifically for NPHPSP users, the Public Health Foundation's online resource center (www.phf.org/nphpsp) for public health systems performance improvement allows users to search for State, Local, and Governance resources by model standards, essential public health service, and keyword.;

- **NPHPSP Monthly User Calls -** These calls feature speakers and dialogue on topic of interest to users. They also provide an opportunity for people from around the country to learn from each other about various approaches to the NPHPSP assessment and performance improvement process. Calls occur on the third Tuesday of each month, 2:00 - 3:00 ET. Contact phpsp@cdc.gov to be added to the email notification list for the call.

- **Annual Training Workshop -** Individuals responsible for coordinating performance assessment and improvement activities may attend an annual two-day workshop held in the spring of each year. Visit the NPHPSP website (http://www.cdc.gov/nphpsp/annualTrainingWorkshop.html) for more information.

- **Public Health Improvement Resource Center at the Public Health Foundation -** This website (www.phf.org/improvement) provides resources and tools for evaluating and building the capacity of public health systems. More than 100 accessible resources organized here support the initiation and continuation of quality improvement efforts. These resources promote performance management and quality improvement, community health information and data systems, accreditation preparation, and workforce development.

- **Mobilizing for Action through Planning and Partnerships (MAPP) -** MAPP has proven to be a particularly helpful tool for sites engaged in community-based health improvement planning. Systems that have just completed the NPHPSP may consider using the MAPP process as a way to launch their performance improvement efforts. Go to www.naccho.org/topics/infrastructure/MAPP to link directly to the MAPP website.