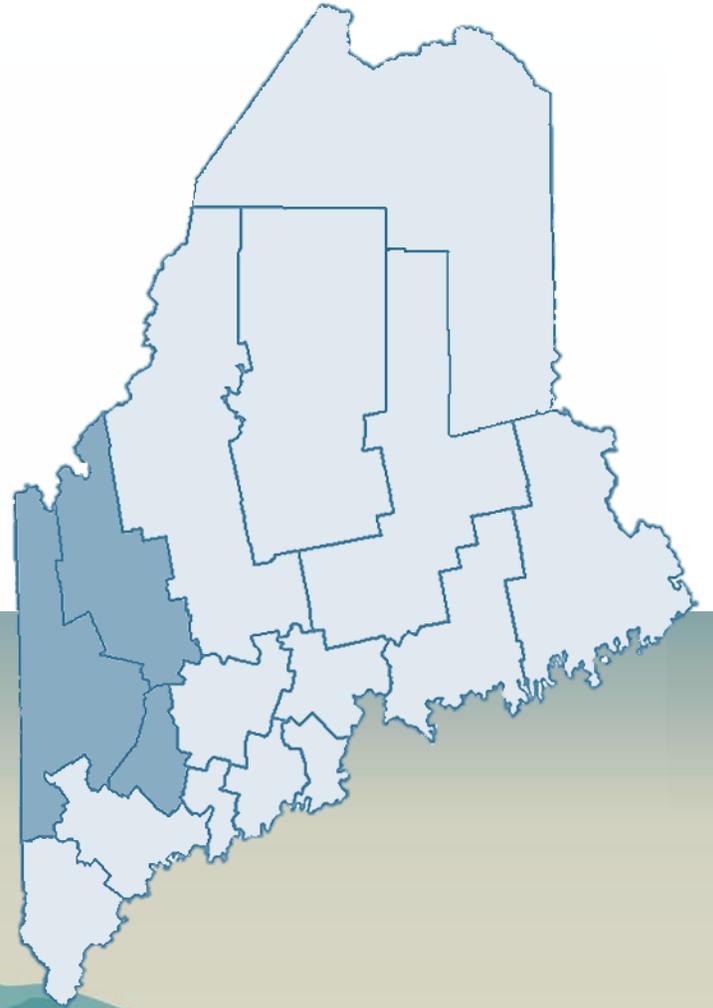# Western Public Health District

Androscoggin, Franklin, and Oxford Counties Public Health System Assessment Report

2022

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner

Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
11 State House Station
286 Water Street
Augusta, Maine 04333-0011
Tel; (207) 287-8016; Fax (207) 287-9058
TTY: Dial 711 (Maine Relay)

June 1, 2023

Dear Reader,

As Acting Director for the Maine Center for Disease Control and Prevention (Maine CDC), I am pleased to present this Local Public Health System Assessment (LPHSA), written in conjunction with the local district coordinating council (DCC).

The LPHSA provides a platform for partners to discuss the public health system's performance in planning, implementing, and evaluating public health initiatives with a goal of achieving optimal performance across the 10 essential public health services.

This document showcases and guides the work of the Maine CDC and the DCC as we continue to build a public health system that is inclusive of all Maine people. The collaboration reflected in this document helps to strengthen state and local relationships, making it possible to promote continuous quality improvement and highlight how Maine's public health system can strive to meet national standards.
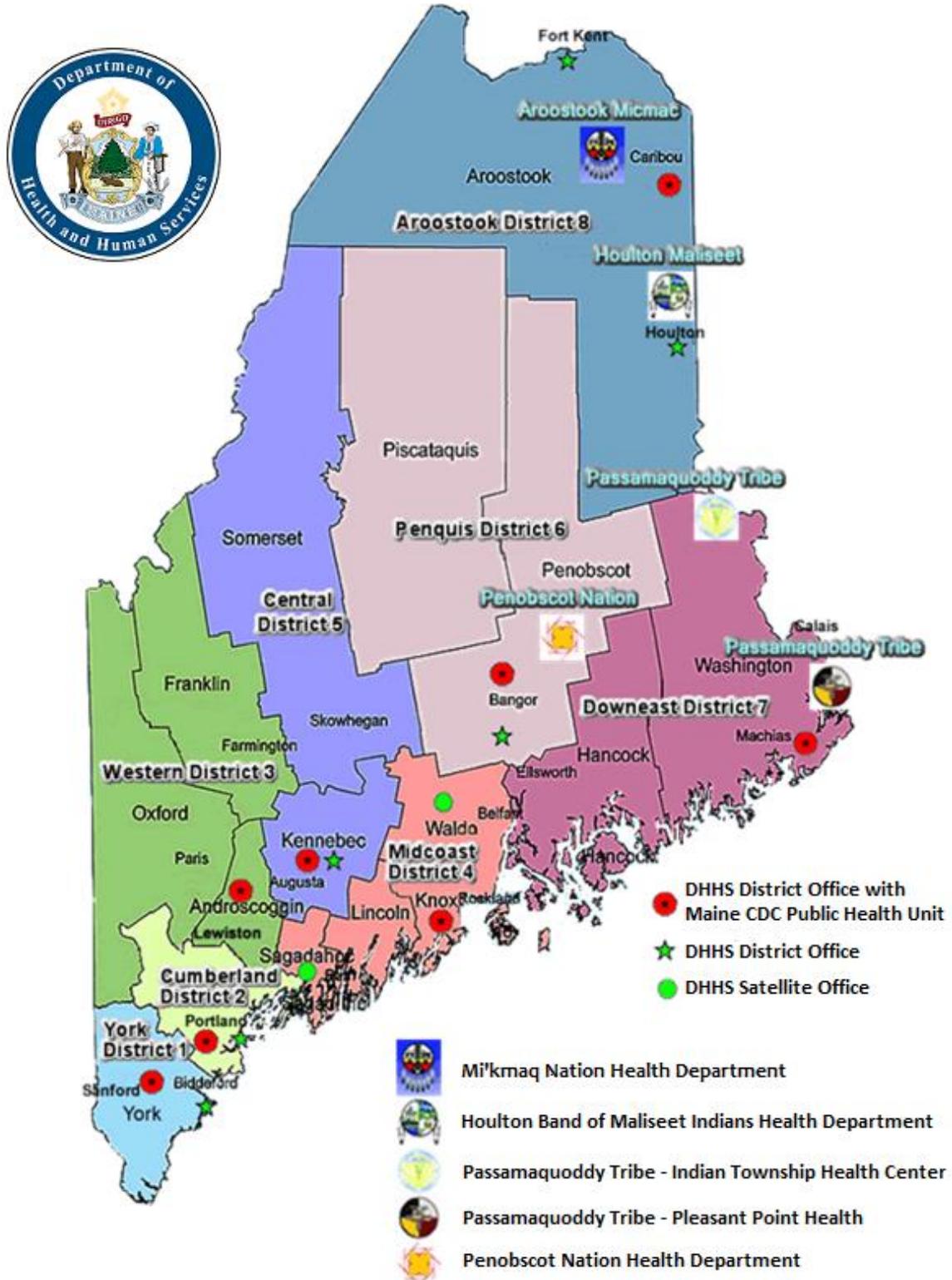
I'm grateful to everyone who participated in this assessment and look forward to continuing our shared work on behalf of the people of Maine.

Regards,

Nancy Beardsley

Nancy Beardsley
Acting Director
Maine Center for Disease Control and Prevention

Maine Public Health Districts

Map legend:

- **DHHS District Office with Maine CDC Public Health Unit**
- **DHHS District Office**
- **DHHS Satellite Office**

- Mi'kmaq Nation Health Department
- Houlton Band of Maliseet Indians Health Department
- Passamaquoddy Tribe - Indian Township Health Center
- Passamaquoddy Tribe - Pleasant Point Health
- Penobscot Nation Health Department

Map labels: Fort Kent, Aroostook Micmac, Caribou, Aroostook, Aroostook District 8, Houlton Maliseet, Houlton, Piscataquis, Passamaquoddy Tribe, Somerset, Penquis District 6, Penobscot, Penobscot Nation, Central District 5, Washington, Calais, Passamaquoddy Tribe, Franklin, Bangor, Downeast District 7, Machias, Hancock, Skowhegan, Ellsworth, Farmington, Western District 3, Oxford, Belfast, Waldo, Kennebec, Midcoast District 4, Hancock, Paris, Augusta, Lincoln, Knox, Rockland, Androscoggin, Lewiston, Sagadahoc, Cumberland District 2, York District 1, Portland, Sanford, Biddeford, York

Date of Report

July 1, 2023

Dates of Assessment

Date	EPHS
September 27, 2022	1 and 9
October 4, 2022	2 and 6
October 18, 2022	3 and 5
November 1, 2022	4 and 10
November 15 2022	7 and 8

Prepared for

Maine Center for Disease Control and Prevention
286 Water Street, State House Station 11
Augusta, ME 04333

Prepared by

This report was prepared by Alfred May, MPH and Stacy Boucher, MSHS in 2023 for the Division of Public Health Systems at the Maine Center For Disease Control and Prevention.

Formatted by

Public Consulting Group, LLC
148 State Street, 10th Floor
Boston, MA 02109

Contents

Acknowledgements

The 2022 Western Local Public Health System Assessment (LPHSA) is based on the contributions of a diverse variety of district council partners, both within and outside of the public health district. We offer our sincerest appreciation to all those who committed time and knowledge of local activities, resources, gaps, and challenges over five sessions during the Fall of 2022 to participate in this assessment, sharing their expertise and providing a broad system's approach to this process.

LPHSA Planning Committee: Planning for the LPHSA was undertaken by staff in the Maine CDC Division of Public Health Systems, District Public Health.

Local Public Health System Assessment Planning Committee			
Maine CDC Project Leadership and Funding Support		**District Liaisons**	
James Markiewicz	Associate Director, Division of Public Health Systems	Adam Hartwig	York District (1)
		Kristine Jenkins	Cumberland District (2)
		Emily Theriault	Western District (3)
Andrew Finch	Sr. Health Program Manager	Drexell White	Midcoast District (4)
		Paula Thomson	Central District (5)
Nancy Birkhimer	Preventive Health & Health Services Block Grant	Jessica Fogg	Penquis District (6)
William Jenkins	Public Health Preparedness & Response Fund	Alfred May	Downeast District (7)
Jamie Bourque	Maternal / Child Health Block Grant	Stacy Boucher	Aroostook District (8)

Maine CDC, Division of Public Health Systems, District Public Health contracted with MCD Global to support the LPHSA efforts. As the facilitation partner in the State Public Health System Assessment, MCD Global brought process experience and qualified staff to the technical and logistical support for the LPHSA sessions. Special thanks to **Elizabeth Foley**, Co-Director, MCD Global, **Valerie Jackson**, lead facilitator and planner, **Denise Delorie**, Co-Facilitator, **Pat Hart**, Co-Facilitator, **Joe Demartin**, IT design and support, **Meghan Richards** and **Emilee Winn Caradonna**, administrative support.

The local public health system assessment process benefitted from the foundational planning work conducted by the State Public Health Assessment Planning Committee. This committee included members of the Statewide Coordinating Council for Public Health (SCC), Maine CDC District Liaisons, staff from the Maine Public Health Association, and a community member with experience in these types of assessments.

The arrival of COVID-19 in early 2020 resulted in a shifting of personnel and priorities and the reduction/elimination of in-person meetings. The Committee, charged with conducting the assessment in a way that fostered open and participatory dialogue while also ensuring the safety and health of attendees, made the decision to conduct the assessment in a virtual format. We believe this is the first time such an assessment has been conducted virtually. We thank the SPHSA planning committee for its persistence in ensuring this assessment was conducted with fidelity and with maximum engagement, despite the challenges of the COVID-19 pandemic. As a result, the local public health districts were able to proceed using similar approaches to meaningful community engagement in virtual venues.

The LPHSA report also utilizes demographic data and tables originally presented in the Western District Health Profile. That profile is the result of extensive effort conducted on behalf of the **Maine Shared Community Health Needs Assessment (Maine Shared CHNA)** planning and engagement staff, vendors

and committees. Copies of the Profile and Western District performance regarding selected public health indicators are available online at the Maine Center for Disease Control and Prevention (Maine CDC) webpage for the Maine Shared CHNA (www.mainechna.org).

LPHSA Core Group: The LPHSA instrument recommends a core group of participants come to each of the assessment meetings to provide knowledge of statewide public health activities and policies and have a connection to all ten assessment sessions. The LPHSA Core Group was established in June 2022 and was comprised of experts, who are both knowledgeable about the district's public health system and represent key organizational components of that system. The Core Group members (or their representative) were invited to all 10 two-hour assessment sessions. We thank the core group for their participation and leadership.

Note from the Department of Health and Human Services

The recommendations herein reflect the work of contributors within and outside of state government. They do not reflect policy commitments of the Maine Department of Health and Human Services or Maine Center for Disease Control and Prevention, and further do not confer support from the Executive Branch for specific legislative initiatives. Policy proposals will be reviewed and commented on as they arise.

Background

Beginning in September of 2022, Maine CDC began conducting a series of local public health system assessments (LPHSA) throughout the eight (8) geographic public health districts across the state. The population-focused tribal district utilizes an alternate assessment process. However, tribal participation and perspective was sought across the State with greatest emphasis in geographic districts where federally recognized tribes are located. The LPHSA is a nationally recognized instrument, developed by the National Public Health Performance Standards (NPHPS), to improve the practice of public health and the performance of public health systems. Using the standards for each of the Essential Public Health Services (EPHS), the instrument guides local systems in evaluating their current performance against a set of optimal standards. Through this participatory process, each partner can consider the activities of all public health system members, capturing the work of all public, private, and voluntary entities that contribute to public health at the local level.

The instrument establishes a defined list of system partner organizations by sector, who are involved in each of the ten essential public health services. Sectors are defined as partners who fit under general categories, like county government, hospitals, health systems, emergency management, and community-based organizations. Based on this guidance, the LPHSA Planning Committee created various matrices to create the invite lists for each EPHS by sector and by organization within the sector to optimize participation in this process. These lists were then reviewed by the Executive / Steering Committee of the respective public health district.

Assessment Process

Transitioning from the in-person model to five (5) two and one half-hour virtual sessions challenged the LPHSA Facilitation Team to find new ways to leverage technology while maintaining group participation and engagement, and ensuring every voice was heard and all input was recorded. To maintain consistency throughout the meetings, we developed a standard script and process for each session that maximized efficiency, anticipated and reduced technical glitches, and captured participants' comments. The virtual meeting platform Zoom was used in all sessions. For each session, we utilized the following activities:

- **Pre-Reading:** Model Standards were sent to participants in advance of the meeting.
- **Ground Rules & Tech Support:** Established ground rules and had a team ready to answer any technical issues during the assessment meetings.
- **Chat Function:** The Zoom chat function was encouraged to allow participants to provide key points to the discussion as well as links to appropriate resources.
- **Closed Captioning and Recording:** All sessions were recorded and provided closed captioning, with transcripts of the sessions saved for capturing important conversations.
- **Recordkeeping:** Notetaking was done during all sessions by designated recorder.
- **Consensus Voting:** At the time for voting on a standard question, a Zoom poll was launched with a timed countdown and then shared and recorded.
- **Strengths, Weaknesses, Opportunities, Priorities (SWOP):** The online collaboration tool IdeaBoardz offered a live, interactive visual to collect SWOP entries during the meeting and was left open for entries post-meeting.
- **Evaluation & Follow-Up:** Links to the session evaluation and the SWOP IdeaBoardz were sent to each participant post meeting.

Analysis

Quantitative: The LPHSA is constructed using the ten EPHS as a framework. Each EPHS includes 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 measurements of performance. When each model standard is discussed and then scored, these scores indicate how well the system is meeting the model standard at the optimal level of public health system performance. The scoring rubric is consistent throughout the process and relies on discussion, engagement, and examples provided during each of the model standards sessions. Activity classification is based on definitions of optimal, significant, moderate, minimal and no activity (see below). Using consensus voting for each model standard and then recorded in an algorithm, a score is generated for each model standard within an EPHS and one overall assessment score per EPHS. Scores were then weighed through a process for each question so that a more exact score could be determined, based on range of scores per question, and then entered into the algorithm.

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.**

Qualitative: Conducting this assessment virtually enabled participants to easily share information with the facilitation team. Data were collected via notetaking, session recordings and transcripts, and chat transcripts. These data were then combined into one document per EPHS, creating large files (greater than 50 pages). These documents were then reviewed and reorganized so that different types of data were collated. Non-response data such as facilitator instructions and chat comments were cleaned so that what was left were only responses related to the assessment. Our qualitative analysis approach reviewed these data for common themes, key descriptive points, and key examples showing activity. The results of the qualitative analysis were then used to inform the Key Findings: Strengths, Weaknesses, and Opportunities sections for each EPHS.

Next Steps

The primary purpose for conducting an LPHSA is to promote continuous improvement that will result in positive outcomes for system performance. 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 provides an opportunity to build commitment and focus for setting priorities and improving overall public health systems functions. Public health systems must strive to deliver the ten (10) EPHS at optimal levels.

It is anticipated that this assessment will identify opportunities for supporting a more cohesive public health system, including increased collaboration among organizations and community partners as well as

increased awareness of quality improvement (QI) efforts. Data provide cross-sectional information about Maine's public health system and it is anticipated that findings will provide benchmarks for future public health improvement efforts.

In conjunction with the State Public Health System Assessment, which was completed during Summer 2021, results should provide data and key findings to inform state and district public health planning, including identifying systems priorities for short- and long-term implementation plans.

Benefits and Limitations of Assessment

Results of the previous LPHSA conducted in 2010 are provided for review. However, it should be noted that direct comparison of the data must be undertaken with restraint. There are many variables that have impacted findings, including pandemic-influenced changes, meetings occurring well beyond the recommended assessment interval, and participant invitations based upon expertise and tool recommendation instead of self-selection to specific domains. Each of these conditions has the potential to impact assessment findings. Inferences that any apparent changes occurred as a direct result of actions undertaken based upon the 2010 report are inconclusive. Furthermore, there were no data available to compare each of the EPHS model standards to other state assessment scores.

Presentation of Data in this Report

An overall score for each of the 10 EPHS is displayed to show the range of scores and the performance level of each one. All graphics will have the optimal score of 100 shown as a means of comparison for optimal performance. There is a graphic presentation comparing the 2010 and 2022 LPHSA overall scores for the ten EPHS. Graphs are also used to show the scores of each EPHS within a model standard. Similar figures show the scores of the ten EPHS in meeting the other model standards.

Each of the 10 EPHS has their own summary that includes:

- The description of the EPHS.
- A figure showing the scores of the standards for that EPHS with the overall score (dotted line), the optimal score of 100 (dotted line), and how the scores are categorized by activity (optimal, significant, moderate, minimal, or no).
- A table showing all the scores for the model standards and questions within the standard (for the full content of these questions, these tables are shown in Appendix I).
- Key Findings: A compilation of content themes and direct comments from participants of the virtual sessions.

Western District Characteristics

How the District is organized

- The Western Public Health District covers Androscoggin, Franklin, and Oxford counties.

- There are 71 municipal governments, including a city, towns, plantations and townships.

- The District serves all parts of its jurisdiction, including its townships, some of which have year-round or seasonal residents.

- The District has its own webpage: www.mainepublichealth.gov, under Local Public Health Districts.

- The District has its own webpage: www.mainepublichealth.gov, under Local Public Health Districts.

- A multi-sector District Coordinating Council and its leaders partner with the District Liaison.

- A DCC-elected representative sits as a voting member of the State Public Health Coordinating Council.

- Community coalitions each serve their towns within the District.

- All Collations are members of the District Coordinating Council.

- Each town can appoint a Local Health Officer (LHO), who is trained/certified by Maine CDC.

- A District Liaison serves the whole District and is in Lewiston at a DHHS office.

- The District Liaison provides oversight of LHOs, and technical assistance to LHOs and HMPs.

- The governmental District Public Health Unit includes the District Liaison plus:

  o 8 public health nurses.

  o 1 field epidemiologist.

  o 4 drinking water protection specialists.

  o 2 health inspectors.

Western
Public Health District
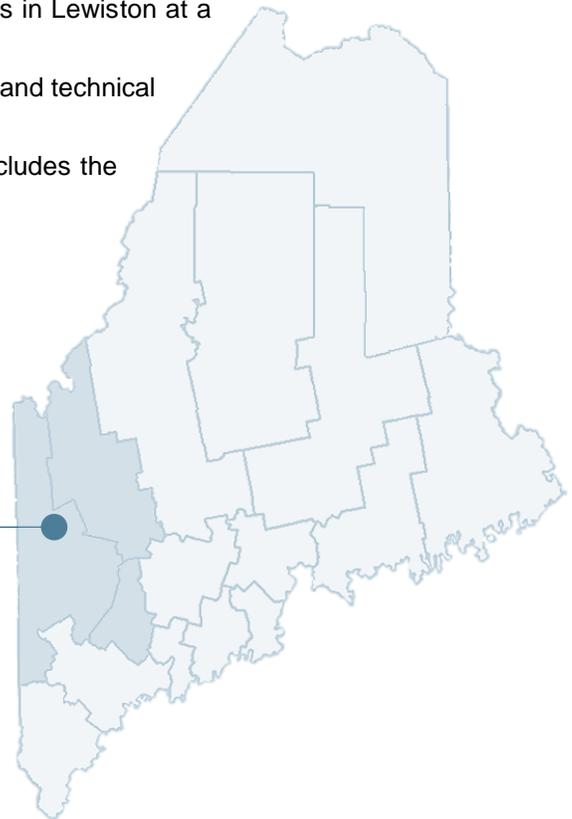
Who we are (demographics)

- 194,945 people with **45.6 persons per square mile** (Census 2008 est.).
- 11,271 of us are less than 5 years old, **41,369 are 18 years old**, and 27,939 over 65 years old.
- **47.9%** of our children are eligible for free or reduced school lunch.
- **18.6%** of us are adults with a lifetime status of having less than a high school degree.
- We are enriched by the number of us with Franco-American, Hispanic, and African heritage.
- Much more data on who we are can be found at www.mainepublichealth.gov.

<div style="float:right">

WESTERN DISTRICT POPULATION

194,945

STATE OF MAINE POPULATION

1,344,212

</div>

	WESTERN	MAINE[1]
Median household income	Androscoggin: $53,500 Franklin: $51,422 Oxford: $49,204	$58,924
Unemployment rate	5.90%	5.40%
Individuals living in poverty	12.70%	10.90%
Children living in poverty	16.10%	13.80%
65+ living alone	28.00%	29.90%

Health Determinants Characteristic to Western Public Health District

	WESTERN[1]	MAINE
All cancer deaths per 100,000 population	**177.9**	168.0
Cardiovascular disease deaths per 100,000 population	**207.2**	193.9
Diabetes deaths (underlying cause) per 100,000 population	**28.7**	22.5
Drug-affected infant reports per 1,000 births	**109.1**	73.7
Fruit consumption (adults reporting less than one serving per day)	**25.5**	31.4

Leading Causes of Death in Western Public Health District

Rank	Condition[2]
1	**Cancer**
2	**Heart Disease**
3	**Chronic Lower Respiratory Disease**

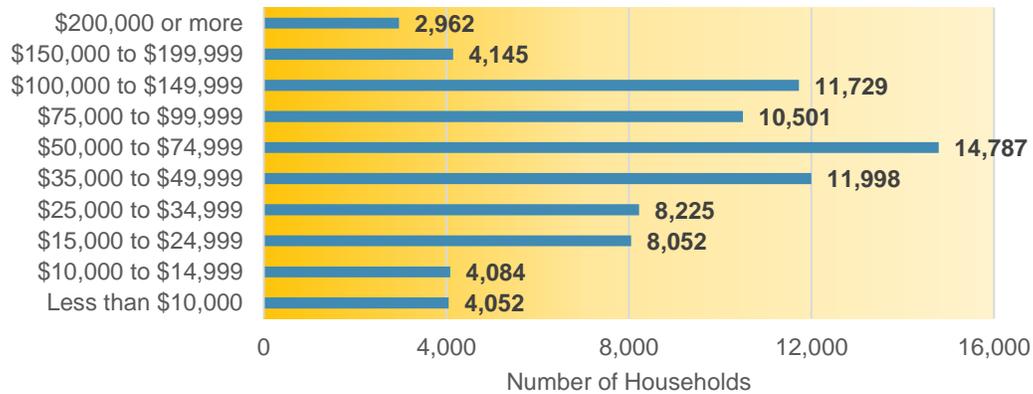| Rank	Condition
4	**Unintentional Injury**
5	**Alzheimer's Disease**

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[1] Data are from the 2021 Maine Shared Community Health Needs Assessment Health Profile.
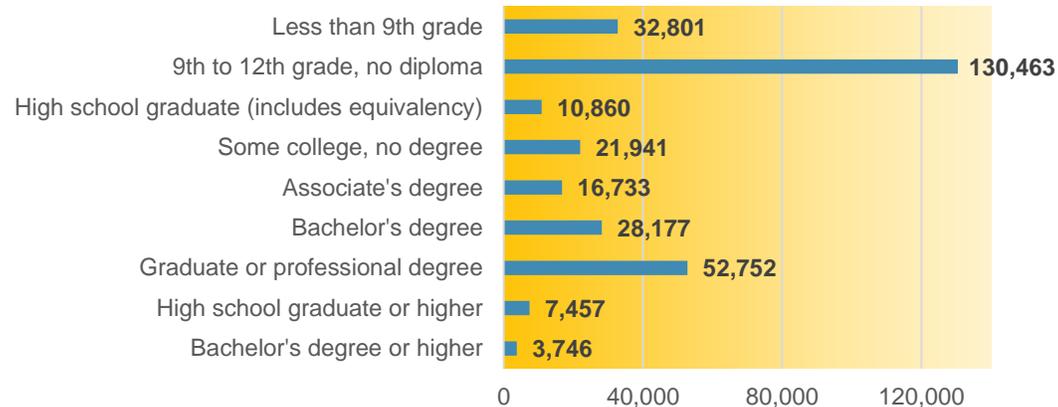
Age Distribution of Western District, 2021

Age Group	Count
Under 5 years	10,158
5 to 9 years	10,830
10 to 14 years	11,660
15 to 19 years	12,140
20 to 24 years	11,218
25 to 34 years	22,926
35 to 44 years	23,119
45 to 54 years	25,681
55 to 59 years	15,256
60 to 64 years	16,057
65 to 74 years	23,688
75 to 84 years	10,681
85 years and over	4,258
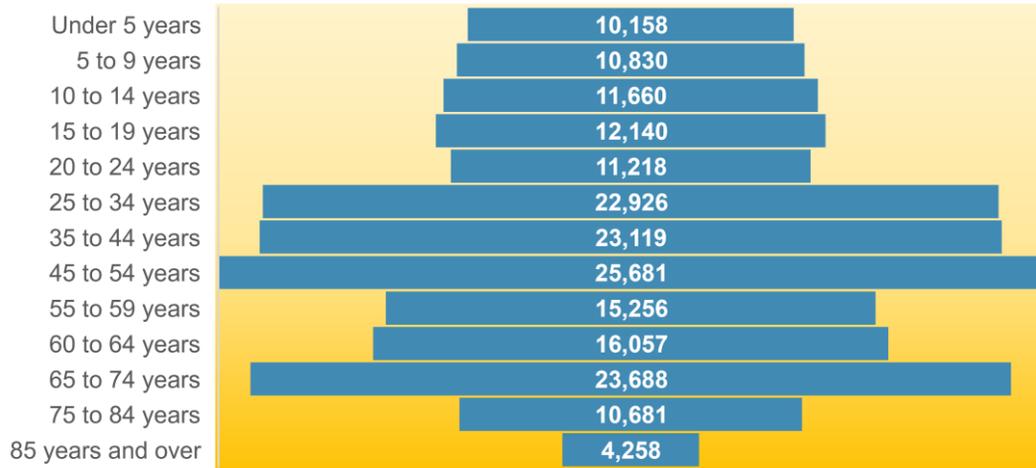
Western District Household Income and Benefits, 2021 (in 2021 Dollars)

Income Range	Number of Households
$200,000 or more	2,962
$150,000 to $199,999	4,145
$100,000 to $149,999	11,729
$75,000 to $99,999	10,501
$50,000 to $74,999	14,787
$35,000 to $49,999	11,998
$25,000 to $34,999	8,225
$15,000 to $24,999	8,052
$10,000 to $14,999	4,084
Less than $10,000	4,052

Number of Households

Educational Attainment in Western District, 2021 (Age 25 and Over)

| Attainment	Count
Less than 9th grade	32,801
9th to 12th grade, no diploma	130,463
High school graduate (includes equivalency)	10,860
Some college, no degree	21,941
Associate's degree	16,733
Bachelor's degree	28,177
Graduate or professional degree	52,752
High school graduate or higher	7,457
Bachelor's degree or higher	3,746

All data on this page are from the US Census Bureau, American Community Survey 2017–2021.

SUMMARY OF RESULTS

For the 2022 Assessment (Figure 1), the Western District's overall performance score was 62.9 (optimal performance = 100) with a range of 84.0 (EPHS 2) to 31.9 (EPHS 10). The top-performing EPHS include *Enforce Laws and Regulations that Protect Health and Ensure Safety* (91.1), *Diagnose and Investigate Health Problems and Health Hazards* (81.9), and *Monitor Health Status* (80.6).

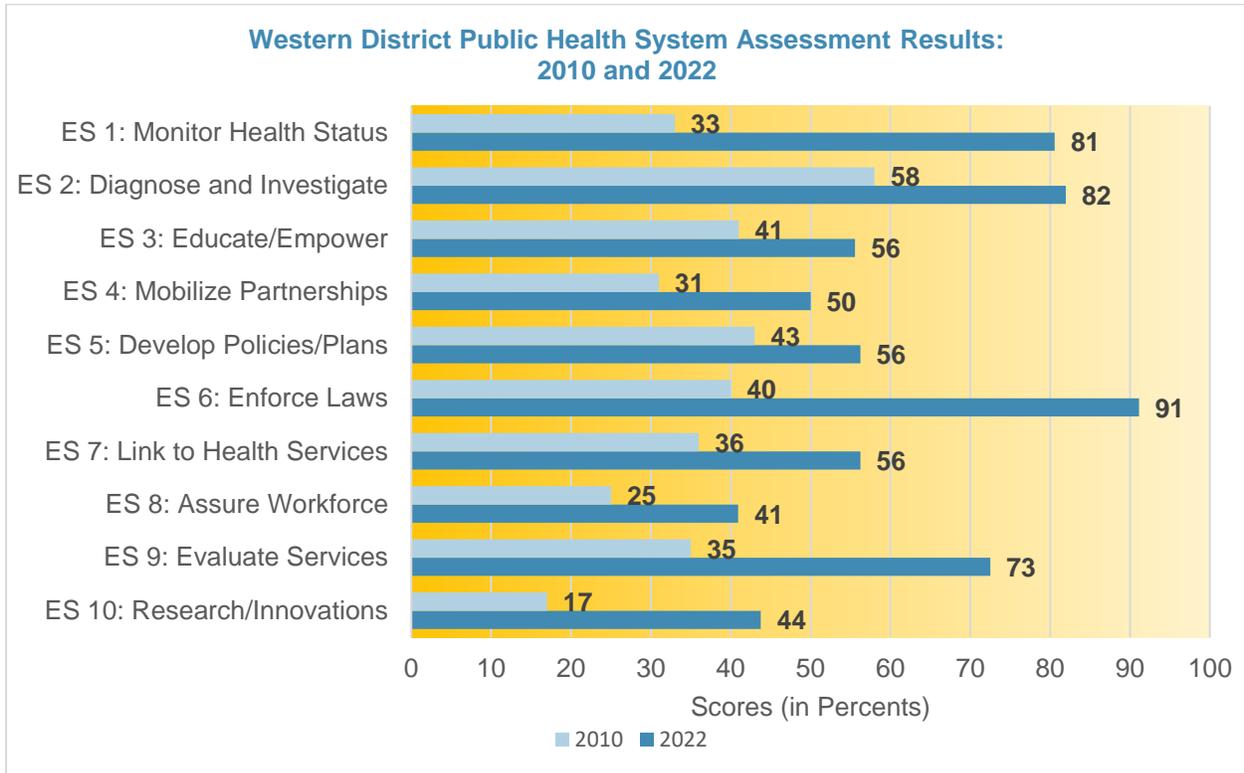*Figure 1. Scores for All Essential Public Health Services (EPHS)*
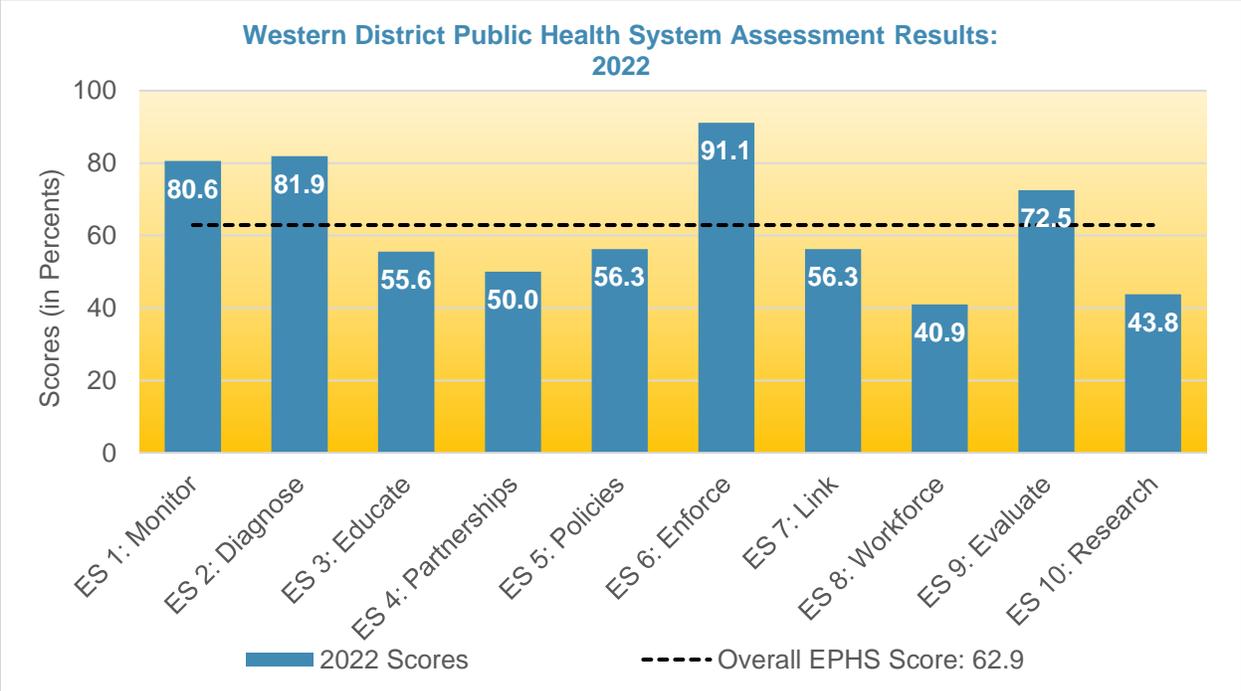
Essential Public Health Services and Scores

EPHS	Score
1. Monitor health status to identify and solve community health problem.	80.6
2. Diagnose and investigate health problems and health hazards in the community.	81.9
3. Inform, educate, and empower people about health issues.	55.6
4. Mobilize community partnerships and action to identify and solve health problems.	50.0
5. Develop policies and plans that support individual and community health efforts.	56.3

EPHS	Score
6. Enforce laws and regulations that protect health and ensure safety.	91.1
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.	56.3
8. Assure competent public and personal health care workforce.	40.9
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.	72.5
10. Research for new insights and innovative solutions to health problems.	43.8

Maine 2010 and 2022 Scores: Figure 2 presents the scores of the Western LPHSA conducted in 2010 and 2022. Due to the time difference between the two assessments and changes in the district's public health infrastructure over that period, a direct comparison of the scores should not be done. This graph does provide an opportunity for an open discussion and review of what has occurred over that time.

Figure 2: Western LPHSA Scores from 2010 and 2022

Western District Public Health System Assessment Results: 2010 and 2022

Essential Service	2010	2022
ES 1: Monitor Health Status	33	81
ES 2: Diagnose and Investigate	58	82
ES 3: Educate/Empower	41	56
ES 4: Mobilize Partnerships	31	50
ES 5: Develop Policies/Plans	43	56
ES 6: Enforce Laws	40	91
ES 7: Link to Health Services	36	56
ES 8: Assure Workforce	25	41
ES 9: Evaluate Services	35	73
ES 10: Research/Innovations	17	44

Scores (in Percents)

■ 2010 ■ 2022

Results at a Glance: Essential Public Health Service 1

EPHS 1: MONITOR HEALTH STATUS TO IDENTIFY AND SOLVE COMMUNITY HEALTH PROBLEMS

This EPHS includes:

- Assessing, accurately and continually, the community's health status.

- Identifying threats to health.

- Determining health service needs.

- Paying attention to the health needs of groups that are at higher risk than the total population.

- Identifying community assets and resources that support the public health system in promoting health and improving quality of life.

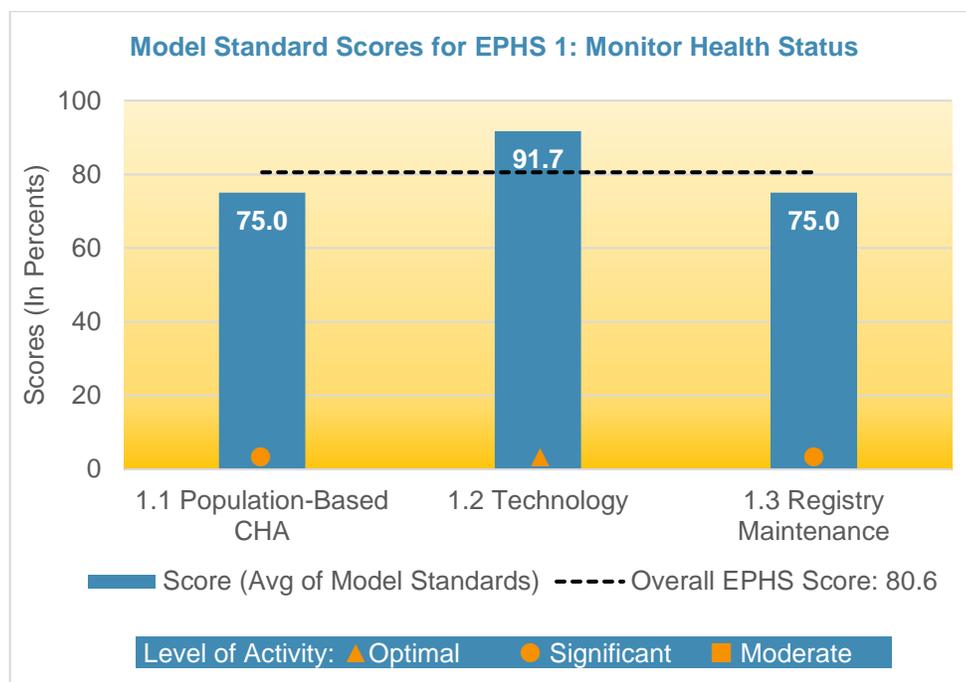- Using appropriate methods and technology to interpret and communicate data to diverse audiences.

Model Standard Scores for EPHS 1: Monitor Health Status

Table 1: Scores for Essential Service 1 (Composite Score = 80.6)

ESSENTIAL SERVICE 1: Monitor Health Status to Identify Community Health Problems		
1.1	**Model Standard: Population-Based Community Health Assessment (CHA)** *At what level does the local public health system:*	
1.1.1	Conduct regular community health assessments?	100
1.1.2	Continuously update the community health assessment with current information?	50
1.1.3	Promote the use of the community health assessment among community members?	75

1.2	Model Standard: Current Technology to Manage and Communicate Population Health Data *At what level does the local public health system:*	
1.2.1	Use the best available technology and methods to display data on the public's health?	100
1.2.2	Analyze health data to see where health problems exist?	75
1.2.3	Use software to create charts, graphs, and maps to display complex public health data?	100
1.3	Model Standard: Maintenance of Population Health Registries *At what level does the local public health system:*	
1.3.1	Collect data on specific health concerns?	75
1.3.2	Use information from population health registries?	75

See Appendix I for the full wording of the model standards and questions.

Strengths[2]

- Making public health surveys & assessments readily accessible for community members (in-person, social media, etc.).
- Maine Integrated Youth Health Survey utilized for coalition prevention work.

Weaknesses

- Sharing public health dashboards (such as Health Care Coalition Dashboard) with public, to create awareness of the work happening in the community.
- Community members outside of their service area may not be aware of survey outcomes (people not in youth prevention may not be aware of MIYHS outcomes etc.).

Opportunities

- Promoting the use of the CHNA and other public health assessments to community partners.
- Developing a dissemination strategy to various audiences to share survey data outcomes.
- Review data outcomes (seek presenter/s) in DCC meeting/s to determine actionable items for greatest impact (Identify community needs; Identify community assets).

Key Findings
EPHS 1

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[2] Key findings are a compilation of content themes and direct comments from participants of the virtual sessions.

Results at a Glance: Essential Public Health Service 2

EPHS 2: DIAGNOSE AND INVESTIGATE HEALTH PROBLEMS AND HEALTH HAZARDS

This EPHS includes:

- Assessing a public health laboratory capable of conducting rapid screening and high-volume testing.

- Establishing active infectious disease epidemiology programs.

- Creating technical capacity for epidemiologic investigation of disease outbreaks and patterns of the following:

  o Infectious and chronic diseases.

  o Injuries.

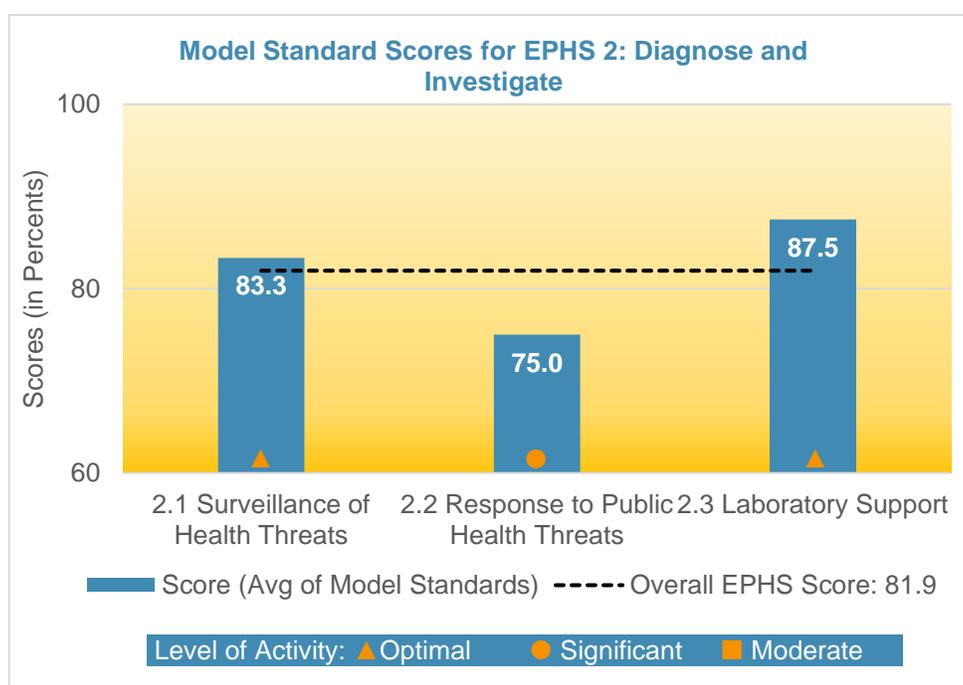 o Other adverse health behaviors and conditions.

Model Standard Scores for EPHS 2: Diagnose and Investigate

Table 2. Scores for Essential Service 2 (Composite Score = 81.9)

ESSENTIAL SERVICE 2: Diagnose and Investigate Health Problems and Health Hazards		
2.1	**Model Standard: Identification and Surveillance of Health Threats** *At what level does the local public health system:*	
2.1.1	Participate in a comprehensive surveillance system?	100
2.1.2	Provide and collect timely and complete information on potential emergencies?	75
2.1.3	Assure that the best available resources are used to support surveillance systems?	75
2.2	**Model Standard: Investigation and Response to Public Health Threats and Emergencies** *At what level does the local public health system:*	
2.2.1	Maintain written instructions on how to handle communicable disease outbreaks?	75

2.2.2	Develop written rules to follow in the investigation of public health emergencies?	75
2.2.3	Designate a jurisdictional Emergency Response Coordinator?	75
2.2.4	Prepare to rapidly respond to public health emergencies?	75
2.2.5	Identify personnel with the technical expertise to rapidly respond to emergencies?	75
2.2.6	Evaluate incidents for effectiveness and opportunities for improvement?	75
2.3	**Model Standard: Laboratory Support for Investigation of Health Threats** *At what level does the local public health system:*	
2.3.1	Have ready access to laboratories that can meet routine public health needs?	75
2.3.2	Maintain 24/7 access to laboratories that can meet emergent public health needs?	75
2.3.3	Use only licensed or credentialed laboratories?	100
2.3.4	Maintain a written list of rules for handling samples?	100

See Appendix I for the full wording of the model standards and questions.

Strengths[3]

- Involvement of state staff with local level emergency management

- Infectious disease reporting and engagement with the state surveillance system/infectious disease epi program.

- Lab services provided within the district and the availability of statewide lab services (HETL, etc.)

Weaknesses

- It seems awareness of what's happening in our district in relation to emergency preparedness is lacking.

Opportunities

- Engaging local partners with emergency preparedness efforts.

- To increase awareness of emergency response in district; invite EMA directors/designees to DCC meetings and have them provide updates.

- Invite Epidemiologists to DCC meetings to share more information on health investigations (generally speaking) to be able to potentially identify and address any hazards. This also increases district awareness.

Key Findings
EPHS 2

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[3] Key findings are a compilation of content themes and direct comments from participants of the virtual sessions.

Results at a Glance: Essential Public Health Service 3

EPHS 3: INFORM, EDUCATE, AND EMPOWER PEOPLE ABOUT HEALTH ISSUES.

This EPHS includes:

- Creating community development activities.

- Establishing social marketing and targeted media public communication.

- Providing accessible health information resources at community levels.

- Collaborating with personal health care providers to reinforce health promotion messages and programs.

- Working with joint health education programs with schools, churches, worksites, and others.
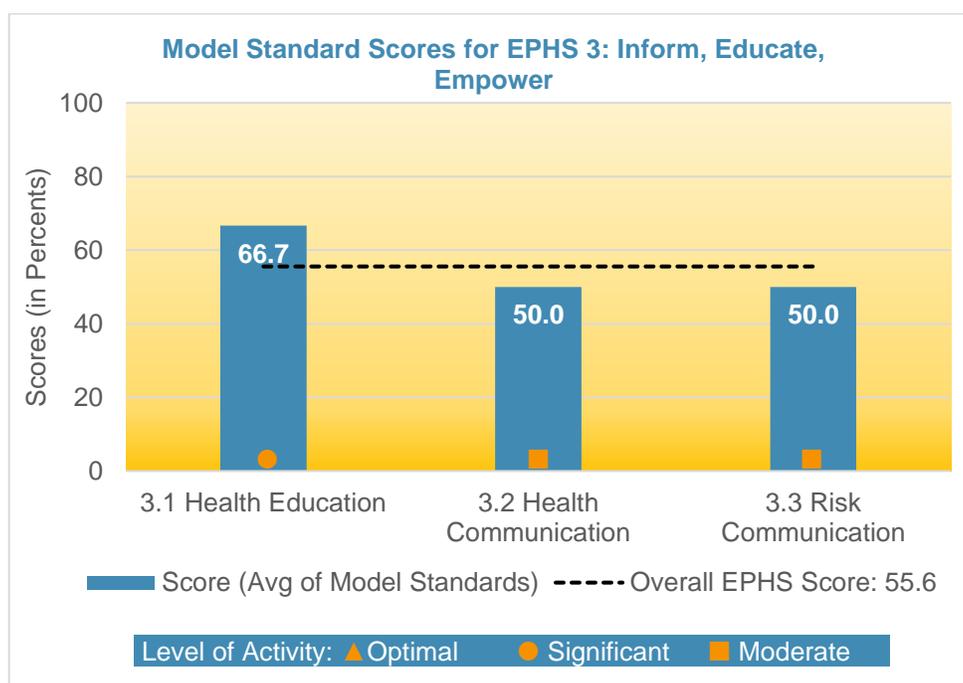

Model Standard Scores for EPHS 3: Inform, Educate, Empower

- 3.1 Health Education: 66.7
- 3.2 Health Communication: 50.0
- 3.3 Risk Communication: 50.0

Score (Avg of Model Standards) ----- Overall EPHS Score: 55.6

Level of Activity: ▲ Optimal ● Significant ■ Moderate

Table 3. Scores for Essential Service 3 (Composite Score = 55.6)

ESSENTIAL SERVICE 3: Inform, Educate, and Empower People about Health Issues		
3.1	**Model Standard: Health Education and Promotion** *At what level does the local public health system:*	
3.1.1	Provide analyses of community health status and policy recommendations?	50
3.1.2	Coordinate health promotion and health education activities?	75
3.1.3	Engage the community throughout the process of setting priorities, plans and activities?	75
3.2	Model Standard: Health Communication *At what level does the local public health system:*	
3.2.1	Develop health communication plans for sharing information?	50

3.2.2	Use relationships with different media to share health information?	50
3.2.3	Identify and train spokespersons on public health issues?	50
3.3	**Model Standard: Risk Communication** *At what level does the local public health system:*	
3.3.1	Develop an emergency communications plan for each stage of an emergency?	50
3.3.2	Make sure resources are available for a rapid emergency communication response?	50
3.3.3	Provide risk communication training for employees and volunteers?	50

See Appendix I for the full wording of the model standards and questions.

Strengths[4]

- Local community coalitions - a big part of their role is EPHS 3.

Weaknesses

- Community engagement outside community-based organizations who are invested in community health reaching community members.

- Getting communications to the community-level, on the ground members.

Opportunities

- Developing a health promotion plan across the district - more cross collaboration in aligned areas.

- Increasing and finding sustainable funding for health promotion efforts at the local level.

- Increase diversity of representation at DCC for optimal information sharing.

Key Findings
EPHS 3

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[4] Key findings are a compilation of content themes and direct comments from participants of the virtual sessions.

Results at a Glance: Essential Public Health Service 4

EPHS 4: MOBILIZE COMMUNITY PARTNERSHIPS TO IDENTIFY AND SOLVE HEALTH PROBLEMS

This EPHS includes:

- Convening and facilitating partnerships among groups and associations (including those not typically considered to be health related).

- Undertaking defined health improvement planning process and health projects, including:

  o Preventive

  o Screening

  o Rehabilitation, and

  o Support programs.

- Building a coalition to draw on the full range of potential human and material resources to improve community health.
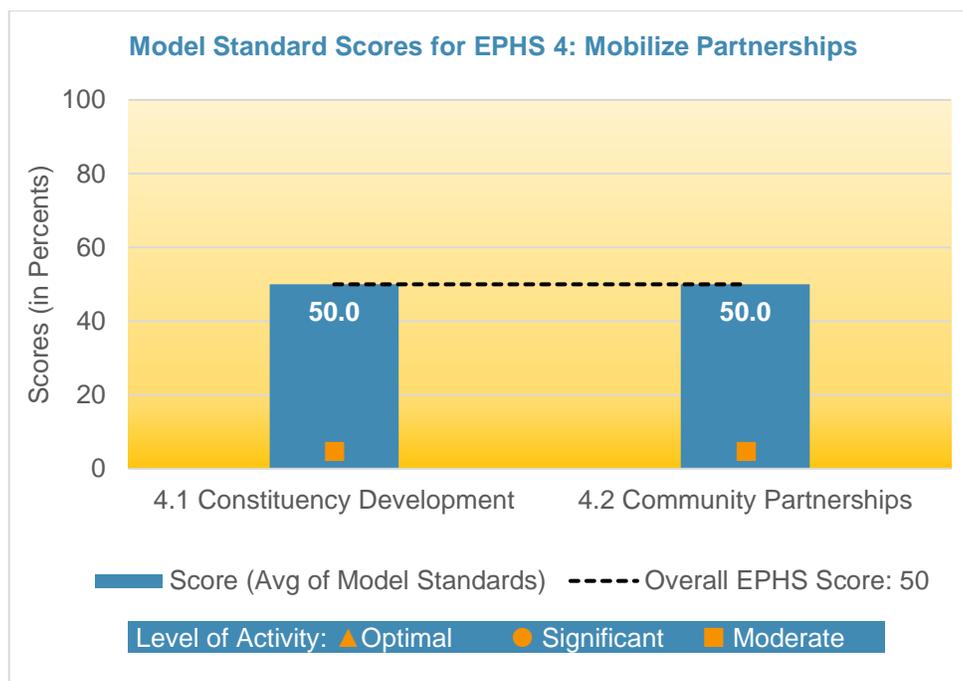

Model Standard Scores for EPHS 4: Mobilize Partnerships

Table 4. Scores for Essential Service 4 (Composite Score = 50.0)

ESSENTIAL SERVICE 4: Mobilize Community Partnerships to Identify and Solve Health Problems		
4.1	**Model Standard: Constituency Development** *At what level does the local public health system:*	
4.1.1	Maintain a complete and current directory of community organizations?	50
4.1.2	Follow an established process for identifying key constituents?	50
4.1.3	Encourage constituents to participate in activities to improve community health?	50
4.1.4	Create forums for communication of public health issues?	50
4.2	**Model Standard: Community Partnerships** *At what level does the local public health system:*	
4.2.1	Establish partnerships and alliances to improve health in the community?	75
4.2.2	Establish a broad-based community health improvement committee?	50
4.2.3	Assess how well partnerships and alliances are working to improve community health?	25

See Appendix I for the full wording of the model standards and questions.

Strengths[5]

- New DCC steering Committee that will work to increase engagement.

- The programs and projects each coalition is working on in their part of the district.

Weaknesses

- Creating strategies for meaningful cross sector, community-based engagement.

- A need to weave a tighter thread connecting the coalitions and their good work across the district. Shared learning, shared impact.

- Decreased input from health affiliates and facilities in the district.

Opportunities

- We have CHIPs at each of our hospital systems and committees that are required to meet on the progress of those CHIPs- we have an opportunity to connect those committees to DCC.

- Develop a stronger collaboration and two-way communications between state and local districts.

- Increase diversity of representation at DCC meetings for increased awareness and breadth of public health efforts within the district, inherently increasing connections and partnerships across the district.

Key Findings
EPHS 4

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[5] Key findings are a compilation of content themes and direct comments from participants of the virtual sessions.

Results at a Glance: Essential Public Health Service 5

EPHS 5: DEVELOP POLICIES AND PLANS THAT SUPPORT INDIVIDUAL AND COMMUNITY HEALTH EFFORTS

This EPHS includes:

- Ensuring leadership development at all levels of public health.

- Ensuring systematic community-level and state-level planning for health improvement in all jurisdictions.

- Developing and tracking measurable health objectives from the health improvement plan as a part of a continuous quality improvement plan.

- Establishing joint evaluation with the medical health care system to define consistent policies regarding prevention and treatment services.

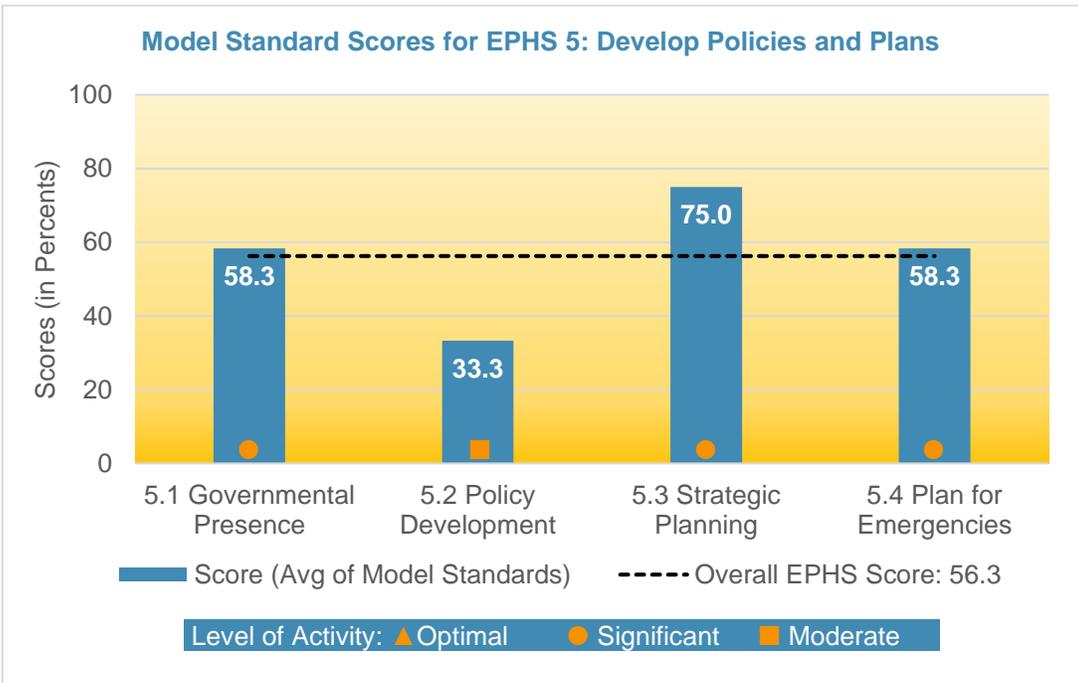- Developing policy and legislation to guide the practice of public health.

Model Standard Scores for EPHS 5: Develop Policies and Plans

Table 5. Scores for Essential Service 5 (Composite Score = 56.3)

ESSENTIAL SERVICE 5: Develop Policies and Plans that Support Individual and Community Health Efforts		
5.1	**Model Standard: Governmental Presence at the Local Level** *At what level does the local public health system:*	
5.1.1	Support the work of a local health department?	50
5.1.2	See that the local health department is accredited?	75
5.1.3	Assure that the local health department has enough resources?	50
5.2	Model Standard: Public Health Policy Development *At what level does the local public health system:*	

5.2.1	Contribute to public health policies?	50
5.2.2	Alert policymakers and the community of the possible public health impacts of policies?	25
5.2.3	Review existing policies at least every three to five years?	25
5.3	**Model Standard: Community Health Improvement Process and Strategic Planning** *At what level does the local public health system:*	
5.3.1	Establish a community health improvement process?	75
5.3.2	Develop strategies to achieve community health improvement objectives?	75
5.3.3	Connect organizational strategic plans with the Community Health Improvement Plan?	75
5.4	**Model Standard: Plan for Public Health Emergencies** *At what level does the local public health system:*	
5.4.1	Support a workgroup to develop and maintain preparedness and response plans?	50
5.4.2	Develop a response plan?	75
5.4.3	Test and revise the plan as needed, at least every two years?	50

See Appendix I for the full wording of the model standards and questions.

Strengths[6]

- The state CHNA process.

- County Emergency Management, Town emergency management, Fire/ Police/EMS services.

Weaknesses

- Decreased engagement from non-public health sectors in this work.

Opportunities

- Increase engagement with policy makers at the state and local level.

- Address state policy that impacts community health.

- Identify policies that negatively impact health.

Key Findings
EPHS 5

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[6] Key findings are a compilation of content themes and direct comments from participants of the virtual sessions.

Results at a Glance: Essential Public Health Service 6

EPHS 6: ENFORCE LAWS AND REGULATIONS THAT PROTECT HEALTH AND ENSURE SAFETY.

This EPHS includes:

- Enforcing sanitary codes, especially in the food industry.

- Protecting drinking water supplies.

- Enforcing clean air standards.

- Initiating animal control activities.

- Following-up hazards, preventable injuries, and exposure-related diseases identified in occupational and community settings.

- Monitoring quality of medical services (*e.g.,* laboratories, nursing homes, and home health care providers).

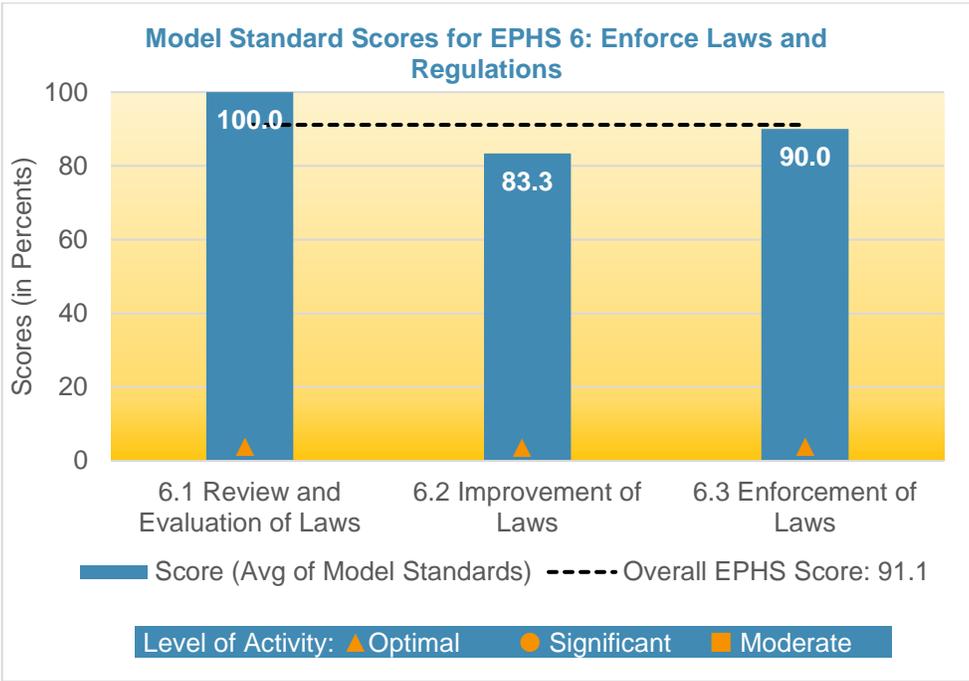- Reviewing new drug, biologic, and medical device applications.

Table 6. Scores for Essential Service 6 (Composite Score = 70.0)

ESSENTIAL SERVICE 6: Enforce Laws and Regulations that Protect Health and Ensure Safety		
6.1	**Model Standard: Review and Evaluation of Laws, Regulations, and Ordinances** *At what level does the local public health system:*	
6.1.1	Identify public health issues that can be addressed through laws?	100
6.1.2	Stay up-to-date with current laws that prevent, promote, or protect public health?	100
6.1.3	Review existing public health laws at least once every five years?	100

6.1.4	Have access to legal counsel for technical assistance?	100
6.2	**Model Standard: Involvement in the Improvement of Laws, Regulations, and Ordinances** *At what level does the local public health system:*	
6.2.1	Identify local public health issues that are inadequately addressed in existing laws?	75
6.2.2	Participate in changing existing laws, and/or creating new laws?	100
6.2.3	Provide technical assistance in drafting proposed changes or new laws?	75
6.3	**Model Standard: Enforcement of Laws, Regulations, and Ordinances** *At what level does the local public health system:*	
6.3.1	Identify organizations that have the authority to enforce public health laws?	100
6.3.2	Assure that a local health department has the authority to act in emergencies?	100
6.3.3	Assure that all enforcement activities related to public health codes are done within the law?	100
6.3.4	Educate individuals and organizations about relevant laws, regulations, and ordinances?	75
6.3.5	Evaluate how well local organizations comply with public health laws?	75

See Appendix I for the full wording of the model standards and questions.

Strengths[7]

- State staff at the local level to work with area agencies to respond to questions and complaints.
- State health inspectors.

Weaknesses

- General lack of knowledge of state programs and functions across communities.

Opportunities

- Share programmatic information from Public Health Units.
- Schedule presentations at DCC meetings for programs to present on various public health topics for education, stakeholder development and information dissemination advancement.

Key Findings
EPHS 6

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[7] Key findings are a compilation of content themes and direct comments from participants of the virtual sessions.

Results at a Glance: Essential Public Health Service 7

EPHS 7: LINK PEOPLE TO NEEDED PERSONAL HEALTH SERVICES AND ASSURE THE PROVISION OF HEALTH CARE WHEN OTHERWISE UNAVAILABLE

This EPHS includes:

- Ensuring effective entry for socially disadvantaged and other vulnerable person into a coordinated system of clinical care.

- Providing culturally and linguistically appropriate materials and staff to ensure linkage to services for special population groups.

- Ensuring ongoing care management.

- Ensuring transportation services.

- Orchestrating targeted health education, promotion, and disease prevention to vulnerable population groups.
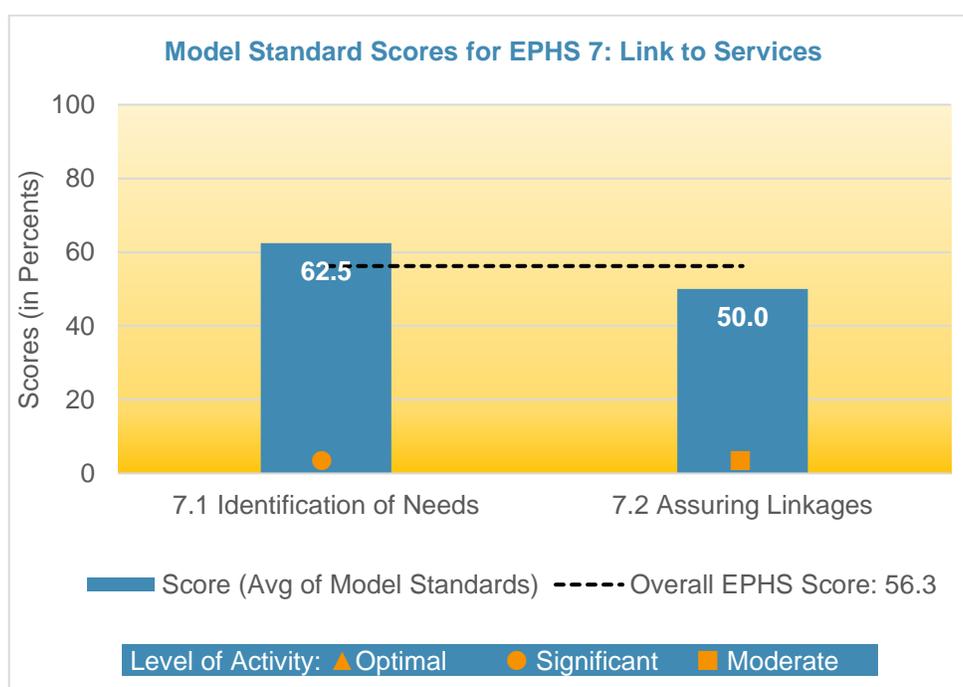

Table 7. Scores for Essential Service 7 (Composite Score = 56.3)

ESSENTIAL SERVICE 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable		
7.1	**Model Standard: Identification of Personal Health Service Needs of Populations** *At what level does the local public health system:*	
7.1.1	Identify groups in the community who have trouble accessing personal health services?	75
7.1.2	Identify all personal health service needs and unmet needs throughout the community?	75
7.1.3	Defines partner roles and responsibilities to respond to unmet needs?	50
7.1.4	Understand the reasons that people do not get the care they need?	50

7.2	**Model Standard: Assuring the Linkage of People to Personal Health Services** *At what level does the local public health system:*	
7.2.1	Connect (or link) people to organizations that can provide personal health services?	50
7.2.2	Help people access personal health services?	50
7.2.3	Help people sign up for public benefits that are available to them?	50
7.2.4	Coordinate the delivery of personal health and social services?	50

See Appendix I for the full wording of the model standards and questions.

Strengths[8]

- Many organizations in the urban area that offer various services.

Weaknesses

- Availability of providers.
- Access to services/care in rural areas.

Opportunities

- Targeted strategies that focus and include priority populations in decision making.
- Identify western districts "priority populations" and data to support resolve.
- Increase services into school districts; determine what is there and what is needed; how to implement.
- Identify service and care needs for specific populations in district.

Key Findings
EPHS 7

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[8] Key findings are a compilation of content themes and direct comments from participants of the virtual sessions.

Results at a Glance: Essential Public Health Service 8

EPHS 8: ASSURE A COMPETENT PUBLIC HEALTH AND PERSONAL HEALTH CARE WORKFORCE

This EPHS includes:

- Educating, training, and assessing personnel (including volunteers and other lay community health workers) to meet community needs for public and personal health services.

- Establishing efficient processes for professionals to acquire licensure.

- Adopting continuous quality improvement and lifelong learning programs.

- Establishing active partnerships with professional training programs to ensure community-relevant learning experiences for all students.

- Continuing education in management and leadership development programs for those charged with administrative and executive roles.
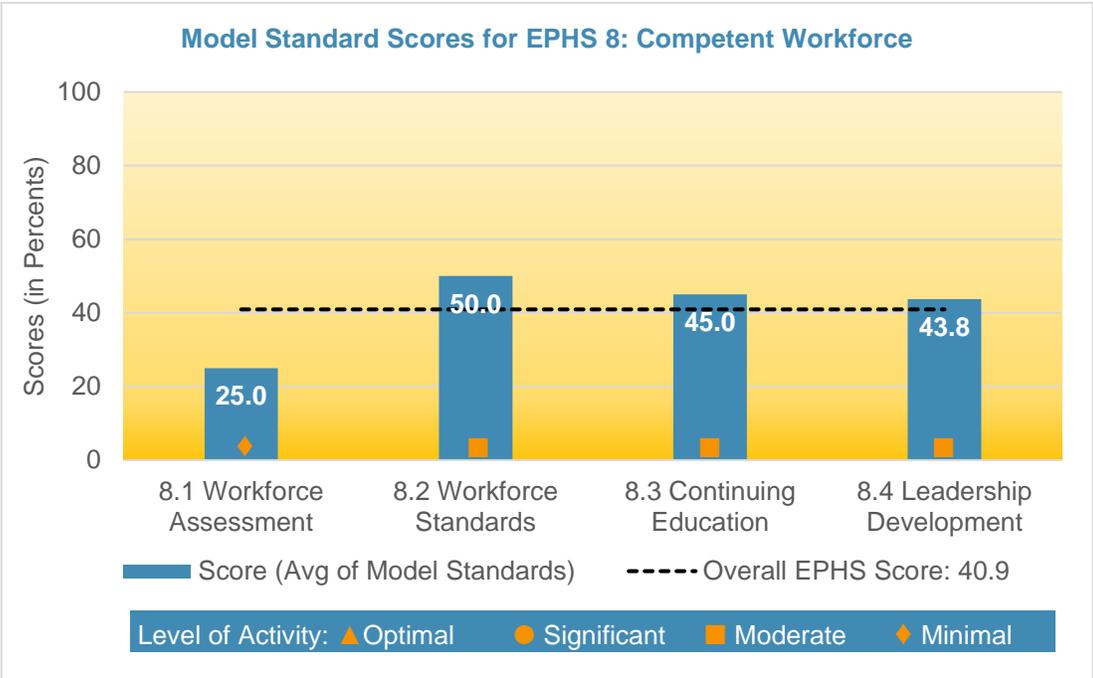

Model Standard Scores for EPHS 8: Competent Workforce

Scores (in Percents)

8.1 Workforce Assessment	8.2 Workforce Standards	8.3 Continuing Education	8.4 Leadership Development
25.0	50.0	45.0	43.8

Score (Avg of Model Standards) — — — Overall EPHS Score: 40.9

Level of Activity: ▲ Optimal ● Significant ■ Moderate ◆ Minimal

Table 8. Scores for Essential Service 8 (Composite Score = 40.9)

ESSENTIAL SERVICE 8: Assure a Competent Public and Personal Health Care Workforce		
8.1	**Model Standard: Workforce Assessment, Planning, and Development** *At what level does the local public health system:*	
8.1.1	Set up a process to track LPHS jobs and the knowledge, skills, and abilities required?	25
8.1.2	Review the information from the workforce assessment and use it to address gaps?	25
8.1.3	Provide information from the workforce assessment to other community organizations?	25
8.2	**Model Standard: Public Health Workforce Standards** *At what level does the local public health system:*	

8.2.1	Make sure that the workforce has the required certificates, licenses, and education?	75
8.2.2	Develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the essential public health services?	50
8.2.3	Base the hiring and performance review in public health competencies?	25
8.3	**Model Standard: Life-Long Learning through Continuing Education, Training, and Mentoring** *At what level does the local public health system:*	
8.3.1	Identify education/training needs and encourage participation in education/training?	50
8.3.2	Provide ways for workers to develop core skills?	50
8.3.3	Develop incentives for workforce training?	25
8.3.4	Create and support collaborations between organizations?	50
8.3.5	Continually train workforce in cultural competency and social determinants of health?	50
8.4	**Model Standard: Public Health Leadership Development** *At what level does the local public health system:*	
8.4.1	Provide access to leadership development opportunities for employees?	25
8.4.2	Create a shared vision of community health and the public health system?	75
8.4.3	Ensure that organizations and individuals have opportunities to provide leadership?	50
8.4.4	Provide opportunities for the development of diverse leaders?	25

See Appendix I for the full wording of the model standards and questions.

Strengths[9]

- Opportunities connecting educational institutes to organizations for advanced learning.

Weaknesses

- Training/Mentorship for those in various public health roles.

Opportunities

- Systems and funding to specific populations in order to advance the field.
- Review/develop county workforce development plans to address needs/gaps focused on the 10 essential public health services.

Key Findings
EPHS 8

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[9] Key findings are a compilation of content themes and direct comments from participants of the virtual sessions.

Results at a Glance: Essential Public Health Service 9

EPHS 9: EVALUATE EFFECTIVENESS, ACCESSIBILITY, AND QUALITY OF PERSONAL AND POPULATION-BASED HEALTH SERVICES

This EPHS includes:

- Assessing program effectiveness through monitoring and evaluating implementation, outcomes, and effect.

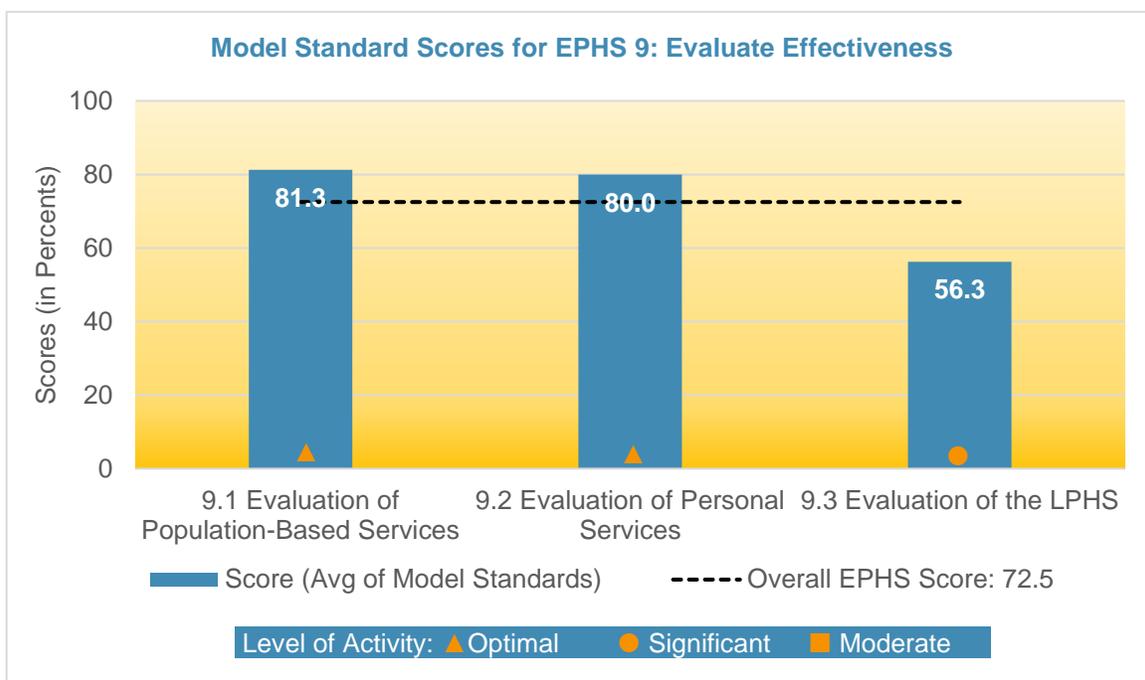- Providing information necessary for allocating resources and reshaping programs.

Model Standard Scores for EPHS 9: Evaluate Effectiveness

Table 9. Scores for Essential Service 9 (Composite Score = 72.5)

ESSENTIAL SERVICE 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services		
9.1	**Model Standard: Evaluation of Population-Based Health Services** *At what level does the local public health system:*	
9.1.1	Evaluate how well population-based health services are working?	100
9.1.2	Assess whether community members are satisfied with preventative approaches?	75
9.1.3	Identify gaps in the provision of population-based health services?	75
9.1.4	Use evaluation findings to improve plans and services?	75
9.2	**Model Standard: Evaluation of Personal Health Services** *At what level does the local public health system:*	
9.2.1	Evaluate the accessibility, quality, and effectiveness of personal health services?	75
9.2.2	Compare the quality of personal health services to established guidelines?	75

9.2.3	Measure satisfaction with personal health services?	75
9.2.4	Use technology, like the internet or electronic health records, to improve quality of care?	100
9.2.5	Use evaluation findings to improve services and program delivery?	75
9.3	**Model Standard: Evaluation of the Local Public Health System** *At what level does the local public health system:*	
9.3.1	Identify all organizations that provide essential public health services?	75
9.3.2	Evaluate how well LPHS activities meet the needs of the community?	50
9.3.3	Assess how well the organizations in the LPHS are coordinating services?	50
9.3.4	Use results from the evaluation process to improve the LPHS?	50

See Appendix I for the full wording of the model standards and questions.

Strengths[10]

- Some coalitions complete with program/project evaluation to inform efficacy.
- Programs are often required by funders to complete evaluations, it is an expectation, including the dissemination of findings.

Weaknesses

- Measuring community's satisfaction with public health services being delivered.
- Awareness around public health research within the district.

Opportunities

- Using public health evaluation findings to improve services and program delivery in western district.
- Develop a list with the DCC/Steering committee of organizations in the district that contribute to the essential public health services.
  - o Of the list, assign/identify the public health function associated with each organization to help further identify strengths and gaps (which will inform quality improvement.)

Key Findings
EPHS 9

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[10] Key findings are a compilation of content themes and direct comments from participants of the virtual sessions.

Results at a Glance: Essential Public Health Service 10

EPHS 10: RESEARCH FOR NEW INSIGHTS AND INNOVATIVE SOLUTIONS TO HEALTH PROBLEMS

This EPHS includes:

- Establishing full continuum of innovation, ranging from practical field-based efforts to fostering change in public health practice to more academic efforts that encourage new directions in scientific research.

- Continually linking with institutions of higher learning and research.

- Creating internal capacity to mount timely epidemiologic and economic analyses and conduct health services research.
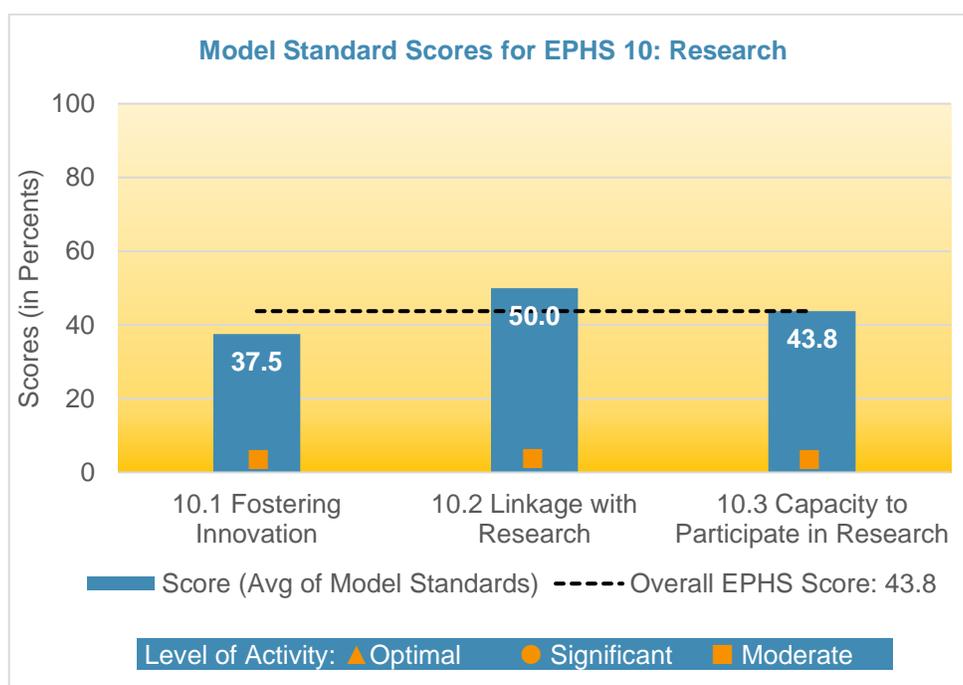

Table 10. Scores for Essential Service 10 (Composite Score = 43.8)

ESSENTIAL SERVICE 10: Research for New Insights and Innovative Solutions to Health Problems		
10.1	**Model Standard: Fostering Innovation** *At what level does the local public health system:*	
10.1.1	Provide staff with the time and resources to pilot test or conduct studies?	25
10.1.2	Suggest ideas about what currently needs to be studied in public health?	25
10.1.3	Keep up with information from other agencies and organizations?	75
10.1.4	Encourage community participation in research?	25
10.2	Model Standard: Linkage with Institutions of Higher Learning and/or Research *At what level does the local public health system:*	
10.2.1	Develop relationships with colleges, universities, or other research organizations?	50

10.2.2	Partner with research organizations to do public health research?	50
10.2.3	Encourage research organizations to work with LPHS organizations?	50
10.3	**Model Standard: Capacity to Initiate or Participate in Research** *At what level does the local public health system:*	
10.3.1	Collaborate with researchers?	50
10.3.2	Support research with the necessary infrastructure and resources?	25
10.3.3	Share findings with public health colleagues and the community broadly?	50
10.3.4	Evaluate public health systems research efforts?	50

See Appendix I for the full wording of the model standards and questions.

Strengths[11]

- Many organizations in the district have an existing infrastructure. (Continue to increase/maintain staffing.)

Weaknesses

- Staff turnover impacts efficacy of the infrastructure charged to impact public health.

Opportunities

- Discuss with the DCC the value of a western district public health infrastructure map to increase awareness of who is where and does what?

- Grow diversity in representation of members on the DCC to ensure the full landscape of public health professionals are present.

Key Findings
EPHS 10

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[11] Key findings are a compilation of content themes and direct comments from participants of the virtual sessions.

Appendix I. Full Wording of Model Standards

	ESSENTIAL SERVICE 1: Monitor Health Status to Identify Community Health Problems
1.1	**Model Standard: Population-Based Community Health Assessment (CHA)** *At what level does the local public health system:*
1.1.1	Conduct regular community health assessments?
1.1.2	Continuously update the community health assessment with current information?
1.1.3	Promote the use of the community health assessment among community members and partners?
1.2	**Model Standard: Current Technology to Manage and Communicate Population Health Data** *At what level does the local public health system:*
1.2.1	Use the best available technology and methods to display data on the public's health?
1.2.2	Analyze health data, including geographic information, to see where health problems exist?
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.)?
1.3	**Model Standard: Maintenance of Population Health Registries** *At what level does the local public health system:*
1.3.1	Collect data on specific health concerns to provide the data to population health registries in a timely manner, consistent with current standards?
1.3.2	Use information from population health registries in community health assessments or other analyses?
	ESSENTIAL SERVICE 2: Diagnose and Investigate Health Problems and Health Hazards
2.1	**Model Standard: Identification and Surveillance of Health Threats** *At what level does the local public health system:*
2.1.1	Participate in a comprehensive surveillance system with national, state and local partners to identify, monitor, share information, and understand emerging health problems and threats?
2.1.2	Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies and emerging threats (natural and manmade)?
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?
2.2	**Model Standard: Investigation and Response to Public Health Threats and Emergencies** *At what level does the local public health system:*
2.2.1	Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case finding, contact tracing, and source identification and containment?
2.2.2	Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?

2.2.3	Designate a jurisdictional Emergency Response Coordinator?
2.2.4	Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?
2.2.5	Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies?
2.2.6	Evaluate incidents for effectiveness and opportunities for improvement?
2.3	**Model Standard: Laboratory Support for Investigation of Health Threats** *At what level does the local public health system:*
2.3.1	Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring?
2.3.2	Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?
2.3.3	Use only licensed or credentialed laboratories?
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?
ESSENTIAL SERVICE 3: Inform, Educate, and Empower People about Health Issues	
3.1	**Model Standard: Health Education and Promotion** *At what level does the local public health system:*
3.1.1	Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?
3.1.2	Coordinate health promotion and health education activities to reach individual, interpersonal, community, and societal levels?
3.1.3	Engage the community throughout the process of setting priorities, developing plans and implementing health education and health promotion activities?
3.2	**Model Standard: Health Communication** *At what level does the local public health system:*
3.2.1	Develop health communication plans for relating to media and the public and for sharing information among LPHS organizations?
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?
3.2.3	Identify and train spokespersons on public health issues?
3.3	**Model Standard: Risk Communication** *At what level does the local public health system:*
3.3.1	Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?
3.3.2	Make sure resources are available for a rapid emergency communication response?

3.3.3	Provide risk communication training for employees and volunteers?
ESSENTIAL SERVICE 4: Mobilize Community Partnerships to Identify and Solve Health Problems	
4.1	**Model Standard: Constituency Development** *At what level does the local public health system:*
4.1.1	Maintain a complete and current directory of community organizations?
4.1.2	Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?
4.1.3	Encourage constituents to participate in activities to improve community health?
4.1.4	Create forums for communication of public health issues?
4.2	**Model Standard: Community Partnerships** *At what level does the local public health system:*
4.2.1	Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?
4.2.2	Establish a broad-based community health improvement committee?
4.2.3	Assess how well community partnerships and strategic alliances are working to improve community health?
ESSENTIAL SERVICE 5: Develop Policies and Plans that Support Individual and Community Health Efforts	
5.1	**Model Standard: Governmental Presence at the Local Level** *At what level does the local public health system:*
5.1.1	Support the work of a local health department dedicated to the public health to make sure the essential public health services are provided?
5.1.2	See that the local health department is accredited through the national voluntary accreditation program?
5.1.3	Assure that the local health department has enough resources to do its part in providing essential public health services?
5.2	**Model Standard: Public Health Policy Development** *At what level does the local public health system:*
5.2.1	Contribute to public health policies by engaging in activities that inform the policy development process?
5.2.2	Alert policymakers and the community of the possible public health impacts (both intended and unintended) from current and/or proposed policies?
5.2.3	Review existing policies at least every three to five years?

5.3	**Model Standard: Community Health Improvement Process and Strategic Planning** *At what level does the local public health system:*
5.3.1	Establish a community health improvement process, with broad- based diverse participation, that uses information from both the community health assessment and the perceptions of community members?
5.3.2	Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?
5.3.3	Connect organizational strategic plans with the Community Health Improvement Plan?
5.4	**Model Standard: Plan for Public Health Emergencies** *At what level does the local public health system:*
5.4.1	Support a workgroup to develop and maintain preparedness and response plans?
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?
5.4.3	Test the plan through regular drills and revise the plan as needed, at least every two years?
ESSENTIAL SERVICE 6: Enforce Laws and Regulations that Protect Health and Ensure Safety	
6.1	**Model Standard: Review and Evaluation of Laws, Regulations, and Ordinances** *At what level does the local public health system:*
6.1.1	Identify public health issues that can be addressed through laws, regulations, or ordinances?
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?
6.1.3	Review existing public health laws, regulations, and ordinances at least once every five years?
6.1.4	Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?
6.2	**Model Standard: Involvement in the Improvement of Laws, Regulations, and Ordinances** *At what level does the local public health system:*
6.2.1	Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?
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?
6.2.3	Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?
6.3	**Model Standard: Enforcement of Laws, Regulations, and Ordinances** *At what level does the local public health system:*
6.3.1	Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?
6.3.2	Assure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies?

6.3.3	Assure that all enforcement activities related to public health codes are done within the law?
6.3.4	Educate individuals and organizations about relevant laws, regulations, and ordinances?
6.3.5	Evaluate how well local organizations comply with public health laws?

ESSENTIAL SERVICE 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	
7.1	**Model Standard: Identification of Personal Health Service Needs of Populations** *At what level does the local public health system:*
7.1.1	Identify groups of people in the community who have trouble accessing or connecting to personal health services?
7.1.2	Identify all personal health service needs and unmet needs throughout the community?
7.1.3	Defines partner roles and responsibilities to respond to the unmet needs of the community?
7.1.4	Understand the reasons that people do not get the care they need?
7.2	**Model Standard: Assuring the Linkage of People to Personal Health Services** *At what level does the local public health system:*
7.2.1	Connect (or link) people to organizations that can provide the personal health services they may need?
7.2.2	Help people access personal health services, in a way that takes into account the unique needs of different populations?
7.2.3	Help people sign up for public benefits that are available to them (*e.g.,* Medicaid or medical and prescription assistance programs)?
7.2.4	Coordinate the delivery of personal health and social services so that everyone has access to the care they need?

ESSENTIAL SERVICE 8: Assure a Competent Public and Personal Health Care Workforce	
8.1	**Model Standard: Workforce Assessment, Planning, and Development** *At what level does the local public health system:*
8.1.1	Set up a process and a schedule to track the numbers and types of LPHS jobs and the knowledge, skills, and abilities that they require whether those jobs are in the public or private sector?
8.1.2	Review the information from the workforce assessment and use it to find and address gaps in the local public health workforce?
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?
8.2	**Model Standard: Public Health Workforce Standards** *At what level does the local public health system:*
8.2.1	Make sure that all members of the public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and meet the law?

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?
8.2.3	Base the hiring and performance review of members of the public health workforce in public health competencies?
8.3	**Model Standard: Life-Long Learning through Continuing Education, Training, and Mentoring** *At what level does the local public health system:*
8.3.1	Identify education and training needs and encourage the workforce to participate in available education and training?
8.3.2	Provide ways for workers to develop core skills related to essential public health services?
8.3.3	Develop incentives for workforce training, such as tuition reimbursement, time off for class, and pay increases?
8.3.4	Create and support collaborations between organizations within the public health system for training and education?
8.3.5	Continually train the public health workforce to deliver services in a culturally competent manner and understand social determinants of health?
8.4	**Model Standard: Public Health Leadership Development** *At what level does the local public health system:*
8.4.1	Provide access to formal and informal leadership development opportunities for employees at all organizational levels?
8.4.2	Create a shared vision of community health and the public health system, welcoming all leaders and community members to work together?
8.4.3	Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?
8.4.4	Provide opportunities for the development of leaders representative of the diversity within the community?
ESSENTIAL SERVICE 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	
9.1	**Model Standard: Evaluation of Population-Based Health Services** *At what level does the local public health system:*
9.1.1	Evaluate how well population-based health services are working, including whether the goals that were set for programs were achieved?
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?
9.1.3	Identify gaps in the provision of population-based health services?
9.1.4	Use evaluation findings to improve plans and services?
9.2	**Model Standard: Evaluation of Personal Health Services** *At what level does the local public health system:*
9.2.1	Evaluate the accessibility, quality, and effectiveness of personal health services?

9.2.2	Compare the quality of personal health services to established guidelines?
9.2.3	Measure satisfaction with personal health services?
9.2.4	Use technology, like the internet or electronic health records, to improve quality of care?
9.2.5	Use evaluation findings to improve services and program delivery?
9.3	**Model Standard: Evaluation of the Local Public Health System** *At what level does the local public health system:*
9.3.1	Identify all public, private, and voluntary organizations that provide essential public health services?
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?
9.3.3	Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?
9.3.4	Use results from the evaluation process to improve the LPHS?
ESSENTIAL SERVICE 10: Research for New Insights and Innovative Solutions to Health Problems	
10.1	**Model Standard: Fostering Innovation** *At what level does the local public health system:*
10.1.1	Provide staff with the time and resources to pilot test or conduct studies to test new solutions to public health problems and see how well they actually work?
10.1.2	Suggest ideas about what currently needs to be studied in public health to organizations that do research?
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?
10.1.4	Encourage community participation in research, including deciding what will be studied, conducting research, and in sharing results?
10.2	**Model Standard: Linkage with Institutions of Higher Learning and/or Research** *At what level does the local public health system:*
10.2.1	Develop relationships with colleges, universities, or other research organizations, with a free flow of information, to create formal and informal arrangements to work together?
10.2.2	Partner with colleges, universities, or other research organizations to do public health research, including community-based participatory research?
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?
10.3	**Model Standard: Capacity to Initiate or Participate in Research** *At what level does the local public health system:*
10.3.1	Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies?

10.3.2	Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?
10.3.3	Share findings with public health colleagues and the community broadly, through journals, websites, community meetings, etc.?
10.3.4	Evaluate public health systems research efforts throughout all stages of work from planning to impact on local public health practice?