Washoe County

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MEETING NOTICE AND AGENDA

Washoe County District Board of Health

Date and Time:

Thursday, January 16, 2014, 1:00 p.m.

Place of Meeting:

Washoe County Health District 1001 East Ninth Street, Building B South Auditorium Reno, Nevada 89512

REVISED: District Board of Health Meeting Agenda

All items numbered or lettered below are hereby designated **for possible action** as if the words "for possible action" were written next to each item (NRS 241.020). An item listed with asterisk (*) next to it is an item for which no action will be taken.

Time	Agenda Item No.	Agenda Item	Presenter
1:00 PM	*1.	Call to Order, Pledge of Allegiance Led by Invitation	Mr. Smith
	*2.	Roll Call	Mr. Smith
Public Comment	*3.	Public Comment (3 minute time limit per person)	Mr. Smith
	4.	Approval / Deletions to Agenda for the January 16, 2014, meeting.	Mr. Smith
	5.	Orientation to the National Public Health Performance Standards (NPHPS) Public Health Governing Entity Assessment Instrument Version 3.0	Mr. Dick Ms. Frenkel
	6.	Facilitated Board Discussion to the National Public Health Performance Standards (NPHPS) Public Health Governing Entity Assessment Instrument Version 3.0, Prioritization of Essential Activities, and Identification of Opportunities for Improvement.	Mr. Smith Ms. Frenkel
	7.	Closing Comments Regarding District Board of Health Retreat by Board Members and Staff.	Mr. Smith
	*8.	Limited to Announcements or Issues for Future Agendas.	Mr. Smith

Time	Agenda Item No.	Agenda Item	Presenter
	*9.	Public Comment – (3 minute time limit per person)	Mr. Smith
	10.	Adjournment	Mr. Smith

Business Impact Statement: A Business Impact Statement is available at the Washoe County Health District for those items denoted with a "\$."

Items on the agenda may be taken out of order, combined with other items, withdrawn from the agenda, moved to the agenda of another later meeting; moved to or from the Consent section, or they may be voted on in a block. Items with a specific time designation will not be heard prior to the stated time, but may be heard later. Items listed in the Consent section of the agenda are voted on as a block and will not be or considered separately unless withdrawn from the Consent.

The District Board of Health Meetings are accessible to the disabled. Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Administrative Health Services in writing at the Washoe County Health District, PO Box 1130, Reno, NV 89520-0027, or by calling 775.328.2416, 24 hours prior to the meeting.

Time Limits: Public comments are welcomed during the Public Comment periods for all matters whether listed on the agenda or not. All comments are limited to three (3) minutes per person. Additionally, public comment of three (3) minutes per person may be heard during individual action items on the agenda. Persons are invited to submit comments in writing on the agenda items and/or attend and make comment on that item at the Board meeting. Persons may not allocate unused time to other speakers.

Response to Public Comments: The Board of Health can deliberate or take action only if a matter has been listed on an agenda properly posted prior to the meeting. During the public comment period, speakers may address matters listed or not listed on the published agenda. The *Open Meeting Law* does not expressly prohibit responses to public comments by the Board of Health. However, responses from the Board members to unlisted public comment topics could become deliberation on a matter without notice to the public. On the advice of legal counsel and to ensure the public has notice of all matters the Board of Health will consider, Board members may choose not to respond to public comments, except to correct factual inaccuracies, ask for Health District Staff action or to ask that a matter be listed on a future agenda. The Board of Health may do this either during the public comment item or during the following item: "Board Comments – Limited to Announcement or Issues for future Agendas."

<u>Pursuant to NRS 241.020, Notice of this meeting was posted at the following locations</u>: Washoe County Health District, 1001 E. 9th Street, Reno, NV Reno City Hall, 1 E 1st Street, Reno, NV Sparks City Hall, 431 Prater Way, Sparks, NV Washoe County Administration Building, 1001 E. 9th Street, Reno, NV Washoe County Health District Website www.washoecounty.us/health

Supporting materials are available to the public at the Washoe County Health District located at 1001 E. 9th Street, in Reno, Nevada. Ms. Dawn Spinola, Administrative Secretary to the District Board of Health is the person designated by the Washoe County District Board of Health to respond to requests for supporting materials. Ms. Spinola is located at the Washoe County Health District and may be reached by telephone at (775) 328-2415 or by email at <u>dspinola@washoecounty.us</u>. Supporting materials are also available at the Washoe County Health District Website <u>www.washoecounty.us/health</u> pursuant to the requirements of NRS 241.020



STRENGTHENING SYSTEMS, IMPROVING THE PUBLIC'S HEALTH

OVERVIEW

The National Public Health Performance Standards (NPHPS) provide a framework to assess capacity and performance of public health systems and public health governing bodies. This framework can help identify areas for system improvement, strengthen state and local partnerships, and ensure that a strong system is in place for addressing public health issues.

NPHPS tools are used to

- Identify partners and community members in the public health system
- Engage those partners in health assessment and health improvement planning
- Promote improvement in agencies, systems, and communities

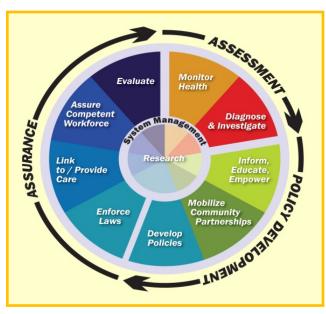


Figure 1—The 10 Essential Public Health Services

ASSESSMENTS

The NPHPS include three assessments:

- The State Public Health System Assessment Instrument focuses on the state public health system, which includes state public health agencies and other partners that contribute to public health services at the state level. The state instrument can be found on the Association of State and Territorial Health Officials NPHPS website.
- The Local Public Health System Assessment Instrument focuses on the local public health system or all entities that contribute to public health services within a community. The local instrument can be found on the <u>National Association of County and City</u> <u>Health Officials NPHPS</u> website.
- The Public Health Governing Entity Assessment Instrument focuses on the governing body accountable for public health at the local level. Such governing bodies may include boards of health, councils, or county commissioners. The governance instrument can be found on the <u>National Association</u> of Local Boards of Health NPHPS website.

CONCEPTS APPLIED IN THE NPHPS

Four concepts helped to frame and inform the NPHPS:

- The 10 Essential Public Health Services (outlined in Figure 1)
- A focus on the overall public health system
- A description of an optimal level of performance rather than minimum expectations
- An intent to support a process of continuous quality improvement

BENEFITS OF IMPLEMENTATION

The NPHPS is a valuable tool in identifying areas for system improvement, strengthening state and local partnerships, and ensuring that a strong system is in place for responding effectively to day-to-day public health issues and public health emergencies. NPHPS instrument users at all levels report numerous benefits, including

- Improvement in organizational and community communication and collaboration
- Usefulness in educating participants about public health and the interconnectedness of activities
- Strengthening of the diverse network of partners
- Identification of strengths and weaknesses
- Provides a benchmark for public health practice improvements.





STRENGTHENING SYSTEMS, IMPROVING THE PUBLIC'S HEALTH

NPHPS AND ACCREDITATION

How does the NPHPS align with accreditation efforts?

The NPHPS provides a framework for assessing public health system performance and thus helps health departments better understand their agency's role in delivering essential public health services and interacting with public health system partners. This information may help state and local health departments prepare for or maintain accreditation status. There are three specific scenarios for which the NPHPS assessment process and results may help health departments with accreditation and quality improvement:

- 1. The Public Health Accreditation Board (PHAB) accreditation guidance specifically identifies NPHPS a tool or process that can be used meet PHAB standards 1.1.1 (state/community health assessment), 4.1.2 (models of community engagement), and 5.2.1 (community health improvement plan).
- NPHPS can be used to identify and document the health department's participation in, or contribution to, other public health system activities where collaboration is necessary to meet PHAB standards. Accreditation coordinators can use the NPHPS assessment process and its related documentation to identify partnerships necessary to meet PHAB standards.
- 3. Health departments can use NPHPS to identify potential quality improvement opportunities or solutions as part of meeting PHAB Standard 9.2. Results from the NPHPS strengths-weaknesses-opportunities-priorities analysis can help health departments identify quality improvement projects, which can aid in the pre-accreditation stage. Health department staff can then use NPHPS post-assessment guidance to work through quality improvement planning and implementation. After accreditation, NPHPS assessment results can also give health departments ideas for addressing areas of weakness found during the accreditation process.

DRIVING PERFORMANCE IMPROVEMENT

STEPS TO THE PERFORMANCE IMPROVEMENT PROCESS

- 1. Organize participation for performance improvement.
- 2. Prioritize areas for action.
- 3. Explore root causes of performance.
- 4. Develop and implement improvement plans.
- 5. Regularly monitor and report progress.

IMPLEMENTATION TIPS

- Use a systems approach—build on the collaboration begun during the assessment.
- Follow up with performance improvement priorities.
- Select key measures to monitor and manage.
- Link measurement to improvement.
- Always plan before taking action—take the time to set priorities and determine strategy.
- Align your strategies with your partner organizations.

For more information, contact <u>phpsp@cdc.gov</u> or visit <u>www.cdc.gov/nphpsp</u>

The NPHPS is a collaborative effort between CDC and the following partners: American Public Health Association • Association of State and Territorial Health Officials • National Association of County and City Health Officials • National Association of Local Boards of Health • National Network of Public Health Institutes • Public Health Foundation



Centers for Disease Control and Prevention Office for State, Tribal, Local and Territorial Support



National Public Health Performance Standards

Public Health Governing Entity Assessment Instrument Version 3.0



National Association of Local Boards of Health

Acknowledgements

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

We also extend our deep appreciation to the many board of health representatives who provided input on the development of the Governance Assessment Implementation Handbook. Feedback based on their experiences with the NPHPS assessment instruments has resulted in a more instrument-specific guide.

We are also grateful for the contributions of NALBOH's Performance Standards and Accreditation Committee. Members of this Committee include Nancy Terwoord (Chair), Valeria Carlson (CDC Representative), Oliver Delk, Teresa Daub (CDC Representative), Deb Koester, Mitzi Racine, Tony Santarsiero, Steve Scanlin, Nancy Short, David Stone, Harvey Wallace, Lucille Wilson, and Carolyn Wysocki.

This publication was supported by Cooperative Agreement 5U38M000512-05 from the Centers for Disease Control and Prevention, Office for State, Tribal, Local, and Territorial Support. 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.

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.

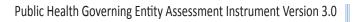
Modifications introduced in Version 3.0 instruments have been field tested and/or reviewed by subject matter experts or select members of the target audience.



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Introduction

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

Understanding the Benefits of Conducting the Assessment

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

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

Four Key Concepts

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

- 1. The standards are designed around the **Ten Essential Public Health Services**. The use of the essential services assures that the standards cover the range of public health action needed at all levels.
- 2. The governance assessment tool focuses on the **individual governing body**. However, the state and local standards and assessment tools focus on the **overall public health system**. A public health system includes all public, private, and voluntary organizations that contribute to public health activities within a given area.
- 3. The standards describe an **optimal level of performance** rather than provide minimum expectations. This ensures that the standards may be used for continuous quality improvement.
- 4. The standards are intended to support a process of **quality improvement**. System partners and governing bodies should use the assessment process and the performance standards results as a guide for learning about public health activities throughout the system and determining how to make improvements.

Defining Public Health

The mission of public health is to fulfill society's desire to create conditions so that people can be healthy. Public health includes the activities that society undertakes to assure the conditions in which people can be healthy. These include organized community efforts to prevent, identify, and counter threats to the health



of the public (Institute of Medicine, 1988; Public Health Accreditation Board, 2011; Turnock, 2009; Winslow, 1952). Public health is:

- The science and the art of preventing disease, prolonging life, and promoting physical health and mental health and efficiency through organized community efforts toward a sanitary environment
- The control of community infections; the education of the individual in principles of personal hygiene
- The organization of medical and nursing service for the early diagnosis and treatment of disease
- The development of the social machinery to ensure to every individual in the community a standard of living adequate for the maintenance of health

The Six Functions of Public Health Governance

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

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

Definitions of the Six Functions of Public Health Governance

- **Policy development:** Lead and contribute to the development of policies that protect, promote, and improve public health while ensuring that the agency and its components remain consistent with the laws and rules (local, state, and federal) to which it is subject.
- **Resource stewardship:** Assure the availability of adequate resources (legal, financial, human, technological, and material) to perform essential public health services.
- Legal authority: Exercise legal authority as applicable by law and understand the roles, responsibilities, obligations, and functions of the governing body, health officer, and agency staff.
- **Partner engagement:** Build and strengthen community partnerships through education and engagement to ensure the collaboration of all relevant stakeholders in promoting and protecting the community's health.
- **Continuous improvement:** Routinely evaluate, monitor, and set measurable outcomes for improving community health status and the public health agency's/governing body's own ability to meet its responsibilities
- **Oversight:** Assume ultimate responsibility for public health performance in the community by providing necessary leadership and guidance in order to support the public health agency in achieving measurable outcomes.

Link to Public Health Accreditation

This Governance Assessment is a useful tool for the governing entity to complete while their public health department is preparing to apply for accreditation by the Public Health Accreditation Board (PHAB). While the public health accreditation process is designed to only accredit the public health department using pre-



determined standards, the Governance Assessment is a method for the governing entity to also measure its performance against a set of optimal standards.

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

- 11.1 Develop and Maintain an Operational Infrastructure to Support the Performance of Public Health Functions
- 11.2 Establish Effective Financial Management Systems

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

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

- 12.1 Maintain current operational definitions and statements of the public health roles, responsibilities, and authorities
- 12.2 Provide information to the governing entity regarding public health and the official responsibilities of the health department and of the governing entity
- 12.3 Encourage the governing entity's engagement in the public health department's overall obligations and responsibilities

Governance Assessment Format

Each essential service chapter in this document has three pages.

Page 1: Essential Service Definition

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

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

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

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



Page 3: Public Health Governing Entity Assessment Questions

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

There are six response options to each question:

- <u>No activity (0% of the activity is being met)</u>: The governing entity does not participate in this activity at all, but does have the legal authority to do so.
- <u>Minimal (1-25% of the activity is being met)</u>: The governing entity participates in this activity in a limited way, and there is opportunity for substantial improvement.
- <u>Moderate (26-50% of the activity is being met)</u>: The governing entity participates in this activity, and there is an opportunity for improvement.
- <u>Significant (51-75% of the activity is being met)</u>: The governing entity participates a great deal in this activity, and there is opportunity for minor improvement.
- <u>Optimal (76-100% of the activity is being met)</u>: The governing entity is doing absolutely everything possible for this activity under its legal authority, and there is no room for improvement at this time.
- <u>Not applicable</u>: This activity is not legally part of this governing entity's responsibilities; it is outside the public health governing entity's mandate to participate in this activity. This option should ONLY be selected if the governing entity has no authority to complete a particular assessment activity. If the governing entity has evidence that another entity has authority over a particular activity, it should work with the other entity to measure their activity level to the extent possible.

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



Essential Service 1:

Monitor Health Status to Identify Community Health Problems

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

This service includes:

- Accurate, periodic assessment of the community's health status, including:
 - Identification of <u>health risks</u>, determinants of health, and determination of health service needs
 - Attention to the <u>vital statistics</u> and health status <u>indicators</u> of groups that are at higher risk than the total population
 - Identification of <u>community assets</u> that support the <u>public health system</u> in promoting <u>health</u> and improving quality of life
- Utilization of appropriate methods and technology, such as <u>geographic information systems</u> (GIS), to interpret and communicate data to diverse audiences.
- Collaboration among all public health system components, including private providers and health benefit plans, to establish and use <u>population health registries</u>, such as disease or immunization registries.

Key definitions/concepts:

Community health assessment

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

Public health system

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

Health status

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

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

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

- 1.1 Participate in or conduct a collaborative process resulting in a comprehensive Community Health Assessment
- 1.2 Collect and maintain reliable, comparable, and valid data that provide information on conditions of public health importance and on the health status of the population
- 1.3 Analyze public health data to identify trends in health problems, environmental public health hazards, and social and economic factors that affect the public's health
- 1.4 Provide and use the results of health data analysis to develop recommendations regarding public health policy, processes, programs, or interventions

Public Health Governing Entity Model Standard 1

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

- Recommends a budget for public health agency resources to be used for a community health assessment
- Encourages active collaboration among all public health system stakeholder organizations involved in collecting, analyzing, and disseminating community health assessment data
- Recommends a budget for public health agency resources to be used for a community health assessment and community health data monitoring
- Reviews progress of a regular, quality community health assessment that includes identification
 of health risks, determinants of health, <u>health needs</u>, and <u>community assets</u> for all citizens in
 the <u>jurisdiction</u>

Key definitions/concepts:

Stakeholder organizations

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



At what level does the governing entity...

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



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



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



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

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

Key definitions/concepts:

Advocate for

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

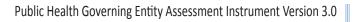
Active collaboration

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

Measurable outcomes

Benefits that can be measured through terms such as how valuable, how reliable, how fast, and how expansive.







Essential Service 2:

Diagnose and Investigate Health Problems and Health Hazards

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

This service includes:

- <u>Epidemiologic investigations</u> of disease outbreaks, patterns of infections, <u>chronic diseases</u>, <u>injuries</u>, environmental hazards, and other public health threats and emergencies.
- Active infectious disease <u>epidemiology</u> programs.
- Access to a <u>public health laboratory</u> capable of conducting rapid screening and high volume testing.

Key definitions/concepts:

Public health threat/emergency

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

Outbreak

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

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

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

- 2.1 Conduct timely investigations of health problems and environmental public health hazards
- 2.2 Contain/mitigate health problems and environmental public health hazards
- 2.3 Ensure access to laboratory and epidemiologic/environmental public health expertise and capacity to investigate and contain/mitigate public health problems and environmental public health hazards
- 2.4 Maintain a plan with policies and procedures for urgent and non-urgent communications

Public Health Governing Entity Model Standard 2

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

- Facilitates access to appropriate resources for public health surveillance
- Facilitates access to resources to respond to public health threats
- Recommends policies to ensure the diagnosis and investigation of public health threats and emergencies in the community
- Encourages the public health agency to collaborate with public health system <u>stakeholder</u> organizations for the diagnosis and investigation of public health threats and emergencies

Key definitions/concepts:

Environmental public health hazard

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

Stakeholder organizations

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



At what level does the governing entity...

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

	No Activity Minimal Moderate Significant Optimal N/A
2b	Facilitate access to resources to respond to public health threats?
	No Activity Minimal Moderate Significant Optimal N/A
2c	Recommend policies that address the surveillance of public health threats?
	No Activity Minimal Moderate Significant Optimal N/A

2d Encourage ongoing collaboration among public health system stakeholder organizations to address public health threats?

No Activity	Minimal	Moderate	Significant	Optimal	N/A
			0	-	





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

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

This service includes:

- <u>Health information</u>, <u>health education</u>, and <u>health promotion</u> activities designed to reduce <u>health risk</u> and promote improved health.
- Health communication plans and activities such as media advocacy and social marketing.
- Accessible <u>health information</u> and educational resources.
- Health education and health promotion program <u>partnerships</u> with schools, faith-based communities, work sites, <u>personal healthcare</u> providers, and others to implement and reinforce health promotion programs and messages.

Key definitions/concepts:

Empower

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

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

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

- 3.1 Provide health education and health promotion policies, programs, processes, and interventions to support prevention and wellness
- 3.2 Provide information on public health issues and public health functions through multiple methods to a variety of audiences

Public Health Governing Entity Model Standard 3

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

- Facilitates access to resources that could be used to reduce <u>health risks</u> and promote better health
- Ensures public health agency is using <u>health communication</u> plans and promotion activities that are <u>culturally and linguistically appropriate</u>
- Recommends public health agency policies to support activities that inform, educate, and empower people about public health issues
- Encourages all citizens in a jurisdiction to provide input on community health issues to the public health governing entity

Key definitions/concepts:

Health communication plan

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

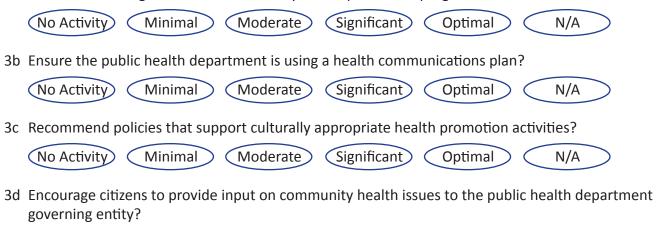
Culturally and linguistically appropriate

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



At what level does the governing entity...

3a Recommend budget items for community health promotion programs?



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

Key definitions/concepts:

Community health

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





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

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

This service includes:

- Identifying potential <u>stakeholders</u> who contribute to or benefit from <u>public health</u> and increasing their awareness of the value of public health.
- Building coalitions, <u>partnerships</u>, and <u>strategic alliances</u> to draw upon the full range of potential human and material resources to improve community health.
- Convening and facilitating partnerships and strategic alliances among groups and associations (including those not typically considered to be health-related) in undertaking defined health improvement projects, including preventive, screening, rehabilitation, and support programs.

Key definitions/concepts:

Partnership

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

Stakeholder organizations

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

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

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

- 4.1 Engage with the public health system and the community in identifying and addressing health problems through collaborative processes
- 4.2 Promote the community's understanding of and support for policies and strategies that will improve the public's health

Public Health Governing Entity Model Standard 4

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

- Facilitates access to resources for jurisdictional development, partnership, and strategic alliance building activities
- Recommends policies to support <u>constituency development</u>, partnership, and strategic alliance building
- Promotes the inclusion of public health in policies developed by traditional and nontraditional partners

Key definitions/concepts:

Traditional and nontraditional partnerships

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

Jurisdictional development

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



At what level does the governing entity...

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



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

No Activity Minimal Moderate Significant Optimal N/A

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

	(Minimal)	(Moderate)	(Significant)	Ontimal	
(No Activity)				(Optimal)	
			<u> </u>	_	

Key definitions/concepts:

Strategic alliance

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

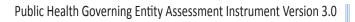
Other governing entities

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

Constituency development

The process of developing relationships with community members who benefit from or have influence over community public health actions (Agency for Toxic Substances and Disease Registry, 2011).







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

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

This service includes:

- Effective public health governance.
- Development of <u>policy</u>, codes, <u>regulations</u>, and <u>legislation</u> to protect the health of the public and to guide the practice of public health.
- Systematic public health system and state-level planning for health improvement in all jurisdictions.
- Alignment of public health system resources and strategies with <u>community health</u> <u>improvement plans</u>.

Key definitions/concepts:

Governance

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

Public health policies

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

Legal authority

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

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

Domain 5: Develop public health policies and plans

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

Public Health Governing Entity Model Standard 5

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

- Annually requests that all governing entity members are provided appropriate documentation on their statutory charter describing their legal authority, <u>mission statement</u>, strategic planning document, and agency operating procedures
- Budgets for appropriate public health agency resources to implement a <u>community health</u> <u>improvement plan</u>
- Participates in the development of <u>strategic plans</u> for both the public health agency and governing entity
- Develops public health policies (which may include codes, <u>regulations</u>, and <u>ordinances</u>) to protect the <u>jurisdiction's</u> health and to guide the practice of public health
- Recommends <u>policies</u> based upon <u>community health assessments</u>, community health improvement plans, strategic plans, and <u>evidence-based</u> recommendations
- Monitors the development and implementation of plans (e.g., community health improvement plans, all-hazards emergency preparedness and response plans, risk communication plans, strategic plans, etc.) that protect the health of the public
- Supports aligning jurisdiction resources with state-level plans for health improvement



At what level does the governing entity... 5a Annually review documentation of its legal authority? (Moderate) (No Activity) Minimal (Significant) Optimal N/A 5b Annually review the governing entity's guiding documents? Moderate Significant N/A (No Activity) Minimal Optimal 5c Budget appropriate public health department resources to implement a community health improvement plan? (No Activity) Minimal Moderate (Significant) N/A Optimal 5d Participate in the public health department's strategic planning process (every 3-5 years)? Moderate) (Significant) (No Activity) Minimal Optimal N/A 5e Develop a governing entity strategic plan? Minimal Moderate N/A (No Activity) Significant Optimal 5f Recommend evidence-based policies to address identified health priorities? (No Activity) Minimal Moderate (Significant) N/A Optimal 5g Monitor the establishment of the public health department's all-hazards emergency response plan? Moderate) (Significant) (No Activity) Minimal Optimal N/A 5h Support aligning jurisdiction resources with state-level plans for health improvement? Significant (No Activity) Minimal Moderate Optimal N/A

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



Key definitions/concepts:

Guiding documents

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

Health priorities

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

All-hazards emergency operations plan

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

Community health improvement plan

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

Strategic plan

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



Essential Service 6:

Enforce Laws and Regulations That Protect Health and Ensure Safety

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

This service includes:

- Assurance of <u>due process</u> and recognition of individuals' <u>civil rights</u> in all procedures, enforcement of <u>laws</u> and <u>regulations</u>, and <u>public health emergency</u> actions taken under the governing entity's authority.
- Review, <u>evaluation</u>, and revision of laws and regulations designed to protect health and safety, reflect current scientific knowledge, and utilize <u>evidence-based practices</u> for achieving compliance.
- Education of persons and entities obligated to obey and agencies obligated to enforce laws and regulations to encourage compliance.
- Enforcement activities in a wide variety of areas of public health concern under authority granted by local, state, and federal rule or law including, but not limited to: abatement of nuisances, animal control, childhood immunizations and other vaccinations, food safety, housing code, sanitary code, on-site wastewater disposal (septic systems), protection of drinking water, school environment, solid waste disposal, swimming pool and bathing area safety and water quality, tobacco control, enforcement activities during emergency situations, and vector control.

Key definitions/concepts:

Evidence-based practice

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

Legal counsel

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



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

Domain 6: Enforce public health laws

- 6.1 Review existing laws and work with governing entities and elected/appointed officials to update as needed
- 6.2 Educate individuals and organizations on the meaning, purpose, and benefit of public health laws and how to comply
- 6.3 Conduct and monitor public health enforcement activities and coordinate notification of violations among appropriate agencies

Public Health Governing Entity Model Standard 6

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

- Confirms that appropriate legal authority exists for the adoption, enforcement, and <u>evaluation</u> of public health policies designed to protect the health of the jurisdiction
- Annually reviews bylaws, rules, and procedures for compliance with local, state, and federal statutes and regulations
- Budgets for resources to be used for public health inspection and enforcement activities
- Has access to and utilizes legal counsel
- Advocates for the enforcement of public health policies that protect community health and ensure safety
- Encourages development and implementation of programs that educate those who are impacted by public health policies to encourage compliance

Key definitions/concepts:

People impacted by public health policies

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



At what level does the governing entity...

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

	No Activity Minimal Moderate Significant Optimal N/A
6b	Annually review its legal documents to ensure that they comply with other existing statutes?
	No Activity Minimal Moderate Significant Optimal N/A
6c	Budget for resources to be used for enforcement activities?
	No Activity Minimal Moderate Significant Optimal N/A
6d	Utilize legal counsel?
	No Activity Minimal Moderate Significant Optimal N/A
6e	Advocate that public health policies are appropriately enforced?
	No Activity Minimal Moderate Significant Optimal N/A
6f	Encourage those impacted by public health policies to participate in programs developed to improve compliance?

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





Essential Service 7:

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

Are people receiving the medical care they need?

This service includes:

- Assuring the identification of populations with barriers to personal health services.
- Assuring identification of personal health service needs of populations with limited access to a coordinated system of clinical care.
- Assuring the linkage of people to appropriate <u>personal health care</u> services through coordination of provider services and development of interventions that address barriers to care (e.g., <u>culturally and linguistically appropriate</u> staff and materials, transportation services).

Key definitions/concepts:

Culturally and linguistically appropriate

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

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

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

- 7.1 Assess health care capacity and access to health care services
- 7.2 Identify and implement strategies to improve access to health care services

Public Health Governing Entity Model Standard 7

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

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

Key definitions/concepts:

Barriers to care

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

Outreach

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



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



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

(No Activity)	(Minimal)	(Moderate)	Cignificant	(Optimal)	(N/A)
(NU ACTIVITY)			(Significant)		
				<u> </u>	

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







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

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

This service includes:

- Education, training, and assessment of personnel (including volunteers and other lay community health workers) to meet community needs for public and personal health services.
- Efficient processes for licensure of professionals.
- Adoption of continuous <u>quality improvement</u> and lifelong learning programs that include determinants of health.
- Active <u>partnerships</u> and <u>strategic alliances</u> with professional training programs to assure community-relevant learning experiences for all students.
- Continuing education in management and leadership development programs for those charged with administrative/executive roles.

Key definitions/concepts:

Workforce development

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

Leadership development program

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

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

Domain 8: Maintain a competent public health workforce

- 8.1 Encourage the development of a sufficient number of qualified public health workers
- 8.2 Assess staff competencies and address gaps by enabling organizational individual training and development.

Public Health Governing Entity Model Standard 8

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

- Provides for the training and continuing education of the governing body that includes an annual self-assessment
- Establishes policies designed to ensure position descriptions are based on <u>core competencies</u> <u>for public health professionals</u>
- Reviews position descriptions and standards for public health agency job classifications, both paid and unpaid
- Conducts an annual performance review for the public health agency executive

Key definitions/concepts:

Core competencies for public health professionals

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



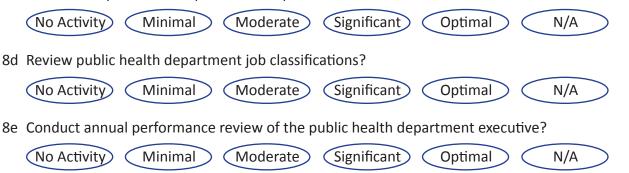
8a Conduct an annual self-assessment?



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

(No Activity)	(Minimal)	(Moderate)	(Significant)	(Optimal)	(N/A)
			<u> </u>	<u> </u>	

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



Key definitions/concepts:

Self-assessment

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





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

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

This service includes:

- Assurance of ongoing <u>evaluation</u> and critical review of health program <u>effectiveness</u>, based on analysis of <u>health status</u> and service utilization data.
- Assurance of the provision of information necessary for allocating resources and reshaping programs.

Key definitions/concepts:

Quality improvement

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

Performance management

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

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

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

- 9.1 Use a performance management system to monitor achievement of organizational objectives
- 9.2 Develop and implement quality improvement processes integrated into organizational practice, programs, processes, and interventions.

Public Health Governing Entity Model Standard 9

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

- Facilitates access to the necessary resources to conduct routine evaluations of populationbased services provided in its jurisdiction to create quality improvement plans
- Establishes policies supporting evaluations of population-based and personal health services, leading to quality improvement of those services
- Encourages all public health system stakeholder organizations to provide input into evaluation and quality improvement processes
- Utilizes information, including outcomes and evaluation results, for allocating resources to effective programs
- Encourages evaluation on the impact of public health policies (which may include codes, regulations, and ordinances) on the jurisdiction's health and safety

Key definitions/concepts:

Population-based services

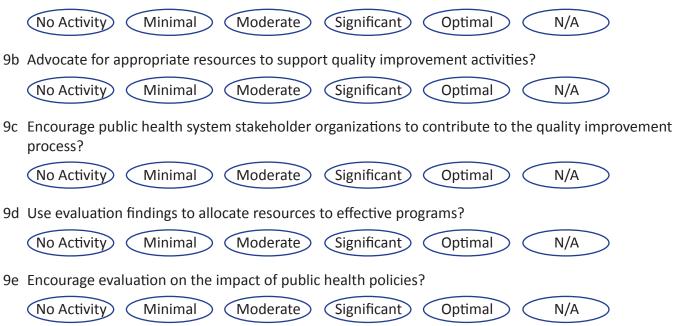
The framework of public health since public health focuses on providing interventions or programs to an entire community. Examples of population-based services may include, but are not limited to, lead screening, violence prevention programs at schools, educational programs to increase physical activity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

Personal health services

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



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



Key definitions/concepts:

Evaluation

A systematic way to improve and account for public health actions by involving procedures that are useful, feasible, ethical, and accurate (Centers for Disease Control and Prevention, 1999).





Essential Service 10:

Research for New Insights and Innovative Solutions to Health Problems

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

This service includes:

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

Key definitions/concepts:

Evidence-based practice

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

Research

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

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

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

- 10.1 Identify and use the best available evidence for making informed public health practice decisions
- 10.2 Promote understanding and use of research results, evaluations, and evidence-based practices with appropriate audiences

Public Health Governing Entity Model Standard 10

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

- Recommends policies reflecting the public health agency's commitment to public health research and evidence-based activities
- Encourages the incorporation of research results and best practices into policies and programs to support the highest current standard of public health practice
- Facilitates access to resources for research and identification of evidence-based practices, including encouraging collaboration between academic or other health-related institutions and public health entities to carry out community-based research activities

Key definitions/concepts:

Community-based participatory research

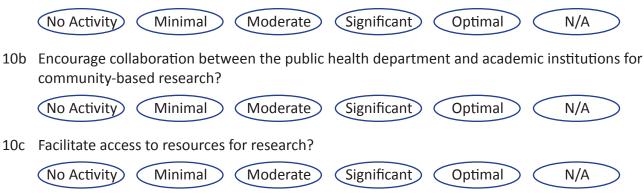
Focuses on studies that will involve and impact an entire jurisdiction. This type of research should include as many community partners as possible and serve to study programs, policies, or services that create social change through improved health outcomes (Minkler & Wallerstein, 2003).

Evidence-based policy

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



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



References

- Agency for Toxic Substances and Disease Registry. (2011, June). Principles of community engagement. Available at http://www.atsdr.cdc.gov/communityengagement/pdf/PCE_Report_508_FINAL.pdf
- Centers for Disease Control and Prevention. (1999, Sept. 17). Framework for program evaluation in public health. *Morbidity and Mortality Weekly Report, 48*(RR110, 1–40.
- Centers for Disease Control and Prevention. (2007). National Public Health Performance Standards Program glossary, Version 2.0. Available at http://www.cdc.gov/nphpsp/documents/glossary.pdf
- Council on Linkages Between Academia and Public Health Practice. (2010, May). Core competencies for public health professionals. Available at http://www.phf.org/resourcestools/Documents/Core_Competencies_for_Public_Health_Professionals_2010May.pdf
- Department of Health and Human Services. (n.d.). Healthy People 2020. Available at http://www. healthypeople.gov/2020/default.aspx
- Department of Health and Human Services Office of Minority Health. (2001, March). National standards for culturally and linguistically appropriate services in health care: Final report. Available at http://minorityhealth.hhs.gov/assets/pdf/checked/finalreport.pdf
- Dicker, R., Coronado, F., Koo, D., & Parrish, R. G. (2006). *Principles of epidemiology in public health practice* (3rd ed.). Atlanta, GA: Centers for Disease Control and Prevention.
- Federal Emergency Management Agency. (2007, Sept. 11). *Principles of emergency management*. Available at http://training.fema.gov/EMIWeb/edu/emprinciples.asp
- Garner, B. A. (Ed.). (2004). Black's law dictionary (8th ed.). Eagan, MN: Thomson West.
- Gostin, L. O., Sapsin, J. W., Teret, S. P., Burris, S., Mair, J. S., Hodge, J. G., Jr., & Vernick, J. S. (2002, August). The Model State Emergency Health Powers Act: Planning for and response to bioterrorism and naturally occurring infectious diseases. *The Journal of the American Medical Association*, *288*(5), 622–628.
- Health Empower Initiative (n.d.). Available at http://www.healthempowermentinitiative.com/
- Institute of Medicine. (1988). The future of public health. Washington, DC: National Academy Press.
- Institute of Medicine. (1996). *Primary care: America's health in a new era*. Washington, DC: National Academy Press.
- Jacobs, R. L., & Hawley, J. D. (2009). The emergence of 'workforce development': Definition, conceptual boundaries, and implications. In R. Maclean & D. Wilson (Eds.), *International handbook of education for the changing world of work: Bridging academic and vocational learning* (pp. 2537–2552. New York, NY: Springer.
- Kirkpatrick, D. G. (n.d.). *Definitions of Public Policy and the Law.* Available at http://www.musc.edu/ vawprevention/policy/definition.shtml
- Lockwood, N. R. (2007, April 30). *The changing nature of leadership*. Society for Human Resources Management.



- Minkler, M., & Wallerstein, N. (2003). *Community-based participatory research for health*. San Francisco, CA: Jossey-Bass.
- National Association of County and City Health Officials. (2004). *Mobilizing for action through planning and partnerships (MAPP): Achieving healthier communities through MAPP, A user's handbook*. Available at http://www.naccho.org/topics/infrastructure/mapp/upload/MAPP_Handbook_fnl.pdf
- Public Health Accreditation Board. (2010). Environmental public health think tank report.
- Public Health Accreditation Board. (2011). *Standards & measures Version 1.0.* Available at http://www. phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf
- Public Health Foundation. (n.d.). Available at http://www.phf.org/focusareas/PMQI/Pages/default.aspx
- Riegelman, R. K. (2010). *Public health 101: Healthy people–healthy populations*. Sudbury, MA: Jones and Bartlett.
- Scutchfield, F. D., & Keck, C. W. (2009). *Principles of public health practice* (3rd ed.). Clifton Park, NY: Delmar Learning.
- The Guide to Community Preventive Services. (n.d.). Glossary. Available at http://www.thecommunityguide. org/about/glossary.html
- Turnock, B. J. (2009). Public health: What it is and how it works (4th ed.). Sudbury, MA: Jones and Bartlett.
- United Nations Statistical Commission and Economic Commission for Europe, Conference of European Statisticians. (2008, May). The role of statistics in evidence-based policy making. Available at http://www. unece.org/fileadmin/DAM/stats/documents/2008/05/dissemination/wp.10.e.pdf
- Winslow, C. E. A. (1952). Man and epidemics. Princeton, NJ: Princeton University Press.