

Geauga County Local Public Health System Assessment Report April 2014

Report provided by:
The Geauga County Health District



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INTRODUCTION

This report provides a summary of the Local Public Health System Assessment (LPHSA) conducted in Geauga County, Ohio. The main body of the report provides a summary of the LPHSA project and processes, highlights of assessment findings, and recommendations. Appendix A is the Center for Disease Control and Prevention's full assessment report which provides a detailed, comprehensive overview of findings. Appendix B contains the discussion notes from the LPHSA which may provide additional context to the quantitative data presented in this report.

The results of this report are important to the PHGC as they look to improve the overall health and wellbeing of Geauga County residents. The PHGC has a role in interpreting and assigning meaning to the results as part of the overall community health assessment project. Four recommendations are provided at the end of this report for guidance and consideration moving forward.

PROJECT DESCRIPTION

In the Fall of 2013 the Partnership for a Healthy Geauga County (PHGC), with support from the Geauga County Health District (GCHD), undertook an initiative to conduct an assessment of the public health system in Geauga County. This Local Public Health System Assessment (LPHSA) utilizes the Mobilizing Action through Planning and Partnerships (MAPP) process as a framework. The LPHSA is one of four assessments conducted as part of the MAPP process and is a component of the National Public Health System Performance Standards Program (NPHPSP). The PHGC serves as the steering committee for the 2014 Geauga County MAPP project. The Geauga County Health District was the primary agency responsible for the implementation and facilitation of the LPHSA. Sixty members of the PHGC who collectively represented over 37 different public health system contributors participated in the assessment on April 24, 2014.

METHODS & IMPLEMENTATION

Planning

The planning phase for the Geauga LPHSA began in September 2013. The assessment was conducted using NPHPSP guidelines. Additional factors considered during planning included anticipated schedules of participants, overall project deadlines, and PHGC member expectations. Stakeholders and public health partners were listed and targeted for recruitment. Participants were also recruited from PHGC membership. A venue for the assessment was selected in November 2013 with the event date and time. Notices regarding the assessment were disbursed in February with a save the date to the PHGC membership and additional targeted stakeholders. Recruitment continued until the day of the assessment April 24, 2014 with the actual invitation sent March and follow-up phone calls and emails sent two weeks prior to the event.

Assessment

The assessment was held on April 24, 2014 from 9:00 A.M. to 2 P.M. at the Geauga County Library Administration Building in Chardon, Ohio. The day began at 9am with an introduction and briefing of the days schedule and events with members being assigned to particular breakout rooms. Each group consisted of 15-20 people and ran simultaneously throughout the day; each group focused on a different EPHS. The GCHD assigned PHGC members to small groups based on NPHPSP guidelines, and on participant preference and availability. At the start of each session, the facilitator briefly introduced participants to the assessment purpose and process. Once familiar with the process, the group began the assessment of their assigned Essential Service. Consensus responses were the goal; when consensus was not reached readily, a majority vote was taken. Discussion was encouraged and final votes and comments were recorded for all groups. (See Figure 1 on next page for a summary of performance scores by EPHS.) Each small group was facilitated by a GCHD staff member. The GCHD also provided scribes for each group who were responsible for capturing the performance scores as well as discussion notes. Participant evaluations were conducted to gauge satisfaction with the assessment experience. Figure 1, shown below, displays the average performance score for each EPHS, along with an overall average score across all 10 EPHS. (Note: Performance scores for each model standard within the EPHS is provided in the CDC-generated report located in Appendix A.) Examination of these performance scores provides an immediate sense of the local public health system's greatest strengths and weaknesses. Caution should be taking when reviewing these scores. A low performance score does not necessarily indicate that improvement is warranted. Conversely, a high performance score does not indicate that improvements are not necessary. System partners should review and discuss these performance scores, along with the associated priority ratings (presented in the next section), to make meaning of the results and identify potential strategies for system-level improvements.

Prioritization

Priority rating has been determined and is listed in table 2 on page 10 in the Local Assessment Report. Below is Summary table for priority ratings for Geauga County.

Model Standard	Priority
5.1 Governmental Presence	Very High
5.2 Policy Development	
5.3 CHIP/Strategic Planning	
5.4 Emergency Plan	
3.2 Health Communication	High
3.3 Risk Communication	
6.1 Review Laws	
6.2 Improve Laws	

6.3 Enforce Laws	
7.1 Personal Health Service Needs	
7.2 Assure Linkage	
2.1 Identification/surveillance	Mid-Level
2.2 Emergency Response	
2.3 Laboratories	
3.1 Health Education/Promotion	
4.1 Constituency Development	
4.2 Community Partnerships	
8.1 Workforce Assessment	
8.2 Workforce Standards	
8.3 Continuing Education	
8.4 Leadership Development	
9.1 Evaluation of Population Health	
9.2 Evaluation of Personal Health	
9.3 Evaluation of LPHS	
10.1 Foster Innovation	Low
10.2 Academic Linkages	
10.3 Research Capacity	

Priority levels were selected based on the following:

1. Perception of strength or weakness within the agency, if an agency felt they were strong or weak in that particular model standard it affected the priority level.
2. Comfort level of the model standard, inexperience that agencies have dealing with model standards can also affect the priority level that they issue.
3. Baseline information; participating agencies were told that being this is the initial LPHSA for Geauga County the priorities can and will change as we continue the assessment process in the years to come.

Also worth mentioning agency contribution scores from table 2. This column represents the Local Health Department (LHD) contribution dealing with each model standard, for instance a score of 100 would indicate the highest level of contribution to that model standard. Out of the 30 model standards the average contribution score was 57.5%. The performance score represents the consensus of participating agencies toward the model standard, the average overall score was 59.1%

Table 3 page 14 illustrates the model standards with the highest rankings by lowest performance score and highest priority rating. Quadrant A (highlighted in yellow) is the highest priority model standards followed by Quadrant B, C, and D. Referring to these quadrants in the improvement plan will be important.

Table 4 page 15 is a summary of contribution and performance scores by the model standard with quadrant A indicating the highest LHD contribution with a low performance score.

RECOMMENDATIONS for Geauga County

The following four recommendations are provided for guidance and consideration.

1) Consider the LPHSA performance scores in conjunction with the priority ratings. Those model standards with low performance scores and priority rating scores ≥ 7 may provide the greatest and most immediate opportunity for improvement. These include:

- a. Model Standard 8.1 Workforce Assessment
- b. Model Standard 5.1 Governmental Presence
- c. Model Standard 5.3 CHIP/Strategic Planning
- d. Model Standard 7.1 Personal Health Service Needs
- e. Model Standard 7.2 Assure Linkage
- f. Model Standard 8.4 Leadership Development
- g. Model Standard 8.3 Continuing Education
- h. Model Standard 8.2 Workforce Standards

2) Compare LPHSA priorities with the data collected through the other three MAPP assessments. Cross walking the priorities from each assessment may reveal themes that could become priorities for the overall Community Health Improvement Plan.

3) Review the discussion notes generated during the system assessment and subsequent prioritization meeting. These discussion notes (Appendix B) will provide additional context to the quantitative data presented in this report and may also reveal specific strengths, weaknesses, and opportunities for improvement related to identified LPHSA priorities. This information may also be useful as the PHGC identifies specific action steps to address Community Health Improvement Plan priorities.

4) Share this report with PHGC members, other system partners, and the community at large. Participants invested their time and best thinking to this assessment process; many expressed enthusiasm for the process, networking, and opportunities that were identified. These results can be used to identify system level improvements and inform Community Health Improvement Plan priorities, but can also be used by individual system contributors when considering their own agency's performance and contributions to the public health system.

In Summary

The Geauga County Local Public Health Systems Assessment 2014 had 60 participants from 37 different Geauga County Agencies represented. These agencies included: The Geauga County Public Library, Geauga County Health District, Geauga County Medical Reserve Corp, Geauga County Mental Health Board, Humane Society, Geauga County Department of Emergency Services, Department on Aging, Job and Family Services, Sheriff's Dept, West Geauga Schools, Starting Point, Family Planning, Middlefield Care Center, Metro Housing Authority, Village of South Russell, Kent State University,

American Red Cross, Ravenwood, Care Corp, Kenston Schools, Chardon Schools, County Home, Family First Council, Dog Warden, Geauga Medical Center, DDC Clinic, Lake Geauga Recovery, Chardon Fire Dept, , CASA for Kids, Big Brothers and Sisters, Help Me Grow, Woman's Safe, Newbury Schools, Middlefield Police, and United Way.

The Geauga County 2014 LPHSA is the initial assessment which is a baseline for future measures. The overall score for the Geauga County 2014 LPHSA was 59.1%. The lowest score is represented in ES8 Assure Workforce at 36.8% followed by ES10 Research/Innovations at 41.7%, ES1 Monitor Health Status at 45.8%, ES7 Link to Health Services at 46.9%, ES3 Educate/Empower at 52.8%, and ES4 Mobilize Partnerships at 53.1%. The highest score is represented in ES6 Enforce Laws at 90.0% followed by ES2 Diagnose and Investigate at 81.9%, ES9 Evaluate Services at 77.5%, and ES5 Develop Policies/Plans at 64.6%.



National Public Health Performance Standards



Appendix A

Local Assessment Report

Geauga County Health District 4/24/2014

Program Partner Organizations

American Public Health Association

www.apha.org

Association of State and Territorial Health Officials

www.astho.org

Centers for Disease Control and

Prevention www.cdc.gov

National Association of County and City Health Officials

www.naccho.org

National Association of Local Boards of Health

www.nalboh.org

National Network of Public Health Institutes

www.nnphi.org

Public Health Foundation

www.phf.org

The findings and conclusions stemming from the use of NPHPS tools are those of the end users. They are not provided or endorsed by the Centers for Disease Control and Prevention, nor do they represent CDC's views or policies.



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Acknowledgements

The National Public Health Performance Standards (NPHPS) was developed collaboratively by the program's national partner organizations. The NPHPS partner organizations include: Centers for Disease Control and Prevention (CDC); American Public Health Association (APHA); Association of State and Territorial Health Officials (ASTHO); National Association of County and City Health Officials (NACCHO); National Association of Local Boards of Health (NALBOH); National Network of Public Health Institutes (NNPHI); and then Public Health Foundation (PHF). We thank the staff of these organizations for their time and expertise in the support of the NPHPS.

Background

The NPHPS is a partnership effort to improve the practice of public health and the performance of public health systems. The NPHPS assessment instruments guide state and local jurisdictions in evaluating their current performance against a set of optimal standards. Through these assessments, responding sites can consider the activities of all public health system partners, thus addressing the activities of all public, private and voluntary entities that contribute to public health within the community.

The NPHPS assessments are intended to help users answer questions such as "What are the components, activities, competencies, and capacities of our public health system?" and "How well are the ten Essential Public Health Services being provided in our system?" The dialogue that occurs in the process of answering the questions in the assessment instrument can help to identify strengths and weaknesses, determine opportunities for immediate improvements, and establish priorities for long term investments for improving the public health system.

Three assessment instruments have been designed to assist state and local partners in assessing and improving their public health systems or boards of health. These instruments are the:

- State Public Health System Performance Assessment Instrument,
- Local Public Health System Performance Assessment Instrument, and
- Public Health Governing Entity Performance Assessment Instrument.

The information obtained from assessments may then be used to improve and better coordinate public health activities at state and local levels. In addition, the results gathered provide an understanding of how state and local public health systems and governing entities are performing. This information helps local, state and national partners make better and more effective policy and resource decisions to improve the nation's public health as a whole.

Introduction

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

The NPHPS state, local, and governance instruments also offer opportunity and robust data to link to health departments, public health system partners and/or community-wide strategic planning processes, as well as to Public Health Accreditation Board (PHAB) standards. For example, assessment of the environment external to the public health organization is a key component of all strategic planning, and the NPHPS assessment readily provides a structured process and an evidence-base upon which key organizational decisions may be made and priorities established. The assessment may also be used as a component of community health improvement planning processes, such as Mobilizing for Action through Planning and Partnerships (MAPP) or other community-wide strategic planning efforts, including state health improvement planning and community health improvement planning. The NPHPS process also drives assessment and improvement activities that may be used to support a Health Department in meeting PHAB standards. Regardless of whether using MAPP or another health improvement process, partners should use the NPHPS results to support quality improvement.

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

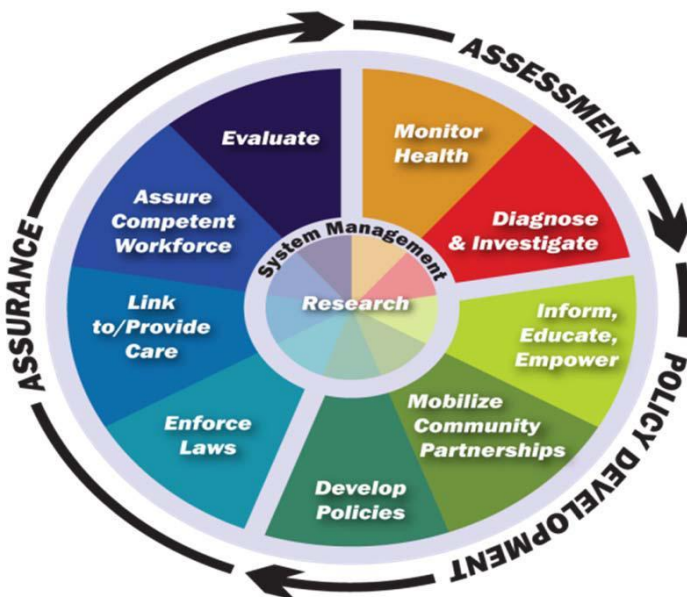


Figure 1. The ten Essential Public Health Services and how they relate to the three Core Functions of Public Health.

Purpose

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

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

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

About the Report

Calculating the Scores

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

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

Table 1. Summary of Assessment Response Options

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

Understanding Data Limitations

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

All performance scores are an average; Model Standard scores are an average of the question scores within that Model Standard, Essential Service scores are an average of the Model Standard scores within that Essential Service and the overall assessment score is the average of the Essential Service scores. The responses to the questions within the assessment are based upon processes that utilize input from diverse system participants with different experiences and perspectives. The gathering of these inputs and the development of a response for each question incorporates an element of subjectivity, which may be minimized through the use of particular assessment methods. Additionally, while certain assessment methods are recommended, processes differ among sites. The assessment methods are not fully standardized and these differences in administration of the self-assessment may introduce an element of measurement error. In addition, there are differences in knowledge about the public health system among assessment participants. This may lead to some interpretation differences and issues for some questions, potentially introducing a degree of random non-sampling error.

Presentation of results

The NPHPS has attempted to present results - through a variety of figures and tables - in a user-friendly and clear manner. For ease of use, many figures and tables use short titles to refer to Essential Services, Model Standards, and questions. If you are in doubt of these definitions, please refer to the full text in the assessment instruments.

Sites may have chosen to complete two additional questionnaires, the Priority of Model Standards Questionnaire assesses how performance of each Model Standard compares with the priority rating and the Agency Contribution Questionnaire assesses the local health department's contribution to achieving the Model Standard. Sites that submitted responses for these questionnaires will see the results included as additional components of their report.

Results

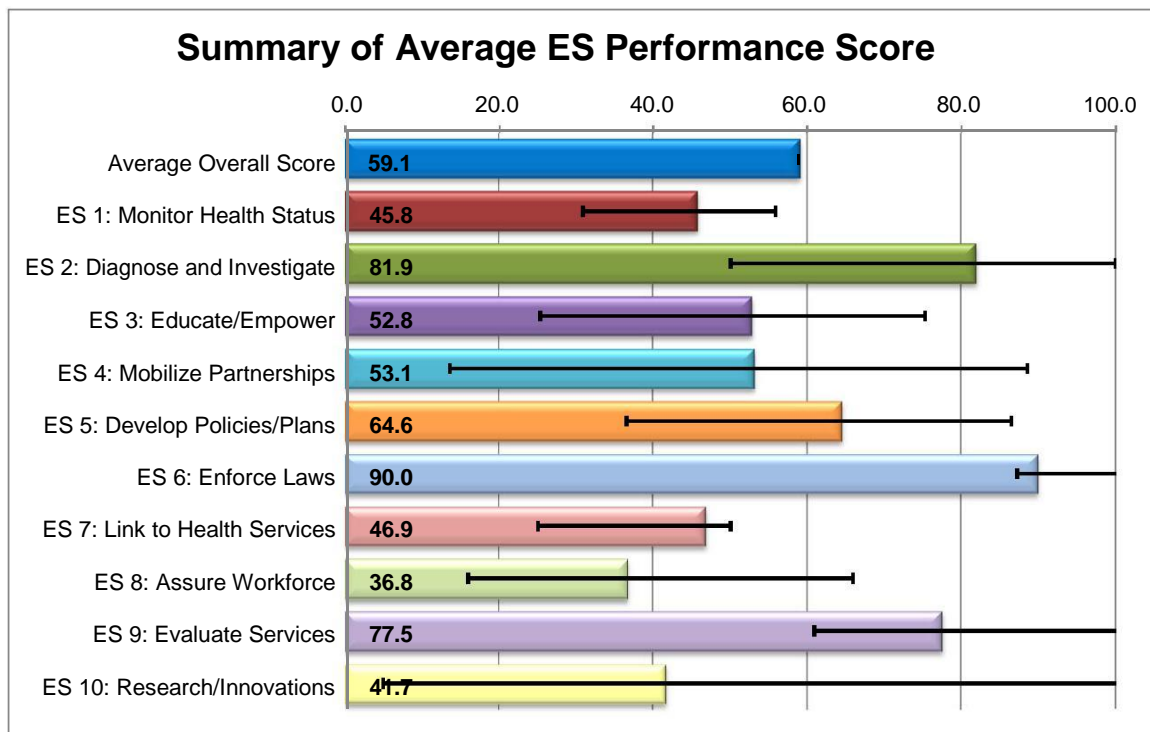
Now that your assessment is completed, one of the most exciting, yet challenging opportunities is to begin to review and analyze the findings. As you recall from your assessment, the data you created now establishes the foundation upon which you may set priorities for performance improvement and identify specific quality improvement (QI) projects to support your priorities.

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

Figure 2 displays the average score for each Essential Service, along with an overall average assessment score across all ten Essential Services. Take a look at the overall performance scores for each Essential Service. Examination of these scores can immediately give a sense of the local public health system's greatest strengths and weaknesses. Note the black bars that identify the range of reported performance score responses within each Essential Service.

Overall Scores for Each Essential Public Health Service

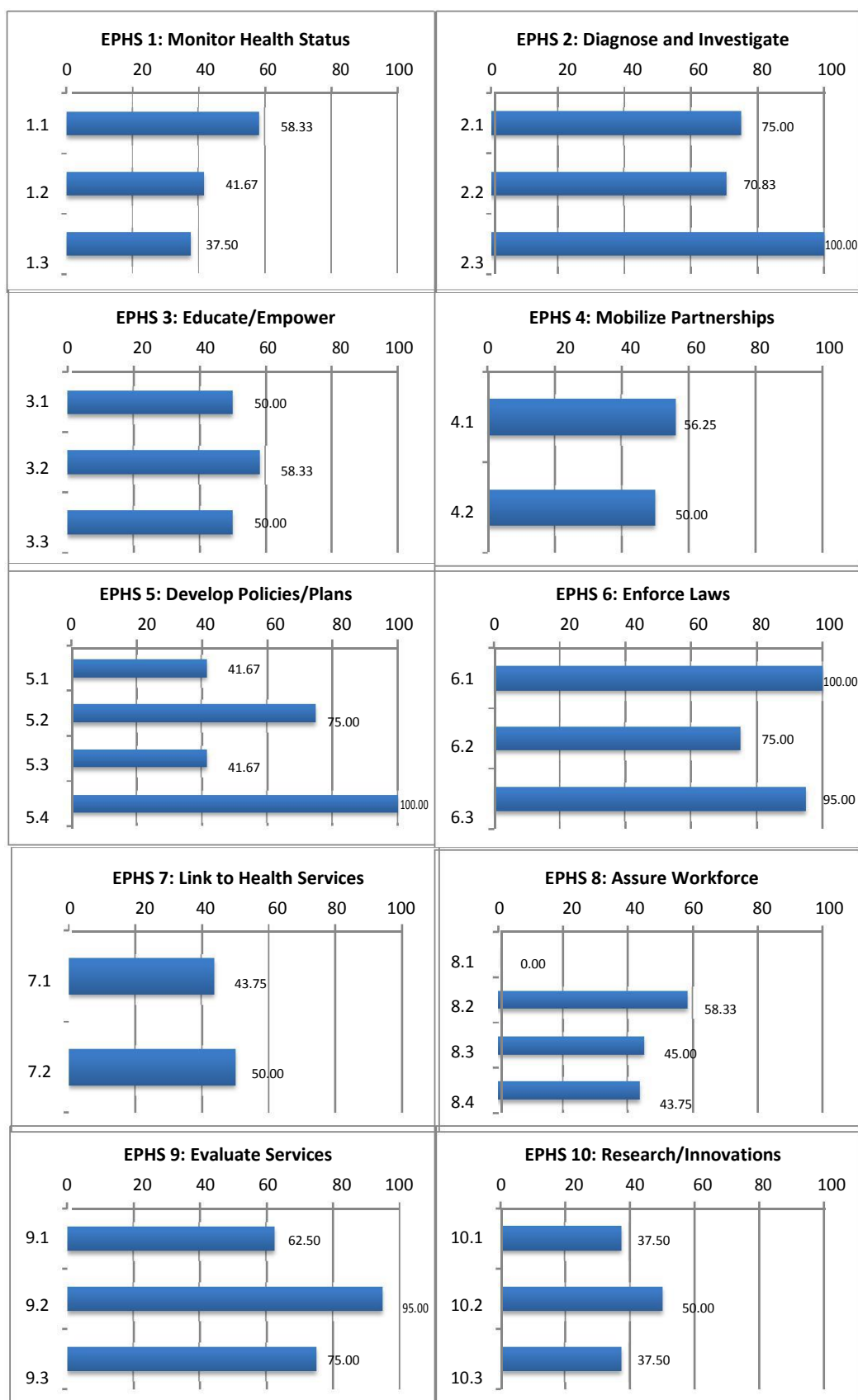
Figure 2. Summary of Average Essential Public Health Service Performance Scores



Performance Scores by Essential Public Health Service for Each Model Standard

Figure 3 and Table 2 on the following pages display the average performance score for each of the Model Standards within each Essential Service. This level of analysis enables you to identify specific activities that contributed to high or low performance within each Essential Service.

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



In Table 2 below, each score (performance, priority, and contribution scores) at the Essential Service level is a calculated average of the respective Model Standard scores within that Essential Service. Note – The priority rating and agency contribution scores will be blank if the Priority of Model Standards Questionnaire and the Agency Contribution Questionnaire are not completed.

Table 2. Overall Performance, Priority, and Contribution Scores by Essential Public Health Service and Corresponding Model Standard

Model Standards by Essential Services	Performance Scores	Priority Rating	Agency Contribution Scores
ES 1: Monitor Health Status	45.8	7.0	50.0
1.1 Community Health Assessment	58.3	7.0	50.0
1.2 Current Technology	41.7	7.0	50.0
1.3 Registries	37.5	7.0	50.0
ES 2: Diagnose and Investigate	81.9	8.0	75.0
2.1 Identification/Surveillance	75.0	8.0	75.0
2.2 Emergency Response	70.8	8.0	75.0
2.3 Laboratories	100.0	8.0	75.0
ES 3: Educate/Empower	52.8	8.7	75.0
3.1 Health Education/Promotion	50.0	8.0	75.0
3.2 Health Communication	58.3	9.0	75.0
3.3 Risk Communication	50.0	9.0	75.0
ES 4: Mobilize Partnerships	53.1	8.0	62.5
4.1 Constituency Development	56.3	8.0	50.0
4.2 Community Partnerships	50.0	8.0	75.0
ES 5: Develop Policies/Plans	64.6	10.0	50.0
5.1 Governmental Presence	41.7	10.0	50.0
5.2 Policy Development	75.0	10.0	50.0
5.3 CHIP/Strategic Planning	41.7	10.0	50.0
5.4 Emergency Plan	100.0	10.0	50.0
ES 6: Enforce Laws	90.0	9.0	50.0
6.1 Review Laws	100.0	9.0	50.0
6.2 Improve Laws	75.0	9.0	50.0
6.3 Enforce Laws	95.0	9.0	50.0
ES 7: Link to Health Services	46.9	9.0	62.5
7.1 Personal Health Service Needs	43.8	9.0	50.0
7.2 Assure Linkage	50.0	9.0	75.0
ES 8: Assure Workforce	36.8	8.0	50.0
8.1 Workforce Assessment	0.0	8.0	50.0
8.2 Workforce Standards	58.3	8.0	50.0
8.3 Continuing Education	45.0	8.0	50.0
8.4 Leadership Development	43.8	8.0	50.0
ES 9: Evaluate Services	77.5	8.0	50.0
9.1 Evaluation of Population Health	62.5	8.0	50.0
9.2 Evaluation of Personal Health	95.0	8.0	50.0
9.3 Evaluation of LPHS	75.0	8.0	50.0
ES 10: Research/Innovations	41.7	7.0	50.0
10.1 Foster Innovation	37.5	7.0	50.0
10.2 Academic Linkages	50.0	7.0	50.0
10.3 Research Capacity	37.5	7.0	50.0
Average Overall Score	59.1	8.3	57.5
Median Score	53.0	8.0	50.0

Performance Relative to Optimal Activity

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

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

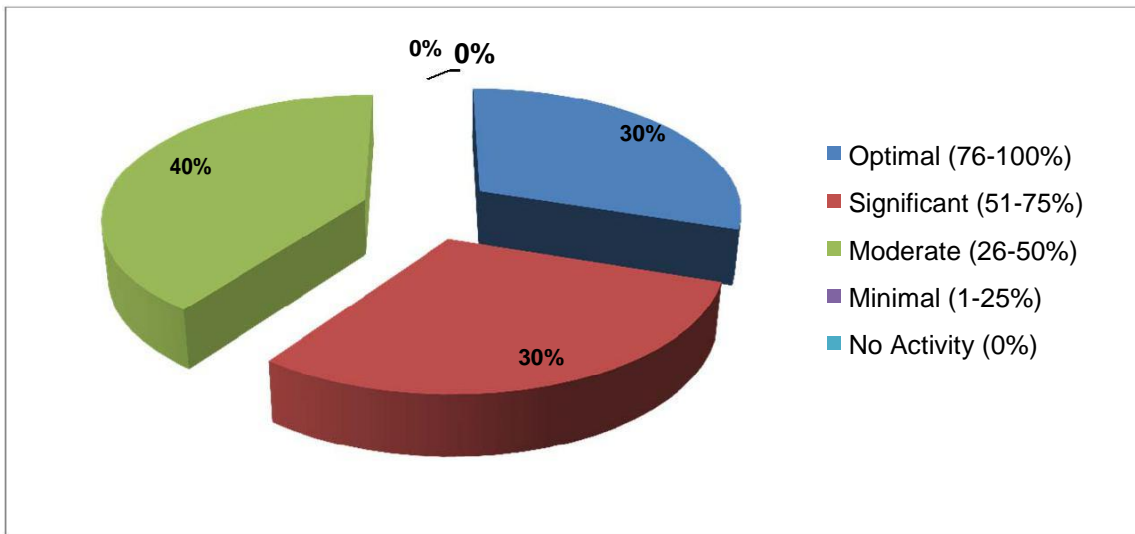
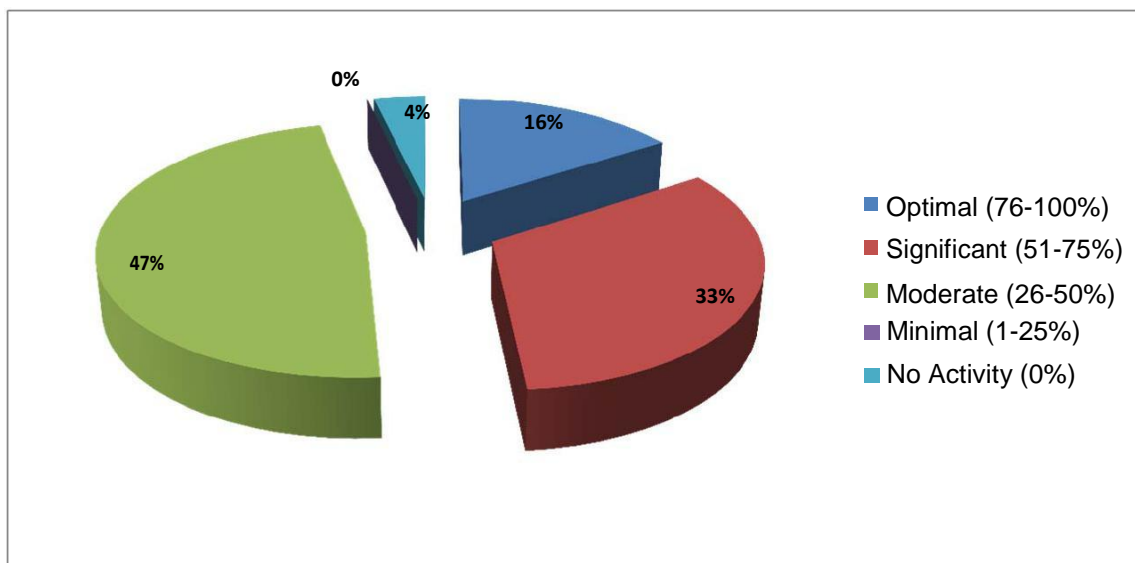


Figure 5. Percentage of the system's Model Standard scores that fall within the five activity categories. This chart provides a high level snapshot of the information found in Figure 3, summarizing the composite measures for all 30 Model Standards.



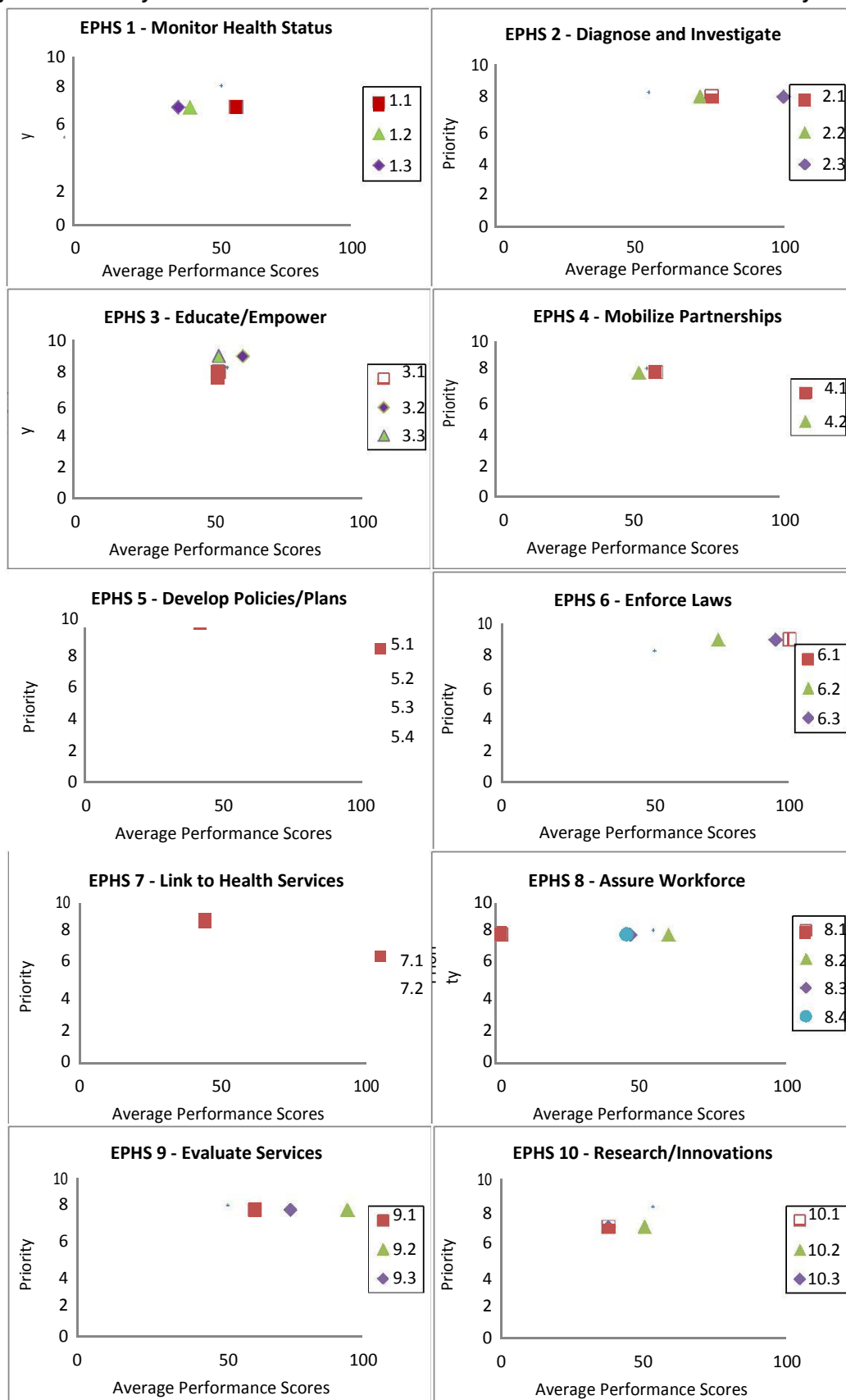
Priority of Model Standards Questionnaire Section (Optional Survey)

If you completed the Priority Survey at the time of your assessment, your results are displayed in this section for each Essential Service and each Model Standard, arrayed by the priority rating assigned to each. The four quadrants, which are based on how the performance of each Essential Service and/or Model Standard compares with the priority rating, should provide guidance in considering areas for attention and next steps for improvement.

Quadrant A	(High Priority and Low Performance) – These activities may need increased attention.
Quadrant B	(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.
Quadrant C	(Low Priority and High Performance) – These activities are being done well, consideration may be given to reducing effort in these areas.
Quadrant D	(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.

Note - For additional guidance, see Figure 4: Identifying Priorities - Basic Framework in the *Local Implementation Guide*.

Figure 7. Summary of Essential Public Health Service Model Standard Scores and Priority Ratings



Note – Figure 7 will be blank if the Priority of Model Standards Questionnaire is not completed.

Table 3 below displays priority ratings (as rated by participants on a scale of 1-10, with 10 being the highest priority) and performance scores for Model Standards, arranged under the four quadrants. Consider the appropriateness of the match between the importance ratings and current performance scores and also reflect back on the qualitative data in the Summary Notes section to identify potential priority areas for action planning. Note – Table 3 will be blank if the Priority of Model Standards Questionnaire is not completed.

Table 3. Model Standards by Priority and Performance Score

Quadrant	Model Standard	Performance Score (%)	Priority Rating
Quadrant A	7.2 Assure Linkage	50.0	9
Quadrant A	7.1 Personal Health Services Needs	43.8	9
Quadrant A	5.3 CHIP/Strategic Planning	41.7	10
Quadrant A	5.1 Governmental Presence	41.7	10
Quadrant A	3.3 Risk Communication	50.0	9
Quadrant A	3.2 Health Communication	58.3	9
Quadrant B	6.3 Enforce Laws	95.0	9
Quadrant B	6.2 Improve Laws	75.0	9
Quadrant B	6.1 Review Laws	100.0	9
Quadrant B	5.4 Emergency Plan	100.0	10
Quadrant B	5.2 Policy Development	75.0	10
Quadrant C	9.3 Evaluation of LPHS	75.0	8
Quadrant C	9.2 Evaluation of Personal Health	95.0	8
Quadrant C	9.1 Evaluation of Population Health	62.5	8
Quadrant C	2.3 Laboratories	100.0	8
Quadrant C	2.2 Emergency Response	70.8	8
Quadrant C	2.1 Identification/Surveillance	75.0	8
Quadrant D	10.3 Research Capacity	37.5	7
Quadrant D	10.2 Academic Linkages	50.0	7
Quadrant D	10.1 Foster Innovation	37.5	7
Quadrant D	8.4 Leadership Development	43.8	8
Quadrant D	8.3 Continuing Education	45.0	8
Quadrant D	8.2 Workforce Standards	58.3	8
Quadrant D	8.1 Workforce Assessment	0.0	8
Quadrant D	4.2 Community Partnerships	50.0	8
Quadrant D	4.1 Constituency Development	56.3	8
Quadrant D	3.1 Health Education/Promotion	50.0	8
Quadrant D	1.3 Registries	37.5	7
Quadrant D	1.2 Current Technology	41.7	7
Quadrant D	1.1 Community Health Assessment	58.3	7

Agency Contribution Questionnaire Section (Optional Survey)

Table 4 and Figures 8 and 9 on the following pages display Essential Service and Model Standard Scores arranged by Local Health Department (LHD) contribution, priority and performance scores. Note – Table 4 and Figures 8 and 9 will be blank if the Agency Contribution Questionnaire is not completed.

Table 4. Summary of Contribution and Performance Scores by Model Standard

Quadrant		Model Standard	LHD Contribution (%)	Performance Score (%)
Quadrant A	7.2	Assure Linkage	75.0	50.0
Quadrant A	4.2	Community Partnerships	75.0	50.0
Quadrant A	3.3	Risk Communication	75.0	50.0
Quadrant A	3.2	Health Communication	75.0	58.3
Quadrant A	3.1	Health Education/Promotion	75.0	50.0
Quadrant B	2.3	Laboratories	75.0	100.0
Quadrant B	2.2	Emergency Response	75.0	70.8
Quadrant B	2.1	Identification/Surveillance	75.0	75.0
Quadrant C	9.3	Evaluation of LPHS	50.0	75.0
Quadrant C	9.2	Evaluation of Personal Health	50.0	95.0
Quadrant C	9.1	Evaluation of Population Health	50.0	62.5
Quadrant C	6.3	Enforce Laws	50.0	95.0
Quadrant C	6.2	Improve Laws	50.0	75.0
Quadrant C	6.1	Review Laws	50.0	100.0
Quadrant C	5.4	Emergency Plan	50.0	100.0
Quadrant C	5.2	Policy Development	50.0	75.0
Quadrant D	10.3	Research Capacity	50.0	37.5
Quadrant D	10.2	Academic Linkages	50.0	50.0
Quadrant D	10.1	Foster Innovation	50.0	37.5
Quadrant D	8.4	Leadership Development	50.0	43.8
Quadrant D	8.3	Continuing Education	50.0	45.0
Quadrant D	8.2	Workforce Standards	50.0	58.3
Quadrant D	8.1	Workforce Assessment	50.0	0.0
Quadrant D	7.1	Personal Health Services Needs	50.0	43.8
Quadrant D	5.3	CHIP/Strategic Planning	50.0	41.7
Quadrant D	5.1	Governmental Presence	50.0	41.7
Quadrant D	4.1	Constituency Development	50.0	56.3
Quadrant D	1.3	Registries	50.0	37.5
Quadrant D	1.2	Current Technology	50.0	41.7
Quadrant D	1.1	Community Health Assessment	50.0	58.3

Figure 8. Summary of Essential Public Health Service Performance Scores and Contribution Ratings

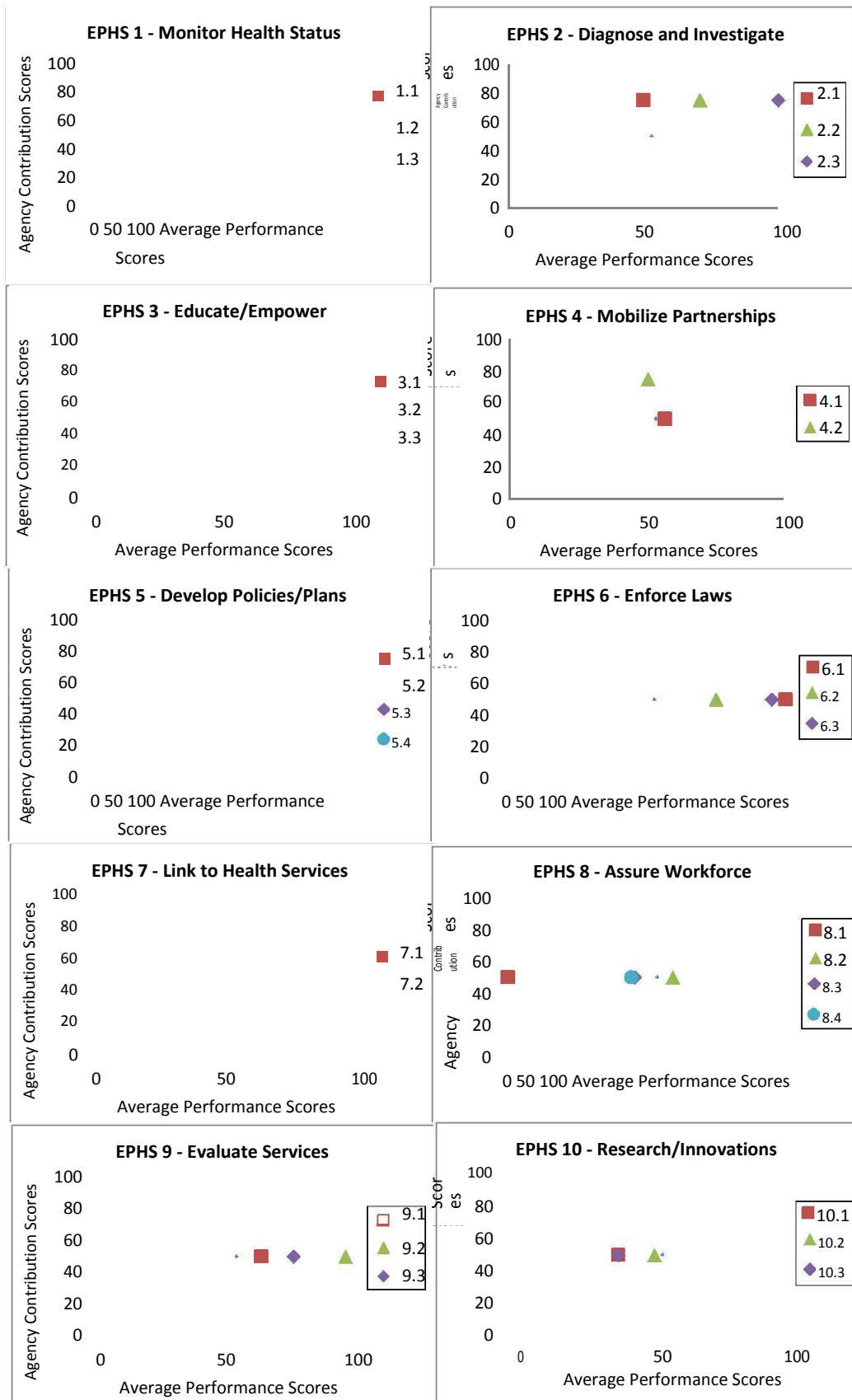
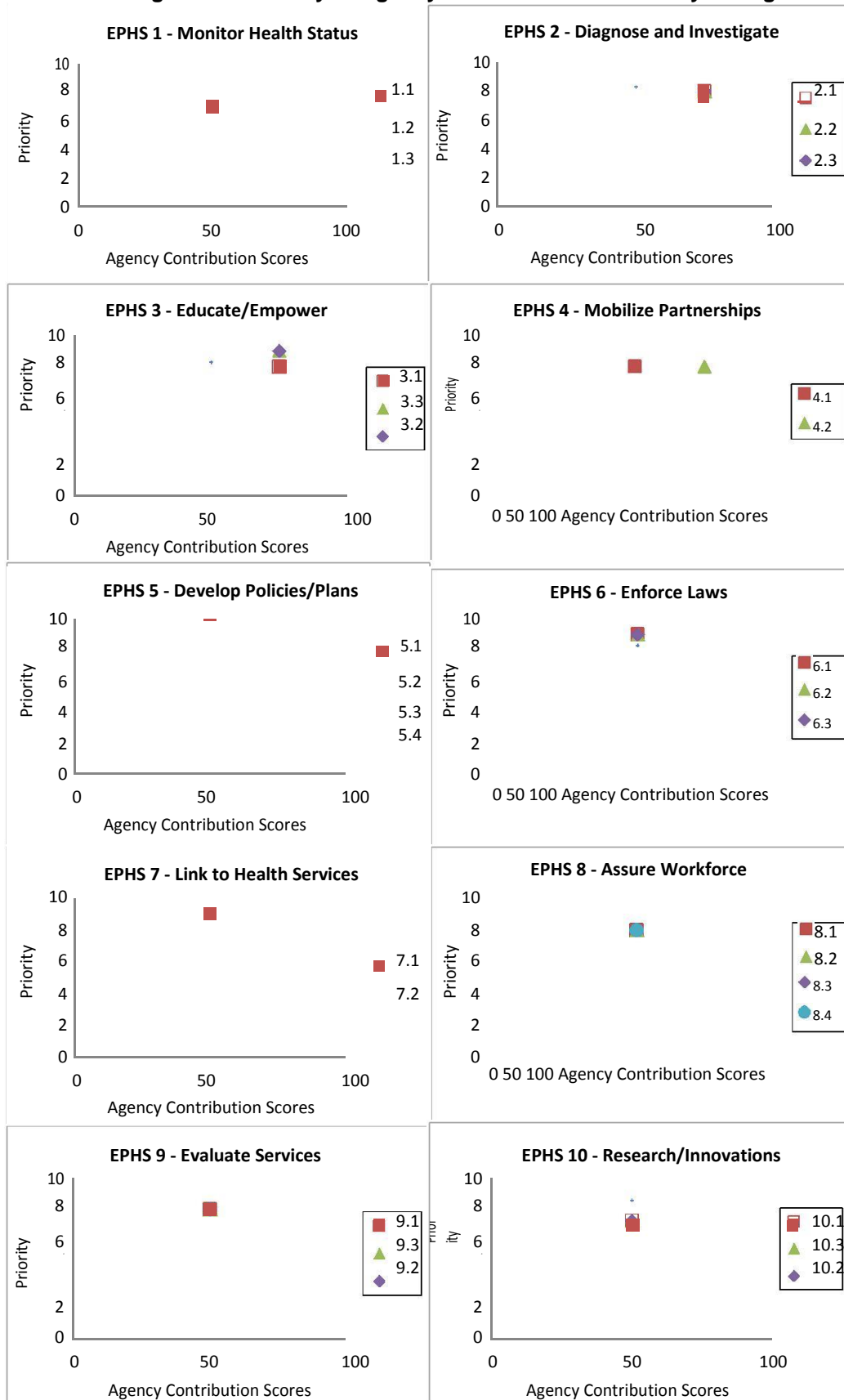


Figure 9. Summary of Agency Contribution and Priority Rating



Analysis and Discussion Questions

Having a standard way in which to analyze the data in this report is important. This process does not have to be difficult; however, drawing some initial conclusions from your data will prove invaluable as you move forward with your improvement efforts. It is crucial that participants fully discuss the performance assessment results. The bar graphs, charts, and summary information in the Results section of this report should be helpful in identifying high and low performing areas. Please refer to Appendix H of the Local Assessment Implementation Guide. This referenced set of discussion questions will to help guide you as you analyze the data found in the previous sections of this report.

Using the results in this report will help you to generate priorities for improvement, as well as possible improvement projects. Your data analysis should be an interactive process, enabling everyone to participate. Do not be overwhelmed by the potential of many possibilities for QI projects – the point is not that you have to address them all now. Consider this step as identifying possible opportunities to enhance your system performance. Keep in mind both your quantitative data (Appendix A) and the qualitative data that you collected during the assessment (Appendix B).

Next Steps

Congratulations on your participation in the local assessment process. A primary goal of the NPHPS is that data is used proactively to monitor, assess, and improve the quality of essential public health services. This report is an initial step to identifying immediate actions and activities to improve local initiatives. The results in this report may also be used to identify longer-term priorities for improvement, as well as possible improvement projects.

As noted in the Introduction of this report, NPHPS data may be used to inform a variety of organization and/or systems planning and improvement processes. Plan to use both quantitative data (Appendix A) and qualitative data (Appendix B) from the assessment to identify improvement opportunities. While there may be many potential quality improvement projects, do not be overwhelmed – the point is not that you have to address them all now. Rather, consider this step as a way to identify possible opportunities to enhance your system performance and plan to use the guidance provided in this section, along with the resources offered in Appendix C, to develop specific goals for improvement within your public health system and move from assessment and analysis toward action.

Note: Communities implementing Mobilizing for Action through Planning and Partnerships (MAPP) may refer to the MAPP guidance for considering NPHPS data along with other assessment data in the Identifying Strategic Issues phase of MAPP.

Action Planning

In any systems improvement and planning process, it is important to involve all public health system partners in determining ways to improve the quality of essential public health services provided by the system. Participation in the improvement and planning activities included in your action plan is the responsibility of all partners within the public health system.

Consider the following points as you build an Action Plan to address the priorities you have identified

- Each public health partner should be considered when approaching quality improvement for your system
- The success of your improvement activities are dependent upon the active participation and contribution of each and every member of the system
- An integral part of performance improvement is working consistently to have long-term effects
- A multi-disciplinary approach that employs measurement and analysis is key to accomplishing and sustaining improvements

You may find that using the simple acronym, 'FOCUS' is a way to help you to move from assessment and analysis to action.

F Find an opportunity for improvement using your results.

O Organize a team of public health system partners to work on the improvement. Someone in the group should be identified as the team leader. Team members should represent the appropriate organizations that can make an impact.

C Consider the current process, where simple improvements can be made and who should make the improvements.

U Understand the problem further if necessary, how and why it is occurring, and the factors that contribute to it. Once you have identified priorities, finding solutions entails delving into possible reasons, or "root causes," of the weakness or problem. Only when participants determine why performance problems (or successes!) have occurred will they be able to identify workable solutions that improve future performance. Most performance issues may be traced to well-defined system causes, such as policies, leadership, funding, incentives, information, personnel or coordination. Many QI tools are applicable. You may consider using a variety of basic QI tools such as brainstorming, 5-whys, prioritization, or cause and effect diagrams to better understand the problem (refer to Appendix C for resources).

S Select the improvement strategies to be made. Consider using a table or chart to summarize your Action Plan. Many resources are available to assist you in putting your plan on paper, but in general you'll want to include the priority selected, the goal, the improvement activities to be conducted, who will carry them out, and the timeline for completing the improvement activities. When complete, your Action Plan should contain documentation on the indicators to be used, baseline performance levels and targets to be achieved, responsibilities for carrying out improvement activities and the collection and analysis of data to monitor progress. (Additional resources may be found in Appendix C.)

Monitoring and Evaluation: Keys to Success

Monitoring your action plan is a highly proactive and continuous process that is far more than simply taking an occasional "snap-shot" that produces additional data. Evaluation, in contrast to monitoring, provides ongoing structured information that focuses on why results are or are not being met, what unintended consequences may be, or on issues of efficiency, effectiveness, and/or sustainability.

After your Action Plan is implemented, monitoring and evaluation continues to determine whether quality improvement occurred and whether the activities were effective. If the Essential Service performance does not improve within the expected time, additional evaluation must be conducted (an additional QI cycle) to determine why and how you can update your Action Plan to be more effective. The Action Plan can be adjusted as you continue to monitor and evaluate your efforts.

APPENDIX A: Individual Questions and Responses

Performance Scores

ESSENTIAL SERVICE 1: Monitor Health Status to Identify Community Health Problems			
1.1	Model Standard: Population-Based Community Health Assessment (CHA) <i>At what level does the local public health system:</i>		
1.1.1	Conduct regular community health assessments?		75
1.1.2	Continuously update the community health assessment with current information?		50
1.1.3	Promote the use of the community health assessment among community members and partners?		50
1.2	Model Standard: Current Technology to Manage and Communicate Population Health Data <i>At what level does the local public health system:</i>		
1.2.1	Use the best available technology and methods to display data on the public's health?		25
1.2.2	Analyze health data, including geographic information, to see where health problems exist?		50
1.2.3	Use computer software to create charts, graphs, and maps to display complex public health data (trends over time, sub-population analyses, etc.)?		50
1.3	Model Standard: Maintenance of Population Health Registries <i>At what level does the local public health system:</i>		
1.3.1	Collect data on specific health concerns to provide the data to population health registries in a timely manner, consistent with current standards?		50
1.3.2	Use information from population health registries in community health assessments or other analyses?		25
ESSENTIAL SERVICE 2: Diagnose and Investigate Health Problems and Health Hazards			
2.1	Model Standard: Identification and Surveillance of Health Threats <i>At what level does the local public health system:</i>		
2.1.1	Participate in a comprehensive surveillance system with national, state and local partners to identify, monitor, share information, and understand emerging health problems and threats?		75
2.1.2	Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies and emerging threats (natural and manmade)?		75
2.1.3	Assure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise?		75
2.2	Model Standard: Investigation and Response to Public Health Threats and Emergencies <i>At what level does the local public health system:</i>		

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

ESSENTIAL SERVICE 3: Inform, Educate, and Empower People about Health Issues		
3.1	Model Standard: Health Education and Promotion <i>At what level does the local public health system:</i>	
3.1.1	Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?	50
3.1.2	Coordinate health promotion and health education activities to reach individual, interpersonal, community, and societal levels?	50
3.1.3	Engage the community throughout the process of setting priorities, developing plans and implementing health education and health promotion activities?	50
3.2	Model Standard: Health Communication <i>At what level does the local public health system:</i>	
3.2.1	Develop health communication plans for relating to media and the public and for sharing information among LPHS organizations?	75
3.2.2	Use relationships with different media providers (e.g. print, radio, television, and the internet) to share health information, matching the message with the target audience?	50

3.2.3	Identify and train spokespersons on public health issues?	50
3.3	Model Standard: Risk Communication <i>At what level does the local public health system:</i>	
3.3.1	Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?	50
3.3.2	Make sure resources are available for a rapid emergency communication response?	50
3.3.3	Provide risk communication training for employees and volunteers?	50

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

4.1	Model Standard: Constituency Development <i>At what level does the local public health system:</i>	
4.1.1	Maintain a complete and current directory of community organizations?	75
4.1.2	Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?	50
4.1.3	Encourage constituents to participate in activities to improve community health?	50
4.1.4	Create forums for communication of public health issues?	50
4.2	Model Standard: Community Partnerships <i>At what level does the local public health system:</i>	
4.2.1	Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?	75
4.2.2	Establish a broad-based community health improvement committee?	25
4.2.3	Assess how well community partnerships and strategic alliances are working to improve community health?	50

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

5.1	Model Standard: Governmental Presence at the Local Level <i>At what level does the local public health system:</i>	
5.1.1	Support the work of a local health department dedicated to the public health to make sure the essential public health services are provided?	50
5.1.2	See that the local health department is accredited through the national voluntary accreditation program?	25
5.1.3	Assure that the local health department has enough resources to do its part in providing essential public health services?	50
5.2	Model Standard: Public Health Policy Development <i>At what level does the local public health system:</i>	
5.2.1	Contribute to public health policies by engaging in activities that inform the policy development process?	50

5.2.2	Alert policymakers and the community of the possible public health impacts (both intended and unintended) from current and/or proposed policies?	50
5.2.3	Review existing policies at least every three to five years?	25
5.3	Model Standard: Community Health Improvement Process and Strategic Planning <i>At what level does the local public health system:</i>	
5.3.1	Establish a community health improvement process, with broad-based diverse participation, that uses information from both the community health assessment and the perceptions of community members?	50
5.3.2	Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?	50
5.3.3	Connect organizational strategic plans with the Community Health Improvement Plan?	25
5.4	Model Standard: Plan for Public Health Emergencies <i>At what level does the local public health system:</i>	
5.4.1	Support a workgroup to develop and maintain preparedness and response plans?	100
5.4.2	Develop a plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed?	100
5.4.3	Test the plan through regular drills and revise the plan as needed, at least every two years?	100

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

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

6.2.2	Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote the public health?	75
6.2.3	Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?	75
6.3	Model Standard: Enforcement of Laws, Regulations, and Ordinances <i>At what level does the local public health system:</i>	
6.3.1	Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?	100
6.3.2	Assure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies?	100
6.3.3	Assure that all enforcement activities related to public health codes are done within the law?	100
6.3.4	Educate individuals and organizations about relevant laws, regulations, and ordinances?	75
6.3.5	Evaluate how well local organizations comply with public health laws?	100

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

7.1	Model Standard: Identification of Personal Health Service Needs of Populations <i>At what level does the local public health system:</i>	
7.1.1	Identify groups of people in the community who have trouble accessing or connecting to personal health services?	50
7.1.2	Identify all personal health service needs and unmet needs throughout the community?	50
7.1.3	Defines partner roles and responsibilities to respond to the unmet needs of the community?	25
7.1.4	Understand the reasons that people do not get the care they need?	50
7.2	Model Standard: Assuring the Linkage of People to Personal Health Services <i>At what level does the local public health system:</i>	
7.2.1	Connect (or link) people to organizations that can provide the personal health services they may need?	50
7.2.2	Help people access personal health services, in a way that takes into account the unique needs of different populations?	50
7.2.3	Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs)?	50
7.2.4	Coordinate the delivery of personal health and social services so that everyone has access to the care they need?	50

ESSENTIAL SERVICE 8: Assure a Competent Public and Personal Health Care Workforce

8.1	Model Standard: Workforce Assessment, Planning, and Development <i>At what level does the local public health system:</i>	
8.1.1	Set up a process and a schedule to track the numbers and types of LPHS jobs and the knowledge, skills, and abilities that they require whether those jobs are in the public or private sector?	0
8.1.2	Review the information from the workforce assessment and use it to find and address gaps in the local public health workforce?	0
8.1.3	Provide information from the workforce assessment to other community organizations and groups, including governing bodies and public and private agencies, for use in their organizational planning?	0
8.2	Model Standard: Public Health Workforce Standards <i>At what level does the local public health system:</i>	
8.2.1	Make sure that all members of the public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and meet the law?	100
8.2.2	Develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the essential public health services?	25
8.2.3	Base the hiring and performance review of members of the public health workforce in public health competencies?	50
8.3	Model Standard: Life-Long Learning through Continuing Education, Training, and Mentoring <i>At what level does the local public health system:</i>	
8.3.1	Identify education and training needs and encourage the workforce to participate in available education and training?	50
8.3.2	Provide ways for workers to develop core skills related to essential public health services?	50
8.3.3	Develop incentives for workforce training, such as tuition reimbursement, time off for class, and pay increases?	50
8.3.4	Create and support collaborations between organizations within the public health system for training and education?	50
8.3.5	Continually train the public health workforce to deliver services in a cultural competent manner and understand social determinants of health?	25
8.4	Model Standard: Public Health Leadership Development <i>At what level does the local public health system:</i>	
8.4.1	Provide access to formal and informal leadership development opportunities for employees at all organizational levels?	50
8.4.2	Create a shared vision of community health and the public health system, welcoming all leaders and community members to work together?	50
8.4.3	Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?	50

8.4.4	Provide opportunities for the development of leaders representative of the diversity within the community?	25
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ESSENTIAL SERVICE 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

9.1	Model Standard: Evaluation of Population-Based Health Services <i>At what level does the local public health system:</i>	
9.1.1	Evaluate how well population-based health services are working, including whether the goals that were set for programs were achieved?	75
9.1.2	Assess whether community members, including those with a higher risk of having a health problem, are satisfied with the approaches to preventing disease, illness, and injury?	50
9.1.3	Identify gaps in the provision of population-based health services?	75
9.1.4	Use evaluation findings to improve plans and services?	50
9.2	Model Standard: Evaluation of Personal Health Services <i>At what level does the local public health system:</i>	
9.2.1	Evaluate the accessibility, quality, and effectiveness of personal health services?	100
9.2.2	Compare the quality of personal health services to established guidelines?	75
9.2.3	Measure satisfaction with personal health services?	100
9.2.4	Use technology, like the internet or electronic health records, to improve quality of care?	100
9.2.5	Use evaluation findings to improve services and program delivery?	100
9.3	Model Standard: Evaluation of the Local Public Health System <i>At what level does the local public health system:</i>	
9.3.1	Identify all public, private, and voluntary organizations that provide essential public health services?	75
9.3.2	Evaluate how well LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing to essential public health services?	75
9.3.3	Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?	75
9.3.4	Use results from the evaluation process to improve the LPHS?	75

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

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

APPENDIX B: Qualitative Assessment Data

Summary Notes

ESSENTIAL SERVICE 1: Monitor Health Status to Identify Community Health Problems			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
1.1	Model Standard: Population-Based Community Health Assessment (CHA)		
<p>Good tool.</p> <p>Surveys</p> <p>There is a non-profit hospital in the county that is required to complete an assessment every 3 years.</p>	<p>The CHA cost \$85,000 to complete.</p> <p>No reference of CHA on the Geauga County website.</p> <p>Gauga Hospital and Geauga County Health District assessments are completed seperately.</p> <p>No promotion.</p> <p>Most participants did not know that a CHA was completed.</p> <p>Most did not know that CHA was on website.</p>	<p>Add a link to the CHA on the Geauga County website.</p> <p>Better job on promotion.</p>	<p>Put all assessments in a centralized location.</p> <p>Find a "for profit" company that would be willing to donate their resources or assist in the dissemination of the information. Perhaps they would have interns that could do the work on the assessment.</p>

1.2	Model Standard: Current Technology to Manage and Communicate Population Health Data		
<p>There is a lot of useful information, IF you know what you are looking for and where to find it.</p>	<p>If you don't know the information is there, it is not worth anything.</p>	<p>Need to remind agencies that the information is available- Promote.</p>	<p>Gain support from employers to show their health insurance companies that Geauga County residents are less likely to smoke, drink, etc.</p>

1.3	Model Standard: Maintenance of Population Health Registries		
<p>In previous specific cases, health data was shared with the townships through meetings.</p>	<p>Health registry information should be disseminated to the township/village/city officials.</p> <p>Geauga Health District does not have a health registry.</p>	None discussed	None discussed

ESSENTIAL SERVICE 2: Diagnose and Investigate Health Problems and Health Hazards			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
2.1	Model Standard: Identification and Surveillance of Health Threats		
Multiple agencies involved with surveillance, Health Dept, Dog Warden, Hospital, Physician offices, some collaboration is taking place	Collaboration and communication between agencies could be better.	<p>Offer education classes for other agencies dealing with hoarding and toxic environments for agency workers.</p> <p>Health Dept and other agencies can offer more information on websites which include forms with instructions to be completed by dog warden for dog bites, resource lists for off hours.</p>	Development of an agency partnership that meets quarterly/twice a year to collaborate.

2.2	Model Standard: Investigation and Response to Public Health Threats and Emergencies		
<p>Several agencies in Geauga County have plans in place (DES, Health Dept, Police and Fire, JFS, Humane Society). Process has been in place since early 70's.</p> <p>Plans are updated and tested yearly.</p>	<p>Not all agencies have emergency plans with no Emergency Response Coordinator.</p> <p>Not all agencies have practice exercises to test plans.</p>	<p>Continue to develop local plans for agencies.</p> <p>Have local agency be part of local planning meetings.</p>	<p>Include local agencies in county planning efforts.</p>

2.3	Model Standard: Laboratory Support for Investigation of Health Threats		
<p>Good relationship with local UH Geauga Lab, have access to several other certified labs in the county and region. These labs work closely with the ODH lab.</p> <p>Good relationship with local UH Geauga Lab, have access to several other certified labs in the county and region. These labs work closely with the ODH lab.</p>	<p>Can only ship specimens during work week and not on friday.</p>	<p>None listed</p>	<p>None listed</p>

ESSENTIAL SERVICE 3: Inform, Educate, and Empower People about Health Issues			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
3.1	Model Standard: Health Education and Promotion		
<p>211 service through the United Way provides a lot of information, great resource.</p> <p>DOA (Dept on Aging) will take seniors to any doctors appt</p>	<p>Agencies are not getting info on various county agencies and what services they provide.</p> <p>Promotion is lacking, should do more networking and advertising.</p> <p>Many agencies dont have tools or data on how many people they reach with promotion</p>	<p>Agencies need to work on promoting services.</p> <p>Develop tools such as surveys to see the impact of promoting your programs and services.</p>	<p>Develop a video to promote your agency and display your programs.</p>

3.2	Model Standard: Health Communication		
<p>Geauga County PIO group has been established and meeting for several months.</p> <p>Communication Plans are in place at several agencies and have been for several years.</p> <p>Agencies have had spokesperson training.</p>	<p>Current Communication Plans need to add social media.</p> <p>Communication Plans could be updated.</p> <p>Not all agencies have had spokesperson training.</p>	<p>Have social media training.</p> <p>Have spokesperson training.</p>	<p>Develop a well trained County PIO group as a resource for all agencies to use in the future.</p>

3.3	Model Standard: Risk Communication		
<p>Emergency communications plans are in place in several county agencies to help disseminate information.</p> <p>County has recently purchased new communications software to help disseminate information throughout the county if need be.</p> <p>Health Dept, sheriff dept also discussed that they also disseminate information and have resources to assist with communication.</p>	<p>Not all agencies have communication plans.</p> <p>Risk communication is taking place but not with all agencies.</p> <p>Not all agencies have resources in place for notifying personnel or clients during emergencies.</p>	<p>Continue developing communication plans for all agencies.</p> <p>Encourage Risk communication training for all agencies.</p>	<p>Encourage agencies to develop call trees for emergency notifications.</p>

ESSENTIAL SERVICE 4: Mobilize Community Partnerships to Identify and Solve Health Problems				
STRENGTHS	WEAKNESSES		OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
4.1		Model Standard: Constituency Development		
<p>Many agencies were involved with the CHA (Family First, Help me Grow)</p> <p>Being able to get agencies together to discuss public health issues.</p>	<p>Sustainability is a challenge.</p> <p>The over 65 population is not being identified.</p>	Nothing noted	<p>Break the senior population out of the CHA. Over 20% of the population in Geauga is over 65 years of age.</p>	

4.2		Model Standard: Community Partnerships	
The partnerships and collaborations mentioned	Changes of the funding base the health district has to work with; if levies do not pass, the health district may have to assess the townships/villages/city	Reconvene Healthy Geauga Committee	Nothing noted

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

STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
5.1	Model Standard: Governmental Presence at the Local Level		
Partners who have already experienced accreditation have volunteered to help with the Geauga County Health District accreditation process.	<p>The Geauga County Health District has financial and staffing challenges.</p> <p>The additional health district levy did not pass.</p> <p>The areas lacking seem to be a management issue.</p>	Tighten up documentation policies in the Health Department	Continue collaboration efforts

5.2	Model Standard: Public Health Policy Development		
On top of any issues with state level policies.	Policy makers have their own agenda when it comes to making new laws and regulations.	continue collaboration	continue collaboration

5.3	Model Standard:	Community Health Improvement Process and Strategic Planning		
Group is learning what is coming ahead and will be a part of the process.	nothing noted	nothing noted	nothing noted	

5.4	Model Standard: Plan for Public Health Emergencies		
<p>Many groups discussed that they had emergency response plans.</p> <p>Many agencies described that they have also been training and exercising for quite some time. Since the early 1970's for Perry Plant.</p> <p>Good collaboration</p>	<p>Still have many agencies that need plans and training.</p>	<p>continue training and collaboration</p>	<p>continue training and collaboration</p> <p>Develop a workgroup to help continue to development of agencies and planning.</p>

ESSENTIAL SERVICE 6: Enforce Laws and Regulations that Protect Health and Ensure Safety			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
6.1	Model Standard: Review and Evaluation of Laws, Regulations, and Ordinances		
Many public health laws and regulations dealing with water, septic, sanitation, restaurant, swimming pools, food, communicable disease, immunization	Many residents and businesses not aware of public health laws and regulations especially new ones	Make information available on health department website	Restaurant inspections will be electronically available to public on website.

6.2	Model Standard: Involvement in the Improvement of Laws, Regulations, and Ordinances		
<p>Not a strength was listed for this item, laws and regulations are not easily changed or developed.</p>	<p>Hoarding is not addressed and a few attendees mentioned this as a big concern because of risk to children's health in that home.</p> <p>Mold or bed bug in rental home or apt, health dept has no authority in this domain.</p> <p>Enforcement is the challenge for any new law or regulation, who is going to enforce?</p>	<p>Work to collaborate with multiple agencies who are willing to support the new or changed law from the beginning to end.</p> <p>Create a workgroup to address changes, what the impact will be and who it effects?</p>	<p>Nothing noted</p>

6.3	Model Standard:	Enforcement of Laws, Regulations, and Ordinances	
<p>Sheriff and local law enforcement work with the Geauga County Health Department to enforce public health laws and regulations.</p> <p>Gauga County Dog Warden works under Ohio Revised Code for animal quarantine for rabies when guided by the health department.</p>	<p>scrap yards- state doesn't have computers set up, law says we have to do this, need to report no way to report at this time</p>	<p>Continue to identify and collaborate with local partners.</p> <p>Continue to identify and provide information to the public.</p>	<p>Nothing noted</p>

ESSENTIAL SERVICE 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
7.1	Model Standard: Identification of Personal Health Service Needs of Populations		
<p>Geauga has a transit system</p> <p>Have good medical care in Geauga County, many good pediatricians, physicians, full service hospital</p>	<p>Expensive to use transit system, must call a week in advance and can only go within Geauga County.</p> <p>Not many people are aware of transit system, routes and how it works.</p> <p>Dentists and other specialty services do not accept medicare</p>	<p>Better communication to make people aware of services.</p> <p>Contact churches to see if they transport members for physician visits</p>	<p>Recruit and train volunteers to drive special routes.</p>

7.2	Model Standard: Assuring the Linkage of People to Personal Health Services		
<p>Agencies are collaborating with each other.</p> <p>Some strong support systems are in place.</p>	<p>Many barriers, need to find way to minimize the barriers.</p> <p>Home visits are needed, the need is greater than the actual resources available</p>	<p>Continue to collaborate, coordination between agencies can be improved.</p> <p>Need a 1st contact to be able to get access to home and agency.</p>	<p>Bring back the importance of putting the family first.</p> <p>Find resources to a problem other than probation, need to find solutions.</p>

ESSENTIAL SERVICE 8: Assure a Competent Public and Personal Health Care Workforce			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
8.1	Model Standard: Workforce Assessment, Planning, and Development		
<p>Kent State Geauga has RN to BSN also associate nurse</p> <p>social Workers maintain level offered in Akron</p> <p>nurses- hospital offers CE program</p>	<p>Hard to do it all in Geauga, will have to finish at Kent Main</p> <p>too many waiting lists for nursing programs (5yr wait at Lakeland and Tri C)</p> <p>never seen a list of Workforce development courses</p>	<p>need better communication, a booklet of what is required for each certificate or license what is required and whether they met requirement.D62</p>	<p>need more clarification on what people do and what they need to do to keep that job, want to trust that each agency is doing what they should be doing</p>

8.2	Model Standard: Public Health Workforce Standards		
<p>Geauga and Ohio seem fairly consistent in requiring certain jobs needing licensure and to maintain that licensure must complete continuing education.</p> <p>Being a county with low population and small town atmosphere local agencies have the luxury to do what they are suppose to do.</p>	<p>we assume that certifications and licensure is being met within the various agencies and throughout the county.</p> <p>Question needs to be asked more frequently, who is auditing these agencies?</p>	<p>need better communication and to educate each other</p>	<p>develop a booklet that describes each certification or licensure and what is required to maintain it</p>

8.3	Model Standard: Life-Long Learning through Continuing Education, Training, and Mentoring		
<p>Technology has made it easier with distance learning platforms such as skype and cost is minimal, and convenient when weather is bad.</p> <p>Some agencies said that they have training budgets or that employees are reimbursed which is helpful.</p>	<p>Some programs are expensive and not affordable</p>	<p>Look at collaborating with agencies and might be able to share costs of programs</p> <p>Work on eliminating barriers (cost, convenience, time)</p>	<p>Develop a workforce program to better your employees and agency.</p>

8.4 Model Standard: Public Health Leadership Development			
<p>Some agencies are involved in local leadership initiatives like Geauga Leadership.</p> <p>JFS has an annual awards breakfast to recognize individuals</p> <p>Other agencies said that they took individuals to lunch to recognize achievements.</p>	<p>Gauga Leadership is costly and not everyone can commit to the time.</p> <p>Most agencies or employers do not offer leadership development opportunities.</p>	<p>More collaboration is needed in leadership development</p>	<p>Employers should look at the benefit of the whole systems approach and how it would affect its work culture.</p>

ESSENTIAL SERVICE 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
9.1	Model Standard: Evaluation of Population-Based Health Services		
<p>Vaccination rate has gone from 36% to 88% for well child clinics.</p> <p>Have moved to third party company to do billing to manage workload.</p> <p>County agencies expressed credibility as a strength.</p>	<p>Have not disseminated outcomes to the public</p> <p>Birth Center described the herbal remedies used by amish population as being a challenge to work with.</p> <p>Many agencies described the fact that they have to do more with less (funding, workforce, resources)</p> <p>In general amish populations cultural differences can be a challenge and difficult to service.</p>	<p>continue or expand collaborations to agencies and community.</p> <p>Continue or expand communications</p> <p>utilize volunteers and seek donations and share resources when possible</p>	<p>track outcomes and communicate them to the public</p>

Many of the agencies use the satisfaction surveys special program accreditations which have a built in audit system Data seems to be abundant, many agencies are collecting and tracking data.	cost of technology is a problem Getting agencies to realize that they are part of the public health system.	Not aware what was being done with data after it was collected, more follow-up is needed or directed to an improvement plan.	Improvement of services and program delivery
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9.3 Model Standard: Evaluation of the Local Public Health System			
<p>The quality of the people/agencies with the group</p> <p>Very high level, lot of collaborations take place between particular agencies</p>	Engage a larger number of people	Use coordinating agencies for education	Move to a regional level to strengthen or expand reach.

ESSENTIAL SERVICE 10: Research for New Insights and Innovative Solutions to Health Problems			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
10.1	Model Standard: Fostering Innovation		
<p>A couple agencies indicated they are active in research (DDC, hospital, Kent State, Health Dept)</p> <p>Health Dept personnel have access to best practices, professional organizations which do research and publish the results</p> <p>Other agencies expressed the same information</p>	<p>Little time or minimal resources seem to be devoted to research.</p>	<p>awareness/education from the top down</p>	<p>None listed</p>

10.2	Model Standard: Linkage with Institutions of Higher Learning and/or Research		
<p>Several agencies mentioned that they have a good working relationship with Kent State Geauga, ODH, CDC RAND Corporation, etc</p> <p>Gauga County Health Dept has had staff and student trainings with Kent State in the past</p> <p>DDC, Geauga Hospital, and Kent State are actively involved with research projects.</p> <p>Agencies are members to professional organizations that do research and provide information to them through periodicals and websites.</p>	<p>some agencies were not participating in research.</p>	<p>become more aware of research being conducted and how this information helps your agency.</p>	<p>become actively involved in a local research project</p>

10.3	Model Standard: Capacity to Initiate or Participate in Research		
<p>Geauga Hospital being affiliated with University Hospital System hires researcher companies.</p> <p>DDC Clinic conducts research as part of its mission.</p> <p>Kenston Schools was involved in National Childhood Obesity program that tracked students and collected data as part of grant.</p> <p>Agencies aware of online resources professional associations.</p>	<p>Research activity taking place in Geauga County could be more.</p>	<p>Seek more opportunities in the community to collaborate and share resources.</p> <p>Develop a network of local providers who have experience and skills in designing health-related studies.</p>	<p>none noted</p>

APPENDIX C: Additional Resources

General

Association of State and Territorial Health Officers (ASTHO)

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

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

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

Guide to Clinical Preventive Services

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

Guide to Community Preventive Services

www.thecommunityguide.org

National Association of City and County Health Officers (NACCHO)

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

National Association of Local Boards of Health (NALBOH)

<http://www.nalboh.org>

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

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

Public Health 101 Curriculum for governing entities

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

Accreditation

ASTHO's Accreditation and Performance Improvement resources

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

NACCHO Accreditation Preparation and Quality Improvement

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

Public Health Accreditation Board

www.phaboard.org

Health Assessment and Planning (CHIP/ SHIP)

Healthy People 2010 Toolkit:

Communicating Health Goals and Objectives

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

Setting Health Priorities and Establishing Health Objectives

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

Healthy People 2020:

www.healthypeople.gov

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

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

Mobilizing for Action through Planning and Partnership:

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

MAPP Clearinghouse

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

MAPP Framework

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

National Public Health Performance Standards Program

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

Performance Management /Quality Improvement

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

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

Improving Health in the Community: A Role for Performance Monitoring

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

National Network of Public Health Institutes Public Health Performance Improvement Toolkit

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

Public Health Foundation – Performance Management and Quality Improvement

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

Turning Point

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

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

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

Evaluation

CDC Framework for Program Evaluation in Public Health

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

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

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

National Resource for Evidence Based Programs and

Practices www.nrepp.samhsa.gov

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

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