National Public Health Performance Standards

FACILITATOR GUIDE
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Welcome
Thank you for agreeing to serve as a facilitator for the National Public Health Performance Standards (NPHPS) statewide public health system assessment. You have been selected because your team has confidence in your ability to help lead this process. We hope you find this guide helpful as you prepare for your role and as you conduct the assessment.

Purpose
This document provides an outline that you, as a facilitator, can use to work with a group to complete the state assessment tool. The guide includes all of the assessment questions as well as boxes with outlines, proposed timeframes, and abbreviated assessment language that should help you facilitate a smooth process. In addition, this guide provides tips and information that will help prepare you for your role.

Format for Assessment
This guide can be adapted to accommodate different approaches for administering the tool; however, it was designed with the following two formats in mind. Both formats typically allocate approximately 1.5 hours to complete each of the 10 Essential Public Health Services (EPHS).

1. Retreat Style Assessment Format: This approach generally consists of a day-long meeting that includes key partners from across the state. Typically, the agenda incorporates an introductory session for all participants followed by breakout sessions with smaller groups. Assignments to the small groups are based on participants’ roles and expertise. The small groups (usually less than 30 people) discuss and answer the assessment questions for a specific set of EPHS.

2. Core Team Assessment Format: This approach generally consists of a smaller group of diverse representatives from across the state (40-50 people). The participants agree to attend a series of meetings where the whole group addresses the entire set of assessment questions over a designated period of time. Outside experts may be brought in for content knowledge, but there is a core group that provides input on all 10 EPHS. The core group typically participates in an introductory session and completes one to two essential services per meeting.

Content and Tips for Introductory Session
This guide has been developed based on the assumption that, at a minimum, the following content will be covered in the introductory session with all participants.

Important Background Information
- An overview of the assessment (e.g., purpose, process, rationale, systems-focus, and specifics about the tool, including a discussion on the 10 EPHS, the model standards, and the response options).
- A discussion on roles and expectations of the lead agency, facilitators, and participants.
- A brief summary of prior assessment data (if the tool was administered previously) as well as a brief description of the version 3.0 tool and how it has changed.
- A review of the proposed plans for using the assessment data to identify priorities for improvement. Below are a few comments your team may want to consider sharing at the onset or remarks you may want to make or reiterate as a facilitator.
Expressing Confidence in the Process

- This is the only validated tool of its kind.
- States across the country are using this tool.
- While there are challenges and limitations with any type of systems-level assessment, this approach is the best we have, and I believe in this process.
- We are using the [retreat style] approach today. Other states have used this approach and it has been effective, so we believe it will work here. This approach makes sense for us in [your state] because it is so hard to get busy people like you to participate. You are a seasoned group of professionals, and we have no doubt you will be able to jump right in.
- We may not have time to have a very lengthy discussion in all areas today, but the discussions are important and our team is confident that the findings (both the scores and comments) are going to be useful for setting future direction.
- We need to answer all of the questions, so let’s work together to make sure we can complete our tasks.

Preparing for Your Role as a Facilitator

It is important to be prepared for your role as a facilitator. This will help to ensure a smooth and effective assessment process and prevent confusion, frustration, and lack of engagement among participants. Based on the experience of those who have served in this capacity, there are several things you can and should do prior to the assessment.

Do Your Homework Prior to Conducting the Assessment

- Review the day’s agenda and the list of participants.
- Review the sections of the tool you will be facilitating (including the discussion items).
- Review the list of participants, if available, that will be engaged in the sessions you plan to facilitate.
- Review previous assessment data for your assigned sections (if applicable) and understand what the previous process entailed, who participated, when the assessment was conducted, and how the data were used.
- Review the NPHPS Implementation Guide for the state assessment tool.
Key Decisions Prior to the Assessment

1. Make sure you are clear on the expectations of the planning team in terms of how data will be captured and submitted. In addition, coordinate with the note-taker prior to the assessment so you are each familiar with your roles. Here are a few questions you should be able to answer ahead of time.
   a. Do you plan to use voting cards?
   b. Who is going to count the votes?
   c. Who is going to serve as the time keeper and what are your plans if you run over?
   d. Will you project anything on a screen? If so, what, and who is going to transition the PowerPoint slides?
   e. Will you use flip charts for anything?
   f. Will you capture all votes or just the final score?
   g. How will you capture the scores (e.g., recorded on hard copy of the tool)?
   h. Will you use a standard format/template to capture the comments?
   i. How will the comments be captured (e.g., via laptop)?
   j. Who receives the data after the assessment?

2. Develop and agree on a core set of ground rules. This list should not be exhaustive but should help set the tone and ensure a productive meeting. Examples include:
   a. Please participate. Everyone was invited because they have something to contribute.
   b. Be as concise as possible and focus on objective statements versus those that are value-laden.
   c. Focus on the questions rather than getting bogged down with the process.
   d. Feel free to respectfully disagree, but tell us why.
   e. Final scores will be based on majority votes.
   f. Answer all the questions—and stick to the allocated time.
   g. Others that the group agrees to?

Make Sure You Have All Materials Needed in the Room

1. Facilitator packets should include, at a minimum, the agenda, facilitator guide, glossary, list of meeting participants, and other documents identified by the planning team.

2. The note-takers’ packets should include, at a minimum, the agenda, instrument for recording final votes, glossary, list of meeting participants, and other documents identified by the planning team.

3. Most rooms should include the following: a laptop and projector (if needed), a poster with the voting response options (alternatively, a handout could be provided to all participants), a flip chart with the ground rules, legible name cards for all participants, and other materials, as needed.
Getting Started and Facilitating the Discussion

When you meet with your group for the first time, it will be important for you to set the tone and quickly engage the group. Prior to getting started with the questions in the tool, you should set aside about 10-15 minutes so you can:

- Express enthusiasm about facilitating the group.
- Conduct brief introductions.
- Reiterate the purpose, format, and process for the assessment (briefly!).
- Discuss the roles and expectations (your role as the facilitator and their role as participants).
- Communicate and reach agreement on the ground rules.
- Orient them to the material in their packets (if packets are provided).
- Address any outstanding questions or concerns.

MORE FACILITATOR TIPS

- Anticipate a slow start-up and (if possible) build in extra time for the first few questions. At the onset, it may take the participants a little while to develop a rhythm for the group discussion and voting, but assure them it will happen.
- Develop an easy method for identifying the list of participants (e.g., hand raising) who want to contribute to the discussion. Write a list of everyone who raised his or her hand. This will help you keep track of who responds next, and it provides an opportunity for everyone to be heard using a fair process with fewer people speaking at the same time and, hopefully, fewer interruptions.
- Ask for volunteers to read the model standards or questions. This can be a great strategy for engaging participants that have been quiet.
- Let the participants know that your role is to keep the discussion focused and on track. Don’t be afraid to tell the group that “we need to pick up the pace so we can complete our task.”
- Be prepared to deal with participants who may dominate the conversation, express concerns about the process, or debate everything.
- Maintain flexibility to ensure that the group’s needs are met. Otherwise, it will be difficult to sustain their engagement.
- Anticipate some of the questions or issues that may arise for each model standard.
- Provide positive reinforcement to the group regarding their progress, comments, and ability to adhere to the general timeframes.
- Summarize the progress as you work through each EPHS. For example, let the group know that you only have one more model standard to address or only three more questions to discuss and vote on.
- Set a goal for completing a specific section and ask someone in the group to help serve as the time keeper. This strategy often helps the group to take ownership of the allotted time.
- Maintain a positive attitude and assure the group that the information they are sharing is helpful.
- Remind the group that this is not a consensus-building process and that it is based on majority vote. However, the minority opinions and comments are being captured and they will help to set future direction.
- Create a safe environment that encourages multiple points of view.
- Provide incentives. For example: “Let’s get through one more section, then I’ll give you a break.”
- Learn to take your cues from the group on when they are ready to vote. For example: Is there significant agreement, are there no new comments, are you running out of time? Or, ask the group if they are ready to vote. They will tell you!
Proposed Voting Process

As the facilitator, you will need to guide the group through the voting process. Although there are many methods you can use, the following approach has been applied successfully by many states.

1. **Use voting cards.** Provide each participant with a series of five color-coded voting cards as outlined in Table 1. Review the response options during your introductory remarks and let participants know they will be asked to raise one card as they vote for each question.

2. **Decide when the time is right to vote.** Ideally, you will ask the group to vote after everyone who wants to speak has had a chance to contribute to the discussion. However, there may be instances when you decide to call the vote early (e.g., general agreement) and it is helpful to ask the group if they are ready to vote. Alternatively, if time is running short, you may ask people to contribute to the discussion only if they have a new perspective to provide so the vote can be taken and recorded.

3. **Call the vote.** Ask participants to hold up one voting card that best reflects the level of activity in your statewide public health system for a given question.

4. **Record the vote.** Be clear on your process. We recommend capturing the final vote (e.g., optimal activity) and recording comments in the instrument when there may be dramatic differences in responses or close votes. If you have a tie, consider opening up the discussion again. Alternatively, record the more modest vote if the tie cannot be broken.

5. **Address any concerns as they arise.**
   a. **Example #1: Some participants may be concerned about not capturing all of the votes.** Assure participants that their comments are being recorded in the notes. Let the group know that the data collection system only records one final vote per item. Alternatively, consider recording all votes and recruiting participants to help.
   
   b. **Example #2: There is vocal disagreement on the vote that may alienate participants.** Ask the group if they need more time for discussion and if there are points of view that have not yet been heard. If the group reaches the same conclusion, assure participants that the notes will reflect the lack of agreement in this area.
   
   c. **Example #3: The votes seem arbitrary.** Convey your confidence in this assessment process and, if possible, refer to improvement ideas that have already been discussed.

**Table 1. Voting Response Options**

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<th>Category</th>
<th>Description</th>
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<tr>
<td>Optimal Activity (76–100%)</td>
<td>Greater than 75% of the activity described within the question is met.</td>
</tr>
<tr>
<td>Significant Activity (51–75%)</td>
<td>Greater than 50% but no more than 75% of the activity described within the question is met.</td>
</tr>
<tr>
<td>Moderate Activity (26–50%)</td>
<td>Greater than 25% but no more than 50% of the activity described within the question is met.</td>
</tr>
<tr>
<td>Minimal Activity (1–25%)</td>
<td>Greater than zero but no more than 25% of the activity described within the question is met.</td>
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<tr>
<td>No Activity (0%)</td>
<td>0% or absolutely no activity.</td>
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Summary Notes Section
At the end of each EPHS, there is a summary notes section. This section is designed to capture what the participants identify regarding strengths, weaknesses, and opportunities for improvement and partnership for the overall system of state public health partners. The facilitator should encourage discussion from the participants in the following areas for each model standard:

- **Strengths**: What specific components or activities did the state public health system partners identify that are being done really well as described in the model standard?
- **Weaknesses**: What specific components or activities did the state public health system partners identify as not meeting the description in the model standard, particularly related to awareness, involvement frequency, quality, comprehensiveness, and usability?
- **Opportunities for immediate improvements/partnerships**: What did the state public health system partners identify as something that could be improved relatively quickly with little effort and limited resources? Were there any new partnerships identified within the community to enhance the public’s health?
- **Priorities or longer term improvement issues**: Is improvement in this model standard a priority? To improve state public health system performance with regard to the activities described in the model standard, what long term issues need to be addressed?

Now you are ready to get started. Go to the appropriate EPHS in this guide and begin!
SPHS Essential Service 1:
Monitor Health Status to Identify Community Health Problems

What’s going on in our state?
Do we know how healthy we are?

This service includes:

- Assessment of statewide health status and its determinants, including the identification of health threats and the determination of health service needs.
- Analysis of the health of specific groups that are at higher risk for health threats than the general population.
- Identification of community assets and resources that support partner organizations in the state public health system (SPHS) in promoting health and improving quality of life.
- Interpretation and communication of health information to diverse audiences in different sectors.
- Collaboration in integrating and managing public health related information systems.

System partner organizations involved in activities related to Essential Service 1 may include, but are not limited to:

- State government agencies with public health responsibilities.
- Physicians, nurses, and other reporters of health data.
- Hospitals and other healthcare facilities.
- Local public health system organizations involved in data collection and reporting.
- Universities or other academic institutions.
- Public health institutes.
- Public, private, and voluntary organizations that use health data.
- Other.

As you apply the following model standards and questions to your state’s public health system, keep in mind that there may be different levels of...
partner participation for each activity (e.g., for some activities, the state health agency or one partner organization may take the lead for the state, while other activities may require active engagement from multiple partner organizations).

Model Standard 1.1: Planning and Implementation

The partner organizations in the SPHS work collaboratively to measure, analyze, and communicate about the health status of the state’s population. The state’s health status is monitored through the collection, analysis, reporting, and use of data describing critical indicators of health, illness, and health resources. Data on the health of the state’s population includes:

- Vital statistics, including births and deaths.
- Use of personal healthcare services.
- Environmental and socioeconomic conditions that impact health.
- Infectious diseases.
- Chronic diseases.
- Injuries.
- Behavioral risk factors.
- Mental health.
- Substance abuse.

These data are analyzed, disseminated, and widely used by systems partners to better understand health needs, focus program and service activities, and assess progress in achieving desired health outcomes.

Monitoring health is a collaborative effort involving many state public health partners and local public health systems, including physicians, hospitals, and other healthcare facilities, state and local governmental public health agencies, and other reporters and managers of health information. The effective communication of health data and information is a primary goal of all systems partners that participate in this effort to generate new knowledge about health in the state. End-users of health data utilize this knowledge about the state’s health results in more effective improvement plans, resource development, and services to meet population health needs.

To accomplish these results, the partner organizations in the SPHS:

- Develop and maintain programs that collect health-related data to measure the state’s health status.
- Produce useful data and information products that are accessible to a variety of data users, including a state health need assessment (comprehensive, every few years) and state health profiles (shorter, more focused, more frequent) that routinely report on the prevailing health of the people of the state.
Operate a data reporting system for receiving and transmitting information regarding reportable diseases and other potential public health threats.

**Question 1.1.1**

1.1.1 How well do SPHS partner organizations maintain data collection and monitoring programs designed to measure the health status of the state’s population?

**Discussion Items 1.1.1**

1.1.1 The discussion should focus on how the SPHS partner organizations maintain data collection and monitoring programs.

Does the SPHS monitoring program:

- Collect a broad range of data required for monitoring health status?
- Identify roles of state and local governmental agencies and relevant private sector agencies?
- Facilitate access to health-related data for state and local partners, researchers, and other interested groups?
- Protect confidentiality of personal health information?

**Question 1.1.2**

1.1.2 How well do SPHS partner organizations make health data accessible in useful health data products?

**Discussion Items 1.1.2**

1.1.2 The discussion should focus on how the SPHS partner organizations make health data accessible.

Does the SPHS data include:

- State comparisons with national health measures, data from diverse sources, and data that is geo-coded?
- Population health registries?
- A web-based data query system?
- Data reporting capability that encourages electronic data exchange among SPHS partner organizations?
- Widely disseminated data based health reports that describe the prevailing health of the state’s population?
**FACILITATOR GUIDANCE**

- Ask the third question.

- Use the discussion items, as appropriate.
- Engage the group in a brief discussion.

- Vote on question 1.1.3.
- If the group is concerned about the final vote, encourage more discussion and re-vote OR discuss their concerns and have the note-taker capture those concerns.

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**Question 1.1.3**

1.1.3 How well do SPHS partner organizations work together to maintain a data reporting system designed to identify potential threats to the public’s health?

**Discussion Items 1.1.3**

1.1.3 The discussion should focus on how the SPHS partner organizations work together to maintain a data reporting system.

Does the SPHS:

- Have written procedures for receiving information on reportable public health threats from the state’s public and private laboratories?
- Share information and data regarding reportable public health threats with local and federal public health agencies using National Electronic Disease Surveillance System (NEDSS)-compatible systems?
- Exchange information with partner organizations that may have first contact with public health threats?
- Have the capability to rapidly communicate with potential disease reporters with special alerts (such as the Health Alert Network)?

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**Model Standard 1.2: State-Local Relationships**

The partner organizations in the SPHS work with local public health systems to provide assistance, capacity building, and resources for local efforts to monitor health status and identify health problems. Many partner organizations within the SPHS support local agencies to carry out their mission locally, including, but not limited to, the state public health agency, the state hospital association, the state mental health and substance abuse agency, the state heart association, the state United Way, and the state Red Cross. Each of these statewide organizations is active in support of its local members or counterparts, who are themselves partners in local public health systems. Results of good state-local relationships are increased cooperation locally to collect and use health data for planning and improved service delivery. To accomplish these results, the partner organizations in the SPHS:

- Assist in the interpretation, use, and dissemination of local health data.
- Provide a standard set of health-related data to local public health systems and assist them in accessing, interpreting, and applying these data in policy, planning, and program and service development activities.
FACILITATOR GUIDANCE

• Ask the first question.

• Assist in the development of information systems needed to monitor health status at the local level.

Question 1.2.1

1.2.1 How well do statewide SPHS partner organizations assist (e.g., through training, consultations) local public health systems in the interpretation, use, and dissemination of health-related data?

Discussion Items 1.2.1

1.2.1 The discussion should focus on how the SPHS partner organizations assist local public health systems with health-related data.

Does the assistance focus on:

• Methods of accessing the data and methods of analysis and interpretation of data, including trends over time?

• Applying state data to local planning and policy activities, including the development of a community health needs assessment and community health profiles?

• Helping media and local constituents understand the meaning of the data?

• Public health informatics competencies for organizational leaders?

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Question 1.2.2

1.2.2 How well do partner organizations in the SPHS work collaboratively to regularly provide local public health systems with a uniform set of local health-related data?

Discussion Items 1.2.2

1.2.2 The discussion should focus on how the SPHS partner organizations work collaboratively to provide local public health systems with data.

Do uniform data set(s):

• Provide comparisons with national and/or state health objectives (e.g., Healthy People objectives) and regional comparisons with state?

• Become available to local public health systems in a timely fashion?

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Question 1.2.3

1.2.3 How well do SPHS partner organizations provide technical assistance in the development of information systems needed to monitor health status at the local level?

Discussion Items 1.2.3

1.2.3 The discussion should focus on how the SPHS partner organizations provide technical assistance to local public health systems in the development of information systems.

Does the assistance provide for:

- Maintaining local health monitoring systems and/or contributing to population health registries?
- Establishing criteria and processes for reporting health events?
- Establishing electronic health records?

No Activity Minimal Moderate Significant Optimal

Model Standard 1.3: Performance Management and Quality Improvement

The partner organizations in the SPHS review the effectiveness of their performance in monitoring health status. SPHS partner organizations actively use the information from these reviews to continuously improve the quality of monitoring efforts. System-wide collaborative approaches for review, evaluation, and performance management are essential to improve health status monitoring. In their efforts to measure and improve performance, SPHS partner organizations use performance management approaches in their respective organizations and contribute to collective SPHS activities to measure progress in system-wide performance. Active improvement processes based on rigorous reviews of SPHS performance produce more efficient and user-friendly methods of data collection and more effective and relevant data products. To accomplish these results, the partner organizations in the SPHS:

- Review the effectiveness of their efforts to monitor health status to determine the relevance of existing health data and its effectiveness in meeting user needs.
- Manage the overall performance of health status monitoring activities in the state for the purpose of quality improvement.
Question 1.3.1

1.3.1 How well do SPHS partner organizations work together to review the effectiveness of their efforts to monitor health status?

Discussion Items 1.3.1

1.3.1 The discussion should focus on how the SPHS partner organizations work together to review effectiveness of efforts to monitor health status. Do these reviews examine:
- The relevance of existing health-related data?
- Effectiveness of health status monitoring programs meeting user needs through feedback?
- Changes needed to improve the usefulness of health data, including whether the most effective technology advances are used statewide?

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Question 1.3.2

1.3.2 How well do SPHS partner organizations actively manage and improve their collective performance in health status monitoring?

Discussion Items 1.3.2

1.3.2 The discussion should focus on how the SPHS partner organizations actively manage and improve their performance in health status monitoring. Does the SPHS-wide performance management process:
- Use relevant standards or benchmarks to establish system-wide expectations for health status monitoring?
- Measure performance and report on progress?
- Conduct ongoing quality improvement activities?

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Model Standard 1.4: Public Health Capacity and Resources

SPHS partner organizations effectively invest in and utilize human, information, technology, organizational, and financial resources to monitor health status and to identify health problems in the state. Coordinated use of system assets is grounded in the alignment of organizational strategic plans around collective efforts in health status monitoring. The state public health agency enhances the capacity of the SPHS by its leadership in this service. The workforce of SPHS partner organizations coordinates collective system-wide activities. These investments by all SPHS partner organizations are essential to support a well-functioning system capable of carrying out and improving health status monitoring activities. To accomplish these results, the partner organizations in the SPHS:

- Commit adequate financial resources to monitoring health status.
- Align organizational relationships to focus statewide assets on monitoring health status.
- Use a workforce skilled in collecting, analyzing, disseminating, and communicating health status data and maintaining data management systems.

Question 1.4.1

1.4.1 How well do SPHS partner organizations work together to commit financial resources to health status monitoring efforts?

Discussion Items 1.4.1

1.4.1 The discussion should focus on how the SPHS partner organizations work together to commit financial resources to monitoring efforts. Does the SPHS:

- Allocate existing resources, seek new resources, and share financial resources to invest in monitoring efforts?

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Question 1.4.2

1.4.2 How well do SPHS partner organizations align and coordinate their efforts to monitor health status?

Discussion Items 1.4.2

1.4.2 The discussion should focus on how the SPHS partner organizations align and coordinate efforts to monitor health status.

Does the SPHS:

- Align strategic plans and coordinate technological resources to improve system performance in monitoring health status?
- Utilize the leadership of the state public health agency?
- Does the state public health agency work collaboratively, provide leadership, invest in professional expertise, and promote evidence-based solutions?

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Question 1.4.3

1.4.3 How well do SPHS partner organizations collectively have the professional expertise to carry out health status monitoring activities?

Discussion Items 1.4.3

1.4.3 The discussion should focus on to what extent the SPHS partner organizations have the professional expertise to monitor health status.

Is the SPHS partner organizations’ workforce:

- Skilled in statistics, epidemiology and information management systems?
- Sufficiently staffed to carry out monitoring of health status activities?

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## Summary Notes

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

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Getting started (5 min)
- Read the EPHS and the two questions it addresses.
- Briefly summarize what the EPHS includes.
- Highlight the major players.
- Transition to general discussion on this essential service.

General discussion (10 min)
- Ask participants to discuss what and how we are doing across the state related to surveillance and investigation.

TOTAL TIME: 1 HOUR 30 MINUTES

Initial Discussion and Review of EPHS
- Getting started (5 min)
- General EPHS discussion (10 min)

Assessment Questions
- Model Standard 2.1 (30 min)
- Model Standard 2.2 (15 min)
- Model Standard 2.3 (15 min)
- Model Standard 2.4 (15 min)

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

What’s going on in our state?
Are we prepared for outbreaks?

This service includes:
- Epidemiologic surveillance and investigation of disease outbreaks and patterns of infectious and chronic diseases, injuries, and other adverse health conditions.
- Population-based screening, case finding, investigation, and the scientific analysis of health problems.
- Rapid screening, high volume testing, and active infectious disease epidemiologic investigations.

System partner organizations involved in activities related to Essential Service 2 may include, but are not limited to:
- State government agencies with public health responsibilities.
- Physicians, nurses, and other reporters of health data.
- Hospitals and other healthcare facilities.
- State public health laboratory.
- Local public health system organizations involved in disease outbreak investigations, including local health departments and first responders.
- State emergency management agency.
- Universities or other academic institutions.
- Public health institutes.
- Public, private, and voluntary organizations that respond to state and community health needs in emergency situations.
- Practitioners in epidemiology, chronic disease, infectious disease, injuries, and environmental hazards.
- Other.
As you apply the following model standards and questions to your state’s public health system, keep in mind that there may be different levels of partner participation for each activity (e.g., for some activities the state health agency or one partner organization may take the lead for the state, while other activities may require active engagement from multiple partner organizations).

**Model Standard 2.1: Planning and Implementation**

The partner organizations in the SPHS work collaboratively to identify and respond to public health threats, including infectious disease outbreaks, chronic disease prevalence, the incidence of serious injuries, environmental contaminations, the occurrence of natural disasters, the risk of exposure to chemical and biological hazards, and other threats. The collection of data through surveillance, the examination of threats and hazards in a laboratory setting, and the analysis of disease patterns by epidemiologists together form a core diagnostic function in the state public health system. Mounting an appropriate response to disease outbreaks, unacceptable chronic disease prevalence, or a bioterrorism threat requires solid and credible information and analysis to understand the scope and causes of the problem.

Active participation of many SPHS partner organizations is needed for effective diagnosis and investigation of health problems. In addition to the leadership of the state public health agency, the contributions of other entities are essential, including hospitals, physicians, nurses, emergency management agencies, public and private clinical and environmental laboratories, local health departments, first responders, epidemiologists, and experts in chronic diseases, infectious diseases, injuries, and environmental toxicology.

The maintenance of a well-functioning diagnosis and investigation system within the SPHS produces critically important outputs. Credible information gathering and analysis of health problems increases the understanding of the public and the decision makers about appropriate responses. SPHS partner organization responses to health problems can be better targeted to affected populations and designed to address the causes of the problem. The evidence base for collective public health actions begins with a solid diagnosis and investigation function within the SPHS.

To accomplish these results, the partner organizations in the SPHS:

- Operate a broad scope of surveillance and epidemiology services to identify and analyze health problems and threats to the health of the state’s population.
- Establish and maintain the capability to initiate enhanced surveillance in the event of an emergency.
- Organize public and private laboratories in the state into an effectively functioning laboratory system.
• Use public and private laboratories that have the capacity to analyze clinical and environmental specimens in the event of suspected exposures and disease outbreaks.

• Respond to public health problems and hazards.

Note: The SPHS may operate more than one surveillance system. In the Model Standard and measures for Model Standard 2.1, the word “system” should therefore be interpreted broadly, to include the complete collection of surveillance systems operated by the SPHS.

**Question 2.1.1**

2.1.1 How well do SPHS partner organizations operate surveillance and epidemiology activities that identify and analyze health problems and threats to the health of the state’s population?

**Discussion Items 2.1.1**

2.1.1 The discussion should focus on how the SPHS partner organizations operate surveillance and epidemiology activities.

Does the scope of the activities include:

• Chronic disease, injury, environmental hazards, maternal and child health, and all-hazards and threats?

• Conducting analysis, examining trends, and integrating the state surveillance with national and local surveillance systems?

• Conducting epidemiological studies of disease patterns, risk factors, and evidence-based programs?

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**Question 2.1.2**

2.1.2 How well do SPHS partner organizations maintain the capability to rapidly initiate enhanced surveillance when needed for a statewide/regional health threat?

**Discussion Items 2.1.2**

2.1.2 The discussion should focus on how the SPHS partner organizations maintain capability to initiate enhanced surveillance.

Does the SPHS:

• Have the capacity to expand activities when needed and is there a prompt communication process and protocol to initiate enhanced surveillance?
FACILITATOR GUIDANCE

- Have written protocols to assure deployment and coordination of epidemiologic expertise, laboratory capacity, and healthcare provider participation in identifying potential threats to public health?
- Have plans in place for deploying state government resources for enhanced surveillance, and are efforts coordinated according to emergency management plans?

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Question 2.1.3

2.1.3 How well do SPHS partner organizations organize their private and public laboratories (within the state and outside of the state) into a well-functioning laboratory system?

Discussion Items 2.1.3

- The discussion should focus on how the SPHS partner organizations organize their private and public laboratories.

Does the SPHS maintain:

- A network of appropriately licensed laboratories, led by the state public health laboratory that can collectively identify all notifiable diseases and conditions?
- A list or inventory of all laboratories and their analysis capacities, including public health labs, clinical labs, environmental labs, and commercial labs, in a portable database that is backed up off-site?
- The ability to communicate electronically with all clinical labs in the state within an hour? Has this been tested?
- Linkages among environmental, food, blood, veterinary, and forensic labs and does it participate fully in the National Laboratory Response Network?

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Question 2.1.4

2.1.4 How well do SPHS partner organizations maintain in-state laboratories that have the capacity to analyze clinical and environmental specimens in the event of suspected exposure or disease outbreak?

Discussion Items 2.1.4

2.1.4 The discussion should focus on how the SPHS partner organizations maintain in-state laboratories that have the capacity to analyze clinical and environmental specimens.

Do the testing capabilities of the SPHS partner organizations include:

- Clinical testing capability, including identifying pathogenic microorganisms, antimicrobial resistant infections, and newborn testing as well as access to laboratories capable of testing rare infectious agents?
- Environmental testing capability, including testing on water, air, and soil as well as access to laboratories capable of testing rare environmental agents?

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Question 2.1.5

2.1.5 How well do SPHS partner organizations work together to respond to identified public health threats?

Discussion Items 2.1.5

2.1.5 The discussion should focus on how the SPHS partner organizations work together to identify threats.

Does the SPHS:

- Have plans, protocols, communications systems, and multidisciplinary rapid response teams in place to support effective coordinated response to public health threats?
- Use a communication system designed to alert health officials and inform policymakers of possible threats?
- Maintain agreements to perform testing if the state’s capacity becomes overloaded?

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Model Standard 2.2: State-Local Relationships

The partner organizations in the SPHS work with local public health systems to provide assistance, capacity building, and resources for local efforts to identify, analyze, and respond to public health problems and threats. Many organizations within the SPHS support local agencies to carry out their mission locally, including, but not limited to, the state public health agency, the state hospital association, the state mental health and substance abuse agency, the state heart association, the state United Way, and the state Red Cross. Each of these statewide organizations is active in support of its local members or counterparts, who are themselves partners in local public health systems. Results of good state-local relationships are increased cooperation in the collection and use of disease-specific data. Organizations in the local public health system are more prepared to use data and evidence in the design of program interventions to mitigate health problems.

To accomplish these results, the partner organizations in the SPHS:

- Assist local public health systems in the interpretation of epidemiologic analyses and laboratory findings.
- Provide information and guidance about possible public health threats and appropriate responses to these threats by local public health systems.

Question 2.2.1

2.2.1 How well do SPHS partner organizations provide assistance (through consultations and/or training) to local public health systems in the interpretation of epidemiologic and laboratory findings?

Discussion Items 2.2.1

2.2.1 The discussion should focus on how well the SPHS partner organizations provide assistance to local public health systems regarding epidemiology.

Does the SPHS provide:

- Training or technical assistance on how to access epidemiological services, report data, interpret epidemiological findings, conduct investigations and access and interpret laboratory data?
FACILITATOR GUIDANCE

• Ask the second question.

• Use the discussion items, as appropriate.
• Engage the group in a brief discussion.

• Vote on question 2.2.2.
• If the group is concerned about the final vote, encourage more discussion and re-vote OR discuss their concerns and have the note-taker capture those concerns.

Model Standard 2.3 (15 min)
• Read the model standard or consider using the annotated description (see box below).
• Briefly discuss the number of questions for this section (two questions total).

Question 2.2.2

2.2.2 How well do SPHS partner organizations provide local public health systems with information and guidance about public health problems and potential public health threats (e.g., health alerts, consultations)?

Discussion Items 2.2.2

2.2.2 The discussion should focus on how the SPHS partner organizations provide local public health with information and guidance on public health problems and threats.

Does the SPHS offer:

• Analysis of the incidence and prevalence of disease and other adverse health conditions?
• Current guidance related to the most effective methods of disease prevention and control?
• Trained personnel to assist local communities in the investigations?
• Guidance for response to emergencies?

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Model Standard 2.3: Performance Management and Quality Improvement

The partner organizations in the SPHS review the effectiveness of their performance in diagnosing and investigating health problems. SPHS partner organizations actively use the information from these reviews to continuously improve the quality and responsiveness of their efforts. System-wide collaborative approaches for review, evaluation, and performance management are essential to improve diagnosis and investigation services. In their efforts to measure and improve performance, SPHS partner organizations use performance management approaches in their respective organizations and contribute to collective SPHS activities to measure progress in system-wide performance. Active improvement processes based on rigorous reviews of SPHS performance produce more efficient, relevant, and timely analytic products. These products, in turn, enable more effective SPHS investigation and responses to improve population health.

To accomplish these results, the partner organizations in the SPHS:

• Review the effectiveness of their state surveillance and investigation procedures, using published guidelines, including CDC’s Updated Guidelines for Evaluating Public Health Surveillance Systems and CDC’s measures and benchmarks for emergency preparedness.
• Manage the overall performance of diagnosis and investigation activities in the state for the purpose of quality improvement.
Question 2.3.1

2.3.1 How well do SPHS partner organizations periodically review the effectiveness of the state surveillance and investigation system?

Discussion Items 2.3.1

2.3.1 The discussion should focus on how the SPHS partner organizations review the effectiveness of the state’s surveillance and investigation procedures.

Does the SPHS examine:

- Whether surveillance is based on current public health science?
- The timeliness and relevance of reports and findings?
- Whether the state’s investigation and response plans meet national standards?
- Results of tabletop exercises?
- Whether surge capacity is sufficient?

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Question 2.3.2

2.3.2 How well do SPHS partner organizations actively manage and improve their collective performance in diagnosing and investigating health problems and health hazards?

Discussion Items 2.3.2

2.3.2 The discussion should focus on whether the SPHS partner organizations manage and improve their performance in diagnosing and investigation.

Does the SPHS:

- Use relevant standards to establish system-wide expectation?
- Measure performance and report on progress to partners?
- Conduct ongoing quality improvement activities?

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**Model Standard 2.4: Public Health Capacity and Resources**

SPHS partner organizations effectively invest in and utilize human, information, technology, organizational, and financial resources to diagnose and investigate health problems and hazards that affect the state’s population. Coordinated use of system assets is grounded in the alignment of organizational strategic plans around collective efforts in diagnosing and investigating health problems. The state public health agency enhances the capacity of the SPHS by its leadership in this service. The workforce of SPHS partner organizations coordinates collective system-wide activities. These investments in diagnosis and investigation services by all SPHS partner organizations are essential for a well-functioning system capable of understanding health problems, responding to them quickly and appropriately, and preventing them in the future.

To accomplish these results, the partner organizations in the SPHS:

- Commit adequate financial resources for diagnosing and investigating health problems and hazards.
- Align organizational relationships to focus statewide assets on diagnosis and investigation.
- Use a workforce skilled in epidemiology and laboratory science to identify and analyze public health problems and hazards and to conduct investigations of adverse public health events.

**Question 2.4.1**

2.4.1 How well do SPHS partner organizations work together to commit financial resources to support the diagnosis and investigation of health problems and hazards?

**Discussion Items 2.4.1**

2.4.1 The discussion should focus on how the SPHS partner organizations work together to commit financial resources to support diagnosis and investigation.

Does the SPHS:

- Allocate existing resources, seek new resources, and share financial resources to invest in diagnosis and investigation?
Question 2.4.2

2.4.2 How well do SPHS partner organizations align and coordinate their efforts to diagnose and investigate health hazards and health problems?

Discussion Items 2.4.2

2.4.2 The discussion should focus on how well the SPHS partner organizations align and coordinate efforts to support diagnosis and investigation.

Does the SPHS:

- Align their strategic plans and coordinate technological resources to improve system performance in diagnosing and investigation?
- Utilize the leadership of the state public health agency?
  > Does the state public health agency work collaboratively, provide leadership, invest in professional expertise, and promote evidence-based solutions?

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Question 2.4.3

2.4.3 How well do SPHS partner organizations collectively have the professional expertise to identify and analyze public health threats and hazards?

Discussion Items 2.4.3

2.4.3 The discussion should focus on to what extent the SPHS partner organizations have the professional expertise to identify and analyze public health threats.

Is the SPHS partner organizations’ workforce:

- Skilled in detecting and investigating health problems?
- Sufficiently staffed to carry out diagnosis and investigation activities?

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### Summary Notes

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

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

What’s going on in our state?
Do we know our health status?

This service includes:
• Health information, health education, and health promotion activities designed to reduce health risk and promote better health.
• Health communication plans and activities such as media advocacy, social marketing, and risk communication.
• Accessible health information and educational resources.
• Partnerships with schools, faith communities, work sites, personal care providers, and others to implement and reinforce health education and health promotion programs and messages.

System partner organizations involved in activities related to Essential Service 3 may include, but are not limited to:
• State government agencies with public health responsibilities.
• Hospitals, physicians, nurses, and other healthcare providers engaged in health education.
• Not-for-profit statewide health associations concerned with education around specific health conditions.
• Local public health system partner organizations engaged in community health promotion.
• Universities or other academic institutions.
• Public health institutes.
• Health insurers and foundations that fund health projects.
• Health communications professionals.
• Other.

As you apply the following model standards and questions to your state’s public health system, keep in mind that there may be different levels of
partner participation for each activity (e.g., for some activities, the state health agency or one partner organization may take the lead for the state, while other activities may require active engagement from multiple partner organizations).

Model Standard 3.1: Planning and Implementation

The partner organizations in the SPHS actively create, communicate, and deliver health information and preventive health programs and services using customer-centered and science-based strategies to protect and promote the health of diverse populations. Partner organizations support SPHS health improvement objectives and respond to public health issues with health communication and health education and promotion interventions that are based on the best available evidence of effectiveness in helping people make healthy choices throughout their lives. The National Prevention Strategy is used by partner organizations as a blueprint for a comprehensive approach to prevention within the state. SPHS partner organizations are committed to working collaboratively to prevent chronic disease in the state’s population now and, by doing so, reduce the pain, suffering, and costs associated with the treatment of chronic diseases later. SPHS partner organization activities recognize the social determinants of health and use prevention programs to focus on reducing and eliminating health disparities in at-risk populations.

Health education is extensively used to convey information to individuals and groups about steps that they can take to improve their health (e.g., information to motivate smokers to enter smoking cessation programs). Health promotion is conducted by SPHS partner organizations as a concerted effort to influence political, regulatory, educational, and civic processes to create living conditions conducive to better health (e.g., an approach that combines clean air laws, smoke-free workplaces, enforcement of laws prohibiting tobacco sales to minors, smoking cessation programs, etc.).

The state’s population understands and uses timely health information to protect and promote their personal health and the health of their families and communities. Health communications are culturally and linguistically appropriate and are delivered through multiple media channels to enhance their effectiveness and reach into high risk populations.

Many partner organizations within the state public health system conduct activities designed to inform and educate people about health issues. To maximize effectiveness of health messages and health promotion, organizational work is coordinated among governmental, private, and voluntary sector organizations, including state and local health departments, state agencies with public health functions, educational organizations, healthcare providers, insurers, foundations, associations working to reduce risks for certain diseases, and consumer groups targeted to receive health messages.

Effective health education, promotion, and communication results in a knowledgeable population that can act to reduce health risks associated with chronic disease, infectious disease, and injuries.
To accomplish these results, the partner organizations in the SPHS:

- Implement health education programs and services to help meet the state’s health improvement objectives and promote healthy behaviors.
- Implement health promotion initiatives and programs to help meet the state’s health improvement objectives, reduce risks, and promote better health.
- Design and implement health communications to reach wide and diverse audiences with information that enables people to make healthy choices.
- Maintain an effective emergency communications capacity to ensure rapid communications response in the event of a crisis.

**Question 3.1.1**

3.1.1 How well do SPHS partner organizations implement health education programs and services designed to promote healthy behaviors?

**Discussion Items 3.1.1**

3.1.1 The discussion should focus on how the SPHS partner organizations implement health education programs and services.

Do the SPHS programs and services:

- Have a sound basis in theory, evidence of effectiveness, best practice, and/or consider National Prevention Strategy recommendations?
- Address priorities and objectives in the state health improvement plan?
- Identify at-risk populations and reach diverse target populations with higher risk of illness?
- Emphasize health behaviors?
- Get carried out collaboratively?

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**Question 3.1.2**

3.1.2 How well do SPHS partner organizations implement health promotion initiatives and programs designed to reduce health risks and promote better health?

**Discussion Items 3.1.2**

3.1.2 The discussion should focus on how the SPHS partner organizations implement health promotion initiatives and programs.
Do the SPHS promotion initiatives:

- Have a sound basis in theory, evidence of effectiveness, and/or best practice?
- Use recommendations in the National Prevention Strategy and/or the Guide to Community Preventive Services?
- Focus on understanding the social determinants of health?
- Accomplish state health improvement objectives and priorities?
- Allow modifications by local public health systems?
- Advocate for social, economic, and/or environmental changes?
- Include expertise of multidisciplinary teams and get carried out collaboratively?

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Question 3.1.3

3.1.3 How well do SPHS partner organizations implement health communications designed to enable people to make healthy choices?

Discussion Items 3.1.3

3.1.3 The discussion should focus on how the SPHS partner organizations implement health communications.

Do the SPHS communications:

- Have a basis in established health communication theories and best practices?
- Comply with statewide policies for creating, sharing, and disseminating effective health messages?
- Use a coordinated media strategy, taking advantage of multiple channels for dissemination of health information?
- Focus on understanding the target population?
- Deliver targeted public health messages and materials to at-risk populations with content and materials that are culturally and linguistically appropriate?

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Question 3.1.4

3.1.4  How well do SPHS partner organizations maintain a crisis communications plan to be used in the event of an emergency?

Discussion Items 3.1.4

3.1.4  The discussion should focus on how the SPHS partner organizations maintain a crisis communications plan.

Does the SPHS emergency communications plan include:

- Responsibilities for emergency communications teams established in accordance with National Incident Management System?
- Policies and procedures to coordinate communications with state and local emergency management agencies and disseminate information among partners and the public?
- Adequate resources to ensure rapid communications response, such as redundant communication devices and trained staff (e.g., Health Alert Network)?
- Content for different types of emergencies and content targeted to different audiences?
- Use of risk communication principles in developing health communication messages?

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Model Standard 3.2 (15 min)

- Read the model standard or consider using the annotated description (see box below).
- Briefly discuss the number of questions for this section (two questions total).

Model Standard 3.2: State-Local Relationships

The partner organizations in the SPHS work with local public health systems to provide assistance, capacity building, and resources for local efforts to inform, educate, and empower people about health issues. Many SPHS partner organizations support local agencies to carry out their mission locally, including, but not limited to, the state public health agency, the state hospital association, the state mental health and substance abuse agency, the state heart association, the state United Way, and the state Red Cross. Each of these statewide organizations is active in support of its local members or counterparts, who are themselves partners in local public health systems. Results of good state-local relationships are increased cooperation with local public health systems to plan and implement effective health education, health promotion, and health communication activities.

To accomplish these results, the partner organizations in the SPHS:

- Provide technical assistance to develop skills and strategies for effective local health communication, health education, and health promotion interventions.
- Support and assist local public health systems in developing effective emergency communication capabilities.
Question 3.2.1
3.2.1 How well do statewide SPHS partner organizations provide technical assistance to local public health systems (through consultations, training, and/or policy changes) to develop skills and strategies to conduct health communication, health education, and health promotion?

Discussion Items 3.2.1
3.2.1 The discussion should focus on how the SPHS partner organizations provide technical assistance to local public health systems to develop skills and strategies to conduct health communication, education, and promotion.

Does the SPHS assistance include:

- Selecting, planning, and implementing health education and health promotion services using recommendations such as those from The Community Guide to Preventive Services?
- Using evidence of effectiveness to select health communication resources?
- Evaluating health communication, health education, and promotion resources?
- Using social marketing techniques to develop health promotion initiatives?
- Targeting populations at high risk of poor health?

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Question 3.2.2
3.2.2 How well do statewide SPHS partner organizations support and assist local public health systems in developing effective emergency communications capabilities?

Discussion Items 3.2.2
3.2.2 The discussion should focus on how the SPHS partner organizations support and assist local public health systems in developing emergency communications capabilities.

Does the SPHS support and assistance address:

- Development of emergency communications plans that can be used in different types of emergencies?
- Policies and procedures for linking with state emergency communications plans?
FACILITATOR GUIDANCE

- Vote on question 3.2.2.
- If the group is concerned about the final vote, encourage more discussion and re-vote OR discuss their concerns and have the note-taker capture those concerns.

Model Standard 3.3 (15 min)
- Read the model standard or consider using the annotated description (see box below).
- Briefly discuss the number of questions for this section (two questions total).

MODEL STANDARD 3.3
ANNOTATED DESCRIPTION

This model standard focuses on the extent to which “our system” reviews the effectiveness of our health promotion, health education, and health communication efforts. This model standard also focuses on how well “our system” works together to improve the collective performance of our interventions and communications efforts.

- Ask the first question.
- Use the discussion items, as appropriate.
- Engage the group in a brief discussion.

- Rapid communications response, including the use of a Health Alert Network, redundant communications, and communications surge capacity?
- Training new and current staff in crisis/emergency communications?
- Applying risk communication principles in developing health communication messages?

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Model Standard 3.3: Performance Management and Quality Improvement

The partner organizations in the SPHS review the effectiveness of their performance in informing, educating, and empowering people about health issues. SPHS partner organizations actively use the information from these reviews to continuously improve the quality of their efforts. System-wide collaborative approaches for review, evaluation, and performance management are essential to improve health education, health promotion, and health communications activities. In their efforts to measure and improve performance, SPHS partner organizations use performance management approaches in their respective organizations and contribute to collective SPHS activities to measure progress in system-wide performance. Active improvement processes based on rigorous reviews of SPHS performance produce more effective efforts to create an environment in which people can live healthy lives.

To accomplish these results, the partner organizations in the SPHS:

- Review the effectiveness and appropriateness of their health communication, health education, and health promotion services.
- Manage the overall performance of SPHS activities to inform, educate, and empower people about health issues for the purpose of quality improvement.

Question 3.3.1

3.3.1 How well do SPHS partner organizations periodically review the effectiveness of health communication, health education, and health promotion services?

Discussion Items 3.3.1

3.3.1 The discussion should focus on how the SPHS partner organizations review the effectiveness of health communication, education, and promotion services.
Do the SPHS reviews:

- Assure that content of health messages is accurate and current?
- Assess the effectiveness and appropriateness of the programs and interventions?
- Include the participation of the populations served by health education and health promotion efforts?
- Assess the effectiveness of efforts to target special populations with culturally and linguistically appropriate resource materials?
- Assess the effectiveness of media strategy(s) and other means of distributing health messages?

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**Question 3.3.2**

3.3.2 How well do SPHS partner organizations actively manage and improve their collective performance to inform, educate, and empower people about health issues?

**Discussion Items 3.3.2**

3.3.2 The discussion should focus on how the SPHS partner organizations manage and improve their performance to inform, educate, and empower people about health issues.

Does the SPHS performance management process:

- Use relevant standards or benchmarks to establish system-wide expectations for informing, educating, and empowering people about health issues?
- Measure performance and report on progress?
- Conduct ongoing quality improvement activities using performance information?

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Model Standard 3.4: Public Health Capacity and Resources

SPHS partner organizations effectively invest in and utilize human, technology, information, organizational, and financial resources to inform, educate, and empower people about health issues. Coordinated use of system assets is grounded in the alignment of organizational strategic plans around collective efforts in health education, promotion, and communication. The state public health agency enhances the capacity of the SPHS by its leadership activities in this service. The workforce of SPHS partner organizations coordinates collective system-wide activities. These investments in informing and educating people by all SPHS partner organizations are essential for a well-functioning system capable of empowering people to gain knowledge and act to reduce their health risks.

To accomplish these results, the partner organizations in the SPHS:

• Commit adequate financial resources to informing, educating, and empowering people about health issues.
• Align organizational relationships to focus statewide assets on health communication and health education and promotion services.
• Use a competent workforce skilled in developing and implementing health communication and health education and promotion interventions.

Question 3.4.1

3.4.1 How well do SPHS partner organizations work together to commit financial resources to health communication, health education, and health promotion efforts?

Discussion Items 3.4.1

3.4.1 The discussion should focus on how the SPHS partner organizations commit financial resources to health communication, education, and promotion efforts.

Does the SPHS:

• Allocate existing resources, seek new resources, and share financial resources to invest in workforce development?
**Question 3.4.2**

3.4.2 How well do SPHS partner organizations align and coordinate their efforts to implement health communication, health education, and health promotion services?

**Discussion Items 3.4.2**

3.4.2 The discussion should focus on how the SPHS partner organizations align and coordinate efforts to implement health communication, education, and promotion services.

Does the SPHS:

- Align their strategic plans and coordinate technological resources to improve system performance in informing, educating, and empowering people about health issues?
- Utilize the leadership of the state public health agency?
  - Does the state public health agency work collaboratively, provide leadership, invest in professional expertise, and promote evidence-based solutions?

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**Question 3.4.3**

3.4.3 How well do SPHS partner organizations collectively have the professional expertise to carry out effective health communication, health education, and health promotion services?

**Discussion Items 3.4.3**

3.4.3 The discussion should focus on whether the SPHS partner organizations have the professional expertise to carry out effective health communications, education, and promotion services.

Is the SPHS partner organizations’ workforce:

- Skilled in health education, promotion, and communication?
- Sufficiently staffed to carry out efforts to inform, educate, and empower the public?

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### Summary Notes

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

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

What’s going on in our state?
Are we engaging all possible partners?

This service includes:

• The building of a statewide partnership to collaborate in the performance of public health functions and essential services in an effort to utilize the full range of available human and material resources to improve the state’s health status.

• The leadership and organizational skills to convene statewide partners (including those not typically considered to be health-related) to identify public health priorities and create effective solutions to solve state and local health problems.

• Assistance to partners and communities to organize and undertake actions to improve the health of the state’s communities.

System partner organizations involved in activities related to Essential Service 4 may include, but are not limited to:

• State government agencies with public health responsibilities.
• Physicians, nurses, and other personal healthcare providers.
• Hospitals and other healthcare facilities.
• Local health departments and other public health system organizations.
• Health insurers.
• Universities or other academic institutions.
• Public health institutes.
• Public, private, and voluntary organizations involved in statewide and local health improvement activities, including faith-based organizations.
• Business and labor leaders.
• Environmental health organizations.
Model Standard 4.1: Planning and Implementation

The partner organizations in the SPHS conduct a variety of community engagement practices to build and expand statewide partnership alliances. Partnership relationships are built and sustained by mutual interest in improving the health of the state’s population and in increasing the effectiveness of collective actions designed to improve health. Leaders in the sponsoring organizations recognize the value in collaborative efforts and carry out a vision of inclusion of stakeholders from public, private, and voluntary sectors in the state. Collaborative relationships take tangible forms in task forces, problem-specific coalitions, and ongoing sustained partnerships. The active presence of a formal state public health system partnership that identifies and solves health problems is potentially the most far-reaching of these practices.

A wide variety of SPHS partner organizations are actively engaged in task forces, coalitions, and partnerships, including state governmental agencies, local governmental agencies, private sector organizations, and not-for profit organizations. All of these multi-sector groups come together around issues of importance to their organizations and the well-being of the state’s population.

Mobilizing effective multi-sector partnerships can produce a number of important results. Greater awareness and understanding of health and public health system problems can help to build a constituency for public health and shared ownership of statewide solutions to those problems. Collective action by many organizations is often necessary to solve difficult problems, and partnership activities can be a powerful driving force for joint assessment, planning, advocacy, and implementation.

To accomplish these results, the partner organizations in the SPHS:

- Engage and convene organizations into task forces and coalitions to address health problems in the state and build statewide support for solutions.
- Organize partnerships for public health to foster the development of state health needs assessments and improvement plans, the sharing of resources and responsibilities, collaborative decision-making, and accountability for delivering EPHS at the state and local levels.
Question 4.1.1

4.1.1 How well do SPHS partner organizations mobilize task forces, ad hoc study groups, and coalitions to build statewide support for public health issues?

Discussion Items 4.1.1

4.1.1 The discussion should focus on how the SPHS partner organizations build statewide support for public health issues.

Do SPHS partner organizations:

- Form task forces and coalitions for a wide scope of statewide health issues?
- Identify new and existing partners for specific health concerns?
- Develop a shared understanding of the social determinants of health and risk factors associated with health problems?
- Maintain linkages with stakeholders to facilitate communication and optimize resource sharing?
- Regularly communicate with stakeholders about priority health issues?
- Implement joint efforts to strengthen public health resources at the state and local level?
- Use collaborative processes to brief state and local elected officials on priority health issues?

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Question 4.1.2

4.1.2 How well do SPHS partner organizations organize formal sustained partnerships to identify and to solve health problems?

Discussion Items 4.1.2

4.1.2 The discussion should focus on how the SPHS partner organizations formalize sustained partnerships.

Do these partnerships:

- Conduct collaborative decision-making and action?
- Develop a state health needs assessment (see PHAB Measure 1.1.2)?
- Develop a state health improvement plan (see PHAB Measures 5.1.1 and 5.1.2)?
- Maximize resources to deliver the Essential Public Health Services?
- Collaborate with a broad representation of partners?

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Model Standard 4.2: State-Local Relationships

The partner organizations in the SPHS engage in robust partnerships with local public health systems to provide technical assistance, capacity building, and resources for local community partnership development. Many SPHS partner organizations support local agencies to carry out their mission locally, including, but not limited to, the state public health agency, the state hospital association, the state mental health and substance abuse agency, the state heart association, the state United Way, and the state Red Cross. Each of these statewide organizations is active in support of its local members, who are themselves partners in local public health systems. Results of good state-local relationships are increasingly effective local collaborations and partnerships focused on improved community health.

To accomplish these results, the partner organizations in the SPHS:

• Assist local public health systems to build competencies in community development, advocacy, collaborative leadership, and partnership management.
• Provide incentives for local partnership development.

Question 4.2.1

4.2.1 How well do statewide SPHS partner organizations provide assistance (through consultations and/or trainings) to local public health systems to build partnerships for community health improvement?

Discussion Items 4.2.1

4.2.1 The discussion should focus on how the SPHS partner organizations provide assistance to local public health systems to build partnerships.

Is assistance provided in:

• Effective community (economic and infrastructure) development models?
• Constituency and advocacy development?
• Coalition building and maintenance?
• Media relations?
• Collaborative leadership?

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Question 4.2.2

4.2.2 How well do statewide SPHS partner organizations provide incentives for broad-based local public health system partnerships (instead of only single-issue task forces) through grant requirements, financial incentives, and/or resource sharing?

Discussion Items 4.2.2

4.2.2 The discussion should focus on how the SPHS partner organizations provide incentives for local public health systems partnerships.

Is assistance provided through:

- Grant requirements?
- Financial incentives and/or resource sharing?

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Model Standard 4.3: Performance Management and Quality Improvement

The partner organizations in the SPHS review the effectiveness of their performance in mobilizing partnerships. Members of the SPHS actively use the information from these reviews to continuously improve the quality of their partnership efforts. System-wide collaborative approaches for review, evaluation, and performance management are essential to improve partnership development. In their efforts to measure and improve performance, SPHS partner organizations use performance management approaches in their respective organizations and contribute to collective SPHS activities to measure progress in system-wide performance. Active improvement processes based on rigorous reviews of SPHS performance produce more active and effective engagement of organizations within the SPHS and a better collective effort to improve health and the public health system.

To accomplish these results, the partner organizations in the SPHS:

- Review the effectiveness of their partnership efforts.
- Manage the overall performance of their partnership activities for the purpose of quality improvement.
Question 4.3.1

4.3.1 How well do SPHS partner organizations review their partnership development activities?

Discussion Items 4.3.1

4.3.1 The discussion should focus on how the SPHS partner organizations review their partnership development activities.

Do these reviews examine:

- The content of health messages to assure they are accurate and current?
- The participation and commitment of its policy leaders and systems partners (see PHAB Measure 4.1.2 for scope of participation)?
- The effectiveness of partnership participation in solving health problems?
- The satisfaction of constituents with SPHS efforts?
- The breadth of understanding of partnership members?

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Question 4.3.2

4.3.2 How well do SPHS partner organizations actively manage and improve their collective performance in partnership activities?

Discussion Items 4.3.2

4.3.2 The discussion should focus on how the SPHS partner organizations manage and improve their performance in partnership activities.

Does the SPHS performance management process:

- Use relevant standards to establish system-wide expectations for partnership efforts?
- Measure performance and report on progress of partner organizations?
- Conduct ongoing quality improvement activities?

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Model Standard 4.4: Public Health Capacity and Resources

The partner organizations in the SPHS effectively invest in and utilize human, information, technology, organizational, and financial resources to assure that their partnership mobilization efforts meet the needs of the state’s population. Coordinated use of system assets is grounded in the alignment of organizational strategic plans around collective efforts in working within partnerships. The state public health agency enhances the capacity of the SPHS by its leadership in this service. The workforce of SPHS partner organizations coordinates collective system-wide activities. These investments by all SPHS partner organizations in statewide engagement and mobilization efforts are essential for a well-functioning system capable of carrying out and improving collective action to improve health through partnerships.

To accomplish these results, the partner organizations in the SPHS:

- Commit adequate financial resources to sustain partnerships and support their actions.
- Align organizational relationships to focus statewide assets on partnerships.
- Use a workforce skilled in assisting partners to organize and act on behalf of the health of the public.

Question 4.4.1

4.4.1 How well do SPHS partner organizations commit financial resources to sustain partnerships?

Discussion Items 4.4.1

4.4.1 The discussion should focus on how the SPHS partner organizations commit financial resources to sustain partnerships.

Does the SPHS:

- Allocate existing resources, seek new resources, and share financial resources to sustain partnerships?
**Question 4.4.2**

4.4.2 How well do SPHS partner organizations align and coordinate their efforts to mobilize partnerships?

**Discussion Items 4.4.2**

4.4.2 The discussion should focus on how the SPHS partner organizations align and coordinate efforts to mobilize partnerships.

Does the SPHS:

- Align their strategic plans and coordinate technological resources to improve system performance in workforce development?
- Work toward partnership growth by incorporating new partners?
- Utilize the active role of the state public health agency in mobilizing partnerships?

> Does the state public health agency work collaboratively, provide leadership, invest in professional expertise, and promote evidence-based solutions?

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**Question 4.4.3**

4.4.3 How well do SPHS partner organizations collectively have the professional expertise to carry out partnership development activities?

**Discussion Items 4.4.3**

4.4.3 The discussion should focus on how the SPHS partner organizations have the expertise to carry out partnership development activities.

Is the SPHS workforce:

- Skilled in collaborative group processes?
- Sufficiently staffed to carry out partnership development activities?

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

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SPHS Essential Service 5:

Develop Policies and Plans that Support Individual and Statewide Health Efforts

What’s going on in our state?
Do we support all health efforts?

This service includes:

- Systematic health planning that relies on appropriate data, develops and tracks measurable health objectives, and establishes strategies and actions to guide health improvement at the state and local levels.
- Development of legislation, codes, rules, regulations, ordinances, and other policies to enable performance of the EPHS, supporting individual, community, and state health efforts.
- The process of dialogue, advocacy, and debate among groups affected by the proposed health plans and policies prior to adoption of such plans or policies.

System partner organizations involved in activities related to Essential Service 5 may include, but are not limited to:

- State health department and other state government agencies with public health responsibilities.
- Physicians, nurses, and other personal healthcare providers.
- Hospitals and other healthcare facilities.
- Local health departments and other local public health system organizations.
- Universities or other academic institutions.
- Public health institutes.
- State emergency management agency.
- Voluntary health associations.
- Organizations that address the social determinants of health (e.g., education, housing, transportation, faith community, etc.).
Model Standard 5.1: Planning and Implementation

The partner organizations in the SPHS work collaboratively to conduct comprehensive and strategic health improvement planning and policy development. Planning processes integrate health status information, public input and communication, analysis of policy options, and recommendations for action based on the best evidence. Planning and policy development activities are conducted by collaborative SPHS groups for disease-specific or issue-oriented problems, such as HIV prevention planning, planning for improvement of physical activity levels, and implementation of health reform programs in the state. SPHS partner organizations use the results of these statewide collaborative processes and develop a state health improvement plan that outlines broad overall health and public health system priorities of the SPHS. The state health improvement plan also uses the state health needs assessment and the results of systems assessments (such as this NPHPS assessment) to develop its overall blueprint for collective action to improve health and systems performance at the state level. All-hazards plans for statewide emergency preparedness are developed and implemented using similar collaborations with SPHS partner organizations. Policy development is prompted by issue-oriented collaborative groups or statewide improvement plans; policy development actively involves partner organizations in communication and advocacy for new laws or regulations that will improve population health.

All SPHS partner organizations participate in policy and planning activities in the state. Leadership to convene collaborative groups for planning and policy development is dispersed but coordinated across the system, enabling any SPHS partner organizations to convene planning and policy groups to consider important health system topics. Public, private, and voluntary agencies are included in planning and policy processes and their implementation.

Multi-sector approaches to planning and policy development result in greater acceptability of plans and policy proposals and broader collective responsibility for implementation. Strategic plans developed by SPHS partner organizations recognize and address their role in implementing

General discussion (10 min)
- Ask participants to discuss what and how we are doing across the state related to policy development and planning.
- Remind the group about the focus on the system.
- Summarize key points from discussion and get group excited about addressing questions.

Model Standard 5.1 (30 min)
- Read the model standard or consider using the annotated description (see box below).
- Briefly discuss the number of questions for this section (four questions total).

MODEL STANDARD 5.1 ANNOTATED DESCRIPTION
This model standard focuses on the extent to which we, as a system, engage in collaborative improvement planning processes.
This model standard also focuses on the development of our state health improvement plan as well as emergency response plans and protocols. Additionally, the model includes our work in health policy development throughout the state.
broad strategies outlined in the state health improvement plan. This alignment of partners’ organizational strategic plans and the SPHS state health improvement plan provides a powerful foundation for statewide implementation of policy and plan objectives to improve public health performance and the health of the state’s population.

To accomplish these results, the partner organizations in the SPHS:

- Develop statewide health improvement processes that convene partners for collaborative planning and implementation of needed improvements in the public health system.
- Produce a state health improvement plan(s) that outlines strategic directions for statewide improvements in health promotion, disease prevention, and response to emerging public health problems.
- Establish and maintain system-wide emergency response capacity, plans, and protocols for all-hazards, addressing multiagency coordination and readiness.
- Engage in health policy development activities and take necessary actions to communicate and advocate for policies that affect the public’s health.

**Question 5.1.1**

5.1.1 How well do SPHS partner organizations implement statewide health improvement processes that convene partners and facilitate collaboration among organizations to improve health and the public health system?

**Discussion Items 5.1.1**

5.1.1 The discussion should focus on how the SPHS partner organizations implement statewide health improvement processes.

Do participants in planning processes:

- Include state and community-level leaders as well as populations affected by health improvement efforts?
- Review health data about the problem?
- Consider evidence of best practices in designing implementation options?
- Identify statewide health improvement priorities, recommend measurable objectives, and propose collaborative approaches to accomplish the objectives?

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Question 5.1.2

5.1.2 How well do SPHS partner organizations develop one or more state health improvement plan(s) to guide their collective efforts to improve health and the public health system?

Discussion Items 5.1.2

5.1.2 The discussion should focus on how the SPHS partner organizations develop health improvement plan(s).

Does the state health improvement plan:

- Use the data and information from state health profiles and the state health needs assessment about the prevailing health of the state’s population?
- Set priorities from the problems identified in assessments of health status and the performance of the state public health system?
- Include strategic health improvement goals, objectives, and strategies for the state?
- Do these objectives and strategies specify measurable indicators used to monitor progress toward achievement of health objectives?

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Question 5.1.3

5.1.3 How well do SPHS partner organizations have in place an all-hazards preparedness plan to guide their activities to protect the state’s population in the event of an emergency?

Discussion Items 5.1.3

5.1.3 The discussion should focus on how the SPHS partner organizations have in place an all-hazards preparedness plan.

Does the all-hazards preparedness plan:

- Align system-wide interdisciplinary planning and implementation of a public health response?
- Identify objectives and strategies and address systems changes to improve the readiness of public health in responding to emergency and disaster situations?
- Specify operational responsibilities for state, local, public, and private organizations in the event of an emergency?

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Question 5.1.4

5.1.4 How well do SPHS partner organizations conduct policy development activities?

Discussion Items 5.1.4

5.1.4 The discussion should focus on how the SPHS partner organizations conduct policy development activities.

Do SPHS partner organizations:

- Convene interested stakeholders into collaborative groups to address policy issues of mutual interest?
- Identify policy changes needed to improve the public’s health?
- Carry out public communications as they develop policy recommendations?

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Model Standard 5.2: State-Local Relationships

SPHS partner organizations work with local public health systems to provide assistance, capacity building, and resources for their efforts to develop local policies and plans that support individual and statewide health efforts. Many SPHS partner organizations support local agencies to carry out their mission locally, including, but not limited to, the state public health agency, the state hospital association, the state mental health and substance abuse agency, the state heart association, the state United Way, and the state Red Cross. Each of these statewide organizations is active in support of its local members, who are themselves partners in local public health systems. Results of good state-local relationships in planning and policy development are increased awareness of local and state health priorities and more coordination of state and local planning processes. This coordination produces more effective plan implementation based in collaborative state and local action.

To accomplish these results, the partner organizations in the SPHS:

- Provide technical assistance and training to local public health systems in the development of community health improvement plans, including assistance in the linking of local plans to the state health improvement plan.
- Provide assistance to local public health systems in the development of local all-hazards preparedness plans.
- Provide technical assistance and support for conducting local health policy development.
Question 5.2.1

5.2.1  How well do SPHS partner organizations provide technical assistance and training to local public health systems for developing community health improvement plans?

Discussion Items 5.2.1

5.2.1  The discussion should focus on how the SPHS partner organizations provide technical assistance and training to local public health systems in developing community health improvement plans.

Does this technical assistance address:

- Training in the use of health planning models such as APEXPH (Assessment Protocol for Excellence in Public Health) and MAPP (Mobilizing for Action Through Planning and Partnerships)?
- Use of local health data to determine health priorities and objectives?
- Selecting and using effective intervention strategies for addressing local health priorities and objectives?
- Mobilizing communities to implement improvements outlined in the plans?
- Approaches for integrating health issues and improvement strategies into other local community development or planning initiatives?
- Support for linking community health improvement plans to state health improvement plans?

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Question 5.2.2

5.2.2  How well do SPHS partner organizations provide technical assistance in the development of local all-hazards preparedness plans for responding to emergency situations?

Discussion Items 5.2.2

5.2.2  The discussion should focus on how the SPHS partner organizations provide technical assistance to local public health systems in the development of local all-hazard preparedness plans.

Does this technical assistance address:

- Continuity of operations?
- Written agreements to assure joint planning, mutual aid, and coordinated response?
- Clear definition of state and local roles and responsibilities?
FACILITATOR GUIDANCE

• Vote on question 5.2.2.
• If the group is concerned about the final vote, encourage more discussion and re-vote OR discuss their concerns and have the note-taker capture those concerns.

• Ask the third question.

• Use the discussion items, as appropriate.
• Engage the group in a brief discussion.

• Vote on question 5.2.3.
• If the group is concerned about the final vote, encourage more discussion and re-vote OR discuss their concerns and have the note-taker capture those concerns.

- Managing across organizational structures during an event?
- Methods for deploying local assets during an emergency event?
- Training in the National Incident Management System?

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Question 5.2.3

5.2.3 How well do SPHS partner organizations provide technical assistance in local health policy development?

Discussion Items 5.2.3

5.2.3 The discussion should focus on how the SPHS partner organizations provide technical assistance in local health policy development.

Does this assistance address:

- Using health data in policy development, analyzing policy options, and obtaining public input?
- Developing policies based on proven interventions?
- Informing policymakers of policy issues?
- Drafting rules, regulations, or ordinances needed to protect and promote the health of the public?
- Developing systems linkages between public health and the healthcare system?

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Model Standard 5.3: Performance Management and Quality Improvement

The partner organizations in the SPHS review the effectiveness of their performance in policy development and planning. SPHS partner organizations actively use the information from these reviews to continuously improve the quality of policy and planning activities in supporting individual and statewide health efforts. System-wide collaborative approaches for review, evaluation, and performance management are essential to improve planning and policy development. In their efforts to measure and improve performance, SPHS partner organizations use performance management approaches in their respective organizations and contribute to collective SPHS activities to measure progress in system-wide performance. Active improvement processes based on rigorous reviews of SPHS performance produce more informed, relevant, and collaborative plans and policies that are the basis for collective action by SPHS partner organizations.

To accomplish these results, the partner organizations in the SPHS:

- Regularly monitor the state’s progress toward accomplishing its health improvement objectives.
- Review new and existing policies to determine their public health impact.
- Conduct exercises and drills to test preparedness response capacity as outlined in the state’s all-hazards preparedness plan.
- Manage the overall performance of its policy and planning activities for the purpose of quality improvement.

Question 5.3.1

5.3.1 How well do SPHS partner organizations review progress toward accomplishing health improvement across the state?

Discussion Items 5.3.1

5.3.1 The discussion should focus on how the SPHS partner organizations review progress toward accomplishing health improvement.

Does the SPHS:

- Report annually on actions taken to implement the state’s health improvement plan and report progress in meeting the objectives at least every three to five years?

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- Ask the first question.
- Use the discussion items, as appropriate.
- Engage the group in a brief discussion.
- Vote on question 5.3.1.
- If the group is concerned about the final vote, encourage more discussion and re-vote OR discuss their concerns and have the note-taker capture those concerns.
**Question 5.3.2**

5.3.2 How well do SPHS partner organizations review new and existing policies to determine their public health impacts (e.g., using a Health in All Policies impact assessment approach)?

**Discussion Items 5.3.2**

5.3.2 The discussion should focus on how the SPHS partner organizations review new and existing policies to determine their impacts.

Does the SPHS:

- Inform policymakers and the public of the impact arising from implementation of those objectives?

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**Question 5.3.3**

5.3.3 How well do SPHS partner organizations conduct formal exercises and drills of the procedures and protocols linked to its all-hazards preparedness plan and make adjustments based on the results?

**Discussion Items 5.3.3**

5.3.3 The discussion should focus on how the SPHS partner organizations conduct exercises and drills on the all-hazards preparedness plan.

Does the SPHS:

- Review their ability to carry out activities outlined in the all-hazards preparedness plan on a regular basis?

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Question 5.3.4

5.3.4 How well do SPHS partner organizations actively manage and improve their collective performance in statewide planning and policy development?

Discussion Items 5.3.4

5.3.4 The discussion should focus on how the SPHS partner organizations manage and improve their performance in planning and policy development.

Does the SPHS:

- Use relevant standards to establish expectations for partnership efforts?
- Measure performance and report on progress?
- Conduct ongoing quality improvement activities?

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Model Standard 5.4: Public Health Capacity and Resources

SPHS partner organizations effectively invest in and utilize their human, information, technology, organizational, and financial resources to assure that their health planning and policy practices meet the needs of the state’s population. Coordinated use of system assets is grounded in the alignment of organizational strategic plans around collective efforts in developing and implementing the statewide improvement plans. The state public health agency enhances the capacity of the SPHS by its leadership in this service. The workforce of SPHS partner organizations coordinates collective system-wide activities. These investments in effective and collaborative planning and policy development by all SPHS partner organizations are essential in a well-functioning system capable of setting priorities, designing strategies, and making improvements in their public health system collectively.

To accomplish these results, the partner organizations in the SPHS:

- Commit adequate financial resources to develop and implement health policies and plans.
- Align organizational relationships to focus statewide assets on health planning and policy development.
- Use the skills of the SPHS workforce in health improvement planning and in health policy development.
Question 5.4.1

5.4.1 How well do SPHS partner organizations work together to commit financial resources to health planning and policy development efforts?

Discussion Items 5.4.1

5.4.1 The discussion should focus on how the SPHS partner organizations work together to commit financial resources to health planning and policy development.

Does the SPHS:

- Allocate existing resources, seek new resources, and share financial resources to support planning and policy development?

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Question 5.4.2

5.4.2 How well do SPHS partner organizations align and coordinate their efforts to implement health planning and policy development?

Discussion Items 5.4.2

5.4.2 The discussion should focus on how the SPHS partner organizations align and coordinate efforts to implement health planning and policy development.

Does the SPHS:

- Align their strategic plans and coordinate technological resources to improve system performance in planning and policy development?
- Share information systems that provide data useful to planning and policy development?
- Utilize the active role of the state public health agency in mobilizing partnerships?
- Utilize the leadership of the state public health agency?
- Does the state public health agency work collaboratively, provide leadership, invest in professional expertise, and promote evidence-based solutions?

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Question 5.4.3

5.4.3 How well do SPHS partner organizations collectively have the professional expertise to carry out planning and policy development activities?

Discussion Items 5.4.3

5.4.3 The discussion should focus on to what extent the SPHS partner organizations have the professional expertise to carry out planning and policy development.

Is the SPHS partner organizations’ workforce:

- Skilled in health planning and health policy development?
- Sufficiently staffed to carry out planning and policy activities?

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

What’s going on in our state?
Do our laws keep us safe and healthy?

This service includes:

- The review, evaluation, and revision of laws (laws refers to all laws, regulations, statutes, ordinances, and codes) designed to protect health and ensure safety to assure that they reflect current scientific knowledge and best practices for achieving compliance.
- Education of persons and entities in the regulated environment to encourage compliance with laws designed to protect health and ensure safety.
- Enforcement activities of public health concern, including, but not limited to, enforcement of clean air and potable water standards; regulation of healthcare facilities; safety inspections of workplaces; review of new drug, biological, and medical device applications; enforcement activities occurring during emergency situations; and enforcement of laws governing the sale of alcohol and tobacco to minors, seat belt and child safety seat usage, and childhood immunizations.

System partner organizations involved in activities related to Essential Service 6 may include, but are not limited to:

- State government agencies with responsibilities to enforce laws that protect the public’s health.
- State legislative and executive branch agencies that make and enforce laws, including the office of the state attorney general.
- Private sector entities that must comply with laws, such as food and restaurant industries, entities involved in maintaining clear air and water, etc.
- Physicians, nurses and other providers of mandated services (e.g., vaccinations).
- Hospitals and other healthcare facilities.
General discussion (10 min)
• Ask participants to discuss what and how we are doing across the state related to enforcement.
• Remind the group about the focus on the system.
• Summarize key points from discussion and get group excited about addressing questions.

Model Standard 6.1 (20 min)
• Read the model standard or consider using the annotated description (see box below).
• Briefly discuss the number of questions for this section (four questions total).

Model Standard 6.1: Planning and Implementation
The partner organizations in the SPHS assure that laws and enforcement activities are based on current public health science and best practices for achieving compliance. Emergency powers are in place, providing state and local systems the ability to detect, manage, and contain emergency public health threats. SPHS partner organizations solicit input on reviewed laws from stakeholders, including legislators, legal advisors, and the general public, especially persons and entities in the relevant regulated environment. The SPHS partner organizations maintain cooperative relationships between those who enforce laws and those in the regulated environment. Education is provided to all those affected by public health laws to encourage compliance. Regulatory processes that carry out legal mandates are customer-centered and conducted openly and fairly.

Key participants in enforcing laws and regulations are government entities that are mandated to enforce laws that protect the public’s health (state and local public health, police, etc.) and the regulated entities that must comply with laws. Regulated entities include many organizations within the SPHS, such as hospitals, businesses, food establishments, schools, and members of the public. All have a responsibility to comply with public health and safety laws.

Laws based on current scientific knowledge about the best ways to protect the health of the population form a strong legal basis for both routine and emergency public health activities carried out within the SPHS. Universal compliance with and effective enforcement of public health laws and regulations will result in a safer, healthier environment in the state and a healthier population.

To accomplish these results, the partner organizations in the SPHS:

• Review and update existing and proposed state laws to assure laws have a sound basis in science and best practice.
• Review and update laws to assure appropriate emergency powers are in place.
• Foster cooperation among persons and entities in the regulated environment and persons and entities that enforce laws for the purpose of supporting compliance and ensuring that laws and regulations accomplish their health and safety purposes.
• Ensure that administrative processes, such as those for permits and licenses, are customer-centered for convenience, cost, and quality of service and are administered according to written guidelines.

**Question 6.1.1**

6.1.1 How well do SPHS partner organizations assure that existing and proposed state laws are designed to protect the public’s health and assure safety?

**Discussion Items 6.1.1**

6.1.1 The discussion should focus on how the SPHS partner organizations assure existing and proposed state laws are designed to protect the public.

Does the SPHS conduct legal reviews that:

• Address whether laws have a sound basis in current public health science and/or best practice for achieving compliance?
• Propose collaborative approaches for accomplishing objectives?
• Evaluate the intended and unintended impacts of enforcing laws, use input from key stakeholders, and result in advocacy to the appropriate legal body?

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**Question 6.1.2**

6.1.2 How well do SPHS partner organizations assure that laws give state and local authorities the power and ability to prevent, detect, manage, and contain emergency health threats?

**Discussion Items 6.1.2**

6.1.2 The discussion should focus on how the SPHS partner organizations assure that laws give state and local authorities the power to prevent, detect, manage, and contain health threats.

Do laws related to emergency powers:

• Align system-wide interdisciplinary planning and implementation of a public health response?
• Define the roles, responsibilities, and authority of the SPHS partners in responding to public health emergencies?
• Clearly define what constitutes a public health emergency and who has the authority to declare one?
• Require the development of a comprehensive public health emergency response plan and the participation of SPHS partners in its development?
FACILITATOR GUIDANCE

• Vote on question 6.1.2.
• If the group is concerned about the final vote, encourage more discussion and re-vote OR discuss their concerns and have the note-taker capture those concerns.

• Ask the third question.

• Use the discussion items, as appropriate.
• Engage the group in a brief discussion.

• Vote on question 6.1.3.
• If the group is concerned about the final vote, encourage more discussion and re-vote OR discuss their concerns and have the note-taker capture those concerns.

• Ask the fourth question.

• Use the discussion items, as appropriate.
• Engage the group in a brief discussion.

• Vote on question 6.1.4.
• If the group is concerned about the final vote, encourage more discussion and re-vote OR discuss their concerns and have the note-taker capture those concerns.

- Address whether the authority granted to public health officials includes all critical elements of the emergency response, including care and treatment of ill or exposed persons, isolation/quarantine, appropriation of property/resources, and liability protection for workers?

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**Question 6.1.3**

6.1.3 How well do SPHS partner organizations establish cooperative relationships between regulatory bodies and entities in the regulated environment to encourage compliance and assure that laws accomplish their health and safety purposes (e.g., the relationship between the state public health agency and hospitals)?

**Discussion Items 6.1.3**

6.1.3 The discussion should focus on to what extent the SPHS partner organizations have cooperative relationships between regulatory bodies and entities in the regulated environment to encourage compliance and assure laws accomplish their purposes.

Do these relationships:

• Support training to support compliance of laws?
• Foster dialogue about new research findings and/or promising new practices to improve the effectiveness of regulatory activities?

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**Question 6.1.4**

6.1.4 How well do SPHS partner organizations ensure that administrative processes are customer-centered (e.g., obtaining permits and licenses)?

**Discussion Items 6.1.4**

6.1.4 The discussion should focus on how the SPHS partner organizations ensure that processes are customer-centered (e.g., obtaining permits and licenses).

Are administrative processes:

• Offered at convenient times and locations, available through electronic processing, accompanied by user fees that balance affordability with sustainability, offered with directions for achieving compliance, and administered according to written guidelines?

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FACILITATOR GUIDANCE

Model Standard 6.2 (15 min)
- Read the model standard or consider using the annotated description (see box below).
- Briefly discuss the number of questions for this section (two questions total).

MODEL STANDARD 6.2 ANNOTATED DESCRIPTION

This model standard focuses on the extent to which we, as a system, provide technical assistance to local public health systems on current thinking and best practices for achieving compliance with enforcement efforts.

This section focuses on how well “our system” works together to assist local governing bodies in incorporating current scientific knowledge and best practices in local laws.

Model Standard 6.2: State-Local Relationships

SPHS partner organizations work with local public health systems to provide assistance, capacity building, and resources for local efforts to enforce laws that protect health and safety. Many SPHS partner organizations support local agencies to carry out their mission locally, including, but not limited to, the state public health agency, the state hospital association, the state mental health and substance abuse agency, the state heart association, the state United Way, and the state Red Cross. Each of these statewide organizations is active in support of its local members, who are themselves partners in local public health systems. Results of good state-local relationships are increased compliance with laws and better coordination of regulatory and enforcement efforts.

To accomplish these results, the partner organizations in the SPHS:

- Offer technical assistance to local public health systems based on current scientific knowledge and best practices for achieving compliance in both routine and complex enforcement operations.
- Assist local governing bodies to develop local laws that incorporate current scientific knowledge and best practices for achieving compliance.

**Question 6.2.1**

6.2.1 How well do SPHS partner organizations provide technical assistance and training to local public health systems on best practices in compliance and enforcement of laws that protect health and ensure safety?

**Discussion Items 6.2.1**

6.2.1 The discussion should focus on how the SPHS partner organizations provide technical assistance and training to local public health systems in compliance and enforcement of laws.

Does the technical assistance focus on:

- Educational methods for increasing compliance by local organizations?
- Enforcement of protocols that incorporate current scientific knowledge and best practices?
- Consultations in both routine enforcement situations and complex enforcement operations?
- Training to keep skills up to date?

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Question 6.2.2
6.2.2 How well do SPHS partner organizations assist local governing bodies in incorporating current scientific knowledge and best practices in local laws?

Discussion Items 6.2.2
6.2.2 The discussion should focus on how the SPHS partner organizations assist local governing bodies in incorporating current scientific knowledge and best practices in local laws.

Does the assistance focus on:
- Reviewing, improving, and modernizing local laws that incorporate current scientific knowledge and best practices?
- Ensuring local officials have the appropriate legal authority to prevent, detect, manage, and contain emergency health threats?

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Model Standard 6.3: Performance Management and Quality Improvement
The partner organizations in the SPHS review the effectiveness of their performance in complying with and enforcing laws that protect health and safety. SPHS partner organizations actively use the information from these reviews to continuously improve the quality of both compliance and enforcement efforts. System-wide collaborative approaches for review, evaluation, and performance management are essential to improve the legal basis for public health action and all the activities needed to assure compliance with laws and regulations. In their efforts to measure and improve system performance, SPHS partner organizations use performance management approaches in their respective organizations and contribute to collective SPHS activities to measure progress in system-wide performance. Active improvement processes based on rigorous reviews of SPHS performance produce more effective and efficient compliance and enforcement efforts and a healthier, safer population.

To accomplish these results, the partner organizations in the SPHS:
- Review the effectiveness of its laws and its compliance and enforcement activities, using resources such as the Model State Public Health Act and Model State Emergency Powers Act.
- Manage the overall performance of its compliance and enforcement activities for the purpose of quality improvement.
Facilitator Guidance

Question 6.3.1

6.3.1 How well do SPHS partner organizations review the effectiveness of their regulatory, compliance, and enforcement activities?

Discussion Items 6.3.1

6.3.1 The discussion should focus on how the SPHS partner organizations review the effectiveness of their regulatory, compliance, and enforcement activities.

Do these reviews address whether:

- Gaps in regulatory activities are addressed through new laws or administrative rules?
- Cooperative relationships with persons and entities in the regulated environment have resulted in improved compliance?
- State enforcement activities are appropriately coordinated with the enforcement at the local level and are performed professionally?

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Question 6.3.2

6.3.2 How well do SPHS partner organizations actively manage and improve their collective performance in legal, compliance, and enforcement activities?

Discussion Items 6.3.2

6.3.2 The discussion should focus on how the SPHS partner organizations actively manage and improve performance in legal, compliance, and enforcement activities.

Does the process:

- Use relevant standards to establish performance in enforcement activities?
- Measure performance and report on progress?
- Conduct ongoing quality improvement activities?

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Model Standard 6.4: Public Health Capacity and Resources

SPHS partner organizations effectively invest in and utilize their human, information, technology, organizational, and financial resources to assure a sound legal basis for public health action and to enforce laws that protect health and safety in the state. Coordinated use of system assets is grounded in the alignment of organizational strategic plans around collective efforts in compliance and enforcement of laws. The state public health agency enhances the capacity of the SPHS by its leadership in this service. The workforce of SPHS partner organizations coordinates collective system-wide activities. These investments by all SPHS partner organizations are essential to support a well-functioning system capable of carrying out and improving the development of, enforcement of, and compliance with laws designed to protect public health and safety.

To accomplish these results, the partner organizations in the SPHS:

- Commit adequate financial resources for the enforcement of laws that protect health and ensure safety.
- Align organizational relationships to focus statewide assets on enforcement activities.
- Use workforce expertise to effectively carry out the review, development, and implementation of public health laws.

Question 6.4.1

6.4.1 How well do SPHS partner organizations commit financial resources to the enforcement of laws that protect health and ensure safety?

Discussion Items 6.4.1

6.4.1 The discussion should focus on how the SPHS partner organizations commit financial resources to the enforcement of laws.

Does the SPHS:

- Allocate existing resources, seek new resources, and share financial resources to support enforcement activities?

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**Question 6.4.2**

6.4.2 How well do SPHS partner organizations align and coordinate their efforts to comply with and enforce laws and regulations?

**Discussion Items 6.4.2**

6.4.2 The discussion should focus on how the SPHS partner organizations align and coordinate efforts to comply with and enforce laws.

Do the SPHS partner organizations:

- Align their strategic plans and coordinate technological resources to improve system performance in compliance and enforcement?
- Utilize the leadership of the state public health agency?

> Does the state public health agency work collaboratively, provide leadership, invest in professional expertise, and promote evidence-based solutions?

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**Question 6.4.3**

6.4.3 How well do SPHS partner organizations collectively have the professional expertise to review, develop, and implement public health laws?

**Discussion Items 6.4.3**

6.4.3 The discussion should focus on to what extent the SPHS partner organizations have the professional expertise to review, develop, and implement public health laws.

Is the SPHS partner organizations’ workforce:

- Skilled in administration of legal and regulatory programs?
- Sufficiently staffed to carry out planning and policy development activities?

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### Summary Notes

**SPHS Essential Service 6: Enforce Laws and Regulations that Protect Health and assure Safety**

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Getting started (5 min)
- Read the EPHS and the two questions it addresses.

- Briefly summarize what the EPHS includes.

- Highlight the major players.
- Transition to general discussion on this essential service.

General discussion (10 min)
- Ask participants to discuss what and how we are doing across the state related to the provision of healthcare when otherwise unavailable.

TOTAL TIME: 1 HOUR 30 MINUTES

Initial Discussion and Review of EPHS
- Getting started (5 min)
- General EPHS discussion (10 min)

Assessment Questions
- Model Standard 7.1 (25 min)
- Model Standard 7.2 (15 min)
- Model Standard 7.3 (15 min)
- Model Standard 7.4 (20 min)

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

What’s going on in our state?
Do the residents of our state have access to the health services they need?

This service includes:
- Assessment of access to and availability of quality personal health services for the state’s population.
- Assurances that access is available in a coordinated system of quality care which includes outreach services to link populations to preventive and curative care, medical services, case management, enabling social and mental health services, culturally and linguistically appropriate services, and healthcare quality review programs.
- Partnership with public, private, and voluntary sectors to provide populations with a coordinated system of healthcare.
- Development of a continuous improvement process to assure the equitable distribution of resources for those in greatest need.

System partner organizations involved in activities related to Essential Service 7 may include, but are not limited to:
- State government agencies with public health and personal healthcare responsibilities.
- Physicians, nurses, and other providers of personal healthcare.
- Hospitals and other healthcare facilities, including federally-qualified health centers.
- Local public health system organizations involved in services designed to increase access to personal healthcare.
- Health insurers.
- Universities or other academic institutions.
- Public health institutes.
Model Standard 7.1: Planning and Implementation

The partner organizations in the SPHS assess the availability of personal health services for the state’s population and work collaboratively among state and local partners to assure that the entire state population has access to high quality personal healthcare. SPHS partner organizations work together to assure that all residents of the state have access to the healthcare services they need, ranging from primary prevention to rehabilitative care. Barriers to personal healthcare, the needs of underserved populations, and health disparities are continuously assessed so that appropriate action can be taken by SPHS partner organizations to improve health service access. SPHS partner organizations are active in responding to policy changes in the health insurance environment and other emerging issues that potentially alter the availability of and access to healthcare.

Coordination of SPHS partner organization activities to improve healthcare delivery reduces fragmentation of effort across the system and provides a clear and unified voice on issues of access, availability, and effectiveness of personal healthcare in the state. SPHS partner organizations maintain an active partnership in linking people to needed health services. Key players are state agencies (public health, insurance, and Medicaid), hospitals, physicians, dentists, and other health professionals, local health departments and other members of local public health systems, insurers, community organizations representing underserved populations, and organizations providing case management, outreach services, and coordination of care.

A robust SPHS partnership engaged in assessment and active policy and program initiatives improves healthcare delivery in the state. The state’s population health improves over time as a result of the efforts of SPHS partner organizations. As healthcare and prevention become increasingly accessible to the population, health disparities are reduced.

To accomplish these results, the partner organizations in the SPHS:

- Assess the availability of and access to personal health services for all persons living in the state, including underserved populations.
• Work collaboratively to deliver personal health services and to take policy and programmatic action to assure access, utilization, and quality of healthcare for persons living in the state.
• Work together to improve access to personal healthcare by establishing and maintaining a statewide health insurance exchange.
• Mobilize to reduce health disparities in the state, including meeting the needs of vulnerable populations in the event of an emergency.

Question 7.1.1

7.1.1 How well do SPHS partner organizations assess the availability of and access to personal health services in the state?

Discussion Items 7.1.1

7.1.1 The discussion should focus on how the SPHS partner organizations assess the availability of and access to personal health services.

Does the assessment:

• Identify medically underserved areas or health professional shortage areas?
• Address barriers to access among populations with special needs?
• Consider barriers with respect to age, gender, sexual orientation, literacy level, financial status, culture/race/ethnicity, geographic location, language, religion, national origin, insurance status, and physical or mental disabilities?
• Address the availability of personal healthcare services throughout the state, including outreach services, primary medical care, case management, hospital care, tertiary medical care, restorative/rehabilitative care, social services, mental health services, substance abuse services, and oral healthcare services?

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Question 7.1.2

7.1.2 How well do SPHS partner organizations collectively take policy and programmatic action to eliminate barriers to access to personal healthcare?

Discussion Items 7.1.2

7.1.2 The discussion should focus on how the SPHS partner organizations take policy and programmatic action to eliminate barriers to access personal healthcare services.
Do the actions:
- Improve personal health service delivery?
- Inform policy makers of the barriers to personal healthcare access, recommend needed changes in state policy to increase access, and improve the working relationship among public health, personal healthcare, and insurance organizations in state and local public health systems?
- Prepare for hospital and health professional surge capacity in the event of an emergency?

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**Question 7.1.3**

7.1.3 How well do SPHS organizations work together to establish and maintain a statewide health insurance exchange to assure access to insurance coverage for personal healthcare services?

**Discussion Items 7.1.3**

7.1.3 The discussion should focus on how the SPHS partner organizations work together to establish and maintain a statewide health insurance exchange.

Does the system:
- Align system-wide interdisciplinary planning and implementation of a public health response?
- Organize a centralized exchange for the purchase of affordable private health insurance and assure that insurance plans offer in the exchange an “essential health benefits package” that includes ambulatory care, emergency care, hospitalization, maternity and newborn care, mental health and substance abuse treatment, prescription drugs, rehabilitative services, laboratory services, chronic disease management (including prevention and wellness), and pediatric services (including oral and vision care)?
- Establish and operate a system to certify health insurance plans that meet criteria for the exchange, provide standardized comparative information on each plan’s relative quality and price, and maintain a robust capacity for consumer protections?

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FACILITATOR GUIDANCE

• Ask the fourth question.

• Use the discussion items, as appropriate.
• Engage the group in a brief discussion.

• Vote on question 7.1.4.
• If the group is concerned about the final vote, encourage more discussion and re-vote OR discuss their concerns and have the note-taker capture those concerns.

FACILITATOR GUIDANCE

Question 7.1.4

7.1.4 How well do SPHS organizations mobilize their assets, including local public health systems, to reduce health disparities in the state?

Discussion Items 7.1.4

7.1.4 The discussion should focus on how the SPHS partner organizations mobilize their assets to reduce health disparities.

Does the system produce:

• A plan for reducing or eliminating health disparities using the National Stakeholder Strategy for Achieving Health Equity as a model?
• A preparedness plan for meeting the needs of vulnerable populations in the event of a natural disaster or other emergency?

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Model Standard 7.2 (15 min)

• Read the model standard or consider using the annotated description (see box below).
• Briefly discuss the number of questions for this section (two questions total).

Model Standard 7.2: State-Local Relationships

The partner organizations in the SPHS work with local public health systems to provide assistance, capacity building, and resources for local efforts to identify underserved populations and develop innovative approaches for meeting their personal healthcare needs. Many SPHS partner organizations support local agencies to carry out their mission locally, including, but not limited to, the state public health agency, the state hospital association, the state mental health and substance abuse agency, the state heart association, the state United Way, and the state Red Cross. Each of these statewide organizations is active in support of its local members, who are themselves partners in local public health systems. Results of good state-local relationships are increased effectiveness at the local level in assessing health disparities, in meeting the needs of underserved populations, and improved personal healthcare service delivery.

To accomplish these results, the partner organizations in the SPHS:

• Provide technical assistance in methods for identifying and meeting personal healthcare needs of underserved populations.
• Provide technical assistance to local personal healthcare providers serving underserved populations to improve personal healthcare service delivery.
**FACILITATOR GUIDANCE**

**Question 7.2.1**

7.2.1 How well do SPHS partner organizations provide technical assistance to local public health systems on methods for assessing and meeting the needs of underserved populations?

**Discussion Items 7.2.1**

7.2.1 The discussion should focus on how the SPHS partner organizations provide technical assistance to local public health systems on assessing and meeting the needs of underserved populations.

Does the assistance address:

- Local partnership development to coordinate personal health service delivery, assessment methods for identifying underserved populations, planning tools for designing programs or initiatives to reduce barriers to healthcare access, and approaches to coordinate complementary programs?
- Methods for identifying surge capacity needs and recommendations on how best to plan for the needs of vulnerable populations in the event of an emergency?

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**Question 7.2.2**

7.2.2 How well do SPHS partner organizations provide technical assistance to providers who deliver personal healthcare to underserved populations?

**Discussion Items 7.2.2**

7.2.2 The discussion should focus on how the SPHS partner organizations provide technical assistance to providers who deliver personal healthcare to the underserved.

Does the technical assistance focus on:

- Implementing culturally and linguistically accessible services, case and self-management, needs of underserved populations, quality improvement processes, and improving and modernizing local laws to incorporate current scientific knowledge and best practices and ensuring local officials have appropriate legal authority to address emergency health threats?

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Model Standard 7.3: Performance Management and Quality Improvement

The partner organizations in the SPHS review the effectiveness of their performance in the provision of personal healthcare to the state’s population. SPHS partner organizations actively use the information from these reviews to continuously improve the quality of their efforts to link people to needed personal health services. System-wide collaborative approaches for review, evaluation, and performance management are essential to improve the process of linking people to needed services. In their efforts to measure and improve performance, SPHS partner organizations use performance management approaches in their respective organizations and contribute to collective SPHS activities to measure progress in system-wide performance. Active improvement processes based on rigorous reviews of SPHS performance produce better quality of personal healthcare and more effective approaches to meeting the needs of underserved populations and reducing health disparities.

To accomplish these results, the partner organizations in the SPHS:

- Review healthcare quality (using such resources as Health Plan Employer Data and Information Set [HEDIS], the National Strategy for Quality Improvement in Health Care, and CDC’s Guide to Clinical Preventive Services).
- Review changes in barriers to personal healthcare, focusing on the effects of SPHS actions to improve access to care.
- Manage the overall performance of its activities to link people to needed health services for the purpose of quality improvement.

Question 7.3.1

7.3.1 How well do SPHS partner organizations work together to review the quality of personal healthcare services

Discussion Items 7.3.1

7.3.1 The discussion should focus on how the SPHS partner organizations work together to review the quality of personal healthcare services.

Do these reviews examine:

- Reports on the extent and quality of preventive services in managed care (i.e., HEDIS reports), hospital report cards, patient safety reports, extent to which guidelines in the Guide to Clinical Preventive Services are followed, and other quality reports at the state and national levels that address opportunities to improve healthcare quality?

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Question 7.3.2

7.3.2 How well do SPHS partner organizations work together to review changes in barriers to personal healthcare?

Discussion Items 7.3.2

7.3.2 The discussion should focus on how the SPHS partner organizations work together to review changes in barriers to personal healthcare. Do these reviews examine:

- Reports on state or national healthcare disparities (including National Stakeholder Strategy for Achieving Health Equity)?
- Changes in the availability, timeliness, and use of personal healthcare by underserved populations?
- Feedback from service recipients?
- Impact of interventions to improve access?

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Question 7.3.3

7.3.3 How well do SPHS partner organizations actively manage and improve their collective performance in linking people to needed personal healthcare services?

Discussion Items 7.3.3

7.3.3 The discussion should focus on how the SPHS partner organizations actively manage and improve their performance in linking people with personal healthcare services. Does the process:

- Use relevant standards to establish expectations for partnership efforts?
- Measure performance and report on progress?
- Conduct ongoing quality improvement activities?

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MODEL STANDARD 7.4

This model standard focuses on the extent to which we, as a system, allocate sufficient financial resources designed to link people to needed personal healthcare services. This section also focuses on how well “our system” works together to coordinate efforts, align plans, and invest in resources (both technology and skilled people) to effectively identify gaps and assure that linkages occur.

Model Standard 7.4: Public Health Capacity and Resources

The partner organizations in the SPHS effectively invest in and utilize their human, information, technology, organizational, and financial resources to assure the provision of personal healthcare to meet the needs of the state’s population. Coordinated use of system assets is grounded in the alignment of organizational strategic plans around collective efforts to link people to the services they need. The state public health agency enhances the capacity of the SPHS by its leadership in this service. The workforce of SPHS partner organizations coordinates collective system-wide activities. These investments by all SPHS partner organizations are essential to support a well-functioning system capable of carrying out and improving personal healthcare service delivery to better meet the needs of the entire population.

To accomplish these results, the partner organizations in the SPHS:

- Commit adequate financial resources for the provision of needed personal healthcare.
- Align organizational relationships to focus statewide assets on linking people to needed personal healthcare and ensuring the provision of healthcare.
- Use a workforce skilled in the evaluation, analysis, delivery, and management of personal health services.

Question 7.4.1

7.4.1 How well do SPHS partner organizations work together to commit financial resources to assure the provision of needed personal healthcare?

Discussion Items 7.4.1

7.4.1 The discussion should focus on how the SPHS partner organizations work together to commit financial resources to assure provision of personal healthcare.

Does the SPHS:

- Allocate existing resources, seek new resources, and share financial resources for healthcare provision where service gaps are identified?

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Question 7.4.2

7.4.2 How well do SPHS partner organizations align and coordinate their efforts to provide personal healthcare?

Discussion Items 7.4.2

7.4.2 The discussion should focus on how the SPHS partner organizations align and coordinate their efforts to provide personal healthcare.

Does the SPHS:

- Align their strategic plans and coordinate technological resources to improve system performance in linking people to healthcare services?
- Utilize the leadership of the state public health agency?
  > Does the state public health agency work collaboratively, provide leadership, invest in professional expertise, and promote evidence-based solutions?

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Question 7.4.3

7.4.3 How well do SPHS partner organizations collectively have the professional expertise to carry out the functions of linking people to needed personal healthcare?

Discussion Items 7.4.3

7.4.3 The discussion should focus on how the SPHS partner organizations have the professional expertise to carry out the functions of linking people to personal healthcare.

Is the workforce:

- Skilled in healthcare monitoring, analysis, management, and service delivery?
- Sufficiently staffed to carry out activities to link people to personal health services?

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### Summary Notes

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

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Initial Discussion and Review of EPHS
- Getting started (5 min)
- General EPHS discussion (10 min)

Assessment Questions
- Model Standard 8.1 (25 min)
- Model Standard 8.2 (20 min)
- Model Standard 8.3 (15 min)
- Model Standard 8.4 (15 min)

SPHS Essential Service 8:
Assure a Competent Public and Personal Healthcare Workforce

What's going on in our state?
Is our workforce informed and up to date?

This service includes:
- Education, training, development, and assessment of health professionals—including partners, volunteers, and community health workers—to meet statewide needs for public and personal health services.
- Efficient processes for credentialing technical and professional health personnel.
- Adoption of continuous quality improvement and life-long learning programs.
- Partnerships among professional workforce development programs to assure relevant learning experiences for all participants.
- Continuing education in management, cultural competence, and leadership development programs.

System partner organizations involved in activities related to Essential Service 8 may include, but are not limited to:
- State government agencies with public health responsibilities.
- Local public health system organizations.
- Physicians, nurses, and personal healthcare providers.
- Hospitals and other healthcare facilities.
- Human resource professionals.
- Universities or other academic institutions that are active in training the future public health workforce, including schools of public health, medical and nursing schools, etc.
- Public health institutes.
- Public, private, and voluntary health organizations that provide public health services and have an interest in workforce issues.
- Other.
As you apply the following model standards and questions to your state’s public health system, keep in mind that there may be different levels of partner participation for each activity (e.g., for some activities the state health agency or one partner organization may take the lead for the state, while other activities may require active engagement from multiple partner organizations).

**Model Standard 8.1: Planning and Implementation**

The partner organizations in the SPHS identify the public health workforce needs of the state and implement recruitment and retention policies to fill those needs. The public health workforce is defined broadly as the array of personnel providing population-based and personal (clinical) health services in public and private settings across the state, all working to improve the public’s health through community and clinical prevention services. More specifically, the population-based workforce is made up of public health professionals involved in the provision of population-based health programs and services designed to prevent disease or injury and promote health among groups of persons. The personal healthcare workforce is made up of medical, nursing, and allied health professionals who are engaged in the delivery of clinic or hospital-based primary, secondary, or tertiary services designed to protect or remediate the health of individuals. SPHS partner organizations provide a dynamic workforce development environment, featuring training to improve competencies, continuing education, and lifelong learning opportunities to assure that the workforce effectively delivers the Essential Public Health Services.

All SPHS partner organizations conduct workforce assessment, planning, and development activities. Key partners in these endeavors are educational programs at all levels that prepare the workforce, partner organizations that employ and develop the workforce, and key professional groups that have unique perspectives on workforce needs. Academic-practice collaborations are an important vehicle for SPHS partner organizations to meet their workforce needs.

A competent population-based and personal healthcare workforce works at the highest levels of proficiency in meeting the health needs of the state’s population. The workforce is knowledgeable and committed to solving problems and achieving overall SPHS health improvement priorities.

To accomplish these results, the partner organizations in the SPHS:

- Based on assessments of workforce needs, develop a statewide workforce plan(s) that establishes strategies and actions needed to recruit, maintain, and sustain a competent and diverse personal healthcare workforce.
- Provide human resource development programs focused on enhancing the skills and competencies of the workforce.
- Assure that the state’s population-based and personal healthcare workforce attain the highest level of knowledge and functioning in the practice of their professions.
- Support continuous professional development through programs focused on lifelong learning.
Question 8.1.1

8.1.1 How well do SPHS partner organizations work together to develop a statewide workforce plan that guides improvement activities in population-based workforce development, using results from assessments of the workforce needed to deliver effective population-based services?

Discussion Items 8.1.1

8.1.1 The discussion should focus on how the SPHS partner organizations work together to assess and develop a statewide population based workforce plan that guides improvement activities.

Does the SPHS statewide workforce plan:

• Include evidence of collaboration in both academic and practice settings?
• Use findings from workforce assessments?
• Address long-term strategies to recruit and retain qualified personnel?
• Address SPHS partner organizations’ strengths and weaknesses in core competencies needed to deliver the 10 EPHS?
• Address initiatives to meet the education needs of the current workforce and improve the education of the future workforce?
• Identify actions to improve the quality and diversity of the workforce?
• Identify actions to improve the understanding of the Public Health Code of Ethics?

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Question 8.1.2

8.1.2 How well do SPHS organizations work together to develop a statewide workforce plan(s) that guides improvement activities in personal healthcare workforce development, using results from assessments of the workforce needed to deliver effective personal healthcare services?

Discussion Items 8.1.2

8.1.2 The discussion should focus on how the SPHS partner organizations work together to assess and develop a statewide personal healthcare workforce plan that guides improvement activities.

Does the SPHS statewide workforce plan:

• Include evidence of collaboration in both academic and practice settings?
• Use findings from workforce assessments?
• Address long-term strategies to recruit and retain qualified personnel?
• Address SPHS partner organizations’ strengths and weaknesses in core competencies needed to deliver the 10 EPHS?
• Address initiatives to meet the education needs of the current workforce and improve the education of the future workforce?
• Identify actions to improve the quality and diversity of the workforce?
• Identify actions to improve the understanding of the Public Health Code of Ethics?

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<th>Question 8.1.3</th>
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<td>8.1.3 How well do SPHS partner human resources development programs provide training to enhance the technical and professional competencies of the workforce?</td>
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<th>Discussion Items 8.1.3</th>
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<tr>
<td>8.1.3 The discussion should focus on how the SPHS partner organizations’ human resource programs provide training to enhance competencies of the workforce. Does the SPHS training address the following:</td>
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<td>• Leadership and management skills?</td>
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<td>• Understanding of the social determinants of health?</td>
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<td>• Use of information technologies?</td>
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<td>• Roles in an incident command system?</td>
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<td>• Core competencies to deliver the 10 EPHS?</td>
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<td>• Bridging medicine and public health training in medical schools and schools of public health?</td>
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<td>• Learning management systems supporting distance learning and management of training needs and resources?</td>
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Question 8.1.4

8.1.4 How well do SPHS partner organizations assure that individuals in the population-based and personal healthcare workforce achieve the highest level of professional practice?

Discussion Items 8.1.4

8.1.4 The discussion should focus on how the SPHS partner organizations assure individuals in the workforce achieve the highest level of professional practice.

Does the SPHS assure competencies through the following:

- Educational requirements in the hiring process?
- Professional certifications, licenses, or credentialing?
- Recognition for completion of advanced competency based training?
- Organizational reviews that recognize workforce competencies, such as accreditation?

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Question 8.1.5

8.1.5 How well do SPHS partner organizations support initiatives that encourage lifelong learning?

Discussion Items 8.1.5

8.1.5 The discussion should focus on how the SPHS partner organizations encourage lifelong learning.

Do the SPHS lifelong learning initiatives include:

- Career ladders and other development programs to provide advancement opportunities?
- Coaching or mentoring programs?
- Funds for time off to participate in educational programs?
- Marketing continuing education opportunities?
- Encouragement to apply leadership skills within their communities, outside of the agency?

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Model Standard 8.2: State-Local Relationships

The partner organizations in the SPHS work with local public health systems to provide assistance, capacity building, and resources for local efforts to assure a competent population-based and personal healthcare workforce. Many SPHS partner organizations support local agencies to carry out their mission locally, including, but not limited to, the state public health agency, the state hospital association, the state mental health and substance abuse agency, the state heart association, the state United Way, and the state Red Cross. Each of these statewide organizations is active in support of its local members, who are themselves partners in local public health systems. Results of good state-local relationships are increased workforce competency and knowledge and a sufficiently-staffed public health system better able to meet the health needs of the state’s population.

To accomplish these results, the partner organizations in the SPHS:

- Assist local public health systems in planning for the future needs for population-based and personal healthcare workforces, based on workforce assessments.
- Provide assistance to local public health systems in recruitment, retention, and performance improvement strategies to improve the availability and competency of the local public health system workforce.

Question 8.2.1

8.2.1 How well do SPHS partner organizations assist local public health systems in planning for their future needs for population-based and personal healthcare workforces, based on workforce assessments?

Discussion Items 8.2.1

8.2.1 The discussion should focus on how the SPHS partner organizations assist the local public health systems in assessing their workforce needs.

Does the SPHS assistance address:

- Using competency based workforce standards?
- Conducting employee recruitment and retention?

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Question 8.2.2

8.2.2 How well do SPHS partner organizations assist local public health system organizations with workforce development?

Discussion Items 8.2.2

8.2.2 The discussion should focus on how the SPHS partner organizations assist the local public health systems with workforce development.

Does the SPHS assistance address:

- Improving workforce performance?
- Ensuring educational course work and training are available?

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Model Standard 8.3: Performance Management and Quality Improvement

The partner organizations in the SPHS review the effectiveness of their performance in ensuring a competent population-based and personal healthcare workforce. SPHS partner organizations actively use the information from these reviews to continuously improve the quality of workforce development efforts. System-wide collaborative approaches for review, evaluation, and performance management are essential to improve workforce development. In their efforts to measure and improve performance, SPHS partner organizations use performance management approaches in their respective organizations and contribute to collective SPHS activities to measure progress in system-wide performance. Active improvement processes based on rigorous reviews of SPHS performance produce a better-prepared, more knowledgeable workforce.

To accomplish these results, the partner organizations in the SPHS:

- Review the implementation of their workforce development activities to determine their effectiveness in improving the availability and competency of the workforce.
- Through academic-practice collaborations, evaluate the preparation of personnel entering the workforce.
- Manage the overall performance of their workforce development activities for the purpose of quality improvement.
**Question 8.3.1**

8.3.1 How well do SPHS partner organizations review their workforce development activities?

**Discussion Items 8.3.1**

8.3.1 The discussion should focus on how the SPHS partner organizations review their workforce development activities.

Do the SPHS partner organizations’ reviews examine whether:

- Skilled personal healthcare and population based workers are available to meet the state’s needs?
- Recruitment and retention of personal healthcare and population based workers is effective?
- Education, training, and credentialing programs are of high quality?
- Learning management systems are used to identify competency based training and education opportunities?

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**Question 8.3.2**

8.3.2 How well do SPHS academic-practice collaborations evaluate the preparation of personnel entering the SPHS workforce?

**Discussion Items 8.3.2**

8.3.2 The discussion should focus on how the SPHS academic practice collaborations evaluate the preparation of personnel entering the workforce.

Do the academic practice collaborations review whether:

- Entry level workforce is adequately prepared?
- Practitioners and faculty assure that curriculum meets the needs of practice, including addressing the public health core competencies?
- Instructors are competent to prepare entry level workforce?
- Education programs are properly accredited?

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Question 8.3.3

8.3.3 How well do SPHS partner organizations actively manage and improve their collective performance in workforce development?

Discussion Items 8.3.3

8.3.3 The discussion should focus on how the SPHS partner organizations manage and improve their performance on workforce development.

Do the SPHS partner organizations’ performance management processes:

- Use relevant standards to establish system-wide expectations for workforce development?
- Measure performance?
- Report on progress of partner organizations?
- Conduct ongoing quality improvement activities?

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Model Standard 8.4: Public Health Capacity and Resources

The partner organizations in the SPHS effectively invest in and utilize their human, information, technology, organizational, and financial resources to assure a competent population-based and personal healthcare workforce. Coordinated use of system assets is grounded in the alignment of organizational strategic plans around collective efforts in workforce development. The state public health agency enhances the capacity of the SPHS by its leadership in this service. The workforce of SPHS partner organizations coordinates collective system-wide activities. These investments by all SPHS partner organizations are essential to support a well-functioning system capable of improving workforce competency and effectiveness.

To accomplish these results, the partner organizations in the SPHS:

- Commit adequate financial resources to support workforce development.
- Align organizational relationships to focus statewide assets on workforce development.
- Use the skills of the SPHS workforce in the management of human resources and workforce development programs supporting the delivery of high quality personal healthcare and population-based services throughout the state.
FACILITATOR GUIDANCE

- Ask the first question.

- Use the discussion items, as appropriate.
- Engage the group in a brief discussion.

- Vote on question 8.4.1.
- If the group is concerned about the final vote, encourage more discussion and re-vote OR discuss their concerns and have the note-taker capture those concerns.

- Ask the second question.

- Use the discussion items, as appropriate.
- Engage the group in a brief discussion.

- Vote on question 8.4.2.
- If the group is concerned about the final vote, encourage more discussion and re-vote OR discuss their concerns and have the note-taker capture those concerns.

Question 8.4.1
8.4.1 How well do SPHS partner organizations commit financial resources to workforce development efforts?

Discussion Items 8.4.1
8.4.1 The discussion should focus on how the SPHS partner organizations commit financial resources to workforce development efforts.

Does the SPHS:

- Allocate existing resources, seek new resources, and share financial resources to invest in workforce development?

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Question 8.4.2
8.4.2 How well do SPHS partner organizations align and coordinate their efforts to effectively conduct workforce development activities?

Discussion Items 8.4.2
8.4.2 The discussion should focus on how the SPHS partner organizations align and coordinate efforts to conduct workforce development activities.

Does the SPHS:

- Align their strategic plans and coordinate technological resources to improve system performance in workforce development?
- Utilize the leadership of the state public health agency?
  - Does the state public health agency work collaboratively, provide leadership, invest in professional expertise, and promote evidence-based solutions?

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Question 8.4.3

8.4.3 How well do SPHS partner organizations collectively have the professional expertise to carry out workforce development activities?

Discussion Items 8.4.3

8.4.3 The discussion should focus on to what extent the SPHS partner organizations have the professional expertise to carry out workforce development activities.

Is the SPHS partner organizations’ workforce:

- Skilled in human resource development?
- Sufficiently staffed to carry out workforce development activities?

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**SPHS Essential Service 8: Assure a Competent Public and Personal Healthcare Workforce**

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SPHS Essential Service 9:

Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

What’s going on in our state?
How are our services performing?

This service includes:

- Evaluation and critical review of health programs, services, and systems to determine program effectiveness and to provide information necessary for allocating resources and reshaping programs for improved efficiency, effectiveness, and quality.
- Assessment of and quality improvement in the SPHS’s performance and capacity.

System partner organizations involved in activities related to Essential Service 9 may include, but are not limited to:

- State government agencies with public health responsibilities.
- Physicians, nurses, and other providers of personal healthcare services.
- Hospitals and other healthcare facilities.
- Local public health system organizations.
- Universities or other academic institutions.
- Public, private, and voluntary organizations that provide public health services.
- Public health institutes.
- Quality improvement professionals.
- Other.

As you apply the following model standards and questions to your state’s public health system, keep in mind that there may be different levels of partner participation for each activity (e.g., for some activities the state health agency or one partner organization may take the lead for the state,
while other activities may require active engagement from multiple partner organizations).

Model Standard 9.1: Planning and Implementation

The partner organizations in the SPHS conduct evaluations to improve the effectiveness of population-based services and personal healthcare services within the state. Evaluation is considered a core activity of the public health system and is essential to understand how to improve the quality of services for the state’s population. Whether focused on the entire population or on individual patients, evaluations use relevant, nationally-recognized standards of best practice and program effectiveness as benchmarks for current performance. Evaluation designs incorporate state, local, and consumer perspectives into reviews of services and systems. Credentials of the population-based and personal healthcare workforce are monitored and up to date with current standards. In addition to performance, the effectiveness of services in improving the health of the population is also evaluated. Routine evaluations identify strengths and weaknesses in programs, services, and the public health system overall, and these findings are actively used in quality and performance improvement.

All SPHS partner organizations conduct evaluation activities within their own organizations and contribute to a coordinated approach, evidenced by collaborative evaluations of the state’s public health system and its effectiveness in meeting the health needs of the state’s population. All SPHS partner organizations participate in implementing performance improvement activities, both in their own organizations and together to address public health system performance.

The conduct and active use of evaluations to improve the quality of health services and the public health system produces a dynamic environment of performance assessment, evaluation, and improvement. The state’s population benefits from a public health system whose partner organizations strive to attain the highest level of effectiveness.

To accomplish these results, the partner organizations in the SPHS:

- Evaluate population-based health services within the state (e.g., injury prevention, promotion of physical activity, tobacco control and prevention, immunizations), using resources such as the Guide to Community Preventive Services.
- Evaluate the effectiveness of personal healthcare services within the state using resources such as the Guide to Clinical Preventive Services.
- Evaluate the performance of the state public health system in delivering Essential Public Health Services to the state’s population.
- Seek third-party evaluation of organizational effectiveness, through certification, accreditation, licensing, or other means of striving for the highest levels of performance.

Note: Also see Essential Service 7 for personal healthcare services evaluation.
Question 9.1.1
9.1.1 How well do SPHS partner organizations routinely evaluate population-based health services in the state?

Discussion Items 9.1.1
9.1.1 The discussion should focus on how the SPHS partner organizations evaluate population-based health services.

Does the SPHS:
• Use evaluation designs that involve stakeholders in the program?
• Compare current experience with nationally recognized standards?
• Address consumer satisfaction with population-based services?
• Use evidence-based programs as described in the Guide to Community Preventive Services?
• Evaluate effectiveness of population-based programs?
• Monitor credential and licenses of population-based health professionals?
• Use evaluation findings regularly in state health improvement activities?

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Question 9.1.2
9.1.2 How well do SPHS partner organizations evaluate the effectiveness of personal health services in the state?

Discussion Items 9.1.2
9.1.2 The discussion should focus on how the SPHS partner organizations evaluate the effectiveness of personal health services.

Does the SPHS:
• Address a broad scope of personal healthcare facilities and services (primary care, in-patient, ED, ambulatory, rehabilitative, home health, long-term, hospice)?
• Monitor credentials and licenses of healthcare professionals?
• Address use of evidence-based services as described in the Guide to Clinical Preventive Services?
• Regularly use evaluation findings in state health improvement activities?

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**Question 9.1.3**

9.1.3 How well do SPHS organizations evaluate the performance of the state public health system?

**Discussion Items 9.1.3**

9.1.3 The discussion should focus on how the SPHS partner organizations evaluate the performance of the SPHS.

Does the SPHS:

- Use standards for the evaluation of systems, capacity, and infrastructure?
- Address the effectiveness of the delivery of the Essential Public Health Services throughout the state?
- Identify strengths and areas of needed improvement?
- Examine the extent to which partner organizations operate as a system taking into consideration the partnership’s strength, communication, resource sharing, and adoption of shared objectives in strategic plans?
- Provide feedback to the state public health agency on the extent to which it provides leadership?
- Obtain feedback from the local public health system on the SPHS performance?

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**Question 9.1.4**

9.1.4 How well do SPHS partner organizations seek appropriate certifications, accreditation, licensure, or other third-party evaluations and designations of high-performing organizations?

**Discussion Items 9.1.4**

9.1.4 The discussion should focus on how the SPHS partner organizations seek appropriate third-party evaluations.

Does the SPHS:

- Encourage certifications, accreditation, licensure, etc.?

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Model Standard 9.2: State-Local Relationships

The partner organizations in the SPHS work with local public health systems to provide assistance, capacity building, and resources for local efforts to evaluate the performance and effectiveness of population-based programs, personal healthcare services, and local public health systems. Many SPHS partner organizations support local agencies to carry out their mission locally, including, but not limited to, the state public health agency, the state hospital association, the state mental health and substance abuse agency, the state heart association, the state United Way, and the state Red Cross. Each of these statewide organizations is active in support of its local members, who are themselves partners in local public health systems. Good state-local relationships in evaluation activities result in improved understanding of program effects to inform service delivery decisions. The effectiveness of local service delivery and the performance of the local public health system improve in a dynamic environment of evaluation information and improvement.

To accomplish these results, the partner organizations in the SPHS:

- Provide technical assistance to local public health systems in their evaluation activities, encompassing population-based programs, personal healthcare services, and overall local public health systems performance, using performance resources, such as the Baldrige National Quality Program and the National Public Health Performance Standards.
- Share results of state-level performance evaluations with local public health systems for use in local health improvement and strategic planning processes.
- Assist local organizations in achieving third-party evaluations of their organizational performance, through certification, accreditation, licensing, or other designations of high performance (e.g., the state public health agency assists local public health agencies in accreditation; the state Red Cross evaluates local Red Cross chapters; the state hospital association assists local member hospitals in maintaining licensure and accreditation).

Question 9.2.1

9.2.1 How well do SPHS partner organizations provide technical assistance (e.g., consultations, training) to local public health systems in their evaluation activities, including evaluations of population-based and personal health services and the local public health system?

Discussion Items 9.2.1

9.2.1 The discussion should focus on how the SPHS partner organizations provide technical assistance on evaluation activities to local public health systems.
Does the SPHS address:

- Increasing evaluation competencies?
- Designing evaluation studies?
- Methods for routine monitoring of population-based programs?
- Use of nationally developed assessment instruments such as the National Public Health Performance Standards?
- Use of state-based performance assessment tools?
- Using evaluation findings in performance improvement processes?
- Conducting consumer satisfaction studies?
- Evaluating organizational performance?

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**Question 9.2.2**

9.2.2 How well do SPHS partner organizations share results of state-level performance evaluations with local public health systems for use in local planning processes?

**Discussion Items 9.2.2**

9.2.2 The discussion should focus on how the SPHS partner organizations share results of state level performance evaluations with local public health systems such as results obtained through:

- National Public Health Performance Standards, Baldrige criteria, accreditation standards, etc.

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Question 9.2.3

9.2.3 How well do SPHS partner organizations assist their local counterparts to achieve certifications, accreditation, licensure, or other third-party designations of high-performing organizations?

Discussion Items 9.2.3

9.2.3 The discussion should focus on how the SPHS partner organizations assist their local counterparts to achieve third-party designations.

Does the SPHS:

- Encourage certifications, accreditation, licensure, etc.?

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Model Standard 9.3 (20 min)

- Read the model standard or consider using the annotated description (see box below).
- Briefly discuss the number of questions for this section (three questions total).

MODEL STANDARD 9.3 ANNOTATED DESCRIPTION

This model standard focuses on the extent to which we, as a system, review the effectiveness of our evaluation efforts, as well as the extent to which we monitor and improve the performance of these efforts.

This model standard also includes an assessment of our quality improvement activities related to evaluation efforts of our public health system and services as well as our healthcare delivery.

Model Standard 9.3: Performance Management and Quality Improvement

The partner organizations in the SPHS review the effectiveness of their performance in evaluating the effectiveness, accessibility, and quality of population-based programs, personal healthcare services, and public health systems. SPHS partner organizations actively use the information from these reviews to continuously improve the quality of evaluation efforts. System-wide collaborative approaches for review and performance management are essential to improve evaluation. In their efforts to measure and improve performance, SPHS partner organizations use performance management approaches in their respective organizations and contribute to collective SPHS activities to measure progress in system-wide performance. Active improvement processes based on rigorous reviews of SPHS evaluation performance produce more meaningful and useful evaluations that are relevant to programs, services, and systems improvement activities. The culture of quality improvement that is present throughout the state public health system results in more effective programs and services to meet the health needs of the population.

To accomplish these results, the partner organizations in the SPHS:

- Review the effectiveness of their evaluation activities to assure there is a broad scope of evaluation activities and use of appropriate evaluation methods, using nationally recognized resources, such as CDC’s Framework for Program Evaluation in Public Health.
- Manage the overall performance of its evaluation activities for the purpose of quality improvement.
- Promote systematic quality improvement processes throughout the state public health system.
Question 9.3.1

9.3.1 How well do SPHS partner organizations work together to regularly review the effectiveness of their evaluation activities?

Discussion Items 9.3.1

9.3.1 The discussion should focus on how the SPHS partner organizations work together to review effectiveness of evaluation activities.

Does the SPHS examine:

- The scope of evaluations?
- The use of robust evaluation methodologies?
- Evaluation protocol used when weaknesses become apparent?
- Whether evaluation results are used in quality improvement processes?

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Question 9.3.2

9.3.2 How well do SPHS partner organizations actively manage and improve their collective performance in evaluation activities?

Discussion Items 9.3.2

9.3.2 The discussion should focus on how the SPHS partner organizations actively manage and improve performance.

Does the SPHS:

- Use relevant standards to establish system-wide expectations for workforce development?
- Measure performance and report on progress?

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Question 9.3.3

9.3.3 How well do SPHS partner organizations promote systematic quality improvement processes throughout the state public health system?

Discussion Items 9.3.3

9.3.3 The discussion should focus on how the SPHS partner organizations promote systematic quality improvement processes.

Does the SPHS:

• Conduct ongoing quality improvement activities using performance information?

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Model Standard 9.4: Public Health Capacity and Resources

The partner organizations in the SPHS effectively invest in and utilize their human, information, technology, organizational, and financial resources to evaluate the effectiveness, accessibility, and quality of population-based and personal healthcare services. Evaluations are appropriately resourced so they can be routinely conducted. Coordinated use of system assets is grounded in the alignment of organizational strategic plans around collective efforts in evaluation. The state public health agency enhances the capacity of the SPHS by its leadership in this service. The workforce of SPHS partner organizations coordinates collective system-wide activities. These investments by all SPHS partner organizations are essential to support a well-functioning system capable of carrying out and improving evaluation activities.

To accomplish these results, the partner organizations in the SPHS:

• Commit adequate financial resources for evaluation activities.
• Align organizational relationships to focus statewide assets on evaluating population-based and personal healthcare services.
• Use a workforce skilled in monitoring and analyzing the performance and capacity of the state public health system and its programs and services.
**Question 9.4.1**

9.4.1 How well do SPHS partner organizations work together to commit financial resources for evaluation?

**Discussion Items 9.4.1**

9.4.1 The discussion should focus on how the SPHS partner organizations work together to commit financial resources for evaluation.

Does the SPHS:

- Allocate, share, and seek new resources for evaluation activities?

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**Question 9.4.2**

9.4.2 How well do SPHS partner organizations align and coordinate their efforts to conduct evaluations of population-based and personal healthcare services?

**Discussion Items 9.4.2**

9.4.2 The discussion should focus on how the SPHS partner organizations align and coordinate efforts to evaluate healthcare services (personal and population-based).

Does the SPHS:

- Align their organizational strategic plans and coordinate technology to effectively conduct evaluations?
- Use the leadership of the state health agency in conducting evaluations?
- Utilize the leadership of the state public health agency?
  > Does the state public health agency work collaboratively, provide leadership, invest in professional expertise, and promote evidence-based solutions?

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Question 9.4.3

9.4.3 How well do SPHS partner organizations collectively have the professional expertise to carry out evaluation activities?

Discussion Items 9.4.3

9.4.3 The discussion should focus on the collective expertise of the SPHS partner organizations to carry out evaluation activities.

- Is the SPHS workforce skilled in evaluation?
- Does the SPHS workforce include expertise in:
  - Quantitative and qualitative evaluation methods?
  - Service-specific and public health systems performance standards development?
  - Database development, data collection, and evaluation analysis?
  - Application of findings to quality improvement activities?
- Is the SPHS workforce sufficiently staffed to carry out evaluations?

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### Summary Notes

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

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FACILITATOR GUIDANCE

Getting started (5 min)
- Read the EPHS and the two questions it addresses.
- Briefly summarize what the EPHS includes.
- Highlight the major players.
- Transition to general discussion on this essential service.

General discussion (10 min)
- Ask participants to discuss what and how we are doing across the state related to research.

TOTAL TIME: 1 HOUR 15 MINUTES

Initial Discussion and Review of EPHS
- Getting started (5 min)
- General EPHS discussion (10 min)

Assessment Questions
- Model Standard 10.1 (15 min)
- Model Standard 10.2 (15 min)
- Model Standard 10.3 (15 min)
- Model Standard 10.4 (15 min)

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

What’s going on in our state?
Do we participate in research activities?

This service includes:
- A full continuum of research ranging from field-based efforts to foster improvements in public health practice to formal scientific research.
- Linkage with research institutions and other institutions of higher learning to identify and apply innovative solutions and cutting-edge research to improve public health performance.
- Internal capacity to mount timely epidemiologic and economic analyses and conduct needed health services research.

System partner organizations involved in activities related to Essential Service 10 may include, but are not limited to:
- State government agencies with public health responsibilities, including staff who conduct practice-based studies.
- Physicians, nurses, and other providers of personal healthcare.
- Hospitals and other healthcare facilities.
- Local public health system organizations.
- Universities or other academic institutions, including health professional and health sciences schools (including medicine, nursing, dentistry, public health, etc.).
- Public health institutes.
- Nontraditional but health-related practice and academic organizations (from a social determinants of health perspective), such as urban planning, community development, social work, etc.
- Public, private, and voluntary organizations interested in innovative and evidence-based approaches to health problems.
- Other
As you apply the following model standards and questions to your state’s public health system, keep in mind that there may be different levels of partner participation for each activity (e.g., for some activities the state health agency or one partner organization may take the lead for the state, while other activities may require active engagement from multiple partner organizations).

Model Standard 10.1: Planning and Implementation

The partner organizations in the SPHS contribute to public health science (both population-based and personal healthcare) by identifying and participating in research activities. These research activities address new insights into the most effective approaches to implement the Essential Public Health Services. SPHS partner organizations foster innovation by continuously using new information and the best scientific knowledge about effective practice in their work to improve the health of the state’s population. Academic-practice collaborations are in place in medical, nursing, public health, and other disciplines within the SPHS. These collaborations bridge the interests of the research community and the needs of the practice community, by identifying practice-relevant research agendas, promoting practice-based research, and disseminating practice-relevant research findings. Practice-based research studies the effectiveness, efficiency, and equity of public health strategies and medical care innovations in real-world practice settings.

SPHS partner organizations most involved in research and innovations are university-based health sciences schools and other university-based disciplines that are health-related, such as urban planning, social work, and community development. On the practice side, physician, nursing, and other clinical professional groups, state and local public health departments, and hospital associations are key SPHS partner organizations in practice-based research.

Active interest in relevant research and new knowledge by SPHS partner organizations enables them to stay current and use the most modern methods of practice to improve both evidence-based decision-making and effectiveness in delivering population-based and personal healthcare services.

To accomplish these results, the partner organizations in the SPHS:

- Foster innovations by developing public health research agendas and disseminating and applying research findings and new knowledge to improve service delivery, through the work of statewide academic-practice collaborations.
- Conduct and participate in practice-based research to maximize learning about more effective methods of improving the health of the state’s population.
**Question 10.1.1**

10.1.1 How well do SPHS partner organizations organize research activities and disseminate and use innovative research findings in practice, through the work of active academic-practice collaborations?

**Discussion Items 10.1.1**

10.1.1 The discussion should focus on how well the SPHS partner organizations organize, disseminate, and use research findings through the work of active academic-practice collaborations.

Does the SPHS:

- Develop public health (both population-based and personal healthcare) research agendas?
- Disseminate research findings to the practice community using a variety of methods?
- Produce joint research projects, facilitate faculty-staff exchanges, promote academic health departments, produce reports that translate research findings into specific practice applications, and conduct statewide dissemination processes for sharing research findings?

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**Question 10.1.2**

10.1.2 How well do SPHS partner organizations participate in and conduct research to discover more effective methods of improving the public’s health?

**Discussion Items 10.1.2**

10.1.2 The discussion should focus on how well the SPHS partner organizations participate in and conduct research.

Does the SPHS:

- Contribute to the design of research studies?
- Implement and/or participate in research studies to identify or test innovative population-based or personal healthcare interventions?
- Publish research findings in recognized public health literature?

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Model Standard 10.2: State-Local Relationships

The partner organizations in the SPHS work with local public health systems to provide assistance, capacity building, and resources for local efforts to carry out research for new insights and innovative solutions to health problems. Many SPHS partner organizations support local agencies to carry out their mission locally, including, but not limited to, the state public health agency, the state hospital association, the state mental health and substance abuse agency, the state heart association, the state United Way, and the state Red Cross. Each of these statewide organizations is active in support of its local members, who are themselves partners in local public health systems. Results of good state-local relationships in research and innovations are increased capability of local organizations to use new evidence and knowledge to improve their delivery of services.

To accomplish these results, the partner organizations in the SPHS:

- Assist local public health systems in their research activities, including promoting community-based participatory research.
- Assist local public health systems in the use of research findings to improve public health practice at the local level.

Question 10.2.1

10.2.1 How well do SPHS partner organizations provide technical assistance to local public health systems in research activities?

Discussion Items 10.2.1

10.2.1 The discussion should focus on how well the SPHS partner organizations provide technical assistance to local public health systems.

Does the SPHS:

- Build skills in research design and methods?
- Partner with research organizations?
- Conduct population-based research studies?
- Conduct community-based participatory research projects, including incentives for communities to get involved in community-based participatory research?

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**FACILITATOR GUIDANCE**

- Ask the second question.

- Use the discussion items, as appropriate.
- Engage the group in a brief discussion.

- Vote on question 10.2.2.
- If the group is concerned about the final vote, encourage more discussion and re-vote OR discuss their concerns and have the note-taker capture those concerns.

**Question 10.2.2**

10.2.2 How well do SPHS partner organizations assist local public health systems in their use of research findings?

**Discussion Items 10.2.2**

10.2.2 The discussion should focus on how the SPHS partner organizations assist local public health systems in use of research findings.

Does the SPHS:

- Help in the interpretation, dissemination, and application of research studies and findings?

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**Model Standard 10.3: Performance Management and Quality Improvement**

The partner organizations in the SPHS review the effectiveness of their performance in conducting and using research for new insights and innovative solutions to health problems. SPHS partner organizations actively use the information from these reviews to continuously improve the quality of research efforts. System-wide collaborative approaches for review, evaluation, and performance management are essential to improve health research and the use of new evidence in practice. In their efforts to measure and improve performance, SPHS partner organizations use performance management approaches in their respective organizations and contribute to collective SPHS activities to measure progress in system-wide performance. Active improvement processes based on rigorous reviews of SPHS performance support the introduction of relevant innovations into practice (both population-based and personal healthcare services). The health of the population improves when the most current scientific knowledge is used to inform service delivery decisions.

To accomplish these results, the partner organizations in the SPHS:

- Regularly monitor their research activities for relevance to current issues in practice and for appropriateness in scope and methodology.
- Manage the overall performance of research activities for the purpose of quality improvement.
**Question 10.3.1**

10.3.1 How well do SPHS partner organizations work together to review their public health research activities?

**Discussion Items 10.3.1**

10.3.1 The discussion should focus on how the SPHS partner organizations work together to review research activities.

Does the SPHS:

- Review the relevance, scope, implementation, dissemination, and monitoring of research findings?

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**Question 10.3.2**

10.3.2 How well do SPHS partner organizations actively manage and improve their collective performance in research and innovation?

**Discussion Items 10.3.2**

10.3.2 The discussion should focus on how the SPHS partner organizations manage and improve their performance in research.

Does the SPHS:

- Use relevant standards or benchmarks to establish system-wide expectations for research?
- Measure performance milestones?
- Report on progress to SPHS partner organizations?
- Conduct ongoing quality improvement activities using performance information?

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Model Standard 10.4: Public Health Capacity and Resources

The partner organizations in the SPHS effectively invest, manage, and utilize their human, information, technology, organizational, and financial resources for the conduct of research to find more innovative and effective service delivery processes. Coordinated use of system assets is grounded in the alignment of organizational strategic plans around collective efforts in research and dissemination of new evidence and innovations. The state public health agency enhances the capacity of the SPHS by its leadership in this service. The workforce of SPHS partner organizations coordinates collective system-wide activities. These investments by all SPHS partner organizations are essential to support a well-functioning system capable of carrying out research activities and improving practice by introducing evidence-based innovations into service delivery.

To accomplish these results, the partner organizations in the SPHS:

• Commit adequate financial resources for research to foster innovations in public health practice.
• Align organizational relationships to focus statewide assets on research and applying new evidence to practice.
• Use a workforce skilled in conducting and applying research relevant to the practice of the Essential Public Health Services.

Question 10.4.1

10.4.1 How well do SPHS partner organizations work together to commit financial resources to research relevant to health improvement?

Discussion Items 10.4.1

10.4.1 The discussion should focus on how the SPHS partner organizations work together to commit financial resources to research.

Does the SPHS:

• Allocate existing resources, share financial resources, and seek new resources for research activities?

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Question 10.4.2

10.4.2 How well do SPHS partner organizations align and coordinate their efforts to conduct research?

Discussion Items 10.4.2

10.4.2 The discussion should focus on how the SPHS partner organizations work to coordinate their research.

Does the SPHS:

• Align their organizational strategic plans and coordinate technology resources to effectively conduct research?
• Utilize the leadership of the state public health agency in conducting, participating in, and using public health research?
  > Does the state public health agency work collaboratively, provide leadership, invest in professional expertise, and promote evidence-based solutions?

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Question 10.4.3

10.4.3 How well do SPHS partner organizations collectively have the professional expertise to carry out research activities?

Discussion Items 10.4.3

10.4.3 The discussion should focus on the collective experience of the SPHS partner organizations to carry out research.

Is the SPHS:

• Skilled in research activities? Do workforce skills include:
  > Epidemiology, biostatistics, public health systems research, and health services research?
  > Applying research findings to practice?
  > Writing research proposals to pursue funding?
• Sufficiently staffed to carry out research activities?
• Does this workforce include the availability of doctoral level expertise?

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Summary Notes

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

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<th>Strengths</th>
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<th>Opportunities for Immediate Improvements/Partnerships</th>
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