National Public Health Performance Standards

Public Health Governing Entity Assessment Handbook Version 3.0

National Association of Local Boards of Health

Acknowledgements

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Introduction

Welcome to the National Public Health Performance Standards (NPHPS). This handbook is intended to provide NPHPS users with practical guidance, helpful tips, and sample tools for planning and implementing the NPHPS Public Health Governing Entity Performance Assessment (Governance Assessment) with public health governing entities. A public health governing entity is the individual or group charged with providing oversight for a jurisdiction's health department or equivalent organization, e.g., division of public health (National Association of Local Boards of Health, n.d.).

This handbook includes sections on:

- Understanding key concepts and tools of the NPHPS
- Planning for the Governance Assessment
- Conducting the Governance Assessment
- Using results of the Governance Assessment
- Appendices

The appendices provide additional background information as well as supporting materials for the facilitator, leader, and participants. More resources may be found in the NPHPS Online Tool Kit at http://www.cdc.gov/NPHPSP/NPHPS/index.html or through the National Association of Local Boards of Health athttp://www.nalboh.org/NPHPSP_Tools.htm.

The NPHPS is intended to improve the quality of public health practice and the performance of the governing entity by:

- Engaging and leveraging partnerships to build a stronger foundation for public health
- Providing performance standards for public health systems and encouraging their widespread use
- Promoting continuous quality improvement of public health systems
- Strengthening the science base for public health practice improvement
- Assisting with accreditation preparation for the health agency

The Three Assessment Tools

The NPHPS includes three instruments that were originally developed between 1997-2001 under the leadership of CDC and its partner organizations. This guide supplements the third revision. Through working groups and field test activities, hundreds of representatives from these organizations were involved in developing, reviewing, testing, and refining these instruments. Their feedback has shaped the instruments to be practice-oriented and user-friendly.

The three instruments focus on different levels of the public health system:

- **The State Public Health System Performance Assessment Instrument (State Instrument)** focuses on the "state public health system" and includes state public health agencies and other partners that contribute to public health services at the state level. This instrument was developed and updated under the leadership of ASTHO and CDC.

- **The Local Public Health System Performance Assessment Instrument (Local Instrument)** focuses on the "local public health system" or all entities that contribute to the delivery of public health services

within a community. This instrument was developed and updated under the leadership of NACCHO and CDC.

- **The Public Health Governing Entity Performance Assessment Instrument (Governance Instrument)** focuses on the governing entity ultimately accountable for the public health department's performance. Such governing entities may include boards of health, commissioners, or other officials. This instrument was developed and updated under the leadership of NALBOH and CDC.

The Benefits of Conducting the Assessment

The NPHPS is a valuable tool in identifying areas for system improvement, strengthening state and local partnerships, and assuring that a strong system is in place for effective response to both everyday public health issues and public health emergencies. NPHPS Governance Assessment users report numerous benefits, including:

- Setting an optimal standard to which governing entities can aspire
- Building awareness of the range of governing entity responsibilities
- Identifying the governing entity's strengths and weaknesses
- Informing the strategic planning process
- Informing policy development activities

Four Key Concepts of the NPHPS

Four key concepts provide a framework for the NPHPS:

1. The standards are designed around the Ten Essential Public Health Services. The use of the essential services assures that the standards cover the range of public health action needed at all levels.

2. The governance assessment tool focuses on the individual governing entity. However, the state and local standards and assessment tools focus on the overall public health system. A public health system includes all public, private, and voluntary organizations that contribute to public health activities within a given area.

3. The standards describe an optimal level of performance rather than provide minimum expectations. This ensures that the standards may be used for continuous quality improvement.

4. The standards are intended to support a process of quality improvement. System partners and governing entities should use the assessment process and the performance standards results as a guide for learning about public health activities throughout the system and determining how to make improvements.

The Ten Essential Public Health Services and the Six Functions of Public Health Governance

The Ten Essential Public Health Services provide the fundamental framework for the NPHPS instruments by describing the public health activities that should be undertaken in all states and communities. The Essential Public Health Services were first set forth in a statement titled *Public Health in America* made by the Public Health Functions Steering Committee in 1994 (convened by United States Department of Health and Human Services).

The Ten Essential Public Health Services (*Essential Services* or *10EPHS*)

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

Figure 1. The Ten Essential Public Health Services
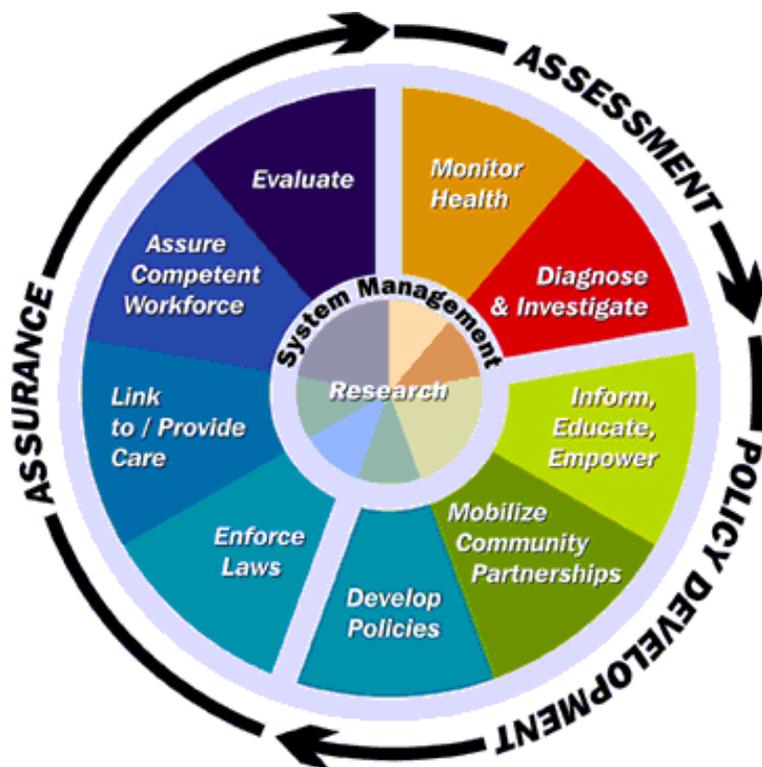
Figure 2. Another way of looking at the Ten Essential Public Health Services

The Role of the Governing Entity in Providing the Ten Essential Public Health Services

Unlike a public health agency that ensures direct provision of the Ten Essential Public Health Services within a jurisdiction, a governing entity is responsible for overseeing the health department's work. The Governance Assessment is framed around the Essential Public Health Services to be consistent with the State and Local Public Health System Assessments.

A public health governing entity may or may not be responsible for particular actions or oversight, depending on the role the health agency takes as a member of the public health system. However, the governing entity has a responsibility to understand what other community groups or organizations may be contributing to an Essential Public Health Service, whether or not the health department has a lead role.

In addition to the three Core Functions and the 10 Essential Public Health Services, the Governance Instrument is also framed around *governance functions*.

The Six Functions of Public Health Governance

During initial development of the NPHPS tools in 1999, five interlocking functions of governing entities were identified by a working group and they have remained the foundation of thinking about how governing entities work. With this updated version of the NPHPS governance tool, the functions have been modernized to remain current with research in the fields of governance and public health. The initial five functions have remained essentially the same, and one additional function (oversight) has been strengthened.

Depending upon its legal position, not all governing entities are responsible for all functions to the same extent. However, all governing entities are responsible for some aspects of each function. No one function is

more important than another. More information on the governance functions, including examples of each, can be found on NALBOH's website at www.nalboh.org.

Definitions of the Six Functions of Public Health Governance

- **Policy development:** Lead and contribute to the development of policies that protect, promote, and improve public health while ensuring that the agency and its components remain consistent with the laws and rules (local, state, and federal) to which it is subject.

- **Resource stewardship:** Assure the availability of adequate resources (legal, financial, human, technological, and material) to perform essential public health services.

- **Legal authority:** Exercise legal authority as applicable by law and understand the roles, responsibilities, obligations, and functions of the governing body, health officer, and agency staff.

- **Partner engagement:** Build and strengthen community partnerships through education and engagement to ensure the collaboration of all relevant stakeholders in promoting and protecting the community's health.

- **Continuous improvement:** Routinely evaluate, monitor, and set measurable outcomes for improving community health status and the public health agency's/governing body's own ability to meet its responsibilities.

- **Oversight:** Assume ultimate responsibility for public health performance in the community by providing necessary leadership and guidance in order to support the public health agency in achieving measurable outcomes.

The Public Health System

Public health systems are commonly defined as all public, private, and voluntary entities that contribute to the delivery of Essential Public Health Services within a jurisdiction.[3] These systems are a network of entities with differing roles, relationships, and interactions. All of the entities within a public health system contribute to the health and well-being of the community or state.

The governmental public health agency is a major contributor in the public health system, but typically does not provide the full spectrum of Essential Public Health Services in the community. The NPHPS State and Local Instruments ensure that the contributions of all entities are recognized in assessing the provision of public health services.

The Governance Assessment focuses only on the individual governing entity, rather than members of the public health system that participate in the local or state assessments. However, it is important that members of the governing entity understand the concept of a public health system so that they can better guide the public health agency's participation in that system.

How Completing the NPHPS Assessment Can Contribute to Other Public Health Activities

Mobilizing for Action through Planning and Partnerships (MAPP)

The Local Public Health System Assessment is one of the four assessments within MAPP and plays a large role in strategic planning and the community health assessment and improvement process. Results from the Governance Assessment can also contribute to the MAPP process. http://www.naccho.org/topics/infrastructure/mapp/

IRS Requirements for Nonprofit Hospitals: Community Benefit

Under the authority of the Patient Protection and Affordable Care Act of 2010, the IRS requires that hospitals complete a comprehensive community health needs assessment and implementation plan every 3 years to maintain nonprofit status. The assessment and planning process must include public health expertise to meet the requirements of the law, and results from the Governance Assessment may be one of the information sources for the community health needs assessment. http://www.irs.gov/Charities-&-Non-Profits/Charitable-Organizations/Hospitals-and-Community-Benefit---Interim-Report

Public Health Agency Accreditation

The goal of national voluntary health department accreditation is to improve and protect the health of the public by advancing the quality and performance of tribal, state, local, and territorial health departments. Governing entities have a role in supporting accreditation activities by the health department, and one of the twelve accreditation domains focuses on the relationship between the governing entity and the health department. Results from the Governance Assessment may inform the development of the community health assessment and the community health improvement plan that are required to apply for accreditation. Governance Assessment results may also inform the development of a strategic plan for the public health governing entity and contribute to the development of the health department strategic plan. http://www.phab.org

The National Prevention Strategy

The National Prevention Strategy includes actions that public and private partners can take to help Americans stay healthy and fit and improve the nation's prosperity. The strategy outlines four strategic directions that, together, are fundamental to improving the nation's health. The Governance Assessment results and the National Prevention Strategy can both inform strategic planning for the governing entity. More information can be found at http://www.healthcare.gov/prevention/nphpphc/strategy/report.pdf.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, *Healthy People* has established benchmarks and monitored progress over time. National Performance Standards and the Governance Assessment serve as the data sources for Objective 14 in the chapter titled "Public Health Infrastructure." More information can be found at http://www.healthypeople.gov.

Critical Steps in Conducting the Governance Assessment

This page can be used as a checklist of the critical steps that must be considered throughout the assessment process. Additional guidance for each step is available on pages 8-22 of this guide, organized under the same headings.

☐ **The Process**
- ☐ Check readiness to conduct assessment
- ☐ Select an option for conducting the assessment
- ☐ Determine the timeline and create the project plan
- ☐ Determine orientation method

☐ **The People**
- ☐ Secure commitment for participation from all governing entity members
- ☐ Define the roles and responsibilities
- ☐ Understand the public health system
- ☐ Select participants
- ☐ Identify and secure facilitators and recorders

☐ **The Logistics**
- ☐ Select date(s)/identify and secure facility for assessment
- ☐ Develop orientation
- ☐ Promote an advance review of materials
- ☐ Determine a voting procedure and discuss scoring options
- ☐ Train facilitators and recorders
- ☐ Prepare meeting materials
- ☐ Finalize logistics

☐ **The Assessment**
- ☐ Complete final preparation and on-site set-up
- ☐ Host the assessment
- ☐ Evaluate and gather feedback on the process

☐ **The Follow-Up**
- ☐ Submit data and receive assessment report
- ☐ Understand the results of the assessment
- ☐ Utilize the results of the assessment
- ☐ Engage in performance improvement planning
- ☐ Review results and regularly monitor/report progress

Implementation Guidelines and Tips

The Process

☐ **Check readiness to conduct assessment**
This step involves starting the conversation with the governing entity members on the uses and benefits of conducting the Governance Assessment, assessing the governing entity's readiness to complete the assessment, voting on the overall interest in completing the assessment, making a commitment to success and quality improvement, and determining who will lead the coordination and evaluation process.

✓ **Begin with a conversation.** Hold a brief conversation with the members of the governing entity to identify the benefits of completing the Governance Assessment and engaging in a quality improvement process. Clearly communicate the purpose and expected benefits of the Governance Assessment to the governing entity. Some governing entity members may be reluctant to proceed with the assessment because it appears to publicly identify deficiencies. It is important to remind governing entity members that they are there to help strengthen their community, and existing weaknesses must be identified before they can be addressed. It's also important to remind governing entity members that the results of this assessment are confidential and not reported to any outside entity. The following questions may be part of your discussion:

o **Leadership commitment**: Is there clear commitment to the assessment process from the governing entity's leadership? Is there commitment to using the results for improvement?

o **Purpose and benefits**: Have the purpose and expected benefits of the assessment been clearly articulated? Is there a plan to use the assessment results?

o **Resources**: Have necessary resources to complete the Assessment been identified? Have sufficient resources to support performance improvement activities after the Assessment been identified? Commonly needed resources include governing entity members' time, health department staff support, and availability of funds.

o **Strategic fit**: Is there general agreement about how the Governance Assessment complements existing performance improvement, strategic planning, or community health improvement initiatives?

✓ **Take a vote.** To proceed with the assessment, the entire governing entity should have consensus. However, majority rule does establish a strong enough base to participate in the orientation. If the governing entity is moving forward with majority rule, rather than consensus, be sure to build in additional discussion time after opening discussions to identify if there is a commitment from all participants.

✓ **Make a commitment and move forward.** In order for any self-assessment to be successful, all participants must agree to be honest in the assessment and recognize value in the process. Having commitment from the health official, governing entity leadership, and all governing entity members is the first step in your quality improvement efforts. Once the commitment is made to conduct the Assessment, a timeline and work plan should be developed.

✓ **Identify a lead individual for planning.** A lead individual is needed to coordinate the Assessment process. Often this will be a health department director, accreditation coordinator, or a member of the governing entity. The lead individual should be prepared to plan and oversee the assessment process and follow-up actions. A lead individual for the Governance Assessment may be identified much earlier in the process, and guide the conversation about whether or not the governing entity wants to complete the Assessment.

✓ **Discuss what resources are available** to support completing the Governance Assessment and follow-up actions.

     o   **Adequate time:** Is there time during regular meetings to conduct the assessment? Will the members participate in a retreat to complete the assessment?

     o   **Appropriate funds for completion:** Are there funds available to hold meetings at an off-site location and provide for food or rental equipment needs?

     o   **Facility for meeting(s):** Where will the assessment be held?

☐ **Select an option for conducting the assessment**
This step involves exploring methods for structuring and facilitating the assessment process to determine which approach is most appropriate for the governing entity doing the assessment.

✓ **Consider a Coordinated Approach** – Different organizations may want to use the NPHPS assessment tools at the same time, i.e., a state completes the State Public Health System Assessment at the same time a local board of health engages in the Governance Assessment. Results from the different assessments can be compared to identify broad opportunities for improvement.

✓ **Options for completing the Governance Assessment include**:

     o   **Hold a "retreat" where the entire assessment is completed at one time**. This may be done in a 2-3 hour meeting, or in 1-2 days, depending on how much discussion time you want to allocate for each essential service.

     o   **Use small groups to simultaneously complete s of the instrument**. This allows for a more manageable time commitment. However, it may limit the perspectives that get drawn into the discussion if not all governing entity members participate in the discussion for each model standard. This method may also lead to less consistent responses. A follow-up debriefing meeting may provide the opportunity for all participants to hear the major points from each group.

     o   **Conduct the assessment at a series of meetings**. This method allows all governing entity members to participate in the Assessment while also taking less time away from regular business. Be realistic about your attendance rates at meetings and how much time you will have to devote to the assessment. If you use this process, it is recommended to establish it as a set agenda item such as "performance improvement" or "performance standards assessment."

     o   **Complete the assessment individually and reconvene to discuss.** After a brief orientation, each participant takes home a copy of the facilitator's version of the Governance Assessment and answers all questions. This method requires a strong individual commitment to completing the assessment. The governing entity then holds a meeting to discuss the responses. Questions where most participants agree on the governing entity's level of performance are set aside, and the available discussion time focuses on coming to a consensus response for questions where the individual responses differ widely. Facilitators may want to collect individual responses before an in-person discussion is held.

☐ **Determine the timeline and create the project plan**
Having a timeline and project plan helps ensure that your assessment goes smoothly. Timing and steps may alter slightly depending upon the approach selected.

✓ **Sample timeline 1: Retreat-style assessment**

Month 1:
- o   Identify a lead individual for planning
- o   Assess readiness to conduct the assessment
- o   Secure the commitment of governing entity members

Month 2:
- o   Determine the timeline and create the project plan
- o   Identify and secure a facility for the assessment
- o   Determine orientation method

Month 3:
- o   Identify and secure facilitators and recorders
- o   Ensure governing entity members are aware of when the assessment will take place
- o   Invite other participants such as health department staff

Month 4:
- o   Confirm facility, recorders, and facilitators
- o   Prepare participant orientation and assessment materials

Month 5:
- o   Train facilitators and recorders
- o   Conduct the orientation
- o   Conduct the assessment

Month 6:
- o   Review the results of the assessment
- o   Begin to develop a plan for how to use the assessment results

✓ **Sample timeline 2: Take home-style assessment**

Month 1:
- o   Assess readiness to conduct the assessment
- o   Secure the commitment of governing entity members
- o   Identify a lead individual for planning

Month 2:
- o   Orient participants to the assessment
- o   Plan for a follow-up discussion
- o   Distribute the assessment for individual completion

Month 3:
- o   Identify and secure facilitators and recorders for follow-up discussion
- o   Invite other participants such as health department staff for follow-up discussion

Month 4:
- o   Collect results from the assessment
- o   Hold the follow-up discussion
- o   Begin to develop a plan for how to use the assessment results

✓ **Sample timeline 3: Completing the assessment in a series of meetings**

Meeting 1:
- o   Assess readiness to conduct the assessment
- o   Identify a lead individual for planning
- o   Secure the commitment of governing entity members
- o   Orient participants to the assessment

Meetings 2-11:
- o   Complete the assessment questions for one essential service at each meeting

Meeting 12:
- o   Review the results from the entire assessment
- o   Hold a follow-up discussion
- o   Begin to develop a plan for how to use the assessment results

☐ **Determine orientation method**
Orientation methods can range from giving a brief overview of NPHPS and the model standards to sharing the full document and instructing participants to prepare advance reviews of certain topics.

✓   There are several options for orientation, such as:

- o   Participants review a recorded orientation on their own before coming to the assessment meeting

- o   Orientation during a regular meeting, followed by the assessment at another meeting

- o   Orientation topics split across several meetings, depending on where in the assessment process the governing entity is

- o   In-person orientation at the beginning of the assessment meeting

- o   A combination of these methods

The People

☐ **Secure commitment for participation from all governing entity members**
The success of performance improvement efforts often hinges on leadership support. Some questions to discuss include the following:

- o   How do the performance standards relate to the governing entity's mission or vision?

- o   Is the governing entity prepared to openly discuss and vote upon their performance?

- o   Is the governing entity committed to using the results of the Assessment for its own quality improvement and development?

- o   Are the governing entity members and health department leadership in general agreement about how the Governance Assessment complements existing performance improvement, strategic planning, accreditation preparation, or community health improvement initiatives?

☐ **Define the roles and responsibilities**
Below are the common roles within the assessment process. As each community is unique, these roles and responsibilities can be adapted to best suit the needs of the community.

✓   **Lead individual**

- o   Coordinate all aspects of assessment planning

- o   Recruit and train facilitators and recorders

- o   Engage participants through orientation, assessment, and follow-up

- o   Submit assessment data

- o   Collaborate with CDC, NALBOH, and wider public health community to share findings and best practices

✓ **Participants**

     o   Understand the assessment process after attending orientation and preparing materials

     o   Engage in discussion and arrive at a consensus for each performance measure

     o   Participate in follow-up activities

✓ **Facilitators**

     o   Ensure that all participants contribute and scoring is representative of the collective voice

     o   Lead the discussion without influencing participants

     o   Guide the identification of strengths, weaknesses, opportunities, and priorities

     o   Be familiar with the Essential Services, Model Standards, and public health in general

✓ **Recorders**

     o   Accurately document the discussion

     o   Capture strengths, weaknesses, opportunities, and priorities from the discussion

     o   Understand the assessment process

     o   Be familiar with the Essential Services, Model Standards, and public health in general

☐ **Understand the public health system**

Although the Governance Assessment is not a system assessment, it may still help to think about possible public health system partners as the governing entity examines its role in providing oversight for the health department. Organizations and sectors that are involved in the public health system may include, but are not limited to the following:

     o   **Public health agencies** – state, tribal, local, or territorial health departments

     o   **Healthcare providers** – Organizations which provide medical care such as hospitals, physicians, community health centers, mental health organizations, and nursing homes

     o   **Public safety agencies** – Agencies focused on preventing and responding to emergency situations such as police, fire, and emergency medical services

     o   **Human service and charity organizations** – Providers that facilitate access to healthcare and receipt of other social services such as food banks and public assistance agencies

     o   **Education and youth development organizations** – Groups that assist with informing, educating, and preparing people to make informed decisions about their health such as schools, faith institutions, and youth centers

     o   **Other government and private sector organizations** – Groups that provide resources necessary for community development such as parks and recreation departments, community cultural centers, zoning boards, and businesses

     o   **Other public health organizations** – Agencies which contribute to, enforce laws related to, or advocate for a healthy environment such as laboratories or air and water quality authorities

☐ **Select participants**

All members of the governing entity should be expected to participate in the Assessment. At a minimum the governing entity should have a quorum present. Only governing entity members will be voting on the assessment questions.

     o   Some governing entities may prefer to have the health department director or senior executive present throughout the Assessment to provide the practical perspective; others may prefer

to have an additional health department employee serve as a resource for each Essential Public Health Service, e.g., a preparedness coordinator for Essential Service 2 or a lead health educator for Essential Service 3.

o   Additional health department staff may be present to serve as facilitators or recorders. Think carefully about who would serve best in each of these roles and how to extend the invitation to participate in the assessment.

☐   **Identify and secure facilitators and recorders**
Facilitators serve as guides throughout the assessment process, ensuring that all participants contribute to the discussion. Recorders are responsible for accurately documenting the discussion during the assessment.

✓   **Selecting a facilitator**
Effective facilitators allow groups to overcome natural problems and ensure the process keeps moving. Some of the natural problems include drifting focus, misunderstood communications, interpersonal conflict, and uneven participation. Possible facilitators could be the following:

o   Public health governing entity member or health official from neighboring county

o   Contracted facilitator

o   Public health agency staff member other than health officer

Some questions to consider when selecting a facilitator are the following:

o   Do the potential facilitators have a good understanding of the essential services and model standards?

o   If the governing entity has chosen to break into small groups, is there at least one facilitator per group?

o   If the governing entity has chosen to complete the assessment across several sessions, is the same facilitator available for multiple meetings?

✓   **Selecting a recorder**
The documentation of the discussion serves to help the governing entity understand the context of the consensus scores. As the governing entity members discuss improvement activities after the assessment, the discussion captured by the recorder can help them understand what needs to be improved and why. It will be easier to capture discussion points if the recorder is already familiar with the Essential Public Health Services and the model standards.

o   The recorder should not be a voting participant. Some sites have chosen to use public health graduate students or health department administrative staff as recorders.

o   A minimum of one recorder is required per breakout group or session. Many sites find that two recorders can contribute to accurately and completely capturing all opinions and scores.

o   Some groups also use audio recorders to supplement written notes. It is not recommended that a site rely solely on audio recorders as they do not always pick up everyone's voice clearly, can stop recording without notice, or may experience a variety of other technical issues. Some participants may also object to being recorded.

The Logistics

☐   **Select date(s)/identify and secure facility for assessment**
Date selection will be determined by the timeline, option for conducting the assessment, and of course, the availability of your participants, facilitators, and location.

☐ **Develop orientation**
Offering a face-to-face or web-based orientation helps prepare participants by introducing the assessment, the 10 Essential Services, the materials, and the process. Orientation may also include a discussion of how the governing entity is contributing to each essential service or those that may be covered during the assessment. Development of the orientation will be shaped by the orientation method selected.

✓ **Orientation topic 1: Background and history (may be completed during "identify readiness to conduct assessment" phase)**

- o A brief overview of the NPHPS, including a review of the previous results if the governing entity has completed the assessment before

- o The Essential Public Health Services

- o The concept of the "public health system"

- o A review of the process that will be used to complete the assessment

- o The purpose of completing the assessment

- o Pre-assessment preparation requirements for participants (e.g., review the model standards at home)

✓ **Orientation topic 2: The process (may be completed the day of the assessment)**

- o Overview of the ground rules

- o Overview of the voting methods and possible scores

- o Review of the expected outcomes – Users of the NPHPS Governance Assessment can expect the following:

  - ■ To complete the assessment with documented discussion and scores related to each performance measure

  - ■ To enhance understanding of the public health system

  - ■ To build relationships within the public health system

  - ■ To foster an interest and awareness in performance improvement

- o Receiving the results

- o Anticipated next steps after results are received

✓ **Orientation topic 3: How the governing entity is fulfilling the essential services (several options for how to complete)**

- o **Written comments on activities –** Ask all participants to review the essential public health services and model standards ahead of time and submit written comments. These comments should describe specific examples of what the governing entity is doing related to each model standard. All comments can be consolidated and shared with the group during the assessment process. This allows input from governing entity members who may not be able to attend the assessment meeting.

- o **Brainstorming of activities during orientation –** Participants develop a list of activities for each essential service as part of their orientation to the Assessment. The list is used as a way to open the discussion about each essential service and score performance measures. One benefit to this option is that all governing entity members can contribute ideas to each

essential service even if they will break into small groups to score the questions (or if not all members can be present for the Assessment). One challenge is interpreting responses from those not present.

o **Expert Report –** Before the discussion of each model standard, an expert reports on activities relating to that model standard. The expert is often a single governing entity member or a health department staff member. Both the report and additional comments from governing entity members become the basis for answering discussion questions and scoring performance measures. This option can be limited and influence the perceptions of the participants; the benefit is that it can save time during the assessment.

o **Report-out/Sharing by governing entity members –** Begin the discussion on each model standard with round-robin sharing from all participants. This sharing becomes the basis for answering discussion questions and scoring performance measures. This option takes less preparation prior to the assessment, but adequate time must be allotted for the discussion. Contributions are limited to those who can be present at the assessment meeting.

☐ **Promote an advance review of materials**
Having participants review the materials prior to the meeting may better prepare them to participate in the Assessment. Participants should be encouraged to think about their perception of how well the governing entity is accomplishing the standards.

✓ Once participants convene for the assessment, the focus will be on review and discussion of the model standards. Having an activity report prepared in advance can help save time during the assessment. However, preparing a report requires more time and coordination ahead of the meeting. Consider the following options when determining how to share advance materials with participants:

o **Provide participants with a copy of the section(s) that will be discussed during each meeting.** Asking participants to view only one or two essential public health service sections at a time is less likely to overwhelm them. The copies may be used for noting individual perceptions and will help to prepare participants for group discussion.

o **Share the full document (participant instrument or this handbook) with all participants several weeks in advance.** This allows participants to review the entire document and the full breadth of the instrument. However, sharing the full document at one time could be overwhelming.

o **Share only the model standards with participants.** This allows participants to focus on the content of the assessment rather than the related questions that may need discussion. Participants receive a smaller amount of paper, but the practical relationship between essential services, model standards, and the public health agency's responsibilities may not be as apparent.

☐ **Discuss scoring options and determine a voting procedure**
The governing entity will need to review the scoring options and decide how they will vote on each question because group dynamics can influence the process. It is helpful to decide if discussion should take place prior to each question vote, after each question vote, after all votes within a model standard, or a combination. A time limit on discussion should also be identified in order to help keep the group on track. If the take home structure is used, establish parameters for what voting range (e.g., less than 50% of participants agree on the score) will warrant group discussion before participants begin work.

✓ **Scoring the assessment questions**

Each public health governing entity model standard has three to eight assessment questions associated with it. Governing entity members develop a consensus response to each question. During the assessment, participants discuss each question and collectively determine the response that best describes the current level of activity within the governing entity. If a governing entity responds "optimal" to all questions under any one standard, the responding entity should look similar to, and function consistently with, the model standard. However, since the model standards are designed to represent optimum performance, it is likely that there will be few model standards that are fully met.

o   There are **six response options** associated with each assessment question.

o   A new addition to this Governance Assessment is a "Not Applicable" option. This option has been added due to the varying legal authorities of governing entities across the nation. This option should only be selected if the governing entity has **no authority** to complete a particular assessment activity. For example:

   ■   A governing entity that does not have the authority to establish a public health agency budget, but is expected to make recommendations to the person/entity that does, would select "no activity" for questions about the health department budget if they do not actually make the expected recommendations.

   ■   A governing entity that does not have the authority to establish a public health agency budget and does not have the authority to make recommendations to the person/entity that does, would select "not applicable" for questions about the health department budget.

The spectrum of activity associated with each response option is explained below:

No Activity (0%)	The governing entity does not participate in this activity at all, but does have the legal authority to do so.
Minimal Activity (1-25%)	The governing entity participates in this activity in a limited way, and there is opportunity for substantial improvement.
Moderate Activity (26-50%)	The governing entity participates in this activity, and there is opportunity for improvement.
Significant Activity (51-75%)	The governing entity participates a great deal in this activity, and there is opportunity for minor improvement.
Optimal Activity (76-100%)	The governing entity is doing absolutely everything possible for this activity under its legal authority, and there is no room for improvement at this time.
Not Applicable	The activity is not legally part of this governing entity's responsibilities; it is outside the public health governing entity's mandate to participate in this activity.

Figure 3. Scoring options

✓ **Voting options**

There are several different ways to build consensus for the answers to each assessment question. More than one vote could be required: an initial vote to check consensus, discussion of differing opinions, and a final vote. Only a single vote may be required on some questions if the group feels they have a strong consensus and discussion is not required.

Following an initial review of the assessment materials and scoring options, members of the governing entity should choose the voting option that will work the best for them. Options for how to vote include the following:

o **Voting cards**: Color-coded cards, corresponding to the six voting categories, are handed out to each participant at the beginning of the assessment. When the group is ready to vote, the facilitator asks each participant to hold up the card that corresponds with their understanding of how well the governing entity is performing on the activity addressed by the question. The benefit of this method is that it allows a quick snapshot of everyone's response to a given question; the drawback is that some people may wait to hold up their cards until they see what the majority color is.

o **Show of hands:** This method is similar to the color-coded cards except that the facilitator asks for votes in each category individually (e.g., "Everyone who thinks we score optimal on this category, please raise their hands; next, everyone who thinks we score moderately").

o **Secret ballot:** This method combines the time-saving feature of the voting cards (all six categories are voted for at once) with the added benefit of discouraging bias due to public display of votes. It may prompt discussion by drawing out dissenting votes from people who are less likely to make their opinions public.

o **Verbal consensus:** For those who prefer to make decisions purely through informal discussion rather than any type of voting, the verbal consensus method may work best. It does require a strong facilitator who can make sure that diverse perspectives are equally considered by the group in their deliberations.

o **Automated response system:** If the governing entity has the capacity to use an automated tabulation system such as many universities use for class participation, it is a good tool for calculating responses. The automated response system combines the benefits of the color-coded card method with those of the secret ballot method, and responses are automatically tabulated (saving time on the part of the facilitator or recorder) and can be saved and displayed graphically.

o **Electronic voting:** There are several options to electronically gather votes from governing entity members completing the assessment as a take-home assignment or with networked computers. Contact NALBOH at (419) 353-7714 for more detailed recommendations.

☐ **Train facilitators and recorders**
Both facilitators and recorders will need some kind of training or pre-assessment briefing, especially if they have not worked with the Governance Assessment before. An in-person training is recommended if there will be more than one facilitator and one recorder to ensure that everyone receives the same information.

✓ **Facilitator training**
The facilitator training should include principles of facilitation, the facilitator role, and the facilitation process. Some of the NPHPS national partners have developed online facilitator trainings, and

additional guidance can also be found in Appendix B of this handbook. Basic topics for the facilitator training include the following:

- o Orientation to the essential services and model standards, including this Assessment's focus on the governing entity itself (not the public health system)

- o If the facilitator is not the lead planning individual, an overview of the selected option for completing the assessment and the corresponding agenda

- o A self-study of this handbook to ensure familiarity with the participant materials and the additional guidance

✓ **Recorder training**

The better the recorders understand the process and the content, the better prepared they are to capture key discussion points in addition to the consensus scores. Consider having them participate in the facilitator training and adding a brief module at the end of the facilitator training specific to the recording process. More guidance for the recorder can be found in Appendix C. Basic topics for recorder training includes the following:

- o Overview of the agenda/process for the Assessment

- o Review of the essential services and model standards

- o Note-taking guidance and template

☐ **Prepare meeting materials**

Thorough preparation of assessment materials will help ensure participants have the information they need to participate fully. It also may be helpful to have wall posters with relevant information (ground rules, process overview, etc.) around the room for easy reference.

✓ **Participant packets**

Materials and their distribution will depend heavily on the structure of the assessment. In general, each participant should receive a Governance Assessment and voting cards. They may also need a glossary (available from the same website as this handbook) and a list of ground rules, depending on the option chosen to complete the assessment. Typical packets will contain the following:

- o Copy of the materials participants are expected to use—could be any of the following:

    - ■ The model standards only

    - ■ The Assessment Instrument only

    - ■ The Facilitator's version of the assessment instrument

    - ■ This entire handbook

- o Handout or description of the 10 Essential Services and the governance functions

- o Set of voting cards (can be omitted if the Assessment is done as a take-home)

- o Pens and paper

✓ **Room visual aids**

Additional materials used during the assessment could include a glossary or dictionary, flip charts with tape and markers, and sticky notes. Facilitators may also want to post information on the walls of the room; sample wall posters are shown in Appendix E and include the following:

- o Ground rules

- o Agenda/process overview

o   Discussion considerations

o   Voting considerations

o   Scoring options

o   The public health system

o   The governing entity and the public health system

o   The governance functions

o   The 10 Essential public Health Services

 Finalize logistics

The last thing the facilitator will need to do before the assessment is make sure that everything is ready for the day of the assessment. Some logistical items to consider include the following:

o   Check to make sure a laptop, projector, microphones, or other audio-visual equipment will be available if they are needed

o   Prepare name badges for all participants

o   Create any signs that will be needed to direct participants to parking, meeting rooms, and restrooms

o   Confirm that facilitators and recorders have not had unexpected changes in their plans to attend

o   If a meal will be provided during the assessment, confirm with the caterers

o   Count participant packets to make sure there are enough for everyone

The Assessment

 Complete final preparation and on-site set-up

Final preparation includes ensuring facilitators are ready for the assessment, all logistics are in place, and the meeting space is set up to facilitate a comfortable environment for participants for open discussion. Be sure and arrive on-site early, at least 1 hour prior to the opening session. This time allows for a pre-meeting with the coordinator and the recorder(s) and to ensure that the assigned room is set up in a manner conducive to good discussion.

✓ **Final information needed on-site**

o   Detailed agenda including times for breaks and meals

o   Contact names and numbers for technical support on-site

o   Contact names and numbers for logistical support

✓ **Packing list** (you may not need all of these items at your location)

o   Participant packets

o   Name badges

o   Signs

o   Flip chart paper

o   Easel or tripod

o   Markers

o Wall posters

o Pens and paper

o Tape

o Scissors

o This handbook

o A/V equipment

✓ **Meeting room set-up**
Participants need to sit at tables so that they can spread papers out and take notes. A U-shape or semicircle layout works best, to make it easy for all participants to have a clear view of any visual displays (e.g., posters, projector screen, etc.) and the facilitator. It is also highly recommended that water, coffee, or other beverages, in addition to light snacks, be accessible at all times to participants.

✓ **Pre-assessment briefing with facilitators/recorders**
A final briefing allows facilitators and recorders to become familiar with the facility and have any lingering questions answered. The briefing may include the following:

o Sharing important reminders and updates regarding the process

o Responding to last-minute facilitator and recorder questions

o Allowing time for the facilitators and recorders to become further acquainted with the material and to discuss time-keeping assistance and other items

o Setting up the meeting space to fit their style and preference

o Reviewing the list of participants, especially if the facilitator/recorders do not work closely with the governing entity members on a regular basis

☐ **Host the assessment**
After all the careful planning, it is finally time to host the assessment. The facilitator will guide the assessment using the facilitator guide. More detailed information on facilitation and an example of the facilitation process can be found in Appendices B and C.

☐ **Evaluate and gather feedback on the process**
Many sites have successfully used brief evaluation forms at the end of the assessment process to collect information from participants about their experience, important next steps, and roles that they would like to play in the improvement process. This could be done through a summary discussion or a written evaluation form. Open-ended questions to participants may include the following:

o What were the most positive things about the assessment process?

o How could the assessment process be improved in the future?

o What did the governing entity members learn about themselves, the health department, or the public health system?

o What actions will the governing entity take now that the assessment is completed?

The Follow-Up

For more details on how to use the results of the Assessment, see the Post-Assessment Guidance section of this guide.

☐ **Submit Data and Receive Assessment Report**

The formal assessment process concludes with the step of entering the assessment data into an Excel response sheet. For each assessment question, assign the drop-down menu value that correlates with each recorded final consensus vote in the yellow column. Once all of the values are entered into the yellow column throughout the first sheet of the Excel document, summary scores and a chart will be immediately available on the other tabs of the Excel sheet.

☐ **Understand the Results of the Assessment**

This involves reviewing the results of the scoring in the context of how the essential services were prioritized and reviewing the qualitative data which should provide further understanding of the scores including specific strengths, weaknesses, opportunities, and priorities.

☐ **Utilize the Results of the Assessment**

This includes maximizing use of the results to meet bigger picture goals, prioritizing improvement areas for action, exploring root causes of performance issues, and using a quality improvement model such as Plan-Do-Check-Act (PDCA).

☐ **Engage in Performance Improvement Planning**

Every performance improvement process needs structure, whether it uses an existing advisory committee, an informal professional network, or a mix of methods. By engaging partners, staff, and leadership, the assessment process can successfully transition to performance improvement planning.

☐ **Review Results and Regularly Monitor/Report Progress**

A regular reporting cycle promotes accountability for results; helps to sustain momentum; and enables decision-making around improvement efforts, resources, and policies. The key to reporting is to provide the right people with the right information at the right time.

Governance Assessment Format

There are two versions of the Governance Assessment available: the participant's version and the facilitator's version. The facilitator's version includes more detailed information for each essential public health service than is provided in the general participant's version. Participants completing the assessment as a take-home activity are encouraged to use the facilitator's version because of the additional explanation available. All participants may use either the participant's version or the facilitator's version according to their preferences.

The Participant Instrument (download as a separate document)

There are three pages in the participant version of the Governance Assessment for each essential public health service. The instrument is designed so that the governing entity model standard and the assessment questions for that model standard are always on facing pages, with a blank page between each Essential Service. Underlined words are defined in the NPHPS glossary, and additional key definitions and examples are on each page of the instrument.

This page intentionally left blank	**Page 1** Description of the Essential Public Health Service
Page 2 The PHAB Standard for health departments The Governing Entity Model Standard	**Page 3** Assessment questions and response options

The Facilitator's (Annotated) Instrument (Page 24 of this handbook)

The facilitator's version of the assessment can be printed as a standalone document. Participant page numbers are marked in the top left corner of the facilitator's page for easy reference. Printing double-sided will make this document easier to work with, as related concepts are located on facing pages as shown below.

Facilitator Page 1 Purpose of the Essential Public Health Service	**Participant Page 1** Description of the Essential Public Health Service
Participant Page 2 The PHAB Standard for health departments The Governing Entity Model Standard	**Facilitator Page 2** Guiding thoughts that provide additional information on the PHAB standard and the governing entity model standard
Facilitator Page 3 Discussion questions to help come to a consensus response for each assessment question	**Participant Page 3** Assessment questions and response options

The Facilitator's (Annotated) Assessment

The content of pages 24-28 of this handbook is the same as the introductory pages of the participant instrument. Facilitator guidance for Essential Service 1 begins on page 30.

Introduction

The National Public Health Performance Standards (NPHPS) instruments help users answer questions such as, *"How well are we ensuring that the essential public health services are being provided in our system?"* and with the governance instrument, *"How can we as a governing body better ensure that we are contributing as much as possible to the essential public health services being met in our jurisdiction?"* This discussion helps identify strengths and weaknesses within the governing body and ways that public health services can be more effectively coordinated. In addition, the results from this Assessment provide a better understanding of the governing body's performance in key areas. This information helps decision makers make more effective policy, program, and resource decisions to improve the public's health.

Understanding the Benefits of Conducting the Assessment

The NPHPS is a valuable tool in identifying areas for system improvement, strengthening state and local partnerships, and assuring that a strong system is in place for effective response to everyday public health issues as well as public health emergencies. NPHPS Governance Assessment users report numerous benefits, including:

- Identifying the governing body's strengths and weaknesses
- Setting an optimal standard to which governing bodies can aspire
- Building awareness of the range of governing body responsibilities
- Informing the strategic planning process
- Informing policy development activities

Four Key Concepts

There are four key concepts that provide a framework for the NPHPS:

1. The standards are designed around the **Ten Essential Public Health Services**. The use of the essential services assures that the standards cover the range of public health action needed at all levels.

2. The governance assessment tool focuses on the **individual governing body**. However, the state and local standards and assessment tools focus on the **overall public health system**. A public health system includes all public, private, and voluntary organizations that contribute to public health activities within a given area.

3. The standards describe an **optimal level of performance** rather than provide minimum expectations. This ensures that the standards may be used for continuous quality improvement.

4. The standards are intended to support a process of **quality improvement**. System partners and governing bodies should use the assessment process and the performance standards results as a guide for learning about public health activities throughout the system and determining how to make improvements.

Defining Public Health

The mission of public health is to fulfill society's desire to create conditions so that people can be healthy. Public health includes the activities that society undertakes to assure the conditions in which people can be healthy. These include organized community efforts to prevent, identify, and counter threats to the health of the public (Institute of Medicine, 1988; Public Health Accreditation Board, 2011; Turnock, 2009; Winslow, 1952). Public health is:

- The science and the art of preventing disease, prolonging life, and promoting physical health and mental health and efficiency through organized community efforts toward a sanitary environment

- The control of community infections; the education of the individual in principles of personal hygiene

- The organization of medical and nursing service for the early diagnosis and treatment of disease

- The development of the social machinery to ensure to every individual in the community a standard of living adequate for the maintenance of health

The Six Functions of Public Health Governance

During initial development of the NPHPS tools in 1999, five interlocking functions of governing entities were identified by a working group and they have remained the foundation of thinking about how governing entities work. With this updated version of the NPHPS governance tool, the functions have been modernized to remain current with research in the fields of governance and public health. The initial five functions have remained essentially the same, and one additional function (oversight) has been strengthened.

Depending upon its legal position, not all governing entities are responsible for all functions to the same extent. However, all governing entities are responsible for some aspects of each function. No one function is more important than another. More information on the governance functions, including examples of each, can be found on NALBOH's website at www.nalboh.org.

Definitions of the Six Functions of Public Health Governance

- **Policy development:** Lead and contribute to the development of policies that protect, promote, and improve public health while ensuring that the agency and its components remain consistent with the laws and rules (local, state, and federal) to which it is subject.

- **Resource stewardship:** Assure the availability of adequate resources (legal, financial, human, technological, and material) to perform essential public health services.

- **Legal authority:** Exercise legal authority as applicable by law and understand the roles, responsibilities, obligations, and functions of the governing body, health officer, and agency staff.

- **Partner engagement:** Build and strengthen community partnerships through education and engagement to ensure the collaboration of all relevant stakeholders in promoting and protecting the community's health.

- **Continuous improvement:** Routinely evaluate, monitor, and set measurable outcomes for improving community health status and the public health agency's/governing body's own ability to meet its responsibilities

- **Oversight:** Assume ultimate responsibility for public health performance in the community by providing necessary leadership and guidance in order to support the public health agency in achieving measurable outcomes.

Link to Public Health Accreditation

This Governance Assessment is a useful tool for the governing entity to complete while their public health department is preparing to apply for accreditation by the Public Health Accreditation Board (PHAB). While the public health accreditation process is designed to only accredit the public health department using pre-determined standards, the Governance Assessment is a method for the governing entity to also measure its performance against a set of optimal standards.

Domains 1-10 of the PHAB Standards and Measures Version 1.0 are referenced in the relevant Essential Public Health Service chapters of this document. Domain 11, Maintain Administrative and Management Capacity, has two standards for health departments seeking accreditation:

> 11.1   Develop and Maintain an Operational Infrastructure to Support the Performance of Public Health Functions

> 11.2   Establish Effective Financial Management Systems

Domain 12 of the Standards focuses on the relationship between a health department and its governing entity. A governing entity that completes the NPHPS assessment will better understand how it supports the health department and where gaps may lie. This can help a health department and its governing entity improve their ability to serve the public and their participation in the public health system as they work towards accreditation.

Domain 12, Maintain Capacity to Engage the Public Health Governing Entity, has three Standards:

> 12.1   Maintain current operational definitions and statements of the public health roles, responsibilities, and authorities

> 12.2   Provide information to the governing entity regarding public health and the official responsibilities of the health department and of the governing entity

> 12.3   Encourage the governing entity's engagement in the public health department's overall obligations and responsibilities

Governance Assessment Format

Each essential service chapter in this document has three pages.

Page 1: Essential Service Definition

The text on this page includes the essential service description and key definitions/concepts. Other key terms that are underlined but not defined on the page can be found in the glossary. Many definitions are adapted from academic references and those sources are indicated throughout by a superscript number (#) and listed at the end of the document.

Page 2: Public Health Department and Public Health Governing Entity Responsibilities

This first section of this page describes the public health department's responsibilities as they relate to the Public Health Accreditation Board's (PHAB) standards for the essential service. A public health department applying for accreditation will need to demonstrate how they meet each of these standards. The public health governing entity should provide oversight and support as the public health department works to meet these standards. More details about public health department responsibilities can be found in PHAB Standards and Measures Version 1.0 at www.phaboard.org.

Also on page 2 of each essential service chapter is the public health governing entity model standard. This section describes the ideal activities that public health governing entities should be undertaking to support and oversee the public health department. While public health governing entities may not see themselves reflected in all activities listed, all public health governing entities should see themselves reflected in some activities.

Page 3: Public Health Governing Entity Assessment Questions

Each public health governing entity model standard is measured through 3-8 assessment questions, listed on the third page of the essential service chapter. Additional key definitions/concepts are on this page as well. The governing entity should review the model standard on the second page and then use the assessment questions on the third page to determine how well they are meeting the model standard. The PHAB standards, the essential service text, and the key definitions provide additional context.

There are six response options to each question: (see also the figure on the following page)

- <u>No activity (0% of the activity is being met)</u>: The governing entity does not participate in this activity at all, but does have the legal authority to do so.

- <u>Minimal (1-25% of the activity is being met)</u>: The governing entity participates in this activity in a limited way, and there is opportunity for substantial improvement.

- <u>Moderate (26-50% of the activity is being met)</u>: The governing entity participates in this activity, and there is an opportunity for improvement.

- <u>Significant (51-75% of the activity is being met)</u>: The governing entity participates a great deal in this activity, and there is opportunity for minor improvement.

- <u>Optimal (76-100% of the activity is being met)</u>: The governing entity is doing absolutely everything possible for this activity under its legal authority, and there is no room for improvement at this time.

- <u>Not applicable</u>: This activity is not legally part of this governing entity's responsibilities; it is outside the public health governing entity's mandate to participate in this activity. This option should ONLY be selected if the governing entity has no authority to complete a particular assessment activity. If the governing entity has evidence that another entity has authority over a particular activity, it should work with the other entity to measure their activity level to the extent possible.

No Activity (0%)	The governing entity does not participate in this activity at all, but does have the legal authority to do so.
Minimal Activity (1-25%)	The governing entity participates in this activity in a limited way, and there is opportunity for substantial improvement.
Moderate Activity (26-50%)	The governing entity participates in this activity, and there is opportunity for improvement.
Significant Activity (51-75%)	The governing entity participates a great deal in this activity, and there is opportunity for minor improvement.
Optimal Activity (76-100%)	The governing entity is doing absolutely everything possible for this activity under its legal authority, and there is no room for improvement at this time.
Not Applicable	The activity is not legally part of this governing entity's responsibilities; it is outside the public health governing entity's mandate to participate in this activity.

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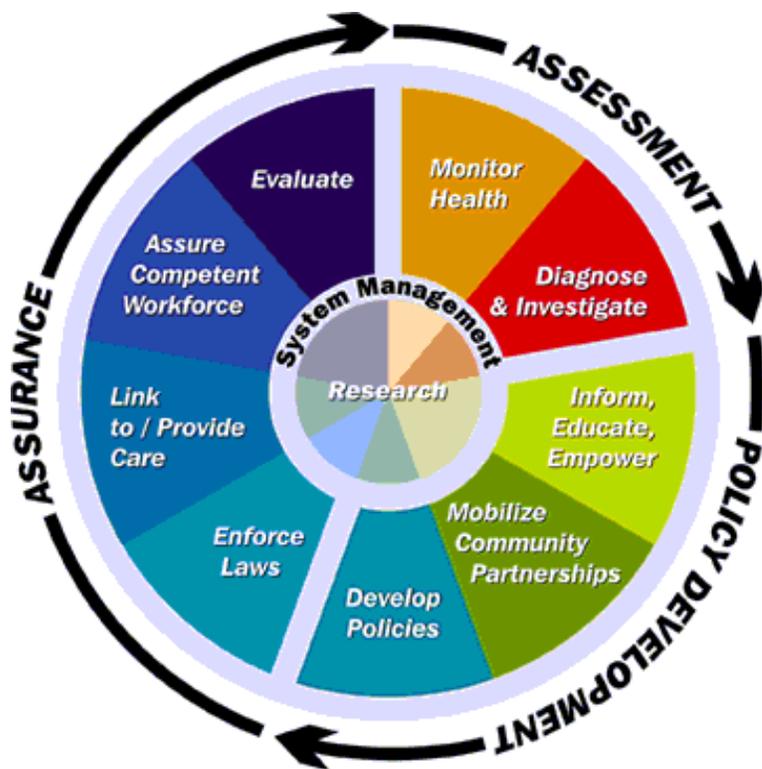
Set the pace. Keep the group moving along.

Keep the focus on the governing body's performance, not the agency activities.

Project the model standard and questions for participants.

Remind recorder to assist with counting scores and capture final consensus vote for each assessment question.

Purpose of Essential Service 1

What's going on in our community?
Do we know how healthy we are?

The primary focus of Essential Service 1 is for the public health agency to design and conduct data monitoring, which is the foundation for a periodic community health assessment (every 3-5 years) that will identify community health problems. A community health assessment (CHA) is exactly what it sounds like: an assessment of the community's health. Some states require public health agencies to conduct CHAs on a routine basis, while others do not. The current trend in the public health field is that more jurisdictions are conducting CHAs. Conducting a CHA is a prerequisite for national voluntary public health department accreditation by the Public Health Accreditation Board (PHAB). The upward trend in the number of communities completing a CHA is likely to continue as more public health agencies prepare for accreditation.

In addition, a new provision in the Patient Protection and Affordable Care Act requires tax-exempt hospitals to conduct Community Health Needs Assessments (CHNAs) every 3 years, and public health expertise must be consulted in this process. While it may seem more reasonable and economical for a hospital to lead community assessment efforts, it is still vital for the public health governing entity and its health agency to be involved in this process. Hospitals can be a great source of financial and human resources, and public health governing entities and their respective health agencies are a source for data and partnerships that can be leveraged.

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

What's going on in our community?
Do we know how healthy we are?

This service includes:

- Accurate, periodic <u>assessment</u> of the community's <u>health status</u>, including:

  - Identification of <u>health risks</u>, determinants of health, and determination of health service needs

  - Attention to the <u>vital statistics</u> and health status <u>indicators</u> of groups that are at higher risk than the total population

  - Identification of <u>community assets</u> that support the <u>public health system</u> in promoting <u>health</u> and improving quality of life

- Utilization of appropriate methods and technology, such as <u>geographic information systems</u> (GIS*)*, to interpret and communicate data to diverse audiences.

- Collaboration among all public health system components, including private providers and health benefit plans, to establish and use <u>population health registries</u>, such as disease or immunization registries.

Key definitions/concepts:

Community health assessment
A systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community (Turnock, 2009).

Public health system
The constellation of governmental and nongovernmental organizations that contribute to the performance of essential public health services for a defined community or population (Scutchfield & Keck, 2009).

Health status
The current state of a given population using a variety of indices, including morbidity, mortality, and available health resources.

Public Health Department Responsibilities

The following are the Public Health Accreditation Board (PHAB) standards for this essential service. A public health department applying for accreditation will have to demonstrate to PHAB how the department meets these standards. The public health governing entity should provide oversight and support the efforts of the health department to meet these standards.

Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community.

1.1   Participate in or conduct a collaborative process resulting in a comprehensive Community Health Assessment

1.2   Collect and maintain reliable, comparable, and valid data that provide information on conditions of public health importance and on the health status of the population

1.3   Analyze public health data to identify trends in health problems, environmental public health hazards, and social and economic factors that affect the public's health

1.4   Provide and use the results of health data analysis to develop recommendations regarding public health policy, processes, programs, or interventions

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Public Health Governing Entity Model Standard 1

The public health governing entity provides oversight and support to assure that a collaborative and effective community health assessment process is in place. A governing entity's members may participate directly in a community health assessment. Many entities, including but not limited to the public health agency, should contribute to the collection and monitoring of health data. To accomplish this, the public health governing entity:

- Recommends a budget for public health agency resources to be used for a community health assessment

- Encourages active collaboration among all public health system stakeholder organizations involved in collecting, analyzing, and disseminating community health assessment data

- Recommends a budget for public health agency resources to be used for a community health assessment and community health data monitoring

- Reviews progress of a regular, quality community health assessment that includes identification of health risks, determinants of health, health needs, and community assets for all citizens in the jurisdiction

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Key definitions/concepts:

Stakeholder organizations
Another term for partners or any persons, agencies, or organizations that could have an investment in the health of the people in the jurisdiction. Stakeholders may include, but are not limited to, businesses, hospitals, physician offices, pharmacists, youth groups, etc. (National Association of County and City Health Officials, 2004).

These public health agency responsibilities are taken from the Version 1.0 of the *Public Health Accreditation Board (PHAB) Standards and Measures*. These responsibilities are directly related to Domain 1. Your health agency may be providing additional services that are not listed.

The PHAB standards apply to all health departments—tribal, state, local, and territorial. Standards are the required level of achievement that a health department is expected to meet. Domains are groups of standards that pertain to a broad group of public health services. The focus of the PHAB standards is what the health department provides in services and activities, irrespective of how they are provided or through what organizational structure.

Key definitions/concepts and examples:

Health risks are any factors that increase a person's chance of disease or death. Health risks may include, but are not limited to, tobacco use, poor nutrition, lack of physical activity, exposure to environmental toxins, etc.

There is no clearly defined schedule for how often something takes place if it is *regular*. Depending on the needs of the jurisdiction and the activity, it could be annual (like a budget submission in March), daily (like checking phone messages in the morning), or monthly (like governing entity meetings on the second Thursday).

A determinant is any factor that brings about change in a health condition or in other defined characteristics. *Determinants of health* are things like a person's living situation and genetic background that can increase their risk for (or protection from) health conditions.

Key definitions/concepts and examples:

Resources is a broad term that includes anything required to complete a project. It could mean time, staff, money, volunteers, meeting space, printing, computer technology, or many other things.

Public health *priorities* can include specific disease topics (e.g., cancer or diabetes), behavioral issues (e.g., smoking or drug abuse), environmental problems (e.g., lack of sidewalks or playgrounds), social concerns (e.g., overcrowded multi-unit housing facilities), or economic barriers (e.g., lack of insurance or access to the public health agency's services).

Guiding questions:

1.a
- Has the governing entity requested or communicated the need for a policy (either within the public health agency and/or across the public health system) on how often and how well a CHA should be done?

1.b
- Is the governing entity encouraging the public health agency to collaborate with other organizations to conduct a CHA?
- Are there other organizations in the community (e.g., nonprofit hospital organization) already conducting a CHA with which the public health agency can collaborate to ensure public health questions are included?

1.c
- Is the governing entity responsible for resource allocation? If not, who is responsible? Can the governing entity make recommendations to them on what resources are needed?
- Does the governing entity allocate resources for routine data monitoring by the health department?
- Has the governing entity allocated any resources for a CHA process?

1.d
- Has the governing entity used data or other evidence from reports to identify priority areas the public health agency should focus on improving?
- Based upon the completed CHA, has the governing entity agreed with the public health agency on the public health needs or gaps that it should address?

At what level does the governing entity...

1a Advocate for policies that define a community health assessment process?

(No Activity)   (Minimal)   (Moderate)   (Significant)   (Optimal)   (N/A)

1b Encourage the public health department to actively collaborate with all public health system stakeholder organizations on a community health assessment?

(No Activity)   (Minimal)   (Moderate)   (Significant)   (Optimal)   (N/A)

1c Budget for public health department resources to be used for a community health assessment?

(No Activity)   (Minimal)   (Moderate)   (Significant)   (Optimal)   (N/A)

1d Set priorities for community health assessment improvements based on information from the community health assessment?

(No Activity)   (Minimal)   (Moderate)   (Significant)   (Optimal)   (N/A)

Key definitions/concepts:

Advocate for
Discuss and encourage other public health governing entity members, elected officials, and/or other health-related organization boards to adopt a standardized policy (Public Health Accreditation Board, 2011).

Active collaboration
Make a commitment with other public health system stakeholder organizations to successfully develop and conduct a community health assessment. This could also be a board of health working with other organizations on a regular basis to meet common goals.

Measurable outcomes
Benefits that can be measured through terms such as how valuable, how reliable, how fast, and how expansive.
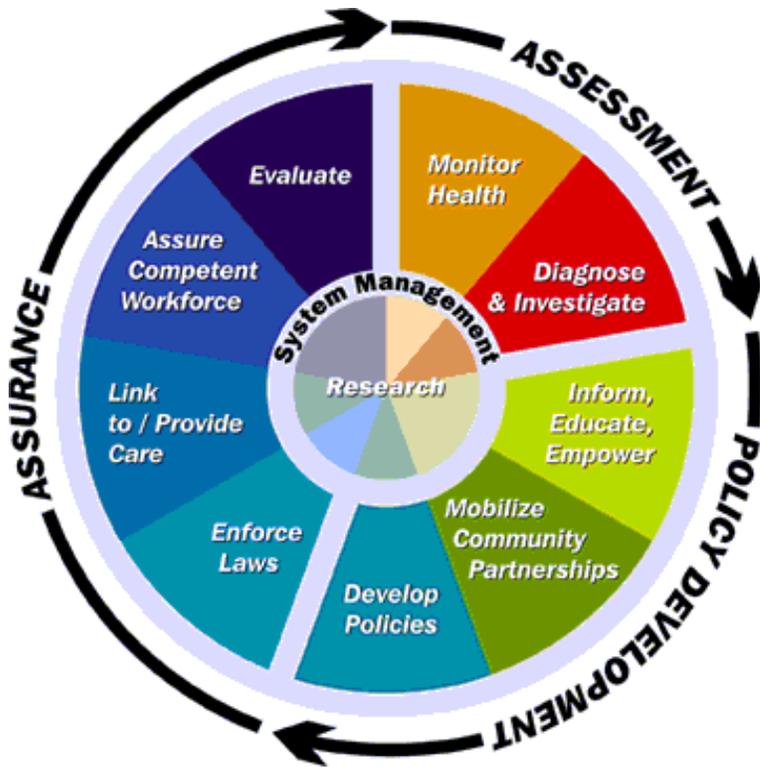
Set the pace. Keep the group moving along.

Keep the focus on the governing body's performance, not the agency activities.

Project the model standard and questions for participants.

Remind recorder to assist with counting scores and capture final consensus vote for each assessment question.

Purpose of Essential Service 2

Are we ready to respond to health problems or threats?
How quickly do we find out about problems?
How effective is our response?

Essential Service 2 reflects the need for the public health agency to be actively involved in the surveillance and diagnosis of public health problems, threats, and hazards. Public health threats and emergencies can occur at any time and it is vital for a health jurisdiction to be prepared to respond to and mitigate the situation. These threats and emergencies can include outbreaks of the seasonal flu; natural disasters such as tornadoes, hurricanes, floods, or wildfires; release of biological toxins including anthrax or ricin; or new, emerging infectious diseases. Regardless of the type of public health threat or emergency, there is a substantial risk to an entire jurisdiction.

While the public health agency is more involved with all aspects of this Essential Service, the public health governing entity needs to be aware of and engaged in the process of planning for and responding to emergency situations. For example, the governing entity should review plans for conducting an emergency response to a flu outbreak or natural disaster whether or not the public health agency is the lead organization in a response. The governing entity should also ensure that the public health agency has the capacity and partner collaborations necessary to appropriately diagnose and investigate these health hazards.

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

Are we ready to respond to health problems or threats?
How quickly do we find out about problems?
How Effective is our response?

This service includes:

- Epidemiologic investigations of disease outbreaks, patterns of infections, chronic diseases, injuries, environmental hazards, and other public health threats and emergencies.

- Active infectious disease epidemiology programs.

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

Key definitions/concepts:

Public health threat/emergency
Situations that have already unfolded in a community. These emergencies may include, but are not limited to, natural disasters, chemical release and exposure, mass casualty incidents, recent outbreaks of disease (i.e., influenza, *E. coli*, Salmonella), and bioterrorism (Goslin et al., 2002).

Outbreak
The occurrence of more cases of disease, injury, or other health condition than expected in a given area or among a specific group of person during a specific period. Usually the cases are presumed to have a common cause or to be related to one another in some way (Dicker, Coronado, Koo, & Parrish, 2006).

Public Health Department Responsibilities

The following are the Public Health Accreditation Board (PHAB) standards for this essential service. A public health department applying for accreditation will have to demonstrate to PHAB how the department meets these standards. The public health governing entity should provide oversight and support the efforts of the health department to meet these standards.

Domain 2: Investigate health problems and environmental public health hazards to protect the community

2.1   Conduct timely investigations of health problems and environmental public health hazards

2.2   Contain/mitigate health problems and environmental public health hazards

2.3   Ensure access to laboratory and epidemiologic/environmental public health expertise and capacity to investigate and contain/mitigate public health problems and environmental public health hazards

2.4   Maintain a plan with policies and procedures for urgent and non-urgent communications

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Public Health Governing Entity Model Standard 2

The public health governing entity is responsible for assuring that the jurisdiction is protected against health problems and health hazards. To accomplish this, the public health governing entity:

- Facilitates access to appropriate resources for public health surveillance

- Facilitates access to resources to respond to public health threats

- Recommends policies to ensure the diagnosis and investigation of public health threats and emergencies in the community

- Encourages the public health agency to collaborate with public health system stakeholder organizations for the diagnosis and investigation of public health threats and emergencies

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Key definitions/concepts:

Environmental public health hazard
Situations or materials that pose a threat to human health and safety in the built or natural environment, as well as to the health and safety of other animals and plants, and to the proper functioning of an ecosystem, habitat, or other natural resource (Public Health Accreditation Board, 2010).

Stakeholder organizations
Another term for partners or any persons, agencies, or organizations that could have an investment in the health of the people in the jurisdiction. Stakeholders may include, but are not limited to, businesses, hospitals, physician offices, pharmacists, youth groups, etc. (National Association of County and City Health Officials, 2004).

These public health agency responsibilities are taken from the Version 1.0 of the *Public Health Accreditation Board (PHAB) Standards and Measures*. These responsibilities are directly related to Domain 2. Your health agency may be providing additional services that are not listed.

The PHAB standards apply to all health departments—tribal, state, local, and territorial. Standards are the required level of achievement that a health department is expected to meet. Domains are groups of standards that pertain to a broad group of public health services. The focus of the PHAB standards is what the health department provides in services and activities, irrespective of how they are provided or through what organizational structure.

Key definitions/concepts and examples:

Governing entities and other public health partners need to be prepared to monitor and respond to *public health hazards*. Public health hazards are generally categorized as environmental and include any situations or materials that pose a threat to the community's health and safety. Some of the most common public health hazards include chemical, biological, radiological, and physical agents. Through public health surveillance and response, these health hazards can be identified and controlled to reduce exposure.

Public health emergencies are situations that have already unfolded in a community. These emergencies may include, but are not limited to, natural disasters, chemical release and exposure, mass casualty incidents, disease outbreaks (e.g., influenza or *Salmonella*), and bioterrorism.

The term *public health threat* is often used interchangeably with *public health emergencies* and *public health hazards.*

Key definitions/concepts and examples:

The governing entity should *facilitate access* to resources for both the surveillance and response to public health threats. Resources for response may include, but are not limited to, specimen collection kits, staff, disease transmission expertise, technology, access to a laboratory, and medical supplies.

Since public health threats can occur at any time, the public health agency staff should be encouraged to *continuously collaborate* with public health stakeholders. This engagement may include routine meetings, email exchange, and response drills.

Surveillance is a way of identifying possible public health threats and emergencies before they happen. *Response* is the actions taken after an emergency has already occurred. Although questions 2a and 2b look similar, they are asking about these two activities independently—it is possible to respond to emergencies even if no surveillance has taken place, and it is possible to conduct surveillance without ever responding to an emergency.

Guiding questions:

2.a
- Has the governing entity allocated any resources for surveillance (identification) of public health threats?
- Is the governing entity responsible for resource allocation for this essential service? If not, who is responsible? Can the governing entity make recommendations to them on what resources are needed?

2.b
- Has the governing entity allocated any resources for responding to public health threats?
- Is the governing entity responsible for resource allocation for this essential service? If not, who is responsible? Can the governing entity make recommendations to them on what resources are needed?

2.c
- Has the governing entity recommended any policies that include guidelines for reporting public health threats to the public?
- Has the governing entity recommended any policies for public health agency access to laboratory services at the state or local level?
- What partner organizations has the governing entity worked with to improve the health agency's capacity for preparedness and response?

2.d
- Is the governing entity encouraging the public health agency to collaborate with other stakeholder organizations to identify and respond to public health threats?
- Are there other organizations in the community (e.g., an emergency management agency or a hospital) already conducting public health surveillance or developing plans to respond to public health emergencies?

At what level does the governing entity...

2a Facilitate access to resources for the surveillance of public health threats?

No Activity   Minimal   Moderate   Significant   Optimal   N/A

2b Facilitate access to resources to respond to public health threats?

No Activity   Minimal   Moderate   Significant   Optimal   N/A

2c Recommend policies that address the surveillance of public health threats?

No Activity   Minimal   Moderate   Significant   Optimal   N/A

2d Encourage ongoing collaboration among public health system stakeholder organizations to address public health threats?
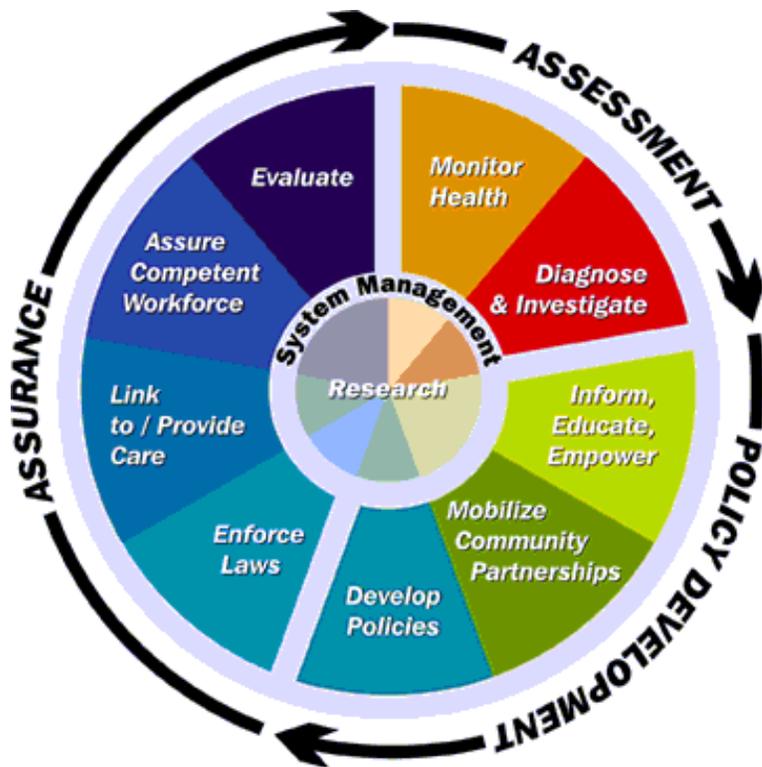
No Activity   Minimal   Moderate   Significant   Optimal   N/A

Set the pace. Keep the group moving along.

Keep the focus on the governing body's performance, not the agency activities.

Project the model standard and questions for participants.

Remind recorder to assist with counting scores and capture final consensus vote for each assessment question.

Purpose of Essential Service 3

How well do we keep all people and segments of our community informed about health issues?

Essential Service 3 centers on the ability of the public health agency to design and conduct programs, services, and policies that support preventing death and disease. It is important for public health agency staff to develop and implement a health communications plan so they can properly educate and engage all citizens in the jurisdiction on wellness issues. When the public health agency carries out their communications plan and health promotion activities, they should also ensure that it is tailored to appropriate audiences. For example, if there is a large Hispanic population in the jurisdiction, all materials should be translated into Spanish and include culturally sensitive language and images. Additionally, public health agency staff should communicate health promotion information to audiences through a variety of methods including print materials, Internet, face-to-face, and social media.

The governing entity's role in this Essential Service is to encourage and facilitate the public health agency's ability to complete these activities. If the governing entity has the authority to review materials before they are presented in the jurisdiction, they should ensure they meet appropriate standards. Furthermore, the governing entity should encourage all individuals to communicate with them about their individual health needs and concerns. This communication can occur via email, social messaging, attendance at open meetings, or telephone.

Essential Service 3:
Inform, Educate, and Empower People About Health Issues

**How well do we keep all people and segments of
our community informed about health issues?**

This service includes:

- Health information, health education, and health promotion activities designed to reduce health risk and promote improved health.

- Health communication plans and activities such as media advocacy and social marketing.

- Accessible health information and educational resources.

- Health education and health promotion program partnerships with schools, faith-based communities, work sites, personal healthcare providers, and others to implement and reinforce health promotion programs and messages.

Key definitions/concepts:

Empower
Engage participants so they learn more effectively and are motivated to maintain their commitment to healthier living. This could include citizen participation in health policy initiatives as well as individuals learning more about their own health (Health Empower Initiative, n.d.).

Public Health Department Responsibilities

The following are the Public Health Accreditation Board (PHAB) standards for this essential service. A public health department applying for accreditation will have to demonstrate to PHAB how the department meets these standards. The public health governing entity should provide oversight and support the efforts of the health department to meet these standards.

Domain 3: Inform and educate about public health issues and functions

3.1 Provide health education and health promotion policies, programs, processes, and interventions to support prevention and wellness

3.2 Provide information on public health issues and public health functions through multiple methods to a variety of audiences

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Public Health Governing Entity Model Standard 3

Informing, educating, and empowering people about health issues depends on appropriate health education and community-based health promotion activities. To accomplish this, the governing entity:

- Facilitates access to resources that could be used to reduce <u>health risks</u> and promote better health

- Ensures public health agency is using <u>health communication</u> plans and promotion activities that are <u>culturally and linguistically appropriate</u>

- Recommends public health agency policies to support activities that inform, educate, and empower people about public health issues

- Encourages all citizens in a <u>jurisdiction</u> to provide input on community health issues to the public health governing entity

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Key definitions/concepts:

Health communication plan
A way for staff at the public health agency to inform, influence, and motivate persons and organizations in a jurisdiction about public health issues and prevention (Riegelman, 2010).

Culturally and linguistically appropriate
Materials and messages that take into account customs, beliefs, values, and influences of various racial, ethnic, religious, or social groups. Making culturally and linguistically appropriate materials available for audiences is vital to the success and adoption of health promotion programs, policies, and interventions (Department of Health and Human Services Office of Minority Health, 2001).

These public health agency responsibilities are taken from the Version 1.0 of the *Public Health Accreditation Board (PHAB) Standards and Measures*. These responsibilities are directly related to Domain 3. Your health agency may be providing additional services that are not listed.

The PHAB standards apply to all health departments—tribal, state, local, and territorial. Standards are the required level of achievement that a health department is expected to meet. Domains are groups of standards that pertain to a broad group of public health services. The focus of the PHAB standards is what the health department provides in services and activities, irrespective of how they are provided or through what organizational structure.

Key definitions/concepts and examples:

A *health communication plan* should be thorough and may include the following: assessing the health issue or problem and identifying all the components of a possible solution; defining communication objectives; defining and learning about intended audiences; exploring settings, channels, and activities best suited to reach intended audiences; identifying potential partners and developing partnering plans; and developing a communication strategy for each intended audience.

Health promotion activities can be developed as individual projects (e.g., printed pamphlets about where to find free HIV testing in the community or billboards with information about tobacco cessation hotlines), or they can be a suite of interventions designed to reduce the impact of a particular health condition in the community (e.g., increasing physical education requirements at schools while also changing the lunch menus to promote healthier eating).

Key definitions/concepts and examples:

Citizens in a jurisdiction should be encouraged by the governing entity to ***provide input on community health issues***. This input may include barriers, successes, needs, or problems and may be provided via email, telephone, face-to-face conversation, or during a governing entity meeting.

Necessary ***resources*** for health education and health promotion may include, but are not limited to, funds for materials for health promotion programs, adequate staff time to support health promotion programs, and funds to distribute health promotion materials.

Guiding questions:

3.a
- Is the governing entity responsible for resource allocation for this essential service? If not, who is responsible? Can the governing entity make recommendations to them on what resources are needed?
- Has the governing entity allocated any resources for providing health education in the community?
- Has the governing entity allocated any resources for health promotion activities in the community such as distributing educational materials?

3.b
- Is the governing entity aware of development and updates to their public health agency's health communication plan?
- Does the governing entity have a copy of the most current health communication plan for their public health agency?

3.c
- Has the governing entity recommended any policies that support culturally appropriate health promotion activities?
- Has the governing entity recommended a policy requiring that health agency staff have training in providing culturally and linguistically appropriate services?

3.d
- Does the governing entity make citizens aware of its meetings?
- Does the governing entity make citizens aware of how to submit comments or issues to the governing entity?
- Has the governing entity held public hearings on community issue(s)?
- Does the governing entity encourage partner organizations to promote comment opportunities to their audiences?

At what level does the governing entity...

3a   Recommend budget items for community health promotion programs?

(No Activity)   (Minimal)   (Moderate)   (Significant)   (Optimal)   (N/A)

3b   Ensure the public health department is using a health communications plan?

(No Activity)   (Minimal)   (Moderate)   (Significant)   (Optimal)   (N/A)

3c   Recommend policies that support culturally appropriate health promotion activities?

(No Activity)   (Minimal)   (Moderate)   (Significant)   (Optimal)   (N/A)

3d   Encourage citizens to provide input on community health issues to the public health department governing entity?

(No Activity)   (Minimal)   (Moderate)   (Significant)   (Optimal)   (N/A)

Key definitions/concepts:

Community health
More reflective of the health of a jurisdiction rather than a group of people with similar characteristics. Often defined by a series of population health measurements such as smoking rates or access to prenatal care (Public Health Accreditation Board, 2011; Turnock, 2009).
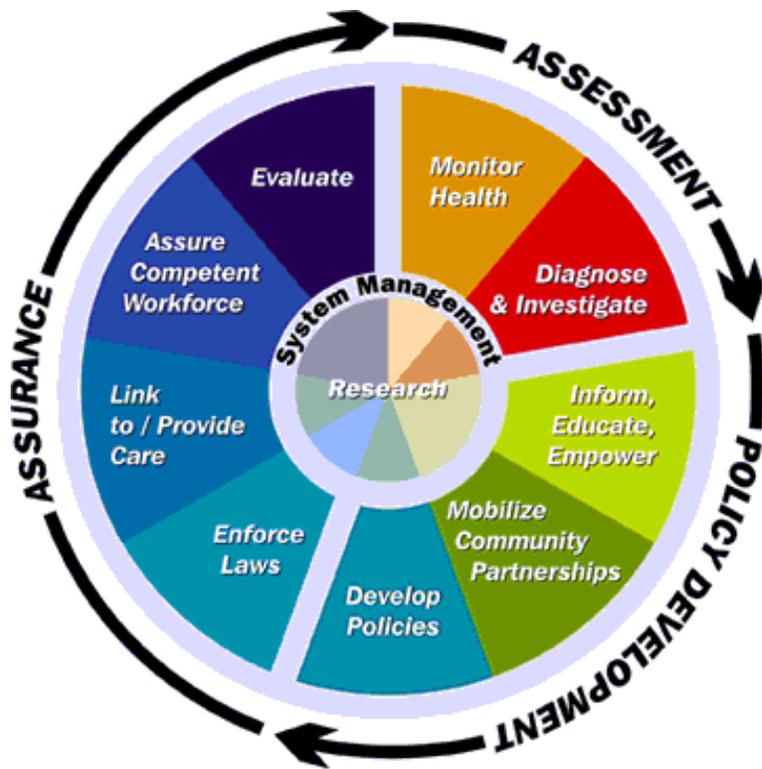
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Project the model standard and questions for participants.

Remind recorder to assist with counting scores and capture final consensus vote for each assessment question.

Purpose of Essential Service 4

How well do we really get people and organizations engaged in health issues?

Essential Service 4 focuses heavily on partnership identification, engagement, and sustainability to assist the public health agency in identifying and solving health problems. The benefits of strong partnerships in the public health field include: leveraging and maximizing resources by pooling talent, expertise, and resources; improving outreach to other individuals and organizations; reducing duplication of efforts; increasing credibility of the information beyond the public health agency; and reducing health-related costs.

The governing entity's role in this Essential Service is to ensure the public health agency is involved in pertinent health-related collaborations as well as encourage public health system stakeholder organizations and partners to incorporate health components into their policies. If more organizations in a jurisdiction can foster the concept of public health in their related programs, services, and policies, the healthier that community will be.

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

How well do we really get people and organizations engaged in health issues?

This service includes:

- Identifying potential <u>stakeholders</u> who contribute to or benefit from <u>public health</u> and increasing their awareness of the value of public health.

- Building coalitions, <u>partnerships</u>, and <u>strategic alliances</u> to draw upon the full range of potential human and material resources to improve community health.

- Convening and facilitating partnerships and strategic alliances among groups and associations (including those not typically considered to be health-related) in undertaking defined health improvement projects, including preventive, screening, rehabilitation, and support programs.

Key definitions/concepts:

Partnership
A partnership is a relationship among individuals and groups that is characterized by mutual cooperation and responsibilities (Scutchfield & Keck, 2009).

Stakeholder organizations
Another term for partners or any persons, agencies, or organizations that could have an investment in the health of the people in the jurisdiction. Stakeholders may include, but are not limited to, businesses, hospitals, physician offices, pharmacists, youth groups, etc. (National Association of County and City Health Officials, 2004).

Public Health Department Responsibilities

The following are the Public Health Accreditation Board (PHAB) standards for this essential service. A public health department applying for accreditation will have to demonstrate to PHAB how the department meets these standards. The public health governing entity should provide oversight and support the efforts of the health department to meet these standards.

Domain 4: Engage with the community to identify and address health problems

4.1 Engage with the public health system and the community in identifying and addressing health problems through collaborative processes

4.2 Promote the community's understanding of and support for policies and strategies that will improve the public's health

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Public Health Governing Entity Model Standard 4

The public health governing entity is responsible for supporting traditional and nontraditional partnerships and strategic alliances to identify and solve health problems. To accomplish this, the governing entity:

- Facilitates access to resources for jurisdictional development, partnership, and strategic alliance building activities

- Recommends policies to support constituency development, partnership, and strategic alliance building

- Promotes the inclusion of public health in policies developed by traditional and nontraditional partners

---

Key definitions/concepts:

Traditional and nontraditional partnerships
Traditional partners are those stakeholders that the public health agency typically collaborate with including other public health agencies, hospitals, Federally Qualified Health Centers, mental health institutions, and child services. Nontraditional partners may include, but are not limited to, faith-based organizations, academic institutions (including higher education), media, businesses and corporations, and other government agencies.

Jurisdictional development
Includes any methods to improve or expand the health and safety of a particular territory. For example, if the governing body represents a district within a state, they should strive to improve the health and safety of the entire district and not a particular county seat or select community within the district.

These public health agency responsibilities are taken from the Version 1.0 of the *Public Health Accreditation Board (PHAB) Standards and Measures*. These responsibilities are directly related to Domain 4. Your health agency may be providing additional services that are not listed.

The PHAB standards apply to all health departments—tribal, state, local, and territorial. Standards are the required level of achievement that a health department is expected to meet. Domains are groups of standards that pertain to a broad group of public health services. The focus of the PHAB standards is what the health department provides in services and activities, irrespective of how they are provided or through what organizational structure.

Key definitions/concepts and examples:

Constituency development is different from jurisdictional development. Constituency development focuses on improving the health of individual members of a jurisdiction through their involvement with health agency activities. It could include community health education and outreach as well as many other activities.

Resources for strategic alliance building activities may include, but are not limited to, staff time for meetings, meeting space, and supplies for meetings.

There are many types of public health programs carried out by the health department and its public health system partners. *Preventive programs* are those intended to stop disease or injury from occurring in the general population, such as advising against consumption of raw shellfish to prevent foodborne illness or promoting bicycle helmet use. *Rehabilitative programs* help those who have been affected by illness or injury regain their ability to function as a member of society, such as drug abuse treatment programs. *Supportive programs* help people cope with an injury or illness that cannot be treated or cured, such as adult day care. *Screening programs* can identify those who are at higher risk for injury or illness so that resources can be targeted to prevent or minimize the effects, such as early cancer detection by mammograms or colonoscopy.

An example of *health in other policies* may be the governing body approaching the zoning commission to include walking and biking paths in community renovations to help promote physical activity.

Key definitions/concepts and examples:

Strategic alliances are developed and sustained to address specific public health issues and needs in a jurisdiction. Strategic alliances may include traditional and nontraditional partners depending upon the area being addressed. The governing entity should support coordination of resources among these alliances as well as identify potential partners that could benefit the collaboration.

When a governing entity ***actively encourages*** partners to do something, they are not just supporting a change in the community, but also participating in making that change happen. Governing body members take responsibility for contacting leaders at other partner organizations and asking for their participation in public health activities. The governing entity also supports the health department staff's involvement in community projects led by partner organizations.

Guiding questions:

4.a
- Does the governing entity support the sharing and coordination of resources among strategic alliance partners to ensure fiscal responsibility and reduce duplication of efforts?

4.b
- Does the governing entity support actions taken by the public health agency to arrange meeting(s) with stakeholder organizations to discuss community health problems?
- Does the governing entity actively work with the public health agency to ensure that partners are aware of current community health problems?
- Does the governing entity participate in partnerships led by other organizations?

4.c
- Does the governing entity actively encourage other governing entities to include health in their policies?

At what level does the governing entity...

4a Support coordination of resources for strategic alliance building activities?

No Activity   Minimal   Moderate   Significant   Optimal   N/A

4b Encourage the public health department to engage in strategic alliances with public health system stakeholder organizations to solve community health problems?

No Activity   Minimal   Moderate   Significant   Optimal   N/A

4c Promote the inclusion of public health in policies developed by other governing entities?

No Activity   Minimal   Moderate   Significant   Optimal   N/A

Key definitions/concepts:

Strategic alliance
Partnerships formed among organizations to advance mutual interests. In the case of health, strategic collaboration with business, education, government, faith, and community partners to protect and improve health (Centers for Disease Control and Prevention, 2007).

Other governing entities
The public health department may not be the only community group or organization with a governing entity. Other community departments, corporations, hospitals, and nonprofit organizations often have governing boards as well, and these other public health governing entities could engage with them in a variety of ways.

Constituency development
The process of developing relationships with community members who benefit from or have influence over community public health actions (Agency for Toxic Substances and Disease Registry, 2011).
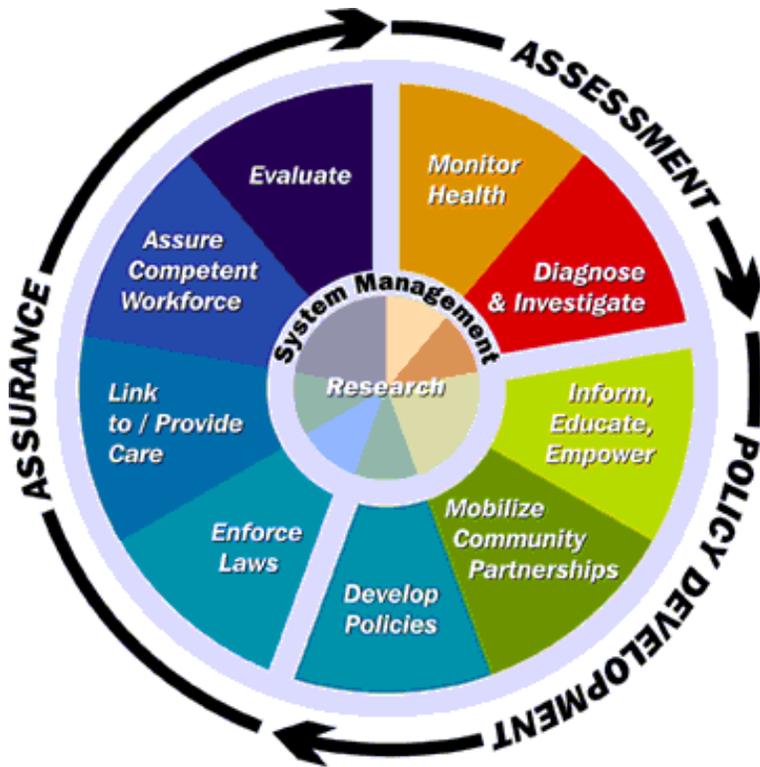
Set the pace. Keep the group moving along.

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Purpose of Essential Service 5

What policies promote health in our community?
How effective are we in planning and setting health policies?

Public health policies are an essential method to promote, protect, and improve the public's health. Public health policies can be developed and implemented at the local, state, or federal levels. Additionally, public health policies can be developed to guide a specific public health agency in their mission, vision, and provision of services (internal policies) or can be used to cover an entire population at the same time (external policies). Regardless of the type of policy developed, public health policies should be designed to refer to decisions, plans, and actions that will achieve specific health care goals within a jurisdiction.

Governing entities often find Essential Service 5 the easiest to understand because of its focus on good governance and the development of public health policies and plans. Governing entities can also use this section as a means to understand their legal authority and governance roles and responsibilities.

Essential Service 5:
Develop Policies and Plans That Support Individual and Statewide Health Efforts

What policies promote health in our community?
How effective are we in planning and setting health policies?

This service includes:

- Effective public health governance.

- Development of <u>policy</u>, codes, <u>regulations</u>, and <u>legislation</u> to protect the health of the public and to guide the practice of public health.

- Systematic public health system and state-level planning for health improvement in all jurisdictions.

- Alignment of public health system resources and strategies with <u>community health improvement plans.</u>

Key definitions/concepts:

Governance
The process of governing, including concepts such as meeting management (minutes, procedural rules, institutional recordkeeping) and information flow (open meeting requirements, etc). Governance can also focus on the responsibility that a board has with respect to exercising their authority to fulfill the mission of the public health agency and meet the needs of the community served.

Public health policies
Used broadly to include laws, rules, and regulations intended to accomplish certain goals. Can be defined as "a system of laws, regulatory measures, courses of action, and funding priorities concerning a given topic promulgated by a governmental entity or its representatives" (Kirkpatrick, n.d.)

Legal authority
The legal authority of a public health governing body is often detailed in state statutes as well as through home rule charters, court rulings, or other mandated documents. It is essential that the public health governing body learn about their legal authority and execute it to their fullest ability.

Public Health Department Responsibilities

The following are the Public Health Accreditation Board (PHAB) standards for this essential service. A public health department applying for accreditation will have to demonstrate to PHAB how the department meets these standards. The public health governing entity should provide oversight and support the efforts of the health department to meet these standards.

Domain 5: Develop public health policies and plans

> 5.1   Serve as a primary and expert resource for establishing and maintaining public health policies, practices, and capacity
>
> 5.2   Conduct a comprehensive planning process resulting in a tribal/state/community health improvement plan
>
> 5.3   Develop and implement a health department organizational strategic plan
>
> 5.4   Maintain an all-hazards emergency operations plan

Public Health Governing Entity Model Standard 5

Public health planning and policy development requires that individual members of the governing entity understand, exercise, and advocate for the authority to improve public health. The governing entity should operate under the framework of statutory charter, mission statement, or other similar strategic planning statement. To accomplish this, the governing entity:

- Annually requests that all governing entity members are provided appropriate documentation on their statutory charter describing their legal authority, mission statement, strategic planning document, and agency operating procedures

- Budgets for appropriate public health agency resources to implement a community health improvement plan

- Participates in the development of strategic plans for both the public health agency and governing entity

- Develops public health policies (which may include codes, regulations, and ordinances) to protect the jurisdiction's health and to guide the practice of public health

- Recommends policies based upon community health assessments, community health improvement plans, strategic plans, and evidence-based recommendations

- Monitors the development and implementation of plans (e.g., community health improvement plans, all-hazards emergency preparedness and response plans, risk communication plans, strategic plans, etc.) that protect the health of the public

- Supports aligning jurisdiction resources with state-level plans for health improvement

These public health agency responsibilities are taken from the Version 1.0 of the *Public Health Accreditation Board (PHAB) Standards and Measures*. These responsibilities are directly related to Domain 5. Your health agency may be providing additional services that are not listed.

The PHAB standards apply to all health departments—tribal, state, local, and territorial. Standards are the required level of achievement that a health department is expected to meet. Domains are groups of standards that pertain to a broad group of public health services. The focus of the PHAB standards is what the health department provides in services and activities, irrespective of how they are provided or through what organizational structure.

Key definitions/concepts and examples:

Not all public health governing bodies have the same *legal authority* to exercise control over public health programs, services, and policies. The governing entity should contact their legal counsel to ensure that they understand the complete extent of their legal authority. Governing entities can be granted their legal authority to act through several types of documents. The governing entity could operate under a *charter, a bylaw or ordinance*, or a series of *regulations*. The governing entity could also be expected to fulfill a particular mission in the community.

Agency operating procedures can include any policies or regulations that guide only the public health agency in fulfilling its mission, vision, and provision of services. These operating procedures may include how to conduct inspection activities, protocol for releasing permits to select establishments, practice of providing information to the governing entity for their review, etc.

A *risk communication plan* describes the strategies and methods a health agency will follow to communicate information about health risks to the public.

Resources for strategic planning and community health improvement planning may include, but are not limited to, staff time, consultants, meeting space, and printed materials.

Evidence-based policies can be found in *The Community Guide* (www.thecommunityguide.org) and are scientifically proven methods for improving the public's health.

Key definitions/concepts and examples:

The term *community health improvement plan (CHIP)* can be used to refer to a local jurisdiction's health improvement plan, or a *state health improvement plan*, since a state is a type of community. A *community health improvement plan* should be based upon results from the community health assessment (CHA). The public health governing entity's role in the CHIP is to establish a way for the public health agency and other partner organizations to set joint priorities and coordinate resources for improvement. A CHIP may be a single, comprehensive plan, or it may have many component plans (e.g., tobacco, obesity).

Guiding questions:

5.a
- Does the governing entity annually review documentation that outlines its legal authority for public health governance?
- Does the governing entity know where to find related documentation including state statutes, home rule charters, etc.?
- Is the information provided during a governing entity orientation session or in an orientation manual?

5.b
- Does the governing entity annually review documents including its mission, vision, operating procedures, etc.?

5.c
- Does the governing entity support the sharing and coordination of resources among strategic alliance partners to ensure fiscal responsibility and reduce duplication of efforts?

5.d
- Does the governing entity participate in the health agency's strategic planning process?
- Does the governing entity approve the final strategic plan for the agency?

5.e
- Does the governing entity have a strategic concept of how it can improve the public's health?
- Does the governing entity itself have a strategic plan that it currently operates from?

5.f
- Is the governing entity aware of evidence-based policies in public health and where to find out about them?

5.g
- Does the governing entity ask the health agency to establish, actively review drafts, and approve an all-hazards emergency plan?
- If another agency is responsible for emergency planning, does the public health governing entity participate in the planning process?

5.h
- Has the governing entity reviewed the state health improvement plan?
- Does the governing entity encourage the health department to align its priority activities with the state health improvement plan?

At what level does the governing entity...

5a Annually review documentation of its legal authority?

(No Activity) (Minimal) (Moderate) (Significant) (Optimal) (N/A)

5b Annually review the governing entity's guiding documents?

(No Activity) (Minimal) (Moderate) (Significant) (Optimal) (N/A)

5c Budget appropriate public health department resources to implement a community health improvement plan?

(No Activity) (Minimal) (Moderate) (Significant) (Optimal) (N/A)

5d Participate in the public health department's strategic planning process (every 3-5 years)?

(No Activity) (Minimal) (Moderate) (Significant) (Optimal) (N/A)

5e Develop a governing entity strategic plan?

(No Activity) (Minimal) (Moderate) (Significant) (Optimal) (N/A)

5f Recommend evidence-based policies to address identified health priorities?

(No Activity) (Minimal) (Moderate) (Significant) (Optimal) (N/A)

5g Monitor the establishment of the public health department's all-hazards emergency response plan?

(No Activity) (Minimal) (Moderate) (Significant) (Optimal) (N/A)

5h Support aligning jurisdiction resources with state-level plans for health improvement?

(No Activity) (Minimal) (Moderate) (Significant) (Optimal) (N/A)

Key definitions/concepts for these questions are on the next page due to space limitations.

Key definitions/concepts:

Guiding documents
A collection of documents that outline the public health governing body's statutory charge, structure, function, roles, and responsibilities. May include bylaws, mission, vision, strategic plan, and operating procedures.

Health priorities
Areas or facets of the public health system that need to be addressed through program and/or policy development, implementation, and evaluation to positively impact and benefit the public's health. Priority areas can be social, physical, behavioral, or environmental.

All-hazards emergency operations plan
An action plan for the jurisdiction developed to mitigate, respond to, and recover from a natural disaster, terrorist event, or other emergency that threatens people, property, business, or the community. The plan identifies persons, equipment, and resources for activation in an emergency and includes steps to coordinate and guide the response and recovery efforts of the jurisdiction (Federal Emergency Management Agency, 2007).

Community health improvement plan
A Community Health Improvement Plan (CHIP) should be used to develop policies and define actions to target efforts that promote health (Public Health Accreditation Board, 2011).

Strategic plan
A strategic plan should be developed for both the public health governing entity and the public health department. The strategic plan should include a vision, mission, objectives, strategies, and action plans that will move either the governing entity or health department forward in improving the public's health (Public Health Accreditation Board, 2011).

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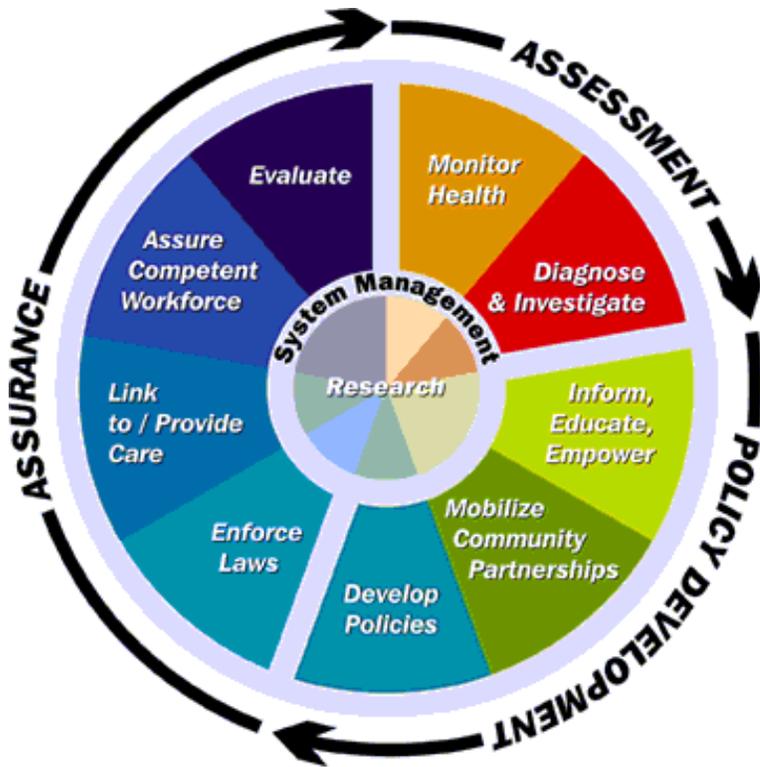
Set the pace. Keep the group moving along.

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Project the model standard and questions for participants.

Remind recorder to assist with counting scores and capture final consensus vote for each assessment question.

Purpose of Essential Service 6

When we enforce health regulations, are we up-to-date, technically competent, fair, and effective?

Public health policies do not improve the public's health unless they are properly enforced. Public health policy enforcement includes the appropriate authority understanding their role in the policy, having defined consequences for noncompliance, and a method to prosecute those individuals or organizations in violation. A public health agency is primarily responsible for enforcing policies related to the abatement of nuisances, food safety, sanitation, wastewater disposal, tobacco control, and emergency situations.

The governing entity's role in this Essential Service is to act as the enforcement agent, if applicable, as well as support the public health agency in ensuring that all enforcing agents are aware of their roles and responsibilities and educate those impacted by public health policies to ensure compliance. For example, the governing entity should encourage and provide the resources necessary for public health agency staff to conduct trainings with restaurant managers and owners to ensure proper food safety. Regardless of the governing entity's legal authority to serve as an enforcement agent, it should still consult with its legal counsel to discuss how particular enforcement situations should be handled within a jurisdiction.

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

When we enforce health regulations, are we up-to-date, technically competent, fair, and effective?

This service includes:

- Assurance of <u>due process</u> and recognition of individuals' <u>civil rights</u> in all procedures, enforcement of <u>laws</u> and <u>regulations</u>, and <u>public health emergency</u> actions taken under the governing entity's authority.

- Review, <u>evaluation</u>, and revision of laws and regulations designed to protect health and safety, reflect current scientific knowledge, and utilize <u>evidence-based practices</u> for achieving compliance.

- Education of persons and entities obligated to obey and agencies obligated to enforce laws and regulations to encourage compliance.

- Enforcement activities in a wide variety of areas of public health concern under authority granted by local, state, and federal rule or law including, but not limited to: abatement of nuisances, animal control, childhood immunizations and other vaccinations, food safety, housing code, sanitary code, on-site wastewater disposal (septic systems), protection of drinking water, school environment, solid waste disposal, swimming pool and bathing area safety and water quality, tobacco control, enforcement activities during emergency situations, and vector control.

Key definitions/concepts:

Evidence-based practice
A strategy for explicitly linking public health or clinical practice recommendations to scientific evidence of the effectiveness and/or other characteristics of such practices (The Guide to Community Preventive Services, n.d.).

Legal counsel
Attorney who provides advice or assistance to or represents a government agency (Garner, 2004).

Public Health Department Responsibilities

The following are the Public Health Accreditation Board (PHAB) standards for this essential service. A public health department applying for accreditation will have to demonstrate to PHAB how the department meets these standards. The public health governing entity should provide oversight and support the efforts of the health department to meet these standards.

Domain 6: Enforce public health laws

6.1   Review existing laws and work with governing entities and elected/appointed officials to update as needed

6.2   Educate individuals and organizations on the meaning, purpose, and benefit of public health laws and how to comply

6.3   Conduct and monitor public health enforcement activities and coordinate notification of violations among appropriate agencies

---

Public Health Governing Entity Model Standard 6

The public health governing entity is responsible for assuring that public health policies (which may include codes, regulations, and ordinances) designed to protect the health of the jurisdiction are appropriately adopted, enforced, and evaluated. To accomplish this, the governing body:

- Confirms that appropriate legal authority exists for the adoption, enforcement, and evaluation of public health policies designed to protect the health of the jurisdiction

- Annually reviews bylaws, rules, and procedures for compliance with local, state, and federal statutes and regulations

- Budgets for resources to be used for public health inspection and enforcement activities

- Has access to and utilizes legal counsel

- Advocates for the enforcement of public health policies that protect community health and ensure safety

- Encourages development and implementation of programs that educate those who are impacted by public health policies to encourage compliance

---

Key definitions/concepts:

People impacted by public health policies
Public health policies can be established at federal, state, and local levels. Examples of people impacted by public health policies may include the general public (tobacco control laws), restaurant owners (food safety procedures), and septic installers (wastewater regulations).

These public health agency responsibilities are taken from the Version 1.0 of the *Public Health Accreditation Board (PHAB) Standards and Measures*. These responsibilities are directly related to Domain 6. Your health agency may be providing additional services that are not listed.

The PHAB standards apply to all health departments—tribal, state, local, and territorial. Standards are the required level of achievement that a health department is expected to meet. Domains are groups of standards that pertain to a broad group of public health services. The focus of the PHAB standards is 'what' the health department provides in services and activities, irrespective of 'how' they are provided or through what organizational structure.

Key definitions/concepts and examples:

The public health governing entity should ***advocate for*** the enforcement of public health policies. To properly advocate for enforcement, the governing entity can develop position statements or resolutions or educate other enforcement agents on the importance of ensuring compliance for the community's health and safety.

New ideas and ways to improve public health are always being researched. ***Current scientific knowledge*** refers to using the most up-to-date information possible when developing new public health policies or programs, and updating older programs to be more effective as research shows new directions.

Any business or organization subject to public health laws and regulations will be evaluated regularly (via inspections, audit, or other methods) to see how well they are meeting the requirements. This is known as ***compliance.***

Legal documents may include all relevant codes, policies, and regulations. The governing entity should also consult existing statutes at the federal, state, and local/tribal/territorial level.

Resources necessary to carrying out enforcement activities can be staff time, vehicle mileage, inspection forms, court time, plan review, or other investments by the health agency.

Enforcement activities may include, but are not limited to, actual inspections (e.g., restaurants, businesses, schools, septic, etc.) or classes for those people that would need to comply with public health policies.

Key definitions/concepts and examples:

The governing entity can work with appropriate public health agency staff and its legal counsel to *review its legal documents*, roles, and responsibilities against *existing statutes*. As statutes change, it is important for the governing entity to ensure it is appropriately complying as well as working with other agencies who may now exercise enforcement authority.

Almost any business owner or community member will be impacted by some kind of public health policy, although the specific policy impacting them will vary a great deal. Examples of those more likely to be *impacted by public health policies* may include, but are not limited to, restaurants (all staff including owners and managers), contractors, tattoo establishments, property owners, and business owners.

Guiding questions:

6.a
- Does the governing entity have authority to enforce policies? If so, which ones?
- Does the governing entity know who has the legal authority or capacity to enforce other public health policies?

6.b
- Does the governing entity annually review documentation that outlines its legal authority for public health governance?
- Does the governing entity know where to find related documentation including state statutes, home rule charters, etc.?

6.c
- Does the governing entity support the sharing and coordination of resources among strategic alliance partners to ensure fiscal responsibility and reduce duplication of efforts?

6.d
- Does the governing entity use legal counsel to understand its authority to enforce specific public health policies?
- Does the governing entity consult with legal counsel when it needs to take civil action during policy enforcement?
- Do they use legal counsel when developing public health policy?

6.e
- Does the governing entity have any position statements or resolutions supporting policy enforcement?
- Does the governing entity communicate with other enforcement agencies to ensure policies are appropriately enforced?

6.f
- Does the governing entity support the health agency's development of community training opportunities on public health policies, codes, and regulations?

At what level does the governing entity...

6a Confirm legal authority exists for the enforcement of public health policies?

No Activity   Minimal   Moderate   Significant   Optimal   N/A

6b Annually review its legal documents to ensure that they comply with other existing statutes?

No Activity   Minimal   Moderate   Significant   Optimal   N/A

6c Budget for resources to be used for enforcement activities?

No Activity   Minimal   Moderate   Significant   Optimal   N/A

6d Utilize legal counsel?

No Activity   Minimal   Moderate   Significant   Optimal   N/A

6e Advocate that public health policies are appropriately enforced?

No Activity   Minimal   Moderate   Significant   Optimal   N/A

6f Encourage those impacted by public health policies to participate in programs developed to improve compliance?

No Activity   Minimal   Moderate   Significant   Optimal   N/A
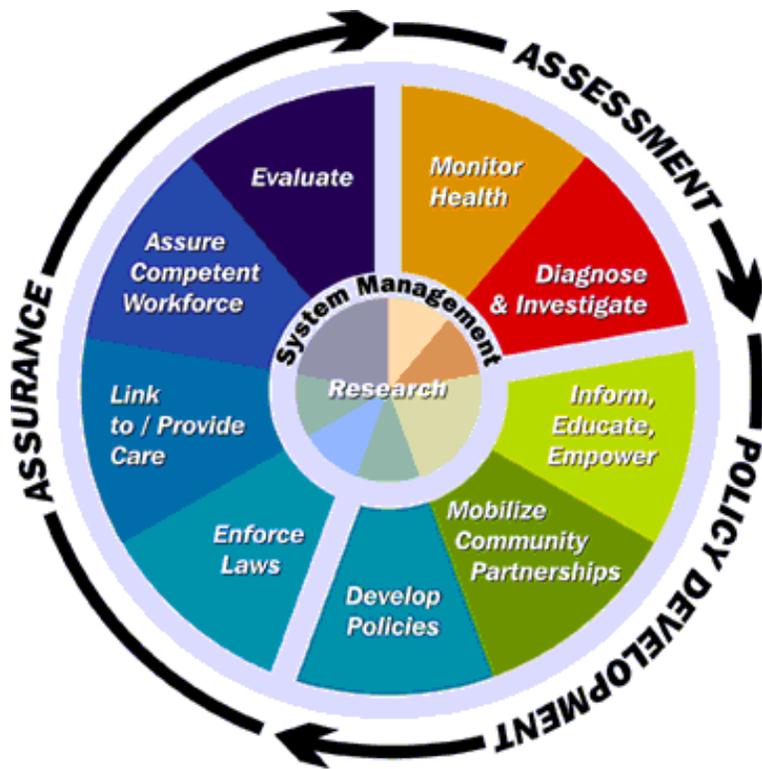
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Project the model standard and questions for participants.

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Purpose of Essential Service 7

Are people receiving the medical care they need?

The intent of Essential Service 7 is to ensure that all citizens in a jurisdiction have access to the services and programs they need for health and wellness, and improving access to care is a national priority. The public health agency should strive to ensure that it can best provide services and programs to all individuals, or direct them to organizations that can. Reducing barriers to access may include adding satellite offices in rural communities; extending hours during peak vaccination times; offering free or reduced price meals to women, infants, and children; or waiving fees for patients without insurance.

Public health governing entities can play a role in carrying out Essential Service 7 by working with public health agency staff to identify the barriers to care, encouraging agency staff to partner with other jurisdictional agencies to reduce barriers, and assuring that the public health agency staff is striving to appropriately communicate with all subpopulations in the jurisdiction using culturally appropriate language and materials.

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NATIONAL PUBLIC HEALTH PERFORMANCE STANDARDS   69

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

Are people receiving the medical care they need?

This service includes:

- Assuring the identification of populations with barriers to personal health services.

- Assuring identification of personal health service needs of populations with limited access to a coordinated system of clinical care.

- Assuring the linkage of people to appropriate <u>personal health care</u> services through coordination of provider services and development of interventions that address barriers to care (e.g., <u>culturally and linguistically appropriate</u> staff and materials, transportation services).

Key definitions/concepts:

Culturally and linguistically appropriate
Materials and messages that take into account customs, beliefs, values, and influences of various racial, ethnic, religious, or social groups. Making culturally and linguistically appropriate materials available for audiences is vital to the success and adoption of health promotion programs, policies, and interventions (Department of Health and Human Services Office of Minority Health, 2001).

Public Health Department Responsibilities

The following are the Public Health Accreditation Board (PHAB) standards for this essential service. A public health department applying for accreditation will have to demonstrate to PHAB how the department meets these standards. The public health governing entity should provide oversight and support the efforts of the health department to meet these standards.

Domain 7: Promote strategies to improve access to health care services

   7.1   Assess health care capacity and access to health care services

   7.2   Identify and implement strategies to improve access to health care services

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Public Health Governing Entity Model Standard 7

The public health governing entity works to assure outreach and services designed to link people to personal health services, with special attention to those who experience barriers to care. To accomplish this, the governing entity:

- Advocates for services for all citizens in the jurisdiction
- Encourages linkages between the public health agency and other public health system stakeholder organizations to reduce barriers to care
- Assures the implementation of policies supporting outreach to all citizens in the jurisdiction

---

Key definitions/concepts:

Barriers to care
Anything which prevents someone from receiving needed services. Examples include physical, emotional, social, and financial obstructions, such as not owning a car, being mobility-impaired, not speaking English, or not being able to find a provider who will accept public insurance.

Outreach
Activities which reduce barriers to care and make it easier for people to receive needed services. Examples of outreach activities include offering culturally sensitive health promotion materials to subpopulations, providing satellite offices in rural communities, developing directories of providers in the community, or offering extended hours for services and educational programs.

These public health agency responsibilities are taken from the Version 1.0 of the *Public Health Accreditation Board (PHAB) Standards and Measures*. These responsibilities are directly related to Domain 7. Your health agency may be providing additional services that are not listed.

The PHAB standards apply to all health departments—tribal, state, local, and territorial. Standards are the required level of achievement that a health department is expected to meet. Domains are groups of standards that pertain to a broad group of public health services. The focus of the PHAB standards is 'what' the health department provides in services and activities, irrespective of 'how' they are provided or through what organizational structure.

Key definitions/concepts and examples:

Population health is the physical, mental, and social well-being of defined groups of individuals and differences or disparities in health between and among population groups. *Public health services* are services that benefit the health of the entire population, such as restaurant inspections, immunization clinics, and mosquito control.

Personal healthcare or *healthcare services* is healthcare provided to individuals, including primary care, specialty care, hospital care, emergency care, and rehabilitative care.

Assessment involves the systematic collection and analysis of data in order to provide a basis for decision making.

The process of determining that services necessary to achieve agreed upon goals are provided, either by encouraging actions by other entities, by requiring such action through regulation, or by providing services directly, is known as *assurance*.

Other stakeholders for access to healthcare include, but are not limited to, elected officials, healthcare organizations, businesses, and community groups.

Resources for assuring linkages to care may include support for a telephone line at the health department that can direct community members to medical providers, the time and staff support to engage in collaborative planning with other organizations in the community, and the infrastructure to support health information exchange.

Key definitions/concepts and examples:

Public health governing entities can **advocate for** services by adopting position statements or resolutions on the issue as well as communicating with other entities in a jurisdiction about the importance of providing necessary public health services across an entire jurisdiction.

The public health governing entity can also **encourage** others to work together or adopt policies to increase access to care, or they may be able to **recommend** specific policies or programs to partner organizations, depending on their authority.

Guiding questions:

7.a
- Does the governing entity publicly comment on or promote the need for services for all citizens in a jurisdiction?
- Does the governing entity have any position statements or resolutions on the need to address barriers to care?
- Has the governing entity discussed appropriate service coverage with other stakeholders?

7.b
- Has the governing entity asked the public health agency staff to develop linkages with other public health system partners?
- Does the governing entity participate on any coalitions or teams that reduce barriers to care?

7.c
- Does the public health agency implement any policies that will support outreach to all citizens?
- Does the governing entity promote policy implementation among other stakeholders?

At what level does the governing entity...

7a   Advocate for services for all citizens in a jurisdiction?

No Activity   Minimal   Moderate   Significant   Optimal   N/A

7b   Encourage linkages between the public health department and other public health system stakeholder organizations to reduce barriers to care?

No Activity   Minimal   Moderate   Significant   Optimal   N/A

7c   Assure the implementation of policies supporting outreach to all citizens in the jurisdiction?

No Activity   Minimal   Moderate   Significant   Optimal   N/A
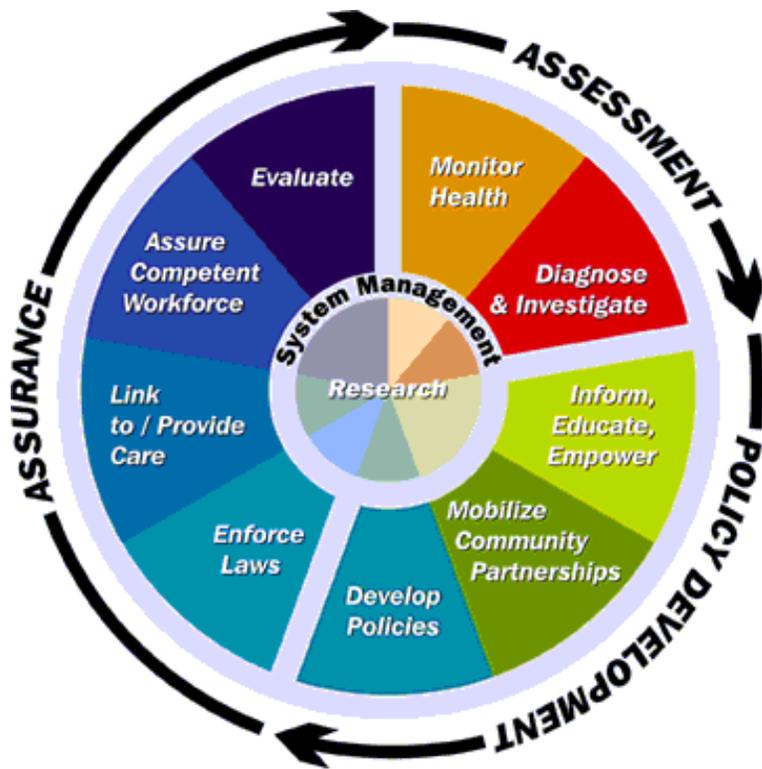
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Purpose of Essential Service 8

Do we have a competent public health staff?
How can we be sure that our governing entity has the most up-to-date information?

This Essential Service is designed to ensure that all public health professionals are appropriately educated, trained, and assessed to effectively complete their assigned duties. The public health agency is responsible for assuring that all staff meet licensure requirements as well as are annually reviewed for performance and offered necessary professional development opportunities. The benefits of workforce development include promotion of employees within an agency, development of new skills and capabilities, minimized lost work time, reduced costs to recruit new staff, and retention of valuable employees.

The public health governing entity can also assure a competent and capable public health workforce by budgeting for staff professional development, appraising the performance of the public health agency executive, and establishing policies within the health agency that agency staff are evaluated using the Core Competencies for Public Health Professionals. Furthermore, since the governing entity is part of the public health workforce, it is also beneficial for it to undergo its own annual self-assessment to measure its ability to effectively and efficiently govern the public health agency.

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

**Do we have a competent public health staff?
How can we be sure that our governing entity has
the most up-to-date information?**

This service includes:

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

- Efficient processes for licensure of professionals.

- Adoption of continuous <u>quality improvement</u> and lifelong learning programs that include determinants of health.

- Active <u>partnerships</u> and <u>strategic alliances</u> with professional training programs to assure community-relevant learning experiences for all students.

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

Key definitions/concepts:

Workforce development
The coordination of public and private-sector policies and programs that provides individuals with the opportunity for a sustainable livelihood and helps organizations achieve exemplary goals (Jacobs & Hawley, 2009).

Leadership development program
Formal and informal training and professional development designed for all management and executive-level employees to assist them in development of the leadership skills and styles required to deal with a variety of situations (Lockwood, 2007).

Public Health Department Responsibilities

The following are the Public Health Accreditation Board (PHAB) standards for this essential service. A public health department applying for accreditation will have to demonstrate to PHAB how the department meets these standards. The public health governing entity should provide oversight and support the efforts of the health department to meet these standards.

Domain 8: Maintain a competent public health workforce

8.1 Encourage the development of a sufficient number of qualified public health workers

8.2 Assess staff competencies and address gaps by enabling organizational individual training and development.

Public Health Governing Entity Model Standard 8

The public health governing entity is responsible for assuring the competence of the public health agency workforce, including the availability of workforce training and leadership development programs for both the workforce personnel and members of the governing entity. To accomplish this, the governing entity:

- Provides for the training and continuing education of the governing body that includes an annual self-assessment

- Establishes policies designed to ensure position descriptions are based on <u>core competencies for public health professionals</u>

- Reviews position descriptions and standards for public health agency job classifications, both paid and unpaid

- Conducts an annual performance review for the public health agency executive

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Key definitions/concepts:

Core competencies for public health professionals
A set of skills desirable for the broad practice of public health, reflecting the characteristics that staff of public health organizations may want to possess as they work to protect and promote health in the community through the delivery of the 10 Essential Public Health Services (Council on Linkages Between Academia and Public Health Practice, 2010).

These public health agency responsibilities are taken from the Version 1.0 of the *Public Health Accreditation Board (PHAB) Standards and Measures*. These responsibilities are directly related to Domain 8. Your health agency may be providing additional services that are not listed.

The PHAB standards apply to all health departments—tribal, state, local, and territorial. Standards are the required level of achievement that a health department is expected to meet. Domains are groups of standards that pertain to a broad group of public health services. The focus of the PHAB standards is 'what' the health department provides in services and activities, irrespective of 'how' they are provided or through what organizational structure.

Key definitions/concepts and examples:

The Core Competencies for Public Health Professionals were developed and updated by The Council on Linkages between Academia and Public Health Practice. The Core Competencies are also designed into tiers to measure the various levels of employment within a public health agency. The tiers include entry level, supervisors and managers, and senior managers and CEOs.

A *performance review of the public health agency executive* should be conducted by the governing entity on an annual basis. The performance review may include the following items: annual performance goals, core competencies, leadership qualities, accomplishments, and challenges. The governing entity may also define the executive's responsibilities and expectations, discuss the board's perception of the executive's strengths and weaknesses, and identify methods for the executive to strengthen their skills and lead the health agency forward.

A *position description* is a written list of duties that a staff member is expected to carry out during their daily work. A *job classification* is more general than a position description. For example, health department staff members A, B, and C will work under position descriptions A, B, and C. However, all three staff members may be public health nurses and work under that job classification.

If something is *effective*, it achieves a desired outcome. If something is *efficient*, it achieves the desired outcome without wasting time, money, or other resources. Public health initiatives can be effective without being efficient.

Key definitions/concepts and examples:

The governing body should be aware of all staff (paid and unpaid) employed by the public health agency. This includes *reviewing job classifications* for each type of position as they become available. Written job classifications are a method to detail the roles and responsibilities of each job type as well as establish a pay scale that the governing body needs to approve during their budget process.

Governing entity *development opportunities* could include webinars, orientation sessions, workshops, the National Association of Local Boards of Health, state or regional public health conferences, or independent study classes.

Guiding questions:

8.a

- Does the governing entity conduct an annual assessment of its ability to effectively and efficiently govern the public health agency?
- Has the governing entity evaluated its internal structure and ability to impact the public's health?

8.b

- Does the governing entity budget for board development opportunities?

8.c

- What policies has the governing entity developed for the public health agency to ensure that all staff are held to certain levels of public health competency?

8.d

- Does the governing entity review written job classifications for health agency staff?

8.e

- Does the governing entity conduct an annual performance review of the public health agency executive?
- How does the governing entity conduct the evaluation (e.g., face-to-face, written, and verbal)?
- What records does the governing entity keep of the evaluation?

At what level does the governing entity...

8a Conduct an annual self-assessment?

No Activity   Minimal   Moderate   Significant   Optimal   N/A

8b Participate in board development opportunities (e.g., orientation, conference trainings, webinars, National Association of Local Boards of Health, etc.)?

No Activity   Minimal   Moderate   Significant   Optimal   N/A

8c Establish policies designed to ensure public health department job classification requirements are based on core competencies for public health professionals?

No Activity   Minimal   Moderate   Significant   Optimal   N/A

8d Review public health department job classifications?

No Activity   Minimal   Moderate   Significant   Optimal   N/A

8e Conduct annual performance review of the public health department executive?

No Activity   Minimal   Moderate   Significant   Optimal   N/A

Key definitions/concepts:

Self-assessment
A process by which an organization or individual evaluates their own performance. This instrument is an example of a self-assessment.
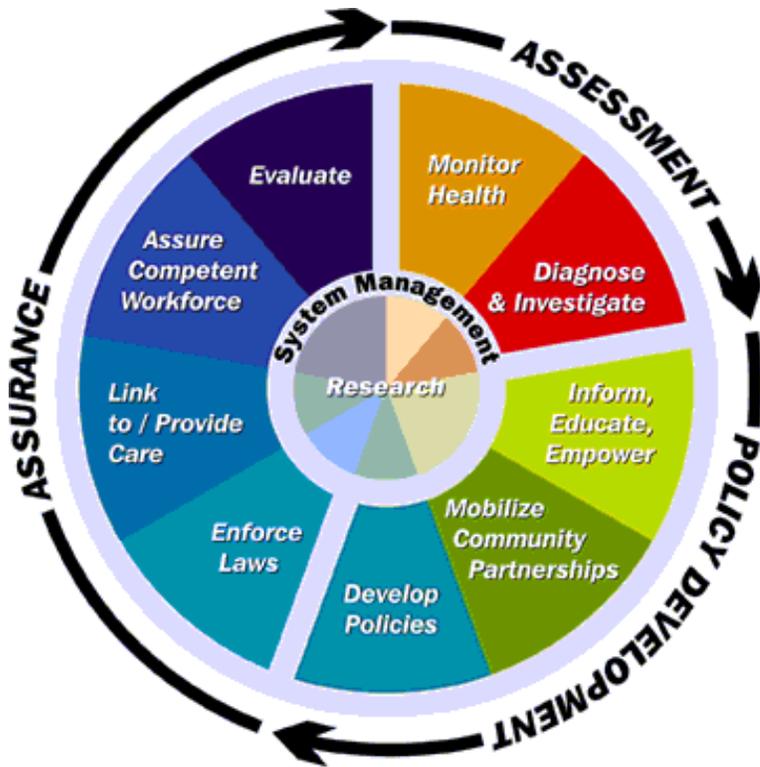
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Purpose of Essential Service 9

Are we doing the best job we can?
What opportunities for improvement do we see?

Essential Service 9 reflects the need for the public health agency to conduct evaluation of programs, services, and policies. Furthermore, this Essential Service focuses on the importance and benefits to instituting a culture of quality improvement within the public health agency and governing entity. The steps of an evaluation include 1) engaging stakeholders such as those involved in operations, those served or affected, and primary users of the evaluation; 2) describing the needs, expected effects, activities, and resources; 3) focusing the evaluation design on issues of greatest concern to stakeholders; 4) gathering credible evidence to strengthen evaluation judgments and the recommendations that follow; 5) justifying conclusions by linking them to the evidence gathered and judging them against agreed-upon values or standards set by the stakeholders; and 6) sharing lessons learned. Evaluation is often done at the program level.

The governing entity is responsible for providing access to resources that will allow public health agency staff to effectively measure and manage evaluation activities, encouraging all evaluation users to provide feedback during the process, and using results to direct resources to those programs with the most impact. Evaluation results can also inform long-term quality improvement efforts to increase the efficiency and/or effectiveness of the health department and the governing entity.

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

Are we doing the best job we can?
What opportunities for improvement do we see?

This service includes:

- Assurance of ongoing <u>evaluation</u> and critical review of health program <u>effectiveness</u>, based on analysis of <u>health status</u> and service utilization data.

- Assurance of the provision of information necessary for allocating resources and reshaping programs.

Key definitions/concepts:

Quality improvement
The process of bringing services to the next level with the aim to improve the overall health of a community (Public Health Foundation, n.d.).

Performance management
A systematic process aimed at helping achieve an organization's mission and strategic goals by improving effectiveness, empowering employees, and streamlining the decision-making process (Public Health Foundation, n.d.).

Public Health Department Responsibilities

The following are the Public Health Accreditation Board (PHAB) standards for this essential service. A public health department applying for accreditation will have to demonstrate to PHAB how the department meets these standards. The public health governing entity should provide oversight and support the efforts of the health department to meet these standards.

Domain 9: Evaluate and continuously improve health department processes, programs, and interventions

   9.1   Use a performance management system to monitor achievement of organizational objectives

   9.2   Develop and implement quality improvement processes integrated into organizational practice, programs, processes, and interventions.

Public Health Governing Entity Model Standard 9

The public health governing entity is responsible for the overall quality of public health services provided to the community. The quality of the service can be evaluated based on the scope, timeliness, frequency, and cost-effectiveness. The governing entity is also responsible for assuring that the results of evaluations are used to improve the public's health. To accomplish this, the governing entity:

- Facilitates access to the necessary resources to conduct routine evaluations of population-based services provided in its jurisdiction to create quality improvement plans

- Establishes policies supporting evaluations of population-based and personal health services, leading to quality improvement of those services

- Encourages all public health system stakeholder organizations to provide input into evaluation and quality improvement processes

- Utilizes information, including outcomes and evaluation results, for allocating resources to effective programs

- Encourages evaluation on the impact of public health policies (which may include codes, regulations, and ordinances) on the jurisdiction's health and safety

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Key definitions/concepts:

Population-based services
The framework of public health since public health focuses on providing interventions or programs to an entire community. Examples of population-based services may include, but are not limited to, lead screening, violence prevention programs at schools, educational programs to increase physical activity and nutrition, and tobacco/drug/alcohol use prevention and control (Institute of Medicine, 1996).

Personal health services
Those that only affect a single person such as treatment for an illness, rehabilitation for an injury, respiratory therapy for a heart attack patient, etc. (Turnock, 2009).

These public health agency responsibilities are taken from the Version 1.0 of the *Public Health Accreditation Board (PHAB) Standards and Measures*. These responsibilities are directly related to Domain 9. Your health agency may be providing additional services that are not listed.

The PHAB standards apply to all health departments—tribal, state, local, and territorial. Standards are the required level of achievement that a health department is expected to meet. Domains are groups of standards that pertain to a broad group of public health services. The focus of the PHAB standards is 'what' the health department provides in services and activities, irrespective of 'how' they are provided or through what organizational structure.

Key definitions/concepts and examples:

Effective programs are those that have been proven, through evaluation, to positively impact the health and well-being of individuals or the community. Public health agency resources should be directed to effective programs so they can further benefit the jurisdiction.

There is no clearly defined schedule for how often something takes place if it is ***routine***; it just takes place on a regular basis rather than randomly.

A public health program that has an ***impact*** is something that changes how healthy the population is over time. For example, higher rates of seatbelt use have the impact of reducing injuries and deaths due to car accidents.

Resources for quality improvement activities may include, but are not limited to, staff, meeting space, printed materials, functional statistical computer software program, access to national or state-level resources and tools, consultation with academic professors, etc.

Encouraging partners to participate in activities led by the health department may involve personal phone calls or emails, making public statements during meetings, and asking health agency staff to personally reach out to specific individuals or key contacts.

Key definitions/concepts and examples:

An **evaluation plan** may include the following components: 1) engaging stakeholders such as those involved in operations, those served or affected, and primary users of the evaluation; 2) describing the needs, expected effects, activities, and resources; 3) focusing the evaluation design on issues of greatest concern to stakeholders; 4) gathering credible evidence to strengthen evaluation judgments and the recommendations that follow; 5) justifying conclusions by linking them to the evidence gathered and judging them against agreed-upon values or standards set by the stakeholders; and 6) sharing lessons learned.

A **quality improvement plan** provides the health department with a strategy for how to improve its ability to serve the community by making incremental changes to individual programs (e.g., reduce the number of menu options on the immunization clinic's phone system) or cross-cutting activities (e.g., changing the hiring procedure for all new staff). Evaluation results from individual activities or programs may form the foundation of a quality improvement plan.

Guiding questions:

9.a
- Has the governing entity adopted any policies requiring the public health agency to develop a quality improvement plan for related public health services?

9.b
- Does the governing entity allocate resources for quality improvement planning and implementation activities at the health department?

9.c
- Does the governing entity encourage partners to participate in the quality improvement process?

9.d
- Does the governing entity review any reports from health agency staff on the outcomes of programs, services, or policies?
- Does the governing entity use the information to direct public health agency resources to those programs, services, and policies deemed most beneficial to the public?

9.e
- Does the governing entity encourage public health agency staff to evaluate the impact of public health policies?

At what level does the governing entity...

9a Establish policies supporting a quality improvement plan for public health services?

(No Activity) (Minimal) (Moderate) (Significant) (Optimal) (N/A)

9b Advocate for appropriate resources to support quality improvement activities?

(No Activity) (Minimal) (Moderate) (Significant) (Optimal) (N/A)

9c Encourage public health system stakeholder organizations to contribute to the quality improvement process?

(No Activity) (Minimal) (Moderate) (Significant) (Optimal) (N/A)

9d Use evaluation findings to allocate resources to effective programs?

(No Activity) (Minimal) (Moderate) (Significant) (Optimal) (N/A)

9e Encourage evaluation on the impact of public health policies?

(No Activity) (Minimal) (Moderate) (Significant) (Optimal) (N/A)

Key definitions/concepts:

Evaluation
A systematic way to improve and account for public health actions by involving procedures that are useful, feasible, ethical, and accurate (Centers for Disease Control and Prevention, 1999).
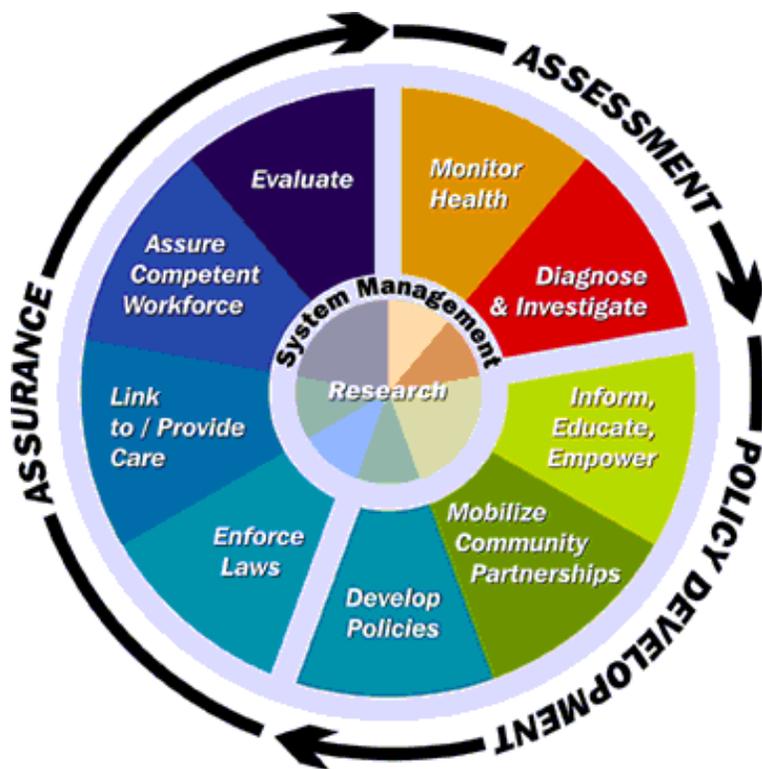
Set the pace. Keep the group moving along.

Keep the focus on the governing body's performance, not the agency activities.

Project the model standard and questions for participants.

Remind recorder to assist with counting scores and capture final consensus vote for each assessment question.

Purpose of Essential Service 10

Are we discovering and using new ways to get the job done?

While the term "research" is often synonymous with clinical or laboratory work, public health research generally includes more observational or behavioral investigations. Behavioral and observational investigations study why people engage in certain actions such as smoking, alcohol use, or wearing a seat belt. Public health research focuses on developing, testing, and evaluating programs, services, and policies that contribute to the general knowledge about these subjects. Any organization can be a part of the research process, and public health research teams should include a representative from the public health agency. The most important ways for the public health agency to be involved is to advocate that research be used to expand the knowledge of evidence-based approaches and to disseminate the findings in a manner appropriate for specific audiences.

The governing entity needs to be aware of the benefits and importance of public health research in expanding the knowledge base and practice of the field. Furthermore, the governing entity should embrace the concept of using research that results in evidence-based practice to ensure that their community is being served by effective, efficient, and cost-effective programs, policies, or services.

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

Are we identifying and using new ways to get the job done?

This service includes:

- Public health research activities
    - Initiating research
    - Participating in research by others
    - Reporting results
    - Implementing policy based on these results

Key definitions/concepts:

Evidence-based practice
A strategy for explicitly linking public health or clinical practice recommendations to scientific evidence of the effectiveness and/or other characteristics of such practices (The Guide to Community Preventive Services, n.d.).

Research
A systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalized knowledge (Department of Health and Human Services, n.d.).

Public Health Department Responsibilities

The following are the Public Health Accreditation Board (PHAB) standards for this essential service. A public health department applying for accreditation will have to demonstrate to PHAB how the department meets these standards. The public health governing entity should provide oversight and support the efforts of the health department to meet these standards.

Domain 10: Contribute to and apply the evidence base of public health

   10.1 Identify and use the best available evidence for making informed public health practice decisions

   10.2 Promote understanding and use of research results, evaluations, and evidence-based practices with appropriate audiences

---

Public Health Governing Entity Model Standard 10

The public health governing entity is responsible for supporting and encouraging innovation to complete community-based research activities. To accomplish this, the governing entity:

- Recommends policies reflecting the public health agency's commitment to public health research and evidence-based activities

- Encourages the incorporation of research results and best practices into policies and programs to support the highest current standard of public health practice

- Facilitates access to resources for research and identification of evidence-based practices, including encouraging collaboration between academic or other health-related institutions and public health entities to carry out community-based research activities

---

Key definitions/concepts:

Community-based participatory research
Focuses on studies that will involve and impact an entire jurisdiction. This type of research should include as many community partners as possible and serve to study programs, policies, or services that create social change through improved health outcomes (Minkler & Wallerstein, 2003).

Evidence-based policy
A policy process that helps planners make better informed decisions by putting the best available evidence at the center of the policy process (United Nations Statistical Commission and Economic Commission for Europe, Conference of European Statisticians, 2008).

These public health agency responsibilities are taken from the Version 1.0 of the *Public Health Accreditation Board (PHAB) Standards and Measures*. These responsibilities are directly related to Domain 10. Your health agency may be providing additional services that are not listed.

The PHAB standards apply to all health departments—tribal, state, local, and territorial. Standards are the required level of achievement that a health department is expected to meet. Domains are groups of standards that pertain to a broad group of public health services. The focus of the PHAB standards is 'what' the health department provides in services and activities, irrespective of 'how' they are provided or through what organizational structure.

Key definitions/concepts and examples:

Health disparities are preventable differences in disease rates, injury, violence, or other issues that are experienced by disadvantaged groups of people. These disadvantaged groups can be defined by race or ethnicity, gender, education, income, or geographic location (rural vs. urban). Health disparities are directly related to the distribution of environmental, social, and economic resources of a jurisdiction.

Evidence-based practices are public health programs, services, or policies that have been evaluated and shown to be successful. Additionally, these interventions can be adapted by others to work in additional jurisdictions and organizations. Evidence-based practices may include, but are not limited to, strategies on program design, implementation, and enforcement; funding streams and revenue; community engagement; and reporting or distribution of information.

Something that is *innovative* is new or different.

New ideas and ways to improve public health are always being researched. The *highest current standard* refers to using the most up-to-date information possible when developing new public health policies or programs, and updating older programs to be more effective as research shows new directions.

Resources for public health research may include buy-in from community stakeholders, grants or other types of monetary awards from national institutions, software for data analysis, and staff time to collect data.

Key definitions/concepts and examples:

Academic institutions refer to any place dedicated to education and research. Most jurisdictions have access to at least one academic institution that may be a strong partner to conduct community-based research. *Health-related institutions* are nonacademic organizations that pursue similar aims, such as public health institutes or research-focused consulting firms.

Select *evidence-based policies*, programs, and services can be found in *The Guide to Community Preventive Services* (www.thecommunityguide.org). Additional evidence-based policies can be found throughout the scientific literature. Evidence-based policies can be found for several public health issues at www.thecommunityguide.org.

Guiding questions:

10.a
- Does the governing entity ensure that the public health agency is implementing evidence-based policies that support its practices?

10.b
- What kind of collaborations has the governing entity encouraged between the public health agency and academic institutions?
- Are there academic institutions in the jurisdiction that are doing public health research? How could the governing entity (or how does the governing entity) contribute to this?
- Do any members the governing entity have connections to academic institutions that conduct public health research?

10.c
- Does the governing entity recommend and/or approve the public health agency budget to include resources for research?
- Does the governing entity encourage other partners to provide resources for research purposes?

At what level does the governing entity...

10a   Ensure the public health department implements evidence-based policies to support practices in its jurisdiction?

No Activity   Minimal   Moderate   Significant   Optimal   N/A

10b   Encourage collaboration between the public health department and academic institutions for community-based research?

No Activity   Minimal   Moderate   Significant   Optimal   N/A

10c   Facilitate access to resources for research?

No Activity   Minimal   Moderate   Significant   Optimal   N/A

Post-Assessment Guidance

This post-assessment guidance is intended to assist your governing entity with putting its results from the NPHPS Governance Assessment to work in the months after completion. Your governing entity may use its NPHPS Governance Assessment results as a foundation for many activities, including:

- Better understanding the governing entity's role in ensuring the Ten Essential Public Health Services are provided in the community
- Identifying root causes of performance within the governing entity
- Creating a public health governing entity strategic plan that incorporates objectives and activities from the action plan
- Developing an action plan for the governing entity identifying objectives, related activities, necessary resources, lead individuals for each activity, and evaluation methods
- Instituting a culture of quality improvement within the governing entity to re-assess the progress of improvement efforts at regular intervals
- Working on strengthening the governing entity through various board development activities

This guidance is organized into sections, including looking at your results, root cause analysis, priorities for improvement, and action planning. Each section should take about an hour to complete, depending on the amount of time you allot for discussion. Specific planning tools are used as examples in each section, and there are many alternate methods available that may work better for your governing entity. This document includes several blank worksheets that may help you develop your strategic plan. Additional planning and improvement methods/tools are listed in the 'Resources' section at the end of this report. If your governing entity is already using particular tools, or if you prefer to use a different method than that presented here, you may want to consider where those activities can replace the suggestions in this section.

It will help to have your governing entity's scores for each assessment question and any notes taken by the recorder or facilitator in front of you during this discussion. You may find that using the simple acronym 'FOCUS' is a way to help you to move from assessment into analysis and action.

- **F** **Find** an opportunity for improvement using your results (see pages 100-106 for cause and effect, five whys, and influence/control matrix).
- **O** **Organize** a team to work on the improvement. Someone in the group should be identified as the team leader (you will do this in your action plan, pages 121-123).
- **C** **Consider** the current process, where simple improvements can be made and who should make the improvements (see pages 116-118 for developing short-, medium-, and long-term plans).
- **U** **Understand** the problem further if necessary, how and why it is occurring, and the factors that contribute to it (there are more techniques for understanding root causes and why something occurs in the PHF QI Encyclopedia listed in the Resources section).
- **S** **Select** the improvement strategies you will use (you will accomplish this as you complete the activities in this section).

This guidance could be used to conduct a strategic planning process in several ways:

- To complete a strategic planning process during a governing entity retreat
- As a guide for a series of planning activities conducted over 6-8 meetings

- As supplemental resources as the governing entity pursues improvement projects or strategic planning through other methods.

Tips:

Each section builds on what you have done before and you may want to refer back to your notes from previous sections at several points. Keeping a folder full of completed worksheets from the activities in this guide may help. You will see the 'folder' icon shown to the left at the end of each section, with guidance about what information to save. You could also use the Table of Contents as a checklist of what activities you have completed.

For governing entities using this guide during a multi-meeting strategic planning process, you will see a stop sign at the end of each section where a logical break occurs.

Understanding Data Limitations

Your governing entity should understand what its performance scores represent and any potential data limitations.

- All performance scores are an average. Each Essential Service score is an average of the questions within that Essential Service, and the overall assessment score is the average of all Essential Service scores. Questions that you answered "Not Applicable" are not included in the calculations.

- Use of the "Not Applicable" scoring option may impact your results. The Essential Service average score may reflect your answers to as few as one or two questions.

- The responses to the questions within the assessment are based on the knowledge and experiences of governing entity members. They can be very subjective.

- Different sites use different methods to complete the assessment, which could impact the results.

Because of the limitations above, the results and recommendations in this report should only be used for quality improvement purposes. The data and results should not be interpreted to reflect the capacity or performance of any single individual.

Results

Now that your assessment is completed, one of the most exciting, yet challenging, opportunities is to begin reviewing and analyzing the findings. The results are the foundation on which you may set priorities for performance improvement and identify specific quality improvement projects to support your priorities.

These results represent the collective performance of your governing entity and its oversight of public health service delivery. They can be used to guide the overall public health infrastructure development and implementation of performance improvement activities by your governing entity. Your governing entity can receive additional assistance interpreting these results by contacting phpsp@cdc.gov or 1 (800) 747-7649.

Each Essential Service score can be interpreted as, "the overall degree to which the governing entity optimally meets the model standard for each Essential Service." Scores 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). Questions for which you answered "Not Applicable" are not included in the score calculations.

The Excel sheet where you entered your governing entity's consensus scores during the assessment has two results charts in the Excel score sheet file: 'ES Chart', showing your average score for each Essential Service and your overall score and 'Score Breakdown', showing how many times you used each scoring option. These should be printed and inserted into the handbook on these pages as instructed.

Essential Service Chart: Your score for each essential service, and your overall score

Essential service	Score
Essential service 1	45%
Essential service 2	75%
Essential service 3	56%
Essential service 4	7%
Essential service 5	
Essential service 6	
Essential service 7	75%
Essential service 8	45%
Essential service 9	20%
Essential service 10	58%
Overall score	53%
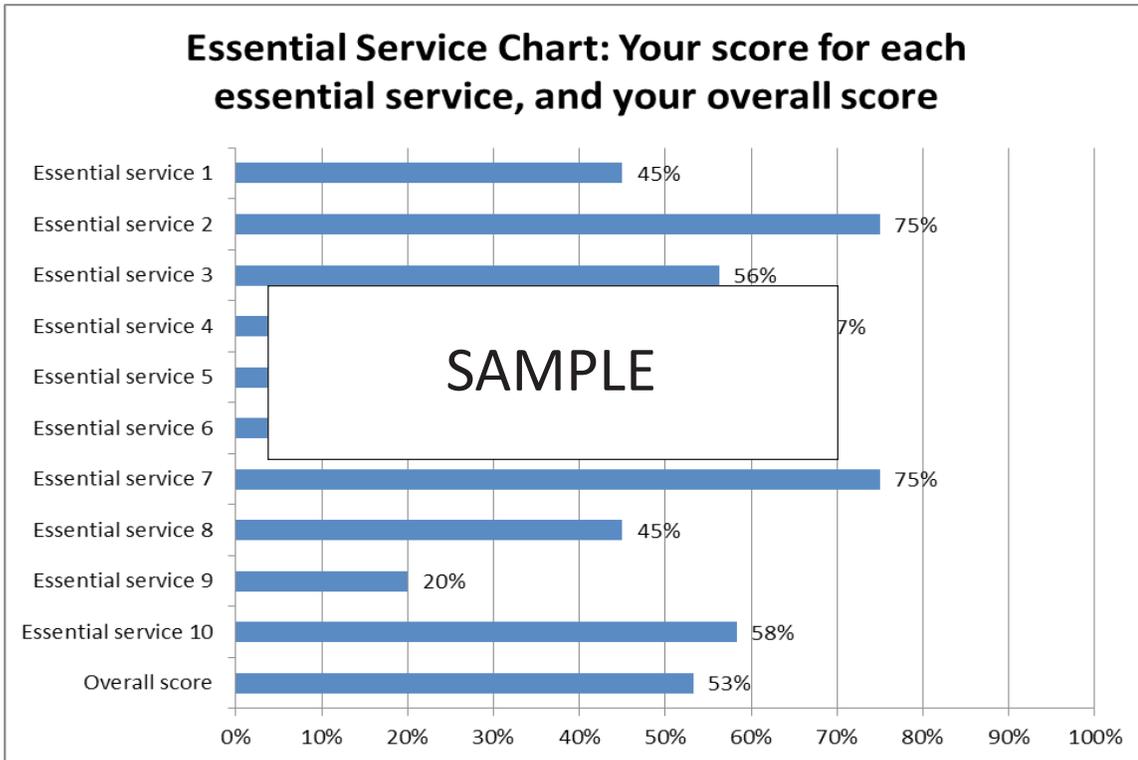
SAMPLE

Please print and place copy of the 'ES Chart' here. This chart is available to you in the score sheet tab labeled 'ES Chart'. A sample of this chart is provided above.

Essential Service Chart Discussion

Please refer to your 'ES Chart' as you answer these questions.

As you look at which essential services you scored highly on, or not so highly on, does anything stand out? What? Can you think of reasons why some things may stand out?

_____

_____

_____

You may want to examine the range of performance scores within each essential service to see if you scored individual questions similarly. For example, Essential Service 3 has four questions. Did you score all four questions about the same? Was there one question that you scored much higher than the others, or one that you scored much lower? The range of scores within an essential service can provide some early insight into improvement opportunities.

_____

_____

_____

Score Breakdown: How many times you used each scoring option

0 _ 0

No Activity, 10

Minimal, 3

Moderate, 4

Significant, 29
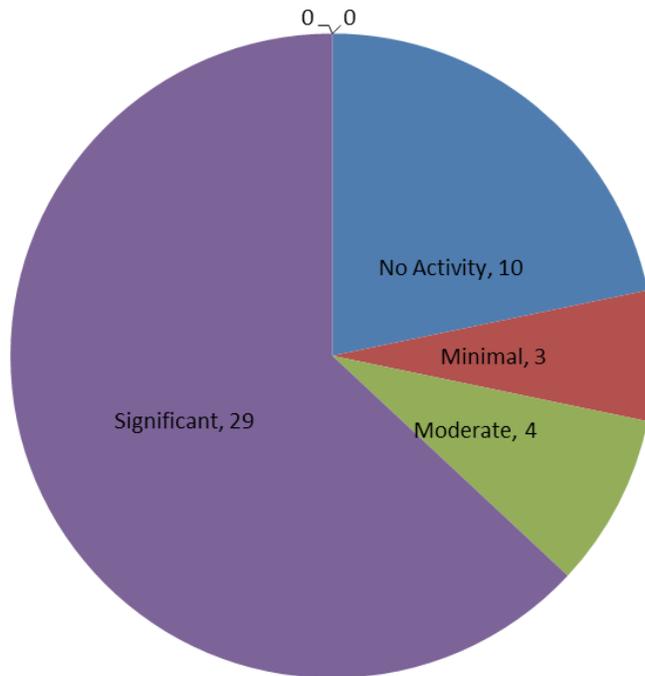
Please print and place copy of the 'Score Breakdown' here. This chart is available to you in the score sheet tab labeled 'Score Breakdown'. A sample of this chart is provided above.

Score Breakdown Chart Discussion

Please refer to your 'Score Breakdown' as you answer these questions.

This chart is available to you in the score sheet tab labeled 'Score Breakdown'. This chart shows the number of times you used each response option. If you would prefer to see the proportions, the total number of questions is 45.

As you look at the possible response options and how often you used each one, does anything stand out? What? Can you think of reasons why some things may stand out?

_____

_____

_____

Analysis and Initial Discussion

It's important to have a standard way to analyze and discuss the assessment results with your governing entity members. This process does not have to be difficult; however, drawing some initial conclusions from your data will prove invaluable as you move forward with your improvement efforts. The charts in the Results section of this document will be helpful in identifying your governing entity's high and low performance areas and should be combined with the discussion questions and worksheets on the next few pages.

Most performance issues may be traced to some well-defined causes, such as policies, leadership, funding, incentives, information, personnel, or coordination. The questions and discussion guidance on the next few pages may help you work through some initial analysis of the results with your governing entity.

The three essential services in which your governing entity scored the highest are:

_____

_____

_____

The three essential services in which your governing entity scored the lowest are:

_____

_____

_____

Discussion Question 1:

a) Have you discussed, as a governing entity, which essential services are most important to you to do a good job on? Which ones are they? How did you decide?

_____

_____

_____

b) Did you score the highest on these essential services? If yes, keep up the good work! If no, why do you think this is? How could you improve your governing entity's ability to support these Essential Services?

_____

_____

_____

Discussion Question 2:

a) On which questions did you answer 'Not Applicable'? Why did you score these 'Not Applicable' rather than 'No Activity'? As a reminder, the definition of 'Not Applicable' is "this activity is not legally part of this governing entity's responsibilities" and the definition of 'No Activity' is "the governing entity does not participate in this activity at all, but does have the legal authority."

_____

_____

_____

_____

_____

b) Who is responsible for the activities in the questions that you scored as 'Not Applicable'? Is there a need for the governing entity to become more involved in or more aware of these activities? How would you pursue becoming more involved?"

_____

_____

_____

_____

From Discussion Question 2, list the questions for which you answered 'No Activity' in the table below, and discuss Question 3 together. You may need to make additional copies of this page if you scored 'No Activity' for more than five questions.

Assessment Question	Discussion Question 3: How, as a governing entity, could you become more aware of/involved with these activities?

Discussion Question 4:

Do you see any common themes in your responses to Discussion Question 3 in the previous table? What are they? Can you think of simple improvement actions your governing entity could take to improve your ability to support these activities?

_____

_____

_____

Discussion Question 5:

How might these improvement actions impact your essential service scores? What will you do first? When will you check your progress, and how?

_____

_____

_____

Now that you have a good idea where your governing entity is performing the highest and lowest throughout the 10 Essential Services, as well as where your governing entity many not be completing specific activities, it's time to identify improvement projects on which you may want to work. This is a good place to break until your next meeting.

Keep your responses to these discussion questions in your folder. You will need to use them to complete the Cause and Effect Diagrams in the next section.

Determining Root Causes

Before you can find a solution to gaps identified during your assessment, you will want to explore the possible reasons for why those gaps exist. In this next step, called "root cause analysis," sites pause to identify how and why problems occur. Once the root causes have been identified, solutions can be found to improve future performance.

Cause and Effect Diagram

One way for your governing entity to determine why performance problems or successes have occurred is through the completion of a Cause and Effect Diagram. This diagram, also known as an Ishikawa Diagram or a Fishbone Diagram, is a tool that allows your governing entity to focus on the content of a problem or success (rather than the history of that issue or personal interest of your governing entity), generate a graphic representation of the collective knowledge of your governing entity around that issue, and center on the true causes rather than the symptoms. Other methods for finding root causes of problems can be found in *The Public Health Quality Improvement Encyclopedia*, published by the Public Health Foundation and available at http://bookstore.phf.org/store/ProductDetails.aspx?productId=130.

There is an example cause and effect diagram on the facing page as well as a blank cause and effect diagram on page 102. The example used on page 101 will be used throughout the remainder of this guide.

Cause and Effect Diagram Construction Steps *(Adapted from the Public Health Quality Improvement Encyclopedia, available from the Public Health Foundation)*:

1) Write the problem statement in the box on the right side of this page; this will be known as the **effect**. You may want to make multiple copies of the diagram and fill one out for each essential service where the final effect is "high performance on Essential Service X" or "low performance on Essential Service X."

2) Generate ideas about the **main causes** of that particular effect and place them in the Main Causes boxes. It is best to choose four main causes. Typical main causes focus on the following topics, although you may find others that are more important to you:

     a. People
     b. Policies
     c. Materials
     d. Equipment
     e. Life Style
     f. Environment
     g. Budget

3) Under each main cause, list ideas on how it supports the cause of the problem.

4) You may want to use the Five Whys method (see page 103) to generate all possible **sub-causes** for each main cause.

Place all sub-causes on the lines, making additional room for more as needed, under the appropriate main cause.

Cause and Effect Diagram Example

Effect
Low performance on
Essential Service 8
(Workforce Development)

Main Cause 1
Materials/Equipment

- No governing entity orientation available
- Never requested
- Not all governing entity members use Internet
- Large, rural area
- No phone or Internet connection during governing entity meetings

Main Cause 2
Finances

- County fiscal agent considers professional development an unnecessary expense
- Allocated initial funding
- Cannot travel out of state
- No budget line item for governing entity to use
- Never created
- Budget cuts
- State funding restrictions

Main Cause 3
People

- Unaware of where to receive governing entity-appropriate professional development
- No national organization membership
- Meeting agendas created by health officer/director
- Chair/President places responsibility on staff
- Tradition of only needing to worry about health department
- Put the public health 'workforce' first rather than the governing entity
- Do not 'need' education and training
- Extended service of governing entity
- Governing entity members are volunteers

Main Cause 4
Policies

- Lack of awareness that policy needs created for professional development
- Not accreditation requirement
- No requirements for governing entity to participate in professional development
- No health agency requirement
- Time set by county commission
- Only meet on quarterly basis
- Cannot travel out of state
- Lack of knowledge of how to create agency policies
- No education

Effect

Main Cause 2

Main Cause 1

Main Cause 4

Main Cause 3

The Five Whys

Generate all possible **sub-causes** for each 'main causes' on the Cause and Effect Diagram *(Adapted from the Public Health Quality Improvement Encyclopedia, available from the Public Health Foundation at http:// bookstore.phf.org/store/ProductDetails.aspx?productId=130).*

Five Whys Construction Steps (to be repeated for each main cause):

1) Choose one of the main causes from your Cause and Effect diagram on the previous page.

2) Ask your governing entity: "Why does this happen?"

3) Record that response on the first line below.

4) Again, ask your governing entity: "Why does that happen?"

5) Record that response on the second line below.

6) Repeat this process until the root cause has been identified. It may not take five steps to get to the root cause.

Example 1: Why are there no policies for workforce development?

Lack of awareness that workforce development policy is needed _____ Why?

Governing entity is not aware of agency requirement for workforce development _____ Why?

Governing entity has not inquired about agency requirements _____ Why?

_____ Why?

_____ Why?

Example 2: Why are there limited funds for workforce development?

No budget line item for workforce development _____ Why?

No knowledge if budget line previously existed for workforce development _____ Why?

Possible removal of budget line due to reduction in funds _____ Why?

No new or additional funding _____ Why?

Grant cuts _____ Why?

You may want to make several copies of the worksheet on the following page so that you can use a different sheet for each main cause

Five Whys Worksheet for the Governing Entity

_____Why?

_____Why?

_____Why?

_____Why?

_____Why?

_____Why?

_____Why?

_____Why?

_____Why?

_____Why?

Once you complete the above Cause and Effect Diagram based upon your governing entity's assessment results, and before you explore determining where to focus on solutions, this is a good place to break between meeting discussions.

It is important to save your cause and effect and five whys diagrams for future use. They will be needed in the next section of this improvement process.

Determining Where to Focus on Solutions

After your governing entity has completed its Cause and Effect Diagrams using the Five Whys technique, it is important to decide what areas you will want to focus on for improvement. One method to complete this activity is to use a tool that guides your governing entity to focus on improvement areas where it has both control and influence. Control means "our governing entity can do something to correct this issue," and influence can be defined as "someone else has authority to act upon this, and they will listen to our recommendation(s)." One useful tool to conduct this activity is called a Control and Influence Matrix.

Control and Influence Matrix Construction Steps *(Adapted from the Public Health Quality Improvement Encyclopedia, available from the Public Health Foundation at http://bookstore.phf.org/store/ProductDetails. aspx?productId=130)*:

1) Determine which issue (or effect) should be addressed.

2) As a governing entity, decide which of the four categories below, reflecting the governing entity's level of control and influence, fit each of the causes.

3) Repeat this process for each of your governing entity's most important issues (blank matrix available on page 106). You could do as many as you'd like; three is often a good number.

	Control	**No Control**
Influence	- No governing entity orientation available - Meeting agendas created by health officer/director - Unaware of where to receive governing entity-appropriate professional development - No budget line item for governing entity to use on professional development - Lack of knowledge on how to create agency policies - Lack of awareness that policy needs created for professional development CAUSES WE CAN ADDRESS	- No phone/Internet connection during meetings - Do not "need" education and training - Budget cuts - County fiscal agent considers professional development unnecessary - No requirements for governing entity to participate in professional development CAUSES WE CAN CONTROL BUT NOT INFLUENCE
No Influence	- Not all governing entity members use Internet - Put the public health "workforce" first rather than the needs of the governing entity - Tradition of only needing to worry about health department - Only meet on a quarterly basis CAUSES WE CAN INFLUENCE BUT NOT CONTROL	- Large, rural area - Governing entity members are volunteers - Cannot travel out of state CAUSES WE SHOULD NOT ADDRESS

Issue

	Control	**No Control**
Influence	CAUSES WE CAN ADDRESS	CAUSES WE CAN CONTROL BUT NOT INFLUENCE
No Influence	CAUSES WE CAN INFLUENCE BUT NOT CONTROL	CAUSES WE SHOULD NOT ADDRESS

Wrap-Up Discussion After Cause-and-Effect, Five Whys, and Control/Influence

To complete your analysis of root causes, think about these two questions as a group:

What do you think are your three greatest strengths as a governing body?

_____

_____

_____

_____

_____

Where do you see the greatest opportunities for improving your ability, as a governing entity, to provide oversight for the health department?

_____

_____

_____

_____

_____

Now that your governing entity has determined where it can control and/or influence performance elements, it is time to develop or refine a governing entity strategic plan. Since developing or refining a strategic plan can be time intensive, now is a good place to stop before moving forward.

Remember to save your control and influence matrices in your folder as they are necessary for the next step of this improvement process.

Strategic Planning I: Starting a Strategic Plan for the Governing Entity

A strategic plan can be defined as the results from a deliberate decision-making process and defines where an organization is going. The plan sets the direction for the organization and, through a common understanding of the mission, vision, goals, and objectives, provides a template for all employees and stakeholders to make decisions that move the organization forward.[30]

A governing entity strategic plan provides the answer to many fundamental questions, including:

- What is the current state of the governing entity?
- What are its major goals?
- What resources are needed to be successful in the future?
- What is the future state of the governing entity in 1 year, 5 years, etc.?

A strategic plan enables your governing entity to become future-oriented and have a continuous planning process. Your governing entity's strategic plan will also allow you to view your performance, identify growth, and communicate your goals with the health agency.

The governing entity and the health department will have separate strategic plans. This strategic plan should be written for the governing entity. However, the governing entity should be involved in the development and/or refinement of the public health agency's strategic plan.

Developing and/or Refining Your Governing Entity's Mission and Vision

Your governing entity's mission and vision statements should serve as a basis of the strategic plan. These statements enable your governing entity to have a mutual understanding of its purpose, goals, and underlying principles guiding its work.

Your governing entity's mission statement should include a **clear explanation of the role of the governing entity** and **why the governing entity exists** or the **value** it provides. The vision statement for your governing entity should include **how the governing entity will function in the future** and **how the community will benefit from the work of the governing entity.**

To assist your governing entity with developing its mission and vision, complete the following discussion questions. If your governing entity has already developed its mission and vision, different from the health department's mission and vision, proceed to the next page and place them in the appropriate areas.

Discussion Questions to Develop the Governing Entity's Mission (National Association of County and City Health Officials, 2001)

What should our mission statements say about who we are, what we do, why we are unique, and who we serve?

_____

_____

_____

What role do we exist to fill? How does it differ from the role of other organizations in the community?

_____

_____

_____

What is our philosophy and what are our core values?

_____

_____

_____

Discussion Questions to Develop the Governing Entity's Vision

What do we consider important characteristics of board functioning?

_____

_____

_____

How do we envision the governing entity's role in guiding the health department over the next 5 to 10 years?

_____

_____

_____

Write Your Governing Entity's Mission and Vision

Mission

_____

_____

_____

_____

Vision

_____

_____

_____

_____

A governing entity strategic plan is a document that may take an extensive amount of time to complete. Before proceeding to developing your governing entity's goals and objectives, your governing entity may want to complete a prioritization matrix for those improvement efforts on which it wants to concentrate its efforts. This prioritization of efforts will be discussed in the next section and can be completed during a separate meeting.

You will need your governing entity's mission and vision statements to finish your strategic plan. Remember to save this worksheet in your folder for later use.

Developing Priorities for Improvement

You've identified your strengths and areas for improvement in your strategic plan. How do you decide what to tackle next? Once your governing entity has identified which areas it can control and/or influence, it is important to prioritize how your governing entity should move forward. A prioritization matrix is a useful way to quickly compare choices, relative to certain decision criteria, that are numerous, complex, and interrelated.

⚠️ It is important to gather all of your governing entity's control and influence matrices for this exercise. You will be using each of them to determine which improvement projects you will address over the next few years.

Your governing entity may want to complete a separate prioritization matrix for each of the control and influence worksheets you filled out. For example, if your governing entity looked at the top three issues it wants to address on three control and influence worksheets, you would develop three prioritization matrices.

You will want to concentrate your improvement efforts on items in the boxes labeled CAUSES WE CAN ADDRESS. If your governing entity decides that CAUSES WE CAN INFLUENCE BUT NOT CONTROL and CAUSES WE CAN CONTROL BUT NOT INFLUENCE are important to address, these could also be added to each prioritization matrix as necessary.

Prioritization Matrix Construction Steps *(Adapted from the Public Health Quality Improvement Encyclopedia, available from the Public Health Foundation at http://bookstore.phf.org/store/ProductDetails. aspx?productId=130)*:

1) Create a series of boxes with the items to be prioritized listed in BOTH the row and column headers. A blank sheet for you to use is on page 115.

2) You will be comparing each priority item with every other priority item one at a time, and deciding which of the two is more important. There are many questions to consider when deciding which of any given pair of priorities is the more important one, and you will want to pick three or four criteria to help you decide. You will use the same three or four criteria for each comparison. This list is only some possible criteria:

   • How big is the problem? How many people are affected, and how serious is it?

   • How urgent is it that we address this problem? Are there legal considerations, a high level of community concern, or potential negative consequences if we do not address the problem?

   • Are there resources that we can draw on to develop solutions to this problem?

   • Are there solutions already available for similar problems, that we can adapt for our own use? How effective are they?

3) Cells in the matrix that would allow an issue to be compared against itself have been darkened. You can see that the matrix splits into two triangles divided by the black diagonal: a lower left triangle, and an upper right triangle.

4) The governing entity should discuss and assign the appropriate decision factor for each blank square of the matrix in either the lower left triangle OR the upper right triangle. **You will be comparing the activity in the row to the activity in the column**. Use a numerical scale to illustrate a relationship between two issues.

A suggested scale is:

- 10: Priority A is exceedingly more important than Priority B
- 5: Priority A is significantly more important than Priority B
- 1: Priority A and Priority B are both equally important
- 0: There is no relationship between Priority A and Priority B
- 1/5: Priority A is significantly less important than Priority B
- 1/10: Priority A is exceedingly less important than Priority B

5) In the other triangle (upper right or lower left, depending on which one you did first), enter the reciprocal values. See the example on page 113 for more guidance on what goes where, and the additional example on page 114.

6) Add up the total value within each row of the matrix and record that value in the Score column. You should use 0.2 for 1/5 and 0.1 for 1/10. These scores will be used to fill out your governing entity's short-, medium-, and long-term improvement projects on pages 117-118.

After the prioritization matrix has been filled out, we suggest breaking until your next meeting. During the next meeting, your governing entity will need to discuss a timeline for implementing its newly prioritized activities.

Your prioritization matrices will be extremely important as you proceed in this improvement process. Remember to save all of your matrices in your folder.

Filling out the prioritization matrix: What goes where?

	Priority A	Priority B	Priority C	Priority D	Priority E	Priority F	Score
Priority A		Reciprocal of score from Box 1	Reciprocal of score from Box 2	Reciprocal of score from Box 3	Reciprocal of score from Box 4	Reciprocal of score from Box 5	Sum of scores in Priority A row
Priority B	Score from step 4 for Priorities B, A (Box 1)		Reciprocal of score from Box 6	Reciprocal of score from Box 7	Reciprocal of score from Box 8	Reciprocal of score from Box 9	Sum of scores in Priority B row
Priority C	Score from step 4 for Priorities C, A (Box 2)	Score from step 4 for Priorities C, B (Box 6)		Reciprocal of score from Box 10	Reciprocal of score from Box 11	Reciprocal of score from Box 12	Sum of scores in Priority C row
Priority D	Score from step 4 for Priorities D, A (Box 3)	Score from step 4 for Priorities D, B (Box 7)	Score from step 4 for Priorities D, C (Box 10)		Reciprocal of score from Box 13	Reciprocal of score from Box 14	Sum of scores in Priority D row
Priority E	Score from step 4 for Priorities E, A (Box 4)	Score from step 4 for Priorities E, B (Box 8)	Score from step 4 for Priorities E, C (Box 11)	Score from step 4 for Priorities E, D (Box 13)		Reciprocal of score from Box 15	Sum of scores in Priority E row
Priority F	Score from step 4 for Priorities F, A (Box 5)	Score from step 4 for Priorities F, B (Box 9)	Score from step 4 for Priorities F, C (Box 12)	Score from step 4 for Priorities F, D (Box 14)	Score from step 4 for Priorities F, E (Box 15)		Sum of scores in Priority F row

Example Prioritization Matrix: No Professional Development for Governing Entity

	No orientation	Meeting agenda creator	Where to receive professional development	No budget line item	Knowledge on policy development	Knowledge on policy need	Score
No orientation		10	5	5	10	1	31
Meeting agenda creator	1/10 ('meeting agenda creator' is exceedingly less important than 'no orientation')		1/5	1/10	1/10 (reciprocal of 10)	1/5	0.6
Where to receive professional development	1/5	5		1/5	1	1/5	6.6 (1/5 + 5 + 1/5 + 1 + 1/5)
No budget line item	1/5	10 ('no budget line item' is exceedingly more important than 'meeting agenda creator')	5		10	10	35.2
Knowledge on policy development	1/10	10	1	1/10		5 (reciprocal of 1/5)	16.2
Knowledge on policy need	1 ('knowledge on policy need' is as important as 'no orientation')	5	5	1/10	1/5		11.3

Score

Blank Prioritization Matrix

Using Your Prioritization Matrix

Once all of your prioritization matrices are completed based upon your control and influence matrices, you will need to determine what your timeframe is to complete selected projects. The best way to complete this activity is through the following steps:

1) List up to 15 highest scoring activities from your prioritization matrices in the blank table on page 117. You should list no more than 15 items, regardless of how many total items you scored using prioritization matrices. You do not have to list as many as 15 items.

2) Assign a time period for which you would like to complete each activity. Use the following time periods as guidance:

   - Short-term: Within the next 12 months
   - Medium-term: Within the next 3 years
   - Long-term: More than 3 years from now

3) From the list of highest scoring activities on page 117, sort the list into short-, medium-, and long-term projects using the worksheet on page 118.

Example:

Highest scoring activities (from example on page 114)

Activity	Score	Short-/Medium-/Long-Term
No budget line item	35.2	Short
No orientation	31	Short
Knowledge on policy development	16.2	Long
Knowledge on policy need	11.3	Long
Where to receive professional development	6.6	Medium
Meeting agenda creator	0.6	Short

Sorted list:

Short-term (within the next 12 months):

1) Create a budget line item for governing entity professional development
2) Develop a governing entity orientation program or publication
3) Designate someone to create an agenda for each meeting

Medium-term (within the next 3 years):

1) Determine where or from whom it is best for our governing entity to receive training

Long-term (3 years or longer):

1) Expand our knowledge on the need for health agency policies
2) Expand our knowledge on how to appropriately develop policies

Highest Scoring Activities

Activity	Score	Short-/Medium-/ Long-Term

Improvement Project Timeline

Use your table from page 117 to list out the projects your governing entity will address within the next 12 months, the next 3 years, and after 3 years or more. You should try to have at least one item on each list. However, some time periods may have more than five projects whereas others may only have one or two. You may also want to write down the scores again, to help you choose which projects are most important for each time period.

Short-term (within the next 12 months)   Score

1. _____   _____

2. _____   _____

3. _____   _____

4. _____   _____

5. _____   _____

Medium-term (within the next 3 years)   Score

1. _____   _____

2. _____   _____

3. _____   _____

4. _____   _____

5. _____   _____

Long-term (3 years or longer)   Score

1. _____   _____

2. _____   _____

3. _____   _____

4. _____   _____

5. _____   _____

Now that your governing entity has prioritized all of the projects it would like to work on, this is a good place to break until the next meeting. At the next meeting, your governing entity will develop its goals and objectives for the strategic plan the center around your improvement project timeline.

Remember to save this worksheet in your folder as you will need it to complete your strategic plan.

Strategic Planning II: Continuing to Develop the Governing Entity Strategic Plan

In order to develop your governing entity's strategic plan, the governing entity should review its priority issues to ensure they are within the scope of the governing entity's mission and vision.

The issues your governing entity listed on page 118 will become the goals of your governing entity strategic plan. A goal is a long-range outcome that is broad enough to guide your governing entity but should still be measurable. These questions may help you think about whether you need to re-word any of your initial goals:

- Do the goals support the governing body's mission and vision?
- Do the goals allow for flexibility in a changing environment?
- Are the goals written concisely and understandable?

Each goal should have one or more objectives. Objectives are the intended change or outcomes for each goal. All of the objectives should be SMART. You can use this checklist to help write SMART objectives:

- **S**pecific – What does the objective try to achieve?
- **M**easurable – How can the objective be measured?
- **A**chievable – How feasible is it to achieve the objective?
- **R**elevant – How does this objective align with our governing body's mission and vision?
- **T**ime-oriented – What is the timeframe to achieve this objective?

Ultimately a SMART objective should be one that has a yes/no answer to the question "did we do this?" If the question can be answered "well, we did this part but not that…" then the objective should be split into two. If the question can be answered "well, I'm not sure…" then you may want to think about how to make your objective SMARTer.

The worksheet on page 124 will help you write down your goals and objectives in a single location, so that you can use them as the basis of your evaluation plan.

Examples of SMART and not-SMART objectives:

SMART objective:

At the first meeting of each calendar year, the health officer will give each governing entity member an orientation toolkit that includes information on the roles and responsibilities of the governing entity.

Why is this objective SMART? It's specific (all governing entity members, one orientation tool kit), it's measurable (did we get the orientation toolkit, yes or no?), it's achievable (the health officer can give each member a tool kit), resources can be directed to it (time at the meeting), and time bound (the first meeting of each calendar year).

Not-SMART objective:

We will get orientation toolkits.

Why is this objective not SMART? It's not specific enough (who is "we"? Who is giving the toolkit out?), it's not measurable (how many toolkits?), it may be achievable, resources may be directed to it (but it's not clear from the objective), and it's not time bound (when will you receive the toolkit?).

Developing strong goals and objectives can take a substantial amount of time for the governing entity. Now would be a good time to break until the next meeting where your governing entity will use its new SMART objectives to establish an action plan.

You are almost done with your strategic plan! Remember to save your goals and objectives in your folder for future use.

Establishing an Action Plan

Congratulations, you are ready to move toward establishing an action plan!

A primary goal of the NPHPS is that information is used to monitor, assess, and improve the quality of oversight by governing entities. Establishing an action plan for improvement means not only using baseline assessment data to measure your performance (which you've already done by completing the assessment and thinking about your results), but implementing improvement activities that enable you to monitor and measure your progress over time.

Consider the following objectives of an action plan for the priorities you have established for your governing entity. An action plan:

- Provides a framework for continuously monitoring and improving the quality of oversight for essential public health services
- Collects performance data consistently and systematically
- Provides for regular analysis of data among governing entity members
- Improves responsiveness of and relationships within the governing entity and public health agency
- Facilitates the redesign of key processes to achieve optimal performance

It's important to make sure that all members of your governing entity have the opportunity to contribute to performance improvement activities. Consider the following as you build an action plan for how to make improvements to your ability to meet your responsibilities as a governing entity:

- All members of the governing entity, and other key stakeholders such as the health director, have the opportunity to contribute
- The success of your improvement activities are dependent upon the active participation and contribution of each and every member
- An integral part of performance improvement is to work continuously to improve quality and performance for oversight of essential public health services delivered by the system
- A multi-disciplinary approach, using ongoing measurement to document results, is essential to accomplishing and sustaining improvements

Action Plan Construction Steps

1) Print/use one action plan template for the short-, medium-, and long-term time periods. On each action plan, circle one header option that corresponds with each particular time frame. There is an example on page 122 and a blank sheet on page 123.

2) On the respective action plan template, list all of the activities from your improvement project timeline (page 118) in the column labeled 'Goal or activity'.

3) Write your smart objective(s) for each activity.

4) List who will lead each activity.

5) In the final column for each activity, describe how you will measure improvement or change.

Example action plan matrix is for our governing entity's: (circle one)

Short-   Medium-   Long-Term Projects

Goal or Activity	What is/are our SMART objective(s) for this activity?	Who will lead this activity?	How will we measure the improvement?
Create a budget line item for governing entity professional development	By the first day of our next fiscal year, our governing entity will dedicate one budget line item for professional development.	The governing entity's finance committee	If the next fiscal period includes budget information for the governing entity to receive professional development.
Develop a governing entity orientation program or publication	By January of this next calendar year, the governing entity chairperson and health director will develop one orientation toolkit for the governing entity.	The governing entity chairperson and the health director	If there is an orientation toolkit developed for each governing entity member.
If there is an orientation toolkit developed for each governing entity member.	At the next meeting, the governing entity will designate someone to write the agenda for the following meeting. This activity will repeat every meeting.	Governing entity chairperson	If there is an agenda for each board meeting

This action plan matrix is for our governing entity's: (circle one)

Short-   Medium-   Long-Term Projects

Goal or Activity	What is/are our SMART objective(s) for this activity?	Who will lead this activity?	How will we measure the improvement?

Using Your Goals and Objectives as the Basis for an Evaluation Plan

The goals and SMART objectives you identified in your action planning can be used as a simple evaluation plan. At the end of the time period you have established for completing your goals and objectives, you should be able to answer the question, "did we complete this activity?" for each item. Transfer your goals and smart objectives from your action plan worksheets to this page (you may have more or less than three goals, or you may have more or less than three objectives for a single goal).

Goal 1:_____

    Objective 1:_____

    _____

    Objective 2:_____

    _____

    Objective 3:_____

    _____

Goal 2:_____

    Objective 1:_____

    _____

    Objective 2:_____

    _____

    Objective 3:_____

    _____

Goal 3:_____

    Objective 1:_____

    _____

    Objective 2:_____

    _____

    Objective 3:_____

    _____

Strategic Planning III: Finishing Your Strategic Plan

Congratulations, your governing entity is now ready to finish its strategic plan! All you need to do is combine the information from each section of this report into a single document. The final strategic plan should include all of the following components (page numbers show where in this guide you can find this information):

- ☐ Governing entity's mission (page 109)
- ☐ Governing entity's vision (page 110)
- ☐ Governing entity's goals (page 124)
- ☐ Short-term improvement projects (page 123)
  - ✓ Project goals/activities
  - ✓ SMART objectives
  - ✓ Lead person for each activity
  - ✓ How each objective will be measured
- ☐ Medium-term improvement projects (page 123)
  - ✓ Project goals/activities
  - ✓ SMART objectives
  - ✓ Lead person for each activity
  - ✓ How each objective will be measured
- ☐ Long-term improvement projects (page 123)
  - ✓ Project goals/activities
  - ✓ SMART objectives
  - ✓ Lead person for each activity
  - ✓ How each objective will be measured
- ☐ Evaluation plan (page 124)
  - ✓ List of all objectives and yes/no checkbox for completion of each one
  - ✓ Plan for when you will check if objectives have been completed or not (e.g., 1 year from date of strategic plan).

STOP Your strategic plan is now finished! Take the time to celebrate your achievement with your fellow board members and to share your strategic plan with key health department staff.

Monitoring and Evaluating Your Progress

Developing your strategic plan with specific improvement projects is only the first step. The next task is to monitor your progress on those activities over time. The information about your progress can be used to inform decisions that you, as a governing entity, make. Monitoring progress also allows you to identify and take action on further opportunities for improvement.

Evaluation is a systematic approach to determining whether your stated objectives are being met, such as asking "did we do this?" for each objective in your strategic plan.

Monitoring and evaluation continues after your action plan is implemented, to determine whether the actions improved oversight of the Essential Service and if the improvement is maintained over time. Your conclusions will provide the evidence needed to determine whether the activities you implemented were effective. If the oversight of an Essential Service does not improve within the expected time, additional evaluation can be conducted to determine why and how you can update your Action Plan to be more effective. Ultimately, you will want to show that meaningful improvement is accomplished and maintained by the activities you have implemented.

The Plan-Do-Check-Act framework (also called Plan–Do–Study–Act [PDSA], Deming, or Shewhart cycles) is one way to implement immediate small changes based on what you learn while monitoring your action plan activities.

Plan-Do-Check-Act (PDCA) Cycle*

Plan: Plan changes aimed at improvement, matched to root causes; identify measures of improvement. You've done this in pages 100-106 of this guide.

Do: Carry out changes; try first on a small scale. After you complete your action plan on page 123, you can make a few small changes based on your goals.

Check: Monitor the results of your small changes to see what has actually happened.

Act: After you have been monitoring progress on your small changes for a while, make further changes based on what you learned (if necessary).
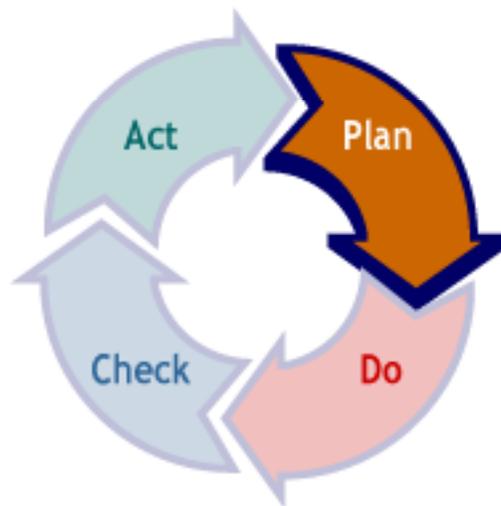
Figure 4. Plan-Do-Check-Act (PDCA) Cycle

To use a short-term goal from page 122 as an example, a governing entity would monitor progress at each meeting by checking what has been done since the last meeting. The goal says, "create a budget line item for governing entity professional development." Questions for monitoring progress could include things like:

- Did the finance committee meet last month?
- Has the governing entity decided what professional development activities we would like to pursue as a group?
- Have we identified how much money we need to include in a budget line item for governing entity professional development?

- Do we know who would need to approve the budget line item, if it's someone outside the governing entity?

The evaluation question would be, "How well did we meet our strategic plan objectives?" and the answer to the question, "Did we create a budget line item for governing entity professional development?" would be one of the data points.

An easy way to monitor your progress on activities is to have whoever is leading the activity create a list of milestones and deadlines, and check them off as they are completed. To continue with the example in the paragraph above:

Goal: Create a budget line item for governing entity professional development

Milestone	Due Date	Done?
Alex will research professional development activities and share with the governing entity members before the September meeting.		
Billy will lead the discussion at the September meeting about what activities we want to pursue as a group.		
Cameron will submit a proposed budget for professional development activities to the finance committee before their November deadline.		
The finance committee will debate the budget for professional development activities at their November meeting.		
The budget for the next calendar year will include a line item for professional development activities.		

In this example, the governing entity has planned and done what it set out to do: Create a budget line item for governing entity professional development. The next step will be to check back in a year and see if that new budget line item has had an impact (e.g., if the governing entity members were able to receive training paid for by that line item), and then act to make the change permanent and/or make another change that might impact governing entity professional development.

Communicating Your Progress

Regular reporting of progress is an essential part of the improvement process. A regular reporting cycle promotes accountability for results; helps to sustain momentum; and enables decision-making around improvement efforts, resources, and policies. The key to reporting is to provide the right people with the right information at the right time. As a governing entity, the key audience for progress reports on individual activities will be other members of the governing entity.

There may be some information that you want to report to other stakeholders as well, such as the health director, key community partners, Mayor's office, etc. Not everyone needs the same type of information or the same level of detail. To match recipients' responsibilities and interests, sites might choose to report progress in two or more convenient formats. For example:

- **A one-page summary of governing entity performance measures with a brief analysis of progress and priorities for future action** might be suitable for health officials or public health agency staff.

- **A detailed update** may be useful to governing entity members, who may be responsible for communicating their own progress on tasks and performance measures in meetings or in an online work space.

A Look Back and a Way Forward

Now that your governing entity members have completed the Governance Assessment and developed a strategic plan, there are other key elements that your governing entity can focus on to further develop and improve a culture of quality improvement. Through these elements your governing entity can continue to enhance their development and performance.

Setting a high standard to which governing entities can aspire

Through conducting the assessment process, your governing entity has gained fundamental knowledge on the optimal performance level of a public health governing entity. The optimal performance level can now be used to guide your governing entity's choice of performance improvement activities as you continue to strive towards achieving this standard.

Building awareness of the range of governing entity responsibilities

While your governing entity may have been aware of some of its responsibilities, the Governance Assessment provides it with a full range of responsibilities that can be completed. The responsibilities outlined throughout the Governance Assessment should now be built upon by your governing entity. Your governing entity should use its new awareness to fulfill responsibilities that will ensure a healthy and safe community.

Identifying the governing entity's strengths and weaknesses

Every organization and group of individuals has its strengths and weaknesses. By completing the Governance Assessment, your governing entity has been able to identify its strengths and weaknesses in fulfilling the 10 Essential Public Health Services. Your newly identified strengths and weaknesses can now be addressed in a manner that will allow your governing entity to more effectively serve its jurisdiction.

Informing the strategic planning process

The Governance Assessment provides valuable information on its performance in overseeing the fulfillment of the 10 Essential Public Health Services. By completing the entire post-assessment process, your governing entity has established a strategic plan that aims to capitalize upon the governing entity's strengths and strives to improve upon its weaknesses. Through your newly developed or revised strategic plan, your governing entity can now continue to move forward and strive at becoming an optimally performing governing entity.

Informing policy development activities

Through all of the activities your governing entity completed in the post-assessment phase (including identification of strengths and weaknesses and development of a strategic plan), you can use the information you learned from the Governance Assessment to inform your policy development processes and activities. Your governing entity may exercise its policy development skills by implementing either internal policies (which affect the health agency or the governing entity) or external policies (that affect the community), within the scope of your legal authority to act. By taking the time to learn about the policy activities your governing entity should be addressing, you can aim to create a healthier community for all.

Accreditation

The Public Health Accreditation Board (PHAB) is dedicated to improving and protecting the health of the public by advancing the quality and performance of tribal, state, local, and territorial public health departments.

PHAB separates the standards for accreditation into 12 Domains. The first 10 of these Domains are the same as the 10 Essential Public Health Services. Domain 11 measures the health department's ability to maintain administrative and management capacity, and Domain 12 measures the health department's engagement with its governing entity.

In order to assist with the accreditation process, the governing entity should provide its strategic plan and the results of their assessment to key leadership individuals in the health agency. These documents may be included in the documentation that could fulfill Domain 12 of the PHAB Standards.

Links between National Public Health Performance Standards and the Six Functions of Public Health Governance

During initial development of the NPHPS tools in 1999, five interlocking functions of governing entities were identified by a working group and they have remained the foundation of thinking about how governing entities work. With this updated version of the NPHPS governance tool, the functions have been modernized to remain current with research in the fields of governance and public health. The initial five functions have remained essentially the same, and one additional function (oversight) has been strengthened.

Depending upon its legal position, not all governing entities are responsible for all functions to the same extent. However, all governing entities are responsible for some aspects of each function. No one function is more important than another.

Through completing the Governance Assessment, the governing entity has identified strengths and weaknesses with regards to the 10 Essential Public Health Services. In order to continue and improve those services, it's important to understand the roles and responsibilities of the governing entity. By understanding and performing the Six Functions of Public Health Governance, your governing entity can provide leadership and oversight to the health department and ensure that your community is receiving the appropriate health services.

For more information about educational materials, utilizing the governance functions, or general questions about the governance functions, please contact NALBOH at (419) 353-7714 or nalboh@nalboh.org.

Summary

The NPHPS provides the tools that public health systems need to improve public health infrastructure and performance at all levels. Most importantly, it should promote a process that stimulates ongoing improvement. This Implementation Handbook helps users of the Governance Assessment prepare for and conduct the Assessment and follow up the Assessment with performance improvement activities.

To effectively serve as a tool for strengthening governing entities, the assessment process should be repeated every few years to allow for ongoing monitoring and measurement. Through repeated use, governing entities will be able to track how the weaknesses or gaps identified in previous years have been addressed and celebrate the development of a truly coordinated public health system.

Appendix A: Sample Invitation to Participants

Your Street Address
City, State Zip

Month Date, Year

Mr./Mrs./Ms./Dr. Full Name of Recipient
Title of Recipient, Company Name
Recipient Street Address
City, State Zip

Dear Mr./Mrs./Ms./Dr. Last Name,

The *'X Health Department'* cordially invites you to attend an assessment of the public health governing entity on **date from time to time at the location**.

This meeting will bring together the public health governing entity, health department leadership, and other public health professionals. This assessment is part of the National Public Health Performance Standards (NPHPS) program and is intended to improve the quality of public health practice and the performance of the governing entity. Users of this Governance Assessment report numerous benefits including:

- Utilizing the assessment to inform the strategic planning process
- Identifying strengths and weaknesses in the governing entity's ability to carry out their functions
- Providing a benchmark for public health practice improvements by setting a 'gold standard' to which governing entities can aspire
- Building awareness of the range of governing entity responsibilities
- Informing policy development activities

We invite you to join us for this process and to consider future participation in the analysis and utilization of the governing entity's assessment data. Please RSVP to *coordinator's name* at *phone number/email address* by *xxxxxx*.

Sincerely,

Coordinator or Governing Entity Chair

Appendix B: Facilitator Guidance and Tips

The facilitator plays an essential role in the Governance Assessment. They take on general responsibilities to establish and ensure participants adhere to ground rules, set the pace for the process while managing the group process, solicit input from all participants, draw out different points of view for the sake of learning and understanding, foster reflection and check group opinion, and provide guidance and support.

The facilitator also takes on specific responsibilities for the Governance Assessment including ensuring a focus on the performance of the governing entity, reviewing model standards and facilitating structured and open discussion, facilitating consensus building, and obtaining a decision on the final response. Additional responsibilities of the facilitator can include:

- Encouraging discussion about the governance functions in each model standard.
- Suggesting that the chairperson vote last to avoid undue influence.
- Striving to build true consensus among participants rather than concession.
- Choosing in what order the essential services will be discussed; you do not have to start with Essential Service 1 or go in order.
- Thinking about creative ways to reduce paper-shuffling such as projecting the questions on a screen at the front of the room.

Facilitation Process

The following are general steps that will apply to the Governance Assessment process. These may be modified based on the method selected for completing the assessment.

Step I: Preparation

Step 2: Welcome and Introduction

Step 3: Process Overview

Note: steps 4-7 will be completed for each essential service.

Step 4: Review essential public health service and model standard

Step 5: Preliminary vote on Assessment questions

Step 6: Discussion and consensus building

Step 7: Re-vote

Step 8: Summary Discussion

Step I: Preparation

Preparation involves reviewing the steps involved in facilitation as well as the essential service chapters and any supplemental materials. When the essential service chapters are reviewed, it is important to ensure comfort and familiarity with all terminology and activities. Participants will rely on their facilitator to re-phrase questions they do not understand. In addition, it is important to anticipate and prepare to clarify discussion questions or performance measures that are potentially confusing.

It can be very helpful to prepare a script for facilitating the Assessment. Connecting with the recorder ahead of time to establish their responsibilities will also contribute to a smooth Assessment. Ask the recorder to help with time keeping; if they are taking notes on a computer, remind them to save early and save often.

Take some time to review the list of participants that will be in attendance. You may want to talk to someone who works more regularly with participants and can give some insight into group dynamics. They may be able to help identify over- and under-expressive participants and those with a lot of influence. You may also want to attend a regular meeting held by the governing entity to gain insight into group dynamics. Be prepared with strategies and facilitation techniques that allow an opportunity for everyone to speak such as round robin, individual quiet thinking, everyone jotting a thought or reaction on a post-it note, or asking quiet individuals to share first.

- **Facilitator training**

  Effective facilitator training does not have to be lengthy. Two hours is generally sufficient, and less may be needed for experienced facilitators or those who have used the NPHPS instruments before. In-person training is recommended, especially for those who have not previously participated in or facilitated the NPHPS assessment. However, some of the NPHPS national partners have developed online facilitator trainings. During a facilitator training, the following items are important to address:

  1) **Orientation to the NPHPS** – Facilitator orientation should contain the same content as the participant orientation. Some training materials are available from NALBOH and CDC.

  2) **The Facilitator's (annotated) Version of the Assessment and how to use it –** this component is more of a self-study by the facilitator to ensure they are as familiar as possible with the participant materials and the additional information in the annotated instrument.

     ○ Identify terminology and questions that may be confusing

     ○ Have a clear understanding of the voting and consensus process

     ○ Review the discussion questions and guiding thoughts for each model standard

  3) **Practicing facilitation skills**
  4) **Facilitation process** – the information covered in this section of the handbook (Appendices B and C) will guide facilitators as they implement the Assessment.

- **Confirm final details**

  ○ Meeting location and facility information including parking

  ○ Detailed agenda including breaks and meals

  ○ Contact names and numbers for technical support on-site

  ○ Contact names and number for logistical support

  ○ Information regarding next steps upon completion of the assessment

Step 2: Welcome and Introduction

Open the meeting with a welcome and thank you to all participants for their time and commitment. Introduce yourself as the facilitator and explain your responsibility and role. Ask the recorder to introduce themselves and their role. Ask governing entity members to introduce themselves with a brief introduction and any expectations they have for the day. If there are any additional participants present they should also introduce themselves and their role in the Assessment process. Review the governing entity's past history with NPHPS and ask if any members have previously participated in an Assessment.

Step 3: Process Overview

Review the purpose of the assessment, goal for the day, time frame, and materials and how they will be used with participants. Review the general ground rules and ask participants to add any additional ground rules that they feel will increase the effectiveness of the group interaction. Use visuals throughout the room to remind participants of important assessment components.

Explain that the group will go through a standardized process filled with sharing, listening, learning, discussion, and collective decision making. Use the Process Outline visual (Appendix D) to define each step in the process. If meeting in small groups, ask for a volunteer to summarize the discussion in a report-out to the full group.

If you are doing a formal orientation with participants the day of the Assessment, this is a good time to do it.

Step 4: Review Essential Public Health Service and Model Standard

Review the essential service and the model standard with participants. Keep discussion relevant to the model standard and governing entity performance. Try to encourage concrete examples of activities, but discourage anecdotes and keep an eye on the time.

A possible process is:

- State the Essential Public Health Service and the core question(s) that the Essential Public Health Service is addressing.
    - Read the activities that comprise the Essential Public Health Service.
    - Read the public health agency responsibilities with regard to the Essential Public Health Service.
    - Review the role of the governing entity in ensuring the public health agency meets its responsibilities.
- Review the model standard
    - Ask participants to share examples of how the model standard is being addressed. Foster sharing by asking the following reflective questions:
        - What were some of the key points that you heard that really stuck out or resonated with you?
        - Was the information consistent with your experience? If so, how? If not, what is different?
        - Where do you need further clarification?
        - What else is occurring that has not been mentioned?
    - Ask probing questions as necessary to ensure that all part of the model standard are discussed.

Step 5: Preliminary Vote/Scoring on Assessment Questions

Based on the initial discussion and sharing of examples, ask participants to vote on the level at which the governing entity is performing for each of the assessment questions. Encourage them to think about the entire governing entity, and not individual actions. Remind participants of the scoring options:

No Activity (0%)	The governing entity does not participate in this activity at all, but does have the legal authority to do so.
Minimal Activity (1-25%)	The governing entity participates in this activity in a limited way, and there is opportunity for substantial improvement.
Moderate Activity (26-50%)	The governing entity participates in this activity, and there is opportunity for improvement.
Significant Activity (51-75%)	The governing entity participates a great deal in this activity, and there is opportunity for minor improvement.
Optimal Activity (76-100%)	The governing entity is doing absolutely everything possible for this activity under its legal authority, and there is no room for improvement at this time.
Not Applicable	The activity is not legally part of this governing entity's responsibilities; it is outside the public health governing entity's mandate to participate in this activity.

Special Note: For a governing entity to assign a 'Not Applicable' rating, the governing entity must have proof (e.g., statutes, rules, regulations, etc.) that it is not legally authorized to complete such activity and it is handled by another entity. If the governing entity cannot show evidence of this and has not completed the activity, they should mark 'No Activity.'

Each participant should vote based on their understanding of how the governing entity is fulfilling the model standard as discussed in Step 4. The recorder should make a note of how many votes there are for each scoring option. If there's a clear consensus, move to the next question or model standard. If there is not a clear consensus, proceed to Step 6.

Step 6: Discuss and Build Consensus

Open and honest dialogue on the role of the governing entity for each model standard may contribute to a more accurate assessment of the governing entity's performance. The facilitator's guide or annotated version of the assessment includes more detail than the participant version of the assessment instrument in terms of questions and areas to thoroughly explore. Several options for areas of discussion are included in the facilitator version and not the participant guide. This is intended for use by the facilitators to draw out different perspectives and more information to inform the vote. The detail in the annotated assessment also serves to clarify the intent of related questions and offer participants the opportunity to consider many aspects of the performance element under consideration.

- **Use the voting considerations listed below to guide the consensus-building discussion:**
  - Awareness
    - Is the governing entity aware of an oversight action or responsibility?
  - Involvement
    - Do the governing entity and public health agency leaders act as a team?
    - Do some members of the governing entity take more of a leadership role than others?
    - Are there other governing entities that provide oversight for some essential services?
  - Frequency
    - Is the activity completed routinely or on an informal basis? If it is routine, how often?
  - Quality and Comprehensiveness
    - Does the governing entity consider the evidence base when completing this activity?
    - Does the governing entity have a way to measure how well it is completing this activity?
  - Utility
    - Does the public health governing entity ensure that their activities meet the needs of the jurisdiction?
    - Are the results and information used by the public health governing entity derived from public health assessment, research, and evidence based practices?

- **Additional questions to help guide consensus building can include:**
  - Is anyone surprised by this vote?
  - Why do you think we have such a split vote on this particular model standard?
  - Help me understand why some of you are so passionate about this?
  - Are some of us voting according to a platform, or do we genuinely see the governing entity's role this differently?
  - Could someone explain what experience contributes to your point of view on this issue?
  - Would you consider your score high or low within the category that you've chosen? What additional information or change in activity level is needed to move your score to a different category?

- **Recorders should be capturing the details of the discussion. This could include:**
  - Participant comments in response to the discussion questions.
  - Final scores for the performance measures.
  - Comments on whether the consensus score was high or low for the selected response option (e.g., low moderate or high minimal).
  - Qualitative discussion of the general points and highlights of what drives the group's consensus vote.
  - Comments regarding what participants feel is keeping the governing entity from scoring higher.
  - Ideas, comments, and potential solutions to be revisited later.
  - Examples of how a measure is being met or not met.

- ○ Overall strengths, weaknesses, opportunities for immediate improvement or partnerships and priorities/longer term improvements for the model standard.
- **Common important reminders for facilitators may include**:
  - ○ Discussion is important. Allow for (timed) discussion to inform the collective vote. Use all the discussion questions.
  - ○ Participants should not expect to do well in every measure. If group is scoring everything high (or everything low), ask probing questions.
  - ○ Participants must reach a consensus score for each assessment question. Consensus does not need to be unanimous; it means that everyone can live with the selected score.
- **Troubleshooting Tips**
  - ○ If the discussion becomes all about the local health department:
    - Remind participants that this is a governing entity assessment, not an individual or an agency assessment.
  - ○ If individuals become defensive about their performance:
    - Remind participants that there is always room for improvement, and they are rating the system against optimal standards, not minimal standards.
    - Use reflective listening to validate their good work.
  - ○ If one person dominates the discussion:
    - Use reflective listening to validate their point and ask others for their opinion.
    - Facilitate a round robin dialogue to allow everyone to respond in an orderly manner. Be mindful to start round robins with different participants so that the same person does not have the first or last word each time.
    - Reference the ground rules as needed.
    - If it is important to a participant that the issue be captured in their own words, suggest that they write down and give it to the recorder to add to the permanent record.
  - ○ If the group gets off topic:
    - Use reflective listening to validate the importance of the conversation.
    - Confirm that the recorders noted what was discussed.
    - Put aside the idea or issue for discussion at a later time—write it on a parking lot flip chart or ask the recorder to make a note.
    - Re-read the question and remind participants of the overall goal of the process.
  - ○ If the group feels like they do not have enough information or expertise to answer a question:
    - Capture what the group does and does not know.
    - Capture who is missing from the conversation.
    - Vote on the question knowing the group has limited information. Lack of awareness is also an indicator of performance.
    - Flag the question and revisit after gathering more information from missing individuals.

- Encourage participants to listen and trust their colleagues but also keep in mind that lack of awareness is a voting/scoring consideration.

○ If chairpersons or other officials seem to make participants uncomfortable participating or seem to drive the scoring:

- Encourage participants to all vote at the same time without waiting to see how others vote.

- Suggest to opinion leaders (ahead of the meeting, or discreetly during a break) that they hold their vote until others initiate voting.

- Discuss what is occurring with leaders on a break and ask for assistance with stepping back a bit and encouraging other participants to step up with sharing.

Step 7: Re-vote

After the group discussion in Step 6, conduct a second vote to see if the new information changes the consensus vote. Ask if there is anyone who is not comfortable moving forward with the results of this second vote. If their comments are captured by the recorder to inform improvement activities, does that change their level of comfort? If there's still a high level of difference or discomfort, you may need to repeat Step 6 or come back to this essential service later.

Step 8: Summary Discussion

Reflect on what was shared throughout the Assessment. If the governing entity has completed this Assessment in small groups, the summary discussion should be held with the larger group. Possible summary discussion questions include:

- What did you learn from the discussion about how the Essential Public Health Services are carried out by the governing entity?

- Were your previous opinions confirmed or were there surprises? How so?

- What opportunities for immediate improvement did you see? What are your priorities for longer term improvements?

- Did you identify any potential partnerships that you could work on developing?

- Were there consistent themes in how you responded to similar questions? (e.g., there is a question about resource allocation in most of the 10 model standards). How do these themes relate to the governance functions?

Appendix C: Recorder Guidance and Tips

Recorders are responsible for accurately documenting the discussion during the assessment. Having a recorder that is familiar with the public health system and the Essential Public Health Service activities will make their job easier, and going through the same initial orientation as the facilitator will help with this. The documentation of the discussion serves to help the governing body understand the scores that are ultimately selected and even more importantly, understand what needs to be improved and why.

Note-taking guidance

- Recorders should capture important components of the discussion. These should include:
  - Who is present and what each contributes to the governing entity
  - Any additional contributions from members not present
  - Participant comments in response to the discussion questions
  - Final scores for the performance measure
  - Comments on whether the consensus score was high or low for the selected response option (e.g., low moderate or high minimal)
  - Qualitative discussion of the general points and highlights of what drives the group's consensus vote
  - Comments regarding what participants feel is keeping the governing entity from scoring higher
  - Ideas, comments, and potential solutions to be revisited later
  - Examples of how a measure is being met or not met
  - Overall strengths, weaknesses, opportunities for immediate improvement or partnerships and priorities/longer term improvements for the model standard

Materials

- The recorder should receive the materials listed below.
  - **Assessment instrument**
  - **Note-taking templates** – The recorder may want to use a note-taking template to capture discussion points and who said what. A sample template is on the next page.
  - **Technical support –** The recorder should be provided information regarding whether a laptop will be provided or if they need to bring one, how and where to save notes, and who to contact for technical support. If scores will be entered into the score sheet electronically, the recorder should have a copy.

Common important reminders for recorders may include:

- If you cannot hear or did not capture something important, ask participants to repeat their point.
- Offer to help the facilitator with time keeping.
- Help the facilitator with counting scores to see where the participants are at in relation to agreement.

Note-taking template

Strengths	Weaknesses	Opportunities for Immediate Improvements/ Partnerships	Priorities or Longer Term Improvement Opportunities
What activities did we identify that are being done well?	What are our biggest challenges?	Did we identify any easy improvement opportunities? Are there any obvious partnership opportunities?	What improvement opportunities are priorities for us? Why?

Appendix D: Visual Aids/Wall Posters

Visual 1: Examples of Ground Rules

- Stay present (phones on silent/vibrate, limit side conversations)
- Speak one at a time
- Be open to new ideas
- Make sure everyone has the opportunity to contribute to the discussion
- Avoid repeating previous remarks
- Allow facilitator to move conversation along
- Be prepared to provide examples and explanations to inform the group and increase understanding
- **Other…**

Visual 2: Agenda/Process Outline

- Introductions
- Review the agenda/timeline for the day
- Review of ground rules
- Overview of materials and process
    - Review each model standard
    - Take an initial vote
    - Discuss and build consensus
    - Take a final vote
- Summarize the discussion

Visual 3: Voting Categories

No Activity (0%)	The governing entity does not participate in this activity at all, but does have the legal authority to do so.
Minimal Activity (1-25%)	The governing entity participates in this activity in a limited way, and there is opportunity for substantial improvement.
Moderate Activity (26-50%)	The governing entity participates in this activity, and there is opportunity for improvement.
Significant Activity (51-75%)	The governing entity participates a great deal in this activity, and there is opportunity for minor improvement.
Optimal Activity (76-100%)	The governing entity is doing absolutely everything possible for this activity under its legal authority, and there is no room for improvement at this time.
Not Applicable	The activity is not legally part of this governing entity's responsibilities; it is outside the public health governing entity's mandate to participate in this activity.

Visual 4: Voting Considerations

- Awareness
    - Is the governing entity aware of an oversight action or responsibility?
- Involvement
    - Do the governing entity and public health agency leaders act as a team?
    - Do some members of the governing entity take more of a leadership role than other?
    - Are there other governing entities that provide oversight for some essential services?
- Frequency
    - Is the activity completed routinely or on an informal basis? If it is routine, how often?
- Quality and comprehensiveness
    - Does the governing entity consider the evidence base when completing this activity?
    - Does the governing entity have a way to measure how well it is completing this activity?
- Utility
    - Does the public health governing entity ensure that their activities meet the needs of the jurisdiction?
    - Are the results and information used by the public health governing entity derived from public health assessment, research, and evidence-based practices?

Visual 5: The Public Health Governing Entity and the Public Health System
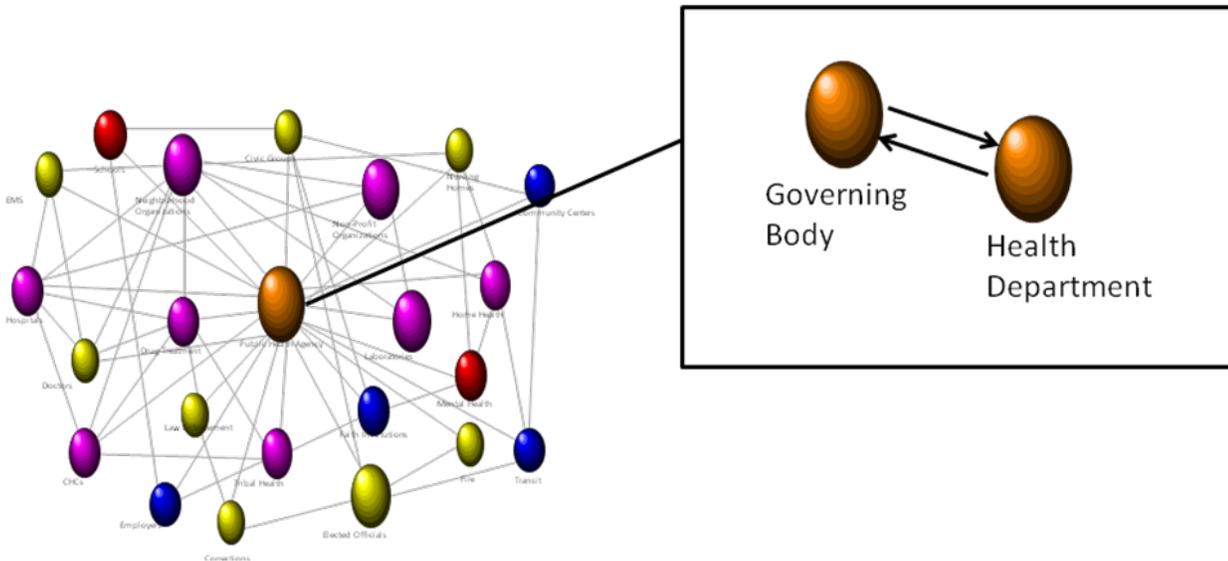
Visual 6: The Public Health Governing Entity and the Public Health System

The Ten Essential Public Health Services (*Essential Services* or *10EPHS*)

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

Visual 7: The Six Functions of Public Health Governance

Policy development: Lead and contribute to the development of policies that protect, promote, and improve public health while ensuring that the agency and its components remain consistent with the laws and rules (local, state, and federal) to which it is subject.

Resource stewardship: Assure the availability of adequate resources (legal, financial, human, technological, and material) to perform essential public health services.

Continuous improvement: Routinely evaluate, monitor, and set measurable outcomes for improving community health status and the public health agency's/governing body's own ability to meet its responsibilities.

Partner engagement: Build and strengthen community partnerships through education and engagement to ensure the collaboration of all relevant stakeholders in promoting and protecting the community's health.

Legal authority: Exercise legal authority as applicable by law and understand the roles, responsibilities, obligations, and functions of the governing body, health officer, and agency staff.

Oversight: Assume ultimate responsibility for public health performance in the community by providing necessary leadership and guidance in order to support the public health agency in achieving measurable outcomes.

Appendix E: Resources

Information and Technical Assistance

Additional detail on assessment instruments and the development of National Public Health Performance Standards (NPHPS) may be found at the NPHPS website at www.cdc.gov/od/ocphp/nphpsp or by contacting CDC's NPHPS team by phone (1-800-747-7649) or email (phpsp@cdc.gov). The NPHPS partner organizations may also be contacted for more information and technical assistance:

- Association of State and Territorial Health Officials (ASTHO)
  www.astho.org or (202)371-9090

- National Association of County and City Health Officials (NACCHO)
  www.naccho.org or (202) 783-5550

- National Association of Local Boards of Health (NALBOH)
  www.nalboh.org or (419) 353-7714

- Public Health Foundation (PHF)
  www.phf.org or (202) 218-4411

- National Network of Public Health Institutes (NNPHI)
  www.nnphi.org or (504) 301-9822

NPHPS Website (www.cdc.gov/nphpsp)

The NPHPS website offers a variety of general materials, and a range of resources to aid in preparing for and conducting the assessment, as well as facilitating post assessment and performance improvement activities.

- **General Resources:** State, local and governance assessment instruments, glossary, Frequently Asked Questions, the User Guide, and model standards only documents for each of the three instruments. NPHPS PowerPoint presentations and video links are also available.

- **Preparing for the Assessment:** Sample readiness assessments, participant lists, invitation letters, planning checklists, and other resources to help in preparing for the NPHPS assessment.

- **Conducting the Assessment:** Sample agendas, facilitator's guides, score sheets, evaluation forms, evaluation and demographics surveys, sample reports, and other resources for conducting the NPHPS assessment.

- **Facilitating Post Assessment and Performance Improvement:** Sample performance improvement plans, as well as resources for priority setting and quality improvement activities.

Additional Resources

Governance

BoardSource
http://www.boardsource.org/

CDC/Office of State, Tribal, Local, and Territorial Support (OSTLTS)
http://www.cdc.gov/ostlts/programs/index.html

Public Health 101 Curriculum for governing entities
http://www.nalboh.org/pdffiles/Bd%20Gov%20pdfs/NALBOH_Public_Health101Curriculum.pdf

Health Assessment and Planning (CHIP/ SHIP)

Association of State and Territorial Health Officials
http://www.astho.org/Programs/Accreditation-and-Performance/Accreditation/Preparing-for-Accreditation/

Community Health Assessment and Improvement Planning
http://www.naccho.org/topics/infrastructure/CHAIP/index.cfm

Healthy People 2020
http://www.healthypeople.gov

MAPP Clearinghouse
http://www.naccho.org/topics/infrastructure/mapp/framework/clearinghouse/

MAPP Framework
http://www.naccho.org/topics/infrastructure/mapp/framework/index.cfm

Accreditation

Public Health Accreditation Board
www.phaboard.org

Performance Management /Quality Improvement

Centers for Disease Control and Prevention
http://www.cdc.gov/stltpublichealth/Performance/index.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

Turning Point
http://www.turningpointprogram.org/toolkit/content/silostosystems.htm

U.S. Department of Health and Human Services Public Health System, Finance, and Quality Program
http://www.hhs.gov/ash/initiatives/quality/finance/forum.html

Strategic Planning

BoardSource
http://www.boardsource/org/userfiles/file/StrategicPlanning.pdf

National Association of County and City Health Officials
http://www.naccho.org/topics/infrastructure/accreditation/upload/StrategicPlanningGuideFinal.pdf

Evaluation

CDC Framework for Program Evaluation in Public Health
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4811a1.htm

National Resource for Evidence Based Programs and Practices
http://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

General

Center for Sharing Public Health Resources
http://www.phsharing.org/

Robert Wood Johnson Foundation
http://www.rwjf.org

Public Health Systems and Services Research
http://www.publichealthsystems.org/

References

Agency for Toxic Substances and Disease Registry. (2011, June). Principles of community engagement. Available at http://www.atsdr.cdc.gov/communityengagement/pdf/PCE_Report_508_FINAL.pdf

Centers for Disease Control and Prevention. (1999, Sept. 17). Framework for program evaluation in public health. *Morbidity and Mortality Weekly Report, 48*(RR110, 1–40.

Centers for Disease Control and Prevention. (2007). National Public Health Performance Standards Program glossary, Version 2.0. Available at http://www.cdc.gov/nphpsp/documents/glossary.pdf

Council on Linkages Between Academia and Public Health Practice. (2010, May). C*ore competencies for public health professionals*. Available at http://www.phf.org/resourcestools/Documents/Core_Competencies_for_Public_Health_Professionals_2010May.pdf

Department of Health and Human Services. (n.d.). Healthy People 2020. Available at http://www.healthypeople.gov/2020/default.aspx

Department of Health and Human Services Office of Minority Health. (2001, March). National standards for culturally and linguistically appropriate services in health care: Final report. Available at http://minorityhealth.hhs.gov/assets/pdf/checked/finalreport.pdf

Dicker, R., Coronado, F., Koo, D., & Parrish, R. G. (2006). *Principles of epidemiology in public health practice* (3rd ed.). Atlanta, GA: Centers for Disease Control and Prevention.

Federal Emergency Management Agency. (2007, Sept. 11). *Principles of emergency management*. Available at http://training.fema.gov/EMIWeb/edu/emprinciples.asp

Garner, B. A. (Ed.). (2004). *Black's law dictionary* (8th ed.). Eagan, MN: Thomson West.

Gostin, L. O., Sapsin, J. W., Teret, S. P., Burris, S., Mair, J. S., Hodge, J. G., Jr., & Vernick, J. S. (2002, August). The Model State Emergency Health Powers Act: Planning for and response to bioterrorism and naturally occurring infectious diseases. *The Journal of the American Medical Association, 288*(5), 622–628.

Health Empower Initiative (n.d.). Available at http://www.healthempowermentinitiative.com/

Institute of Medicine. (1988). *The future of public health.* Washington, DC: National Academy Press.

Institute of Medicine. (1996). *Primary care: America's health in a new era*. Washington, DC: National Academy Press.

Jacobs, R. L., & Hawley, J. D. (2009). The emergence of 'workforce development': Definition, conceptual boundaries, and implications. In R. Maclean & D. Wilson (Eds.), *International handbook of education for the changing world of work: Bridging academic and vocational learning* (pp. 2537–2552. New York, NY: Springer.

Kirkpatrick, D. G. (n.d.). *Definitions of Public Policy and the Law.* Available at http://www.musc.edu/vawprevention/policy/definition.shtml

Lockwood, N. R. (2007, April 30). *The changing nature of leadership.* Society for Human Resources Management.

Minkler, M., & Wallerstein, N. (2003). *Community-based participatory research for health*. San Francisco, CA: Jossey-Bass.

National Association of County and City Health Officials. (2004). *Mobilizing for action through planning and partnerships (MAPP): Achieving healthier communities through MAPP, A user's handbook*. Available at http://www.naccho.org/topics/infrastructure/mapp/upload/MAPP_Handbook_fnl.pdf

National Association of Local Boards of Health. (n.d.). Definition of governing entity.

Public Health Accreditation Board. (2010). *Environmental public health think tank report*.

Public Health Accreditation Board. (2011). *Standards & measures Version 1.0.* Available at http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf

Public Health Foundation. (n.d.). Available at http://www.phf.org/focusareas/PMQI/Pages/default.aspx

Public Health Functions Steering Committee. (1994). *Public health in America.* Washington, DC: Department of Health and Human Services.

Riegelman, R. K. (2010). *Public health 101: Healthy people–healthy populations*. Sudbury, MA: Jones and Bartlett.

Scutchfield, F. D., & Keck, C. W. (2009). *Principles of public health practice* (3rd ed.). Clifton Park, NY: Delmar Learning.

Swayne, L. E., Duncan, W. J., & Ginter, P. M. (2008). *Strategic management of health care organizations*. San Francisco, CA: Jossey

The Guide to Community Preventive Services. (n.d.). Glossary. Available at http://www.thecommunityguide.org/about/glossary.html

Turnock, B. J. (2009). *Public health: What it is and how it works* (4th ed.)*.* Sudbury, MA: Jones and Bartlett.

United Nations Statistical Commission and Economic Commission for Europe, Conference of European Statisticians. (2008, May). The role of statistics in evidence-based policy making. Available at http://www.unece.org/fileadmin/DAM/stats/documents/2008/05/dissemination/wp.10.e.pdf

Winslow, C. E. A. (1952). *Man and epidemics.* Princeton, NJ: Princeton University Press.