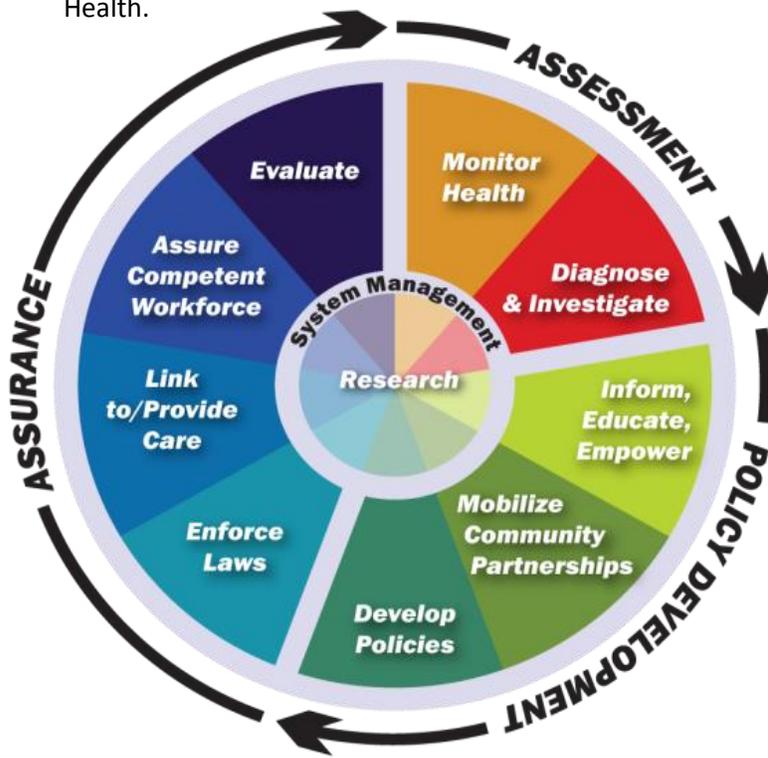


Appendix

A: Community Themes and Strengths Survey * B: Forces of Change * C: Community Health Status Assessment * D: Local Public Health System

The information contained in this document has been adapted from the Nation Public Health Performance Standards (NPHPS): Local Assessment Report created by following Program Partner Organizations: American Public Health Association www.apha.org; Association of State and Territorial Health Officials www.astho.org; Centers for Disease Control and Prevention www.cdc.gov; National Association of County and City Health Officials www.naccho.org; National Association of Local Boards of Health www.nalboh.org; National Network of Public Health Institutes www.nnphi.org; Public Health Foundation www.phf.org.

Figure 1. The Ten Essential Public Health Services and how they relate to the three Core Functions of Public Health.



Introduction

The Payne County Local Public Health System Assessment (LPHSA) was completed on December 10th, 2015. 68 representatives from varied essential service provider and recipient agencies and organizations were present at the event hosted by the Payne County LiveWell Coalition and the Payne County Health Department. Participants were divided into four “workgroups” based on their areas of interest and expertise, and engaged in facilitated discussions within these groups.

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

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

Purpose

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

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

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

About the Report

Calculating the Scores

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

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

Table 1. Summary of Assessment Response Options

Optimal Activity (76-100%)	Greater than 75% of the activity described within the question is met.
Significant Activity (51-75%)	Greater than 50%, but no more than 75% of the activity described within the question is met.
Moderate Activity (26-50%)	Greater than 25%, but no more than 50% of the activity described within the question is met.
Minimal Activity (1-25%)	Greater than zero, but no more than 25% of the activity described within the question is met.
No Activity (0%)	0% or absolutely no activity.

Understanding Data Limitations

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

Results

Based upon the responses you provided during your assessment, an average was calculated for each of the ten Essential Services. Each Essential Service score can be interpreted as the overall degree to which your public health system meets the performance standards (quality indicators) for each Essential Service. Scores can range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum value of 100% (all activities associated with the standards are performed at optimal levels).

Figure 2 displays the average score for each Essential Service, along with an overall average assessment score across all ten Essential Services. Note the black bars that identify the range of reported performance score responses within each Essential Service.

Overall Scores for Each Essential Public Health Service

Figure 2. Summary of Average Essential Public Health Service

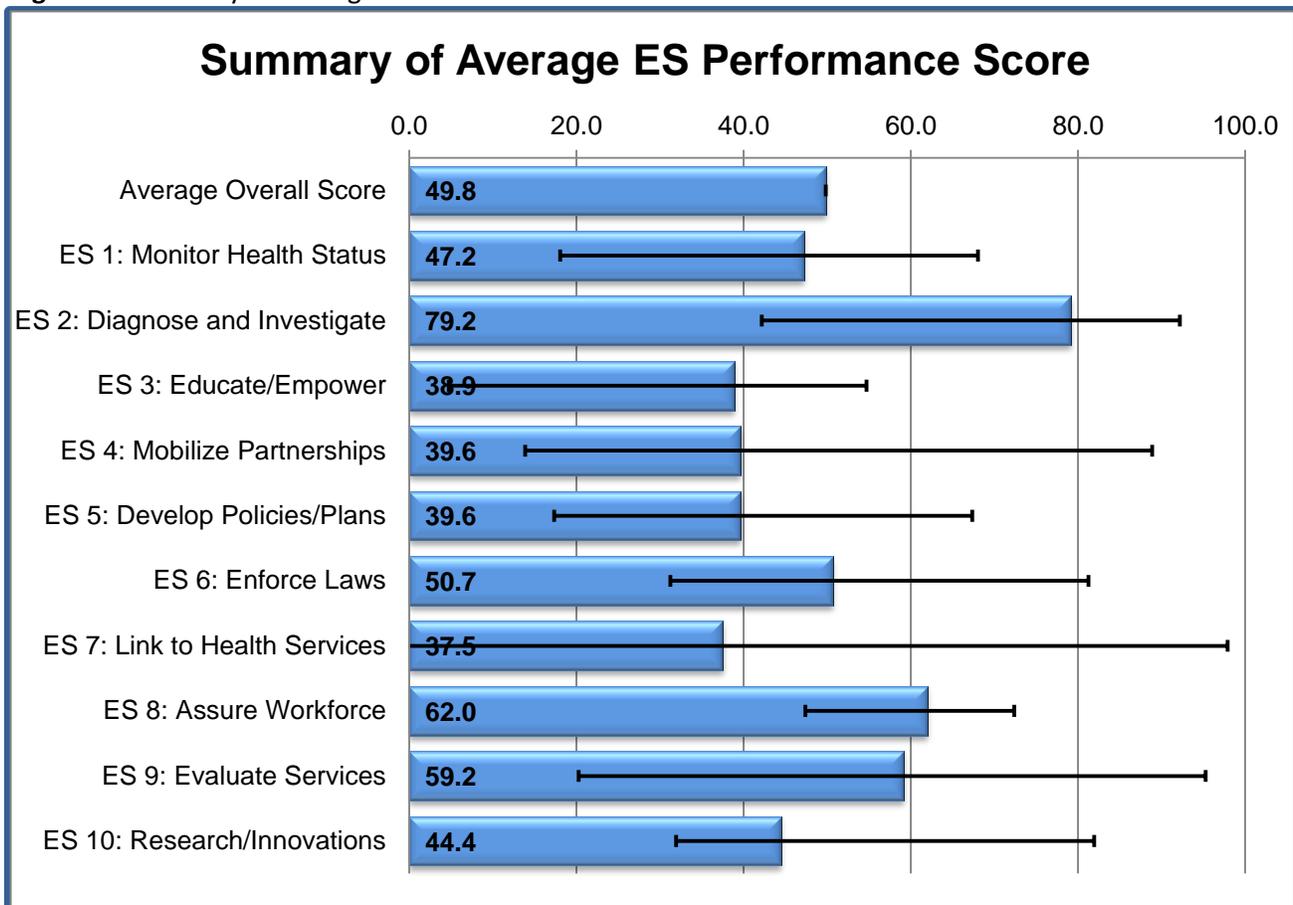


Figure 3 and Table 1 on the following pages display the average performance score for each of the Model Standards within each Essential Service. This level of analysis enables you to identify specific activities that contributed to high or low performance within each Essential Service. In Table 2 below, each score (performance, priority, and contribution scores) at the Essential Service level is a calculated average of the respective Model Standard scores within that Essential Service.

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

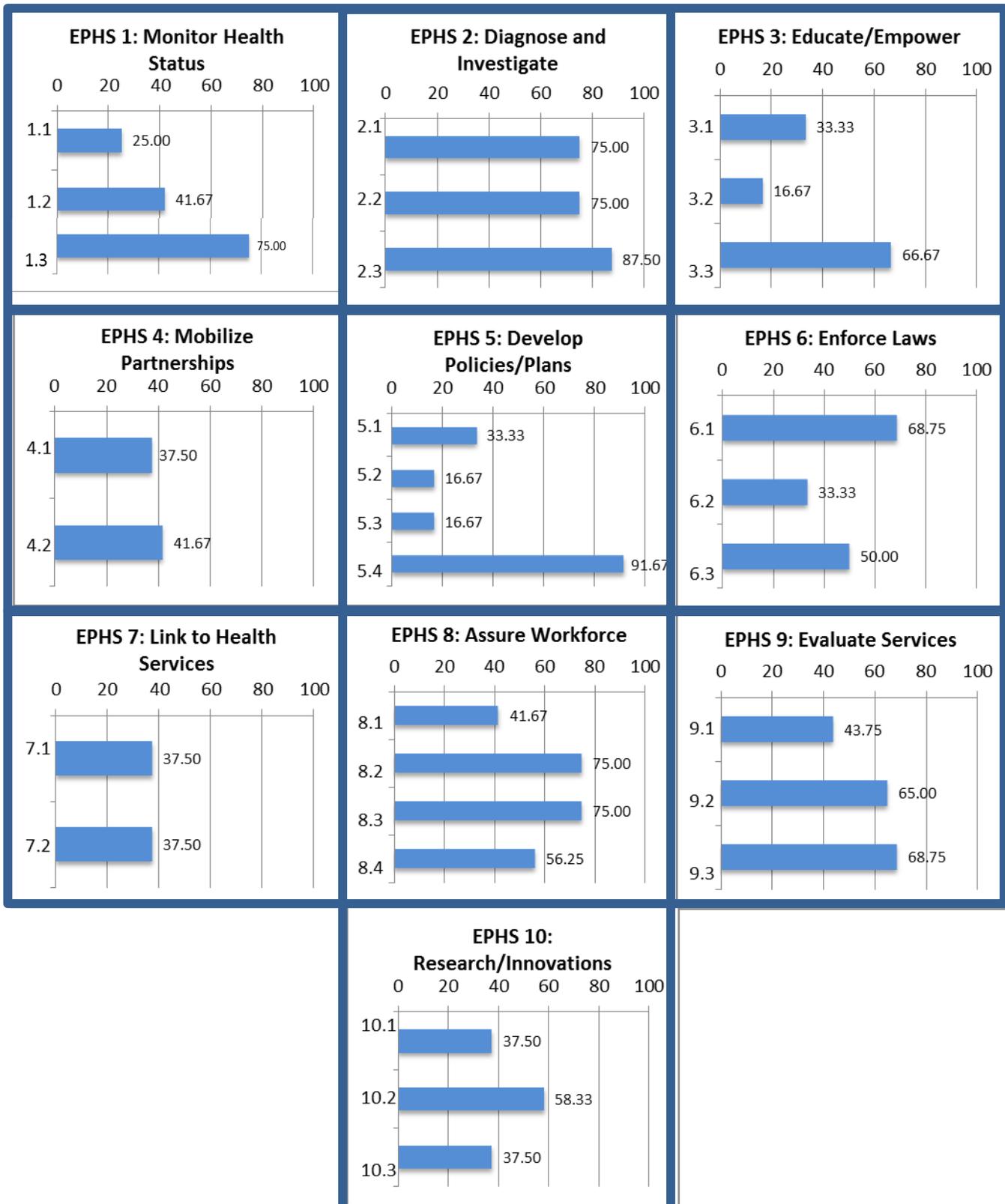


Table 1. Overall Performance, Priority, and Contribution Scores by Essential Public Health Service and Corresponding Model Standard

Model Standards by Essential Services	Performance Scores	Priority Rating
ES 1: Monitor Health Status	47.2	7.7
1.1 Community Health Assessment	25.0	8.0
1.2 Current Technology	41.7	8.0
1.3 Registries	75.0	7.0
ES 2: Diagnose and Investigate	79.2	8.7
2.1 Identification/Surveillance	75.0	10.0
2.2 Emergency Response	75.0	9.0
2.3 Laboratories	87.5	7.0
ES 3: Educate/Empower	38.9	7.3
3.1 Health Education/Promotion	33.3	9.0
3.2 Health Communication	16.7	8.0
3.3 Risk Communication	66.7	5.0
ES 4: Mobilize Partnerships	39.6	8.5
4.1 Constituency Development	37.5	8.0
4.2 Community Partnerships	41.7	9.0
ES 5: Develop Policies/Plans	39.6	8.0
5.1 Governmental Presence	33.3	7.0
5.2 Policy Development	16.7	8.0
5.3 CHIP/Strategic Planning	16.7	9.0
5.4 Emergency Plan	91.7	8.0
ES 6: Enforce Laws	50.7	7.3
6.1 Review Laws	68.8	7.0
6.2 Improve Laws	33.3	7.0
6.3 Enforce Laws	50.0	8.0
ES 7: Link to Health Services	37.5	8.0
7.1 Personal Health Service Needs	37.5	8.0
7.2 Assure Linkage	37.5	8.0
ES 8: Assure Workforce	62.0	7.3
8.1 Workforce Assessment	41.7	8.0
8.2 Workforce Standards	75.0	7.0
8.3 Continuing Education	75.0	7.0
8.4 Leadership Development	56.3	7.0
ES 9: Evaluate Services	59.2	7.0
9.1 Evaluation of Population Health	43.8	8.0
9.2 Evaluation of Personal Health	65.0	7.0
9.3 Evaluation of LPHS	68.8	6.0
ES 10: Research/Innovations	44.4	6.3
10.1 Foster Innovation	37.5	8.0
10.2 Academic Linkages	58.3	7.0
10.3 Research Capacity	37.5	4.0
Average Overall Score	49.8	7.5
Median Score	45.8	7.5

Performance Relative to Optimal Activity

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

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

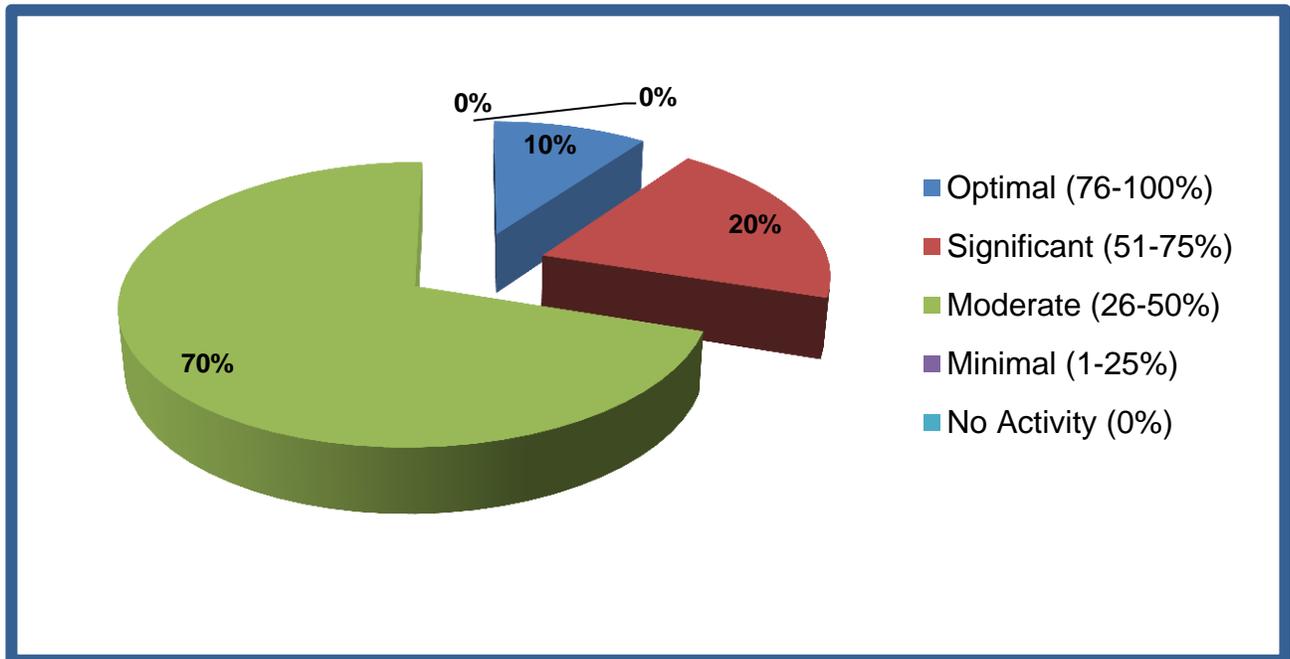
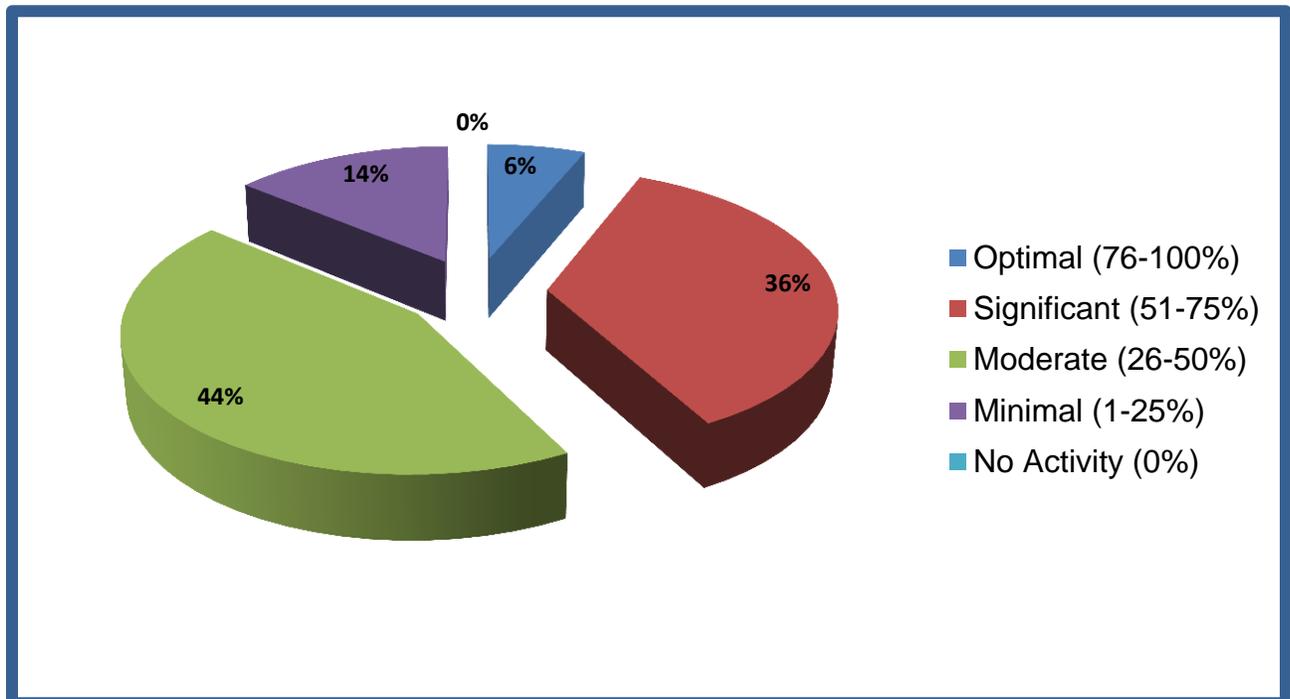


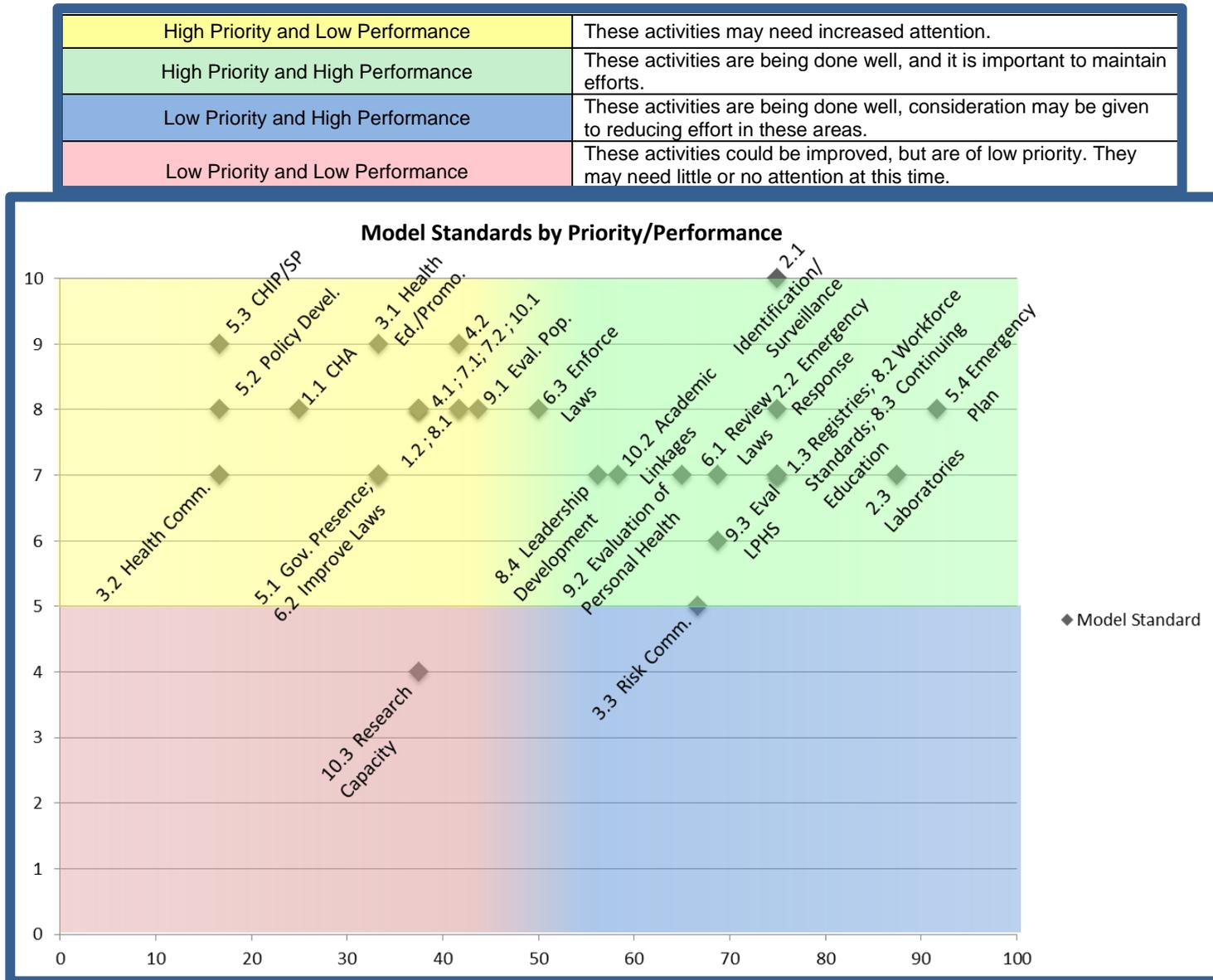
Figure 5. Percentage of the system's Model Standard scores that fall within the five activity categories. This chart provides a high level snapshot of the information found in Figure 3, summarizing the composite measures for all 30 Model Standards.



Priority of Model Standards Questionnaire Section

Results of the Priority Survey are displayed in this section for each Essential Service and each Model Standard, arrayed by the priority rating assigned to each. 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 improvement.

Figure 6. Summary of Essential Public Health Service Model Standard Scores and Priority Ratings



Next Steps

The data from this report will be reviewed by the Payne County Live Well Coalition and used to develop the Payne County Community Health Assessment (CHA). The CHA draws data from all four of the MAPP assessments and will present the cumulative findings in order to highlight the strengths, needs, and wants of the Payne County community. The completed CHA will be reviewed by the Payne County Live Well Coalition during the February meeting, held on Thursday the 25th at 3:30p at the Stillwater Library.

Beginning in March, the coalition will use the CHA to determine goals and strategies to improve community health. These goals and strategies will be developed into the Payne County Health Improvement Plan (CHIP).

All those interested are welcome to join the Payne County Coalition as this process moves forward. Input from all members of the community is welcomed and needed in order to ensure the most effective strategies and outcomes. For more information on the coalition and/or how to become involved, please contact:

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TSET Healthy Living Program Coordinator
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OSU Prevention Programs

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Stillwater, OK 74075



Payne County Health Improvement Plan

APPENDIX A: Individual Questions and Responses

Priority Ratings/Performance Scores

Highest Priority (9-10)	Optimal Activity (76-100%)	Greater than 75% of the activity described within the question is met.
High Priority (7-8)	Significant Activity (51-75%)	Greater than 50%, but no more than 75% of the activity described within the question is met.
Moderate Priority (5-6)	Moderate Activity (26-50%)	Greater than 25%, but no more than 50% of the activity described within the question is met.
Low Priority (3-4)	Minimal Activity (1-25%)	Greater than zero, but no more than 25% of the activity described within the question is met.
Not a Priority (1-2)	No Activity (0%)	0% or absolutely no activity.

ESSENTIAL SERVICE 1: Monitor Health Status to Identify Community Health Problems

1.1	Priority Rating 8	Model Standard: Population-Based Community Health Assessment (CHA) <i>At what level does the local public health system:</i>		
#	Description of Model Standard	Performance Level	Score	
1.1.1	Conduct regular community health assessments?	Minimal	25	
1.1.2	Continuously update the community health assessment with current information?	Minimal	25	
1.1.3	Promote the use of the community health assessment among community members and partners?	Minimal	25	

1.2	Priority Rating 8	Model Standard: Current Technology to Manage and Communicate Population Health Data <i>At what level does the local public health system:</i>		
1.2.1		Use the best available technology and methods to display data on the public's health?	Minimal	25
1.2.2		Analyze health data, including geographic information, to see where health problems exist?	Moderate	50
1.2.3		Use computer software to create charts, graphs, and maps to display complex public health data (trends over time, sub-population analyses, etc.)?	Moderate	50
1.3	Priority Rating 7	Model Standard: Maintenance of Population Health Registries <i>At what level does the local public health system:</i>		
1.3.1		Collect data on specific health concerns to provide the data to population health registries in a timely manner, consistent with current standards?	Significant	75
1.3.2		Use information from population health registries in community health assessments or other analyses?	Significant	75
ESSENTIAL SERVICE 2: Diagnose and Investigate Health Problems and Health Hazards				
2.1	Priority Rating 10	Model Standard: Identification and Surveillance of Health Threats <i>At what level does the local public health system:</i>		
2.1.1		Participate in a comprehensive surveillance system with national, state and local partners to identify, monitor, share information, and understand emerging health problems and threats?	Significant	75
2.1.2		Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies and emerging threats (natural and manmade)?	Significant	75
2.1.3		Assure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise?	Significant	75

2.2	Priority Rating 9	Model Standard: Investigation and Response to Public Health Threats and Emergencies <i>At what level does the local public health system:</i>		
2.2.1	Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case finding, contact tracing, and source identification and containment?	Significant	75	
2.2.2	Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?	Significant	75	
2.2.3	Designate a jurisdictional Emergency Response Coordinator?	Optimal	100	
2.2.4	Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?	Significant	75	
2.2.5	Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies?	Significant	75	
2.2.6	Evaluate incidents for effectiveness and opportunities for improvement?	Moderate	50	
2.3	Priority Rating 7	Model Standard: Laboratory Support for Investigation of Health Threats <i>At what level does the local public health system:</i>		
2.3.1	Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring?	Significant	75	
2.3.2	Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?	Significant	75	
2.3.3	Use only licensed or credentialed laboratories?	Optimal	100	
2.3.4	Maintain a written list of rules related to laboratories, for handling samples (collecting, labeling, storing, transporting, and delivering), for determining who is in charge of the samples at what point, and for reporting the results?	Optimal	100	

ESSENTIAL SERVICE 3: Inform, Educate, and Empower People about Health Issues

3.1	Priority Rating 9	Model Standard: Health Education and Promotion <i>At what level does the local public health system:</i>		
3.1.1		Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?	Minimal	25
3.1.2		Coordinate health promotion and health education activities to reach individual, interpersonal, community, and societal levels?	Moderate	50
3.1.3		Engage the community throughout the process of setting priorities, developing plans and implementing health education and health promotion activities?	Minimal	25
3.2	Priority Rating 8	Model Standard: Health Communication <i>At what level does the local public health system:</i>		
3.2.1		Develop health communication plans for relating to media and the public and for sharing information among LPHS organizations?	Minimal	25
3.2.2		Use relationships with different media providers (e.g. print, radio, television, and the internet) to share health information, matching the message with the target audience?	Minimal	25
3.2.3		Identify and train spokespersons on public health issues?	No	0
3.3	Priority Rating 5	Model Standard: Risk Communication <i>At what level does the local public health system:</i>		
3.3.1		Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?	Significant	75
3.3.2		Make sure resources are available for a rapid emergency communication response?	Significant	75
3.3.3		Provide risk communication training for employees and volunteers?	Moderate	50

ESSENTIAL SERVICE 4: Mobilize Community Partnerships to Identify and Solve Health Problems

4.1	Priority Rating 8	Model Standard: Constituency Development <i>At what level does the local public health system:</i>		
4.1.1		Maintain a complete and current directory of community organizations?	Minimal	25
4.1.2		Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?	Minimal	25
4.1.3		Encourage constituents to participate in activities to improve community health?	Moderate	50
4.1.4		Create forums for communication of public health issues?	Moderate	50
4.2	Priority Rating 9	Model Standard: Community Partnerships <i>At what level does the local public health system:</i>		
4.2.1		Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?	Moderate	50
4.2.2		Establish a broad-based community health improvement committee?	Minimal	25
4.2.3		Assess how well community partnerships and strategic alliances are working to improve community health?	Moderate	50

ESSENTIAL SERVICE 5: Develop Policies and Plans that Support Individual and Community Health Efforts

5.1	Priority Rating 7	Model Standard: Governmental Presence at the Local Level <i>At what level does the local public health system:</i>		
5.1.1		Support the work of a local health department dedicated to the public health to make sure the essential public health services are provided?	Moderate	50
5.1.2		See that the local health department is accredited through the national voluntary accreditation program?	Minimal	25
5.1.3		Assure that the local health department has enough resources to do its part in providing essential public health services?	Minimal	25

5.2	Priority Rating 8	Model Standard: Public Health Policy Development <i>At what level does the local public health system:</i>		
5.2.1	Contribute to public health policies by engaging in activities that inform the policy development process?	Minimal	25	
5.2.2	Alert policymakers and the community of the possible public health impacts (both intended and unintended) from current and/or proposed policies?	Minimal	25	
5.2.3	Review existing policies at least every three to five years?	No	0	
5.3	Priority Rating 9	Model Standard: Community Health Improvement Process and Strategic Planning <i>At what level does the local public health system:</i>		
5.3.1	Establish a community health improvement process, with broad-based diverse participation, that uses information from both the community health assessment and the perceptions of community members?	Minimal	25	
5.3.2	Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?	Minimal	25	
5.3.3	Connect organizational strategic plans with the Community Health Improvement Plan?	No	0	
5.4	Priority Rating 8	Model Standard: Plan for Public Health Emergencies <i>At what level does the local public health system:</i>		
5.4.1	Support a workgroup to develop and maintain preparedness and response plans?	Optimal	100	
5.4.2	Develop a plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed?	Significant	75	
5.4.3	Test the plan through regular drills and revise the plan as needed, at least every two years?	Optimal	100	

ESSENTIAL SERVICE 6: Enforce Laws and Regulations that Protect Health and Ensure Safety

6.1	Priority Rating 7	Model Standard: Review and Evaluation of Laws, Regulations, and Ordinances <i>At what level does the local public health system:</i>		
6.1.1		Identify public health issues that can be addressed through laws, regulations, or ordinances?	Moderate	50
6.1.2		Stay up-to-date with current laws, regulations, and ordinances that prevent, promote, or protect public health on the federal, state, and local levels?	Significant	75
6.1.3		Review existing public health laws, regulations, and ordinances at least once every five years?	Moderate	50
6.1.4		Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?	Optimal	100
6.2	Priority Rating 7	Model Standard: Involvement in the Improvement of Laws, Regulations, and Ordinances <i>At what level does the local public health system:</i>		
6.2.1		Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?	Moderate	50
6.2.2		Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote the public health?	Minimal	25
6.2.3		Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?	Minimal	25

6.3	Priority Rating 8	Model Standard: Enforcement of Laws, Regulations, and Ordinances <i>At what level does the local public health system:</i>		
6.3.1		Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?	Moderate	50
6.3.2		Assure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies?	Significant	75
6.3.3		Assure that all enforcement activities related to public health codes are done within the law?	Significant	75
6.3.4		Educate individuals and organizations about relevant laws, regulations, and ordinances?	Minimal	25
6.3.5		Evaluate how well local organizations comply with public health laws?	Minimal	25
ESSENTIAL SERVICE 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable				
7.1	Priority Rating 8	Model Standard: Identification of Personal Health Service Needs of Populations <i>At what level does the local public health system:</i>		
7.1.1		Identify groups of people in the community who have trouble accessing or connecting to personal health services?	Significant	75
7.1.2		Identify all personal health service needs and unmet needs throughout the community?	Minimal	25
7.1.3		Defines partner roles and responsibilities to respond to the unmet needs of the community?	Minimal	25
7.1.4		Understand the reasons that people do not get the care they need?	Minimal	25

7.2	Priority Rating 8	Model Standard: Assuring the Linkage of People to Personal Health Services <i>At what level does the local public health system:</i>		
7.2.1	Connect (or link) people to organizations that can provide the personal health services they may need?		Moderate	50
7.2.2	Help people access personal health services, in a way that takes into account the unique needs of different populations?		Minimal	25
7.2.3	Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs)?		Moderate	50
7.2.4	Coordinate the delivery of personal health and social services so that everyone has access to the care they need?		Minimal	25
ESSENTIAL SERVICE 8: Assure a Competent Public and Personal Health Care Workforce				
8.1	Priority Rating 8	Model Standard: Workforce Assessment, Planning, and Development <i>At what level does the local public health system:</i>		
8.1.1	Set up a process and a schedule to track the numbers and types of LPHS jobs and the knowledge, skills, and abilities that they require whether those jobs are in the public or private sector?		Moderate	50
8.1.2	Review the information from the workforce assessment and use it to find and address gaps in the local public health workforce?		Moderate	50
8.1.3	Provide information from the workforce assessment to other community organizations and groups, including governing bodies and public and private agencies, for use in their organizational planning?		Minimal	25

8.2	Priority Rating 7	Model Standard: Public Health Workforce Standards <i>At what level does the local public health system:</i>		
8.2.1		Make sure that all members of the public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and meet the law?	Significant	75
8.2.2		Develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the essential public health services?	Significant	75
8.2.3		Base the hiring and performance review of members of the public health workforce in public health competencies?	Significant	75
8.3	Priority Rating 7	Model Standard: Life-Long Learning through Continuing Education, Training, and Mentoring <i>At what level does the local public health system:</i>		
8.3.1		Identify education and training needs and encourage the workforce to participate in available education and training?	Significant	75
8.3.2		Provide ways for workers to develop core skills related to essential public health services?	Significant	75
8.3.3		Develop incentives for workforce training, such as tuition reimbursement, time off for class, and pay increases?	Significant	75
8.3.4		Create and support collaborations between organizations within the public health system for training and education?	Significant	75
8.3.5		Continually train the public health workforce to deliver services in a cultural competent manner and understand social determinants of health?	Significant	75

8.4	Priority Rating 7	Model Standard: Public Health Leadership Development <i>At what level does the local public health system:</i>		
8.4.1		Provide access to formal and informal leadership development opportunities for employees at all organizational levels?	Significant	75
8.4.2		Create a shared vision of community health and the public health system, welcoming all leaders and community members to work together?	Moderate	50
8.4.3		Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?	Moderate	50
8.4.4		Provide opportunities for the development of leaders representative of the diversity within the community?	Moderate	50

ESSENTIAL SERVICE 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

9.1	Priority Rating 8	Model Standard: Evaluation of Population-Based Health Services <i>At what level does the local public health system:</i>		
9.1.1		Evaluate how well population-based health services are working, including whether the goals that were set for programs were achieved?	Moderate	50
9.1.2		Assess whether community members, including those with a higher risk of having a health problem, are satisfied with the approaches to preventing disease, illness, and injury?	Minimal	25
9.1.3		Identify gaps in the provision of population-based health services?	Moderate	50
9.1.4		Use evaluation findings to improve plans and services?	Moderate	50

9.2	Priority Rating 7	Model Standard: Evaluation of Personal Health Services <i>At what level does the local public health system:</i>		
9.2.1		Evaluate the accessibility, quality, and effectiveness of personal health services?	Significant	75
9.2.2		Compare the quality of personal health services to established guidelines?	Moderate	50
9.2.3		Measure satisfaction with personal health services?	Significant	75
9.2.4		Use technology, like the internet or electronic health records, to improve quality of care?	Significant	75
9.2.5		Use evaluation findings to improve services and program delivery?	Moderate	50
9.3	Priority Rating 6	Model Standard: Evaluation of the Local Public Health System <i>At what level does the local public health system:</i>		
9.3.1		Identify all public, private, and voluntary organizations that provide essential public health services?	Significant	75
9.3.2		Evaluate how well LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing to essential public health services?	Significant	75
9.3.3		Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?	Significant	75
9.3.4		Use results from the evaluation process to improve the LPHS?	Moderate	50

ESSENTIAL SERVICE 10: Research for New Insights and Innovative Solutions to Health Problems

10.1	Priority Rating 8	Model Standard: Fostering Innovation <i>At what level does the local public health system:</i>		
10.1.1		Provide staff with the time and resources to pilot test or conduct studies to test new solutions to public health problems and see how well they actually work?	Moderate	50
10.1.2		Suggest ideas about what currently needs to be studied in public health to organizations that do research?	Minimal	25
10.1.3		Keep up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health?	Moderate	50
10.1.4		Encourage community participation in research, including deciding what will be studied, conducting research, and in sharing results?	Minimal	25
10.2	Priority Rating 7	Model Standard: Linkage with Institutions of Higher Learning and/or Research <i>At what level does the local public health system:</i>		
10.2.1		Develop relationships with colleges, universities, or other research organizations, with a free flow of information, to create formal and informal arrangements to work together?	Significant	75
10.2.2		Partner with colleges, universities, or other research organizations to do public health research, including community-based participatory research?	Moderate	50
10.2.3		Encourage colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education?	Moderate	50
10.3	Priority Rating 4	Model Standard: Capacity to Initiate or Participate in Research <i>At what level does the local public health system:</i>		
10.3.1		Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies?	Moderate	50
10.3.2		Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?	Minimal	25
10.3.3		Share findings with public health colleagues and the community broadly, through journals, websites, community meetings, etc?	Moderate	50
10.3.4		Evaluate public health systems research efforts throughout all stages of work from planning to impact on local public health practice?	Minimal	25

APPENDIX B: Qualitative Assessment Data

Summary Notes

ESSENTIAL SERVICE 1: Monitor Health Status to Identify Community Health Problems			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
1.1	Model Standard: Population-Based Community Health Assessment (CHA)		
Good relationships – Feels very connected to the community on specific issues – They are updating as needed, Scott, Health Department, OSU –Shana is going to get information at public health dept. to have more promotion. OSU’s promotion of healthy lifestyles, feels connected to the community, independent assessments around the county, health department has info for the public	Not aware of CHA –no access for people without source of communication or technology (smartphones, ipads, tablets, etc.) –More funding made available for these processes – international community health assessment with access to everyone, reaching the international community, not aware of this assessment before today, money needed to complete assessments, might be activity, but we don’t know about it, turn over at the health department, networking, better job promoting services available to non-internet and cable families	Contact gap, identified when over –Go back to the old way of doing things; Health Fairs at Church and Senior Centers	Health fairs and Churches – Develop coalitions ; better outreach, developing coalition to pull everyone together
1.2	Model Standard: Current Technology to Manage and Communicate Population Health Data		
A variety of partners have databases - ways to store, present data	Needs to be much more awareness of partner's activities, data, and how to access. access to find information, awareness	"publish" projects instead of simply "having available	build relationships to share resources, especially to build capacity to use technology to improve how data is collected and reported.

1.3	Model Standard: Maintenance of Population Health Registries		
Standard Process – Systems in place (reportable disease) processes standardized, systems in place to help not miss data	Communication –Broken down the way it needs to be. may not know what others are already doing in the community, not broken down the way your agency might need it such as demographics	Learn to communicate information, awareness of who has what information, zip code data	Data non-profits, a way they can also report their data to the community

ESSENTIAL SERVICE 2: Diagnose and Investigate Health Problems and Health Hazards			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
2.1	Model Standard: Identification and Surveillance of Health Threats		
Awareness of LPHS' surveillance contributions. Identifying trends and timelines.	: Information going to the news first need to know before it makes the news, skeptical of other's assessments/reporting methods	Increase awareness of resources and increase timely communication (and awareness of reporting timelines	Integrate better with national systems.
2.2	Model Standard: Investigation and Response to Public Health Threats and Emergencies		
Establish networks established networks in place	Do not challenge all areas enough need to meet externally more often, don't challenge the process, everyone has their own plans	Update records (lists of persons with expertise)identified several today, more reviews of "after action" reports, meetings with each other regularly	Review after it occurs, after action reports. Incorporate smaller and focus on cooperative drills (current focus on larger and more internal). build on networking, setting priorities
2.3	Model Standard: Laboratory Support for Investigation of Health Threats		
Central located - Know where to take animals/humans doing a good job with what they have available, centrally located, health department access	could have more, only 1 or 2 – funding needs at state lab, could use more labs only have one or two now, funding	protocols all understand protocols and procedures for transporting	training continue with training and exercises

ESSENTIAL SERVICE 3: Inform, Educate, and Empower People about Health Issues

STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
3.1 Model Standard: Health Education and Promotion			
lots of sectors at the table, lots of programs offered in community, social media	collaboration, transportation, no funding for marketing so social media is easy, Many people don't see this information on a fair level, as a policy level this information is not relayed, and other communities are not specific to health but Stillwater is more adapt to grow but smaller counties are lacking. Coordination is not there from agencies that do not know each other, lori stated that she tries to coordinated if services cannot be provided at her place, Ruth Toledo states that as a student she has no idea this was going on so we are reaching groups but not individuals, need to provide info to providers to help touch more, Becky stated the direct service piece is going on but the collaboration is lacking, all activities and efforts are done by lots of groups and not just one	working on plan, working on social media, working on transportation, Need to make our passion their interest, need to connect reach them individually	Develop evaluation processes and use to evaluation data to seek funding.
3.2 Model Standard: Health Communication			
PIOs identified at city and HD	no plan, We think that we are communicating the message and pushing it out there but many people may not be receiving it because it is not targeted. And it depends on who attends the meetings. The people that attend the meetings seem to be more in the know. Rely on each other to share the collaboration with others, so this is not being done due to marketing and funding. Could be a class issue, need to know how to communicate with a provider then a person with a tract phone later. Need more tools, general population does not find services unless you are actively looking for them.	identify a plan, use the coalition, get group to formulate the plan and put it in place, what has been successful of events that have targeted groups, trucks and toons, county fair, how do we reach them? The people at them do not attend the health booth. How to we reach a captive audience. Need to leverage events and communication messages,	Increase Culture Competency in communication.

3.3	Model Standard: Risk Communication		
the health department can help create plans. And the community knows what to do and is ready in time of risk events	not all entities are participating, more collaboration	improvements on communication of the plans for more entities to be involved would be helpful.	Develop more in county resources

ESSENTIAL SERVICE 4: Mobilize Community Partnerships to Identify and Solve Health Problems			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
4.1	Model Standard: Constituency Development		
211 and Stillwater Community Connection	connecting forums and having them communicated to one another and to the community as a whole	connecting forums and having them communicated to one another and to the community as a whole	Library database of outreach programs opportunities.
4.2	Model Standard: Community Partnerships		
Our coalition has statistics on how we reach people, the coalition is also charging MAPP so that we do have this plan in place	Blake says that we do not work well together and we all have their own agenda and not a collaborative effort, and things are dissolved because of personal interest. We have the infrastructure built but are not connected to the groups. Stillwater is very stay out of my business type attitude. Have the mindset to work together, but it takes a event occurs. Need a mindset of that everyday not in events. This is a great opportunity to use our passion to collaboratively affect the community.	Increase connections among partners.	Develop "work together" mindset on daily basis

ESSENTIAL SERVICE 5: Develop Policies and Plans that Support Individual and Community Health Efforts

STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
5.1	Model Standard: Governmental Presence at the Local Level		
Commitment of the people; we have established systems; policy and plans in place and enforcing those; smaller communities more willing to come to gather and collaborate; some issues being identified and acknowledge;	Communication; education; lack of knowledge; public awareness- what services are out there and how to get them; lack of funding; people did not find about services until they showed up at the mission- it should have been told to them before they got to the mission	Partners that need to be identified; list of all the people that are in this room to use as a resource guide with contact info	Be informed about the people that are going to be elected; vote; be involved; public relations campaign to make those aware of the services; matching services to needs; identifying how other communities and agencies and the resources they offer; have the needs assessment been prevented to those in the community; DHS statistics included in assessment reports; Mental health issues- so many F of the county that are not included in the reports;
5.2	Model Standard: Public Health Policy Development		
if there is a crisis then we respond; if we care it brought to attention; awareness; structure in place; members that are willing but no one to engage them; accountability to contact people to find out about policy's	Fragmented; lack of policy implementation; lack of knowledge; prevailing attitude of not in my back yard; lack of public interest; lack of communication	Partnerships to be created and resources created on who to contact of people that are here; more social media awareness and presence; public engagement	Opportunities for collaboration and keeping lines connected; keeping agency's working together
5.3	Model Standard: Community Health Improvement Process and Strategic Planning		
Several organizations do strategic planning; all of us have been working on something; the momentum is shifting towards one goal	coordination; getting everything together; connect ability; no community strategic plan	sharing strategic plans; having community goals	lasting public engagement; register to vote- at the health department
5.4	Model Standard: Plan for Public Health Emergencies		
Strong in this area; have seen plan in action; went well; increased strength through training.	Increase public knowledge/ awareness before info is needed;	CDC evaluation; evaluators for each exercise	ensure all methods of communication are tested and utilized

ESSENTIAL SERVICE 6: Enforce Laws and Regulations that Protect Health and Ensure Safety

STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
6.1 Model Standard: Review and Evaluation of Laws, Regulations, and Ordinances			
there are a lot of laws on the books and they are there if we want to review them more frequently	are we enforcing them; inconsistency's; reactive not proactive	review and align what is already there, update if needed	more communication with each other about what we need in ordinances, regulations; being responsible about identifying things, make revisions, improvements as needed.
6.2 Model Standard: Involvement in the Improvement of Laws, Regulations, and Ordinances			
identify issues; providing technical assistances to advocacy groups, modifying laws	got a lot of issues known and unknown, need money, the need for a community comprehensive plan; needs to be standard operation procedure to get the answers to their questions.	Partnerships; getting the community health improvement plan; type of a list of people involve and resources; be aware of what is going on- look up	community healthy improvement plan
6.3 Model Standard: Enforcement of Laws, Regulations, and Ordinances			
lunch motivates us to move quicker	we view the questions so different, and we look and interpret the regulations differently; confusion on who the enforcers are.	we need a review more of the statues and how to enforce them and more of a cohesive way to enforce the law the same way across the board.	Agency policy procedure; Mandatory education on policy and procedures

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

STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
7.1 Model Standard: Identification of Personal Health Service Needs of Populations			
Strengths how do we begin to understand why people do not seek care they need regularly and how do we make the whole system understand.	: we can identify needs but it's harder to gain their trust to help them for the future. Gap is there is a difference in what a client says their needs are and what we as providers actually see.	develop understanding of why people do not seek needed care.	Build trust and understanding on how to close gaps between expressed needs and indentified needs

7.2	Model Standard: Assuring the Linkage of People to Personal Health Services		
211 and No Wrong Door	may provide services to meet needs now, but not good at connecting to resources to meet future needs/follow up needs.	link the agencies that provide resources, help with navigation and accessing sooner care, etc,	develop procedures and standard links to resources for follow-up/future care based on current needs

ESSENTIAL SERVICE 8: Assure a Competent Public and Personal Health Care Workforce			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
8.1	Model Standard: Workforce Assessment, Planning, and Development		
Internal assessment of Workforce	Agencies might not know if people are hiring if the job is not relevant to their work	Sharing information among partners	Formalize Gap assessment.
8.2	Model Standard: Public Health Workforce Standards		
SMC/PCHD- serves all communities Meridian/ City of Stillwater- serves majority of the county	Stillwater Centered	Dr. Offices/ smaller agencies have access to information. Creating a network to share resources.	Educate community on requirements
8.3	Model Standard: Life-Long Learning through Continuing Education, Training, and Mentoring		
All partners value, just provide opportunities in different ways, based on their need (OSDH flexible with time, but not able to reimburse; others able to reimburse, but not flexible with time, etc.)	Need communication. And community much more diverse than workforce.	Formalize lines of communicating in regards to education needs between employers and education providers.	Develop cultural competency in how to communication and provide opportunities about employment and training.
8.4	Model Standard: Public Health Leadership Development		
Coalition developed shared vision	Poor job of promoting opportunities to be involved with development groups.	continue to formalize vision among groups	Promote opportunities and reach more diverse people.

ESSENTIAL SERVICE 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
9.1	Model Standard: Evaluation of Population-Based Health Services		
Good Sharing in own area (internal) No problem, except for when there is an opportunity for a grant	Not sharing outside of area	Increase communication, sharing of information regarding gaps and assessments.	develop procedures for grant application cooperation.
9.2	Model Standard: Evaluation of Personal Health Services		
Coalitions sending out information to the businesses.	Great in small pieces, but not all coordinated. All services are care based (regulated); not focused on prevention or promotion (not regulated)	Increase coordination and communication - Utilize technology, such as SMC patient portal to reach more individuals.	Increase focus on prevention and promotion. Increase communication on positive/strengths in the LPHS
9.3	Model Standard: Evaluation of the Local Public Health System		
Beginning of the process. OSU is mailing out information to keep people updated on what is going on.	Getting people in the smaller communities to the table	9.3.3 Got partners here to assessment. Keep coordination down to community level. 9.3.4 Coalitions input on focus group/ more people at other assessments	Help grow coalition Keep everyone updated and involved with data

ESSENTIAL SERVICE 10: Research for New Insights and Innovative Solutions to Health Problems

STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
10.1	Model Standard: Fostering Innovation		
Health Promotion at OSU Dr. Story is publishing part of the survey	Time/ financial would be the barriers.. Relationships with OSU- PCHD for research	Strengthen the OSU- PCHD relationship and partnership	progress from Availability to Participation
10.2	Model Standard: Linkage with Institutions of Higher Learning and/or Research		
Do have some partnership between PCHD and OSU	You have to have information to share information.	Priorities are in line and meet in the middle can be difficult. (experience with an organization can help mend these gaps) - develop better understanding of commonalities and what is only a difference of language (or otherwise) that is preventing understanding of common goals.	Establish more common priorities.
10.3	Model Standard: Capacity to Initiate or Participate in Research		
have established relationship with OSU, and are realizing that partnering in research should be a priority	funding	increase knowledge about partners' resources and interest so efforts are more collaborative and efficient	Increase evaluation

APPENDIX C: Additional Resources

General

Association of State and Territorial Health Officers (ASTHO)

<http://www.astho.org/>

CDC/Office of State, Tribal, Local, and Territorial Support (OSTLTS)

<http://www.cdc.gov/ostlts/programs/index.html>

Guide to Clinical Preventive Services

<http://www.ahrq.gov/clinic/pocketgd.htm>

Guide to Community Preventive Services

www.thecommunityguide.org

National Association of City and County Health Officers (NACCHO)

<http://www.naccho.org/topics/infrastructure/>

National Association of Local Boards of Health (NALBOH)

<http://www.nalboh.org>

Being an Effective Local Board of Health Member: Your Role in the Local Public Health System

<http://www.nalboh.org/pdffiles/LBOH%20Guide%20-%20Booklet%20Format%202008.pdf>

Public Health 101 Curriculum for governing entities

http://www.nalboh.org/pdffiles/Bd%20Gov%20pdfs/NALBOH_Public_Health101Curriculum.pdf

Accreditation

ASTHO's Accreditation and Performance Improvement resources

<http://astho.org/Programs/Accreditation-and-Performance/>

NACCHO Accreditation Preparation and Quality Improvement

<http://www.naccho.org/topics/infrastructure/accreditation/index.cfm>

Public Health Accreditation Board

www.phaboard.org

Health Assessment and Planning (CHIP/ SHIP)

Healthy People 2010 Toolkit:

Communicating Health Goals and Objectives

<http://www.healthypeople.gov/2010/state/toolkit/12Marketing2002.pdf>

Setting Health Priorities and Establishing Health Objectives

<http://www.healthypeople.gov/2010/state/toolkit/09Priorities2002.pdf>

Healthy People 2020:

www.healthypeople.gov

MAP-IT: A Guide To Using Healthy People 2020 in Your Community

<http://www.healthypeople.gov/2020/implementing/default.aspx>

Mobilizing for Action through Planning and Partnership:

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

MAPP Clearinghouse

<http://www.naccho.org/topics/infrastructure/mapp/framework/clearinghouse/>

MAPP Framework

<http://www.naccho.org/topics/infrastructure/mapp/framework/index.cfm>

National Public Health Performance Standards Program

<http://www.cdc.gov/nphpsp/index.html>

Performance Management /Quality Improvement

American Society for Quality; Evaluation and Decision Making Tools: Multi-voting

<http://asq.org/learn-about-quality/decision-making-tools/overview/overview.html>

Improving Health in the Community: A Role for Performance Monitoring

<http://www.nap.edu/catalog/5298.html>

National Network of Public Health Institutes Public Health Performance Improvement Toolkit

<http://nnphi.org/tools/public-health-performance-improvement-toolkit-2>

Public Health Foundation – Performance Management and Quality Improvement

<http://www.phf.org/focusareas/Pages/default.aspx>

Turning Point

<http://www.turningpointprogram.org/toolkit/content/silostosystems.htm>

US Department of Health and Human Services Public Health System, Finance, and Quality Program

<http://www.hhs.gov/ash/initiatives/quality/finance/forum.html>

Evaluation

CDC Framework for Program Evaluation in Public Health

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4811a1.htm>

Guide to Developing an Outcome Logic Model and Measurement Plan (United Way)

http://www.yourunitedway.org/media/Guide_for_Logic_Models_and_Measurements.pdf

National Resource for Evidence Based Programs and Practices

www.nrepp.samhsa.gov

W.K. Kellogg Foundation Evaluation Handbook

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

W.K. Kellogg Foundation Logic Model Development Guide

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

