2020 Community Health Assessment

Local Public Health Status Assessment

Black Hawk County, Iowa

COMMUNITY HEALTH ASSESSMENT & COMMUNITY HEALTH IMPROVEMENT PLANNING

Our community works together so all people have equitable opportunities & resources to lead healthier, more fulfilled lives.

Black Hawk County Health Department

May 2020

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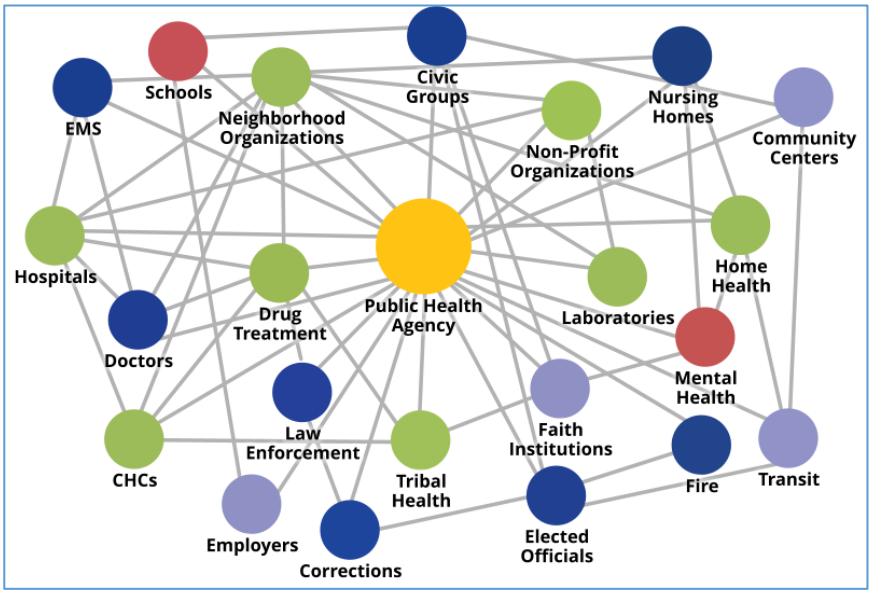
Overview

MAPP (Mobilizing for Action through Planning and Partnerships) is a community-wide strategic planning process for improving public health, as well as an action-oriented process to help communities prioritize public health issues, identify resources for addressing them, and taking action. MAPP provides a framework, guidance, structure, and best practices for developing healthy communities. Black Hawk County Health Department, in collaboration with community stakeholders, is using the MAPP process to develop a community health assessment and community health improvement plan. This process was initiated in March of 2019 when representatives from the National Association of County & City Health Officials (NACCHO) led community stakeholders through a training and visioning process for Black Hawk County. The community health assessment is comprised of four assessments to understand the health issues and needs of the community.

The Local Public Health System Assessment (LPHSA) is one of the four assessments and was conducted between the months of November 2019 and January 2020. In accordance with the MAPP framework, the findings from the LPHSA will be incorporated with the three remaining assessments to identify strategic issues and formulate goals and strategies to address them.

Introduction: What is a Local Public Health System (LPHS)?

A LPHS comprises all the entities that contribute to the public's health in a jurisdiction and includes a broad range of perspectives and expertise. The systems concept ensures that all entities' contributions to the health and well-being of the community are recognized in assessing the provision of public health services. The overall LPHS is comprised of an interconnected web of public, private, and voluntary organizations.



The Local Public Health System

10 Essential Public Health Services

The 10 Essential Public Health Services describe the public health activities that all communities should undertake and provides the foundation for any public health activity. This framework was developed in 1994 and include the following Essential Services:

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

The LPHSA uses the 10 Essential Public Health Services as the fundamental framework for assessing the local public health system. This assessment answers two questions:

- What are the components, activities, competencies, and capacities of our local public health system?
- How are the Essential Services being provided to our community?

10 Essential Public Health Services and Core Functions

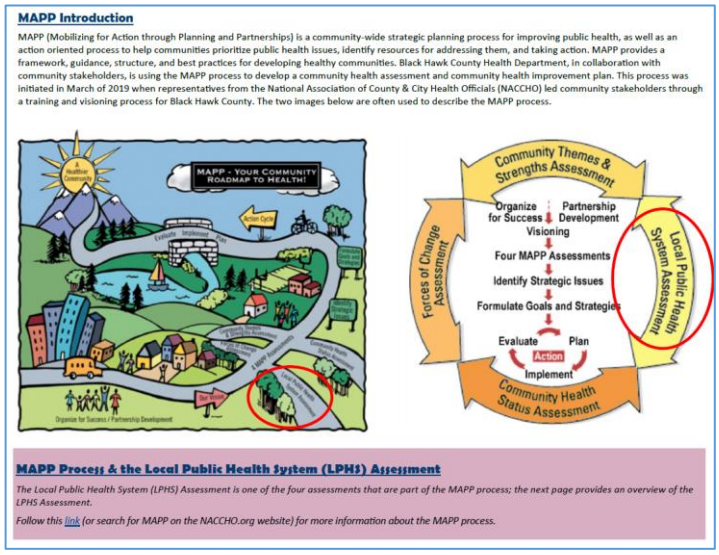
Method

The LPHSA was coordinated by a core team of Black Hawk County Health Department staff with oversight by the MAPP Steering Committee. It was completed in two phases to gain maximum feedback on each of the Essential Services.

The assessment used the National Public Health Performance Standards (NPHPS) *Local Public Health System Assessment Instrument*. This assessment focuses on all organizations that play a role in the delivery of public health services within a local area. The 10 Essential Public Health Services provide the framework for the assessment by describing the public health activities that should be undertaken in all local communities. The performance measures related to each Essential Service describe an optimal level of performance and capacity to which all LPHSs should reach. This instrument was used in conjunction with the NPHPS *Local Implementation Guide* and NPHPS *Local Facilitator Guide* to aid in planning the LPHSA.

LPHSA - Phase 1

During phase 1, each model standard was evaluated by the Black Hawk County Health Department through a series of meetings. Staff members were selected to participate in one or more meetings; all meetings included participation by the department's Director, Deputy Director, and Epidemiologist. During each meeting, participants received a discussion packet consisting of an agenda, an overview document which described the MAPP process, LPHS, and 10 Essential Services, a discussion template, and voting cards.



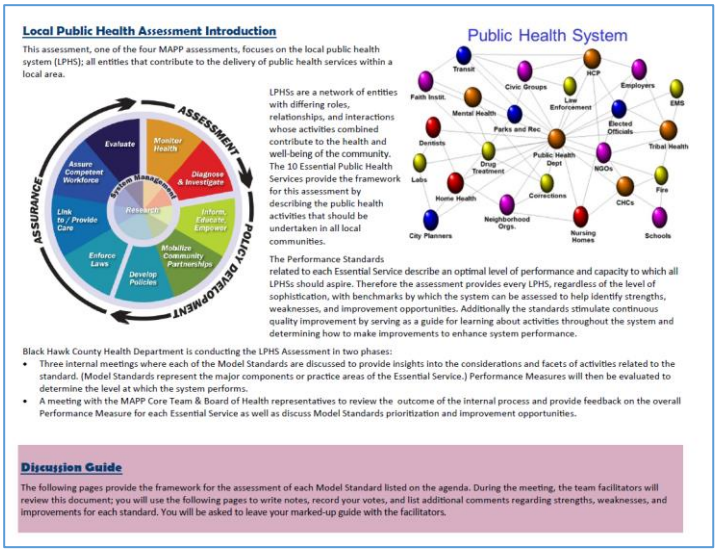
MAPP Introduction

MAPP (Mobilizing for Action through Planning and Partnerships) is a community-wide strategic planning process for improving public health, as well as an action oriented process to help communities prioritize public health issues, identify resources for addressing them, and taking action. MAPP provides a framework, guidance, structure, and best practices for developing healthy communities. Black Hawk County Health Department, in collaboration with community stakeholders, is using the MAPP process to develop a community health assessment and community health improvement plan. This process was initiated in March of 2019 when representatives from the National Association of County & City Health Officials (NACCHO) led community stakeholders through a training and visioning process for Black Hawk County. The two images below are often used to describe the MAPP process.

MAPP Process & the Local Public Health System (LPHS) Assessment

The Local Public Health System (LPHS) Assessment is one of the four assessments that are part of the MAPP process; the next page provides an overview of the LPHS Assessment.

Follow this link (or search for MAPP on the NACCHO.org website) for more information about the MAPP process.



Local Public Health Assessment Introduction

This assessment, one of the four MAPP assessments, focuses on the local public health system (LPHS); all entities that contribute to the delivery of public health services within a local area.

LPHSs are a network of entities with differing roles, relationships, and interactions whose activities combined contribute to the health and well-being of the community. The 10 Essential Public Health Services provide the framework for this assessment by describing the public health activities that should be undertaken in all local communities.

The Performance Standards related to each Essential Service describe an optimal level of performance and capacity to which all LPHSs should aspire. Therefore the assessment provides every LPHS, regardless of the level of sophistication, with benchmarks by which the system can be assessed to help identify strengths, weaknesses, and improvement opportunities. Additionally the standards stimulate continuous quality improvement by serving as a guide for learning about activities throughout the system and determining how to make improvements to enhance system performance.

Black Hawk County Health Department is conducting the LPHS Assessment in two phases:

- Three internal meetings where each of the Model Standards are discussed to provide insights into the considerations and facets of activities related to the standard. (Model Standards represent the major components or practice areas of the Essential Service.) Performance Measures will then be evaluated to determine the level at which the system performs.
- A meeting with the MAPP Core Team & Board of Health representatives to review the outcome of the internal process and provide feedback on the overall Performance Measure for each Essential Service as well as discuss Model Standards prioritization and improvement opportunities.

Discussion Guide

The following pages provide the framework for the assessment of each Model Standard listed on the agenda. During the meeting, the team facilitators will review this document; you will use the following pages to write notes, record your votes, and list additional comments regarding strengths, weaknesses, and improvements for each standard. You will be asked to leave your marked-up guide with the facilitators.

The meetings included an introduction to the MAPP process, LPHSA, and each model standard followed by a facilitated discussion, voting on specific performance measures along with summarizing the strengths, weaknesses, and short/long-term improvement opportunities for each model standard. Two note-takers were present to record discussion items and each meeting was led by a team of facilitators. The role of the facilitator was to guide and prompt discussion about the discussion questions pre-

selected for each model standards from the NPHPS *Local Public Health System Assessment Instrument* along with the strengths, weaknesses, and opportunities for improvement.

Following the discussion, participants voted using the color-coded voting cards to rate the level of activity present for each performance measure. The voting cards aligned with the scoring matrix from the NPHPS.

No Activity	1/5	0% or absolutely no activity
Minimal	2/5	Greater than 1% but no more than 25% of the activity described within the question is met
Moderate	3/5	Greater than 25% but no more than 50% of the activity described within the question is met
Significant	4/5	Greater than 50% but no more than 75% of the activity described within the question is met
Optimal	5/5	Greater than 75% of the activity described within the question is met

As time allowed following the initial vote, participants had the opportunity to discuss the vote and determine if concurrence regarding the measure could be obtained in the time allowed for discussion. If concurrence was not reached, the vote by individual vote was recorded and an average assigned for the performance measure.

LPHSA - Phase 2

The assessment team prepared a summary analysis from the initial phase of the LPHSA for review and discussion with the MAPP Extended Core Team. Through a facilitated discussion, this team performed the following functions for the LPHSA:

- Reviewed the process used during phase 1 and the overall performance for each of the 10 Essential Public Health Services.
- Discussed the strengths, weakness and improvement opportunities for each of the 10 Essential Public Health Services.
- Ranked the 10 Essential Public Health Services in terms of importance and improvements needed.

The data obtained through both phases of the LPHS was synthesized to determine a ranking and level of LPHS activity for each of the 10 Essential Public Health Services along with calculating a priority rating for the 30 model standards. A summary of qualitative comments related to each model standard was also prepared.

Limitations

There were limitations with using the NPHPS local instrument to assess the LPHS as well as the method used to conduct the assessment for Black Hawk County. Since the NPHPS involves participants rating the LPHS based on their experiences and perception of its performance, bias as well as variations in the breadth of knowledge of participants were factors. In addition, there were differences in interpretation of the assessment questions across participants. The decision to limit participation in phase 1 to Black Hawk County Health Department staff may have limited the ability to have rich discussions involving diverse viewpoints and knowledge of the strengths, weaknesses, and opportunities of the model standards and performance measures. The time allotted for each of the LPHS meetings did not always allow time for enough discussion to come to concurrence or fully explore all of the questions related to each model standard.

Findings

Based on the level of activity for each measure, the local public health system's strongest performance is in the following essential services:

- **Enforcement** of laws and regulations that protect health and ensure safety.
- **Diagnose** and **investigate** community health problems and hazards.
- **Research** for new insights and innovate solutions to health problems.

When the Extended Core Team considered both the priority of and performance level for each essential service, the following essential services were rated highest in terms of the need for improvement in the level of activity:

- **Inform** and **educate** and **empower** people about health issues.
- **Mobilize** community partnerships to identify and solve problems.
- **Link** people to needed personal health care services and assure the provision of healthcare when otherwise unavailable (tied with) **diagnose** and **investigate** community health problems and hazards.

Based on the ranking of priority essential services by the Extended Core Team and the measures of performance for each activity, the following model standards ranked highest in terms of having the potential for additional levels of activity by the LPHS:

Health and Risk Communication

LPHS partners report that individual organizations distribute health information in a variety of ways but the lack of collaborative planning is a challenge and varies by the facet of public health. Many of the LPHS organizations have a trained spokesperson for public health but there is little forward planning for collaboration to take place during public health emergency response situations. While response partners participate in the regional preparedness partnership, there is not an active health preparedness planning coalition to address risk communication along with carrying out other preparedness planning activities. Another challenge with risk communication is identifying and reaching access and functional needs populations within the community.

Community Partnerships

Participants identified a number of single-issue partnerships and community coalitions but noted that a broad-based community health improvement committee has not been formalized. Although there is openness to coming together, a broad-based partnership would need to be defined and common goals identified.

Summary of LPHSA Performance Measure Scoring & Discussion

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

Model Standard 1.1: Population Based Community Health Assessment

At what level does the LPHS:

1.1.1	Conduct regular community health assessments	4.4
1.1.2	Continuously update the community health assessment with current information?	2
1.1.3	Promote the use of the community's health assessment among community members and partners?	2.2

The LPHS does conduct multiple regular community health assessments, however, until this iteration, there was not a coordinated effort. This led to separate assessments lacking a community approach as each assessment was generally based on the specific purpose of the organization. In addition, past community health assessments had a limited focus on the social determinants of health and health equity. Most participants agreed that it has been difficult to promote the use of the community health assessment to guide the strategic plans of other organizations.

Model Standard 1.2: Current Technology to Manage and Communicate Population Health Data

At what level does the LPHS:

1.2.1	Use the best available technology and methods to display data on the public's health?	2.6
1.2.2	Analyze health data, including geographic information, to see where health problems exist?	2.2
1.2.3	Use computer software to create charts, graphs, and maps to display complex public health data?	2.6

While advanced sources of technological systems allow the LPHS to capture data more robustly, it is not always shared back to partners or the general public. Numerous data sets are collected by the LPHS, but are not always reviewed for trends and/or potential areas of concern due to, in part, lack of staff to analyze complex data sets The LPHS is starting to use Geographic Information Systems (GIS) data for its health equity work along with obtaining inpatient hospital system data. Additional sources of qualitative data are also needed by the LPHS to better understand the actions to be included in the community health improvement plans.

Model Standard 1.3: Maintaining Population Health Registries

At what level does the LPHS:

1.3.1	Collect timely data consistent with current standards on specific health concerns in order to provide the data to population health registries?	3.6
1.3.2	Use information from population health registries in CHAs or other analyses?	3

The LPHS has access to health registry databases; while established processes are generally followed, there are gaps in compliance. Electronic health records work well for coordinating reports however weaknesses include duplicated records, ownership of updating registries, and non-reporting entities.

Additional communication and coordination is needed for the LPHS to play an effective public health role**.**

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

Model Standard 2.1: Identifying and Monitoring Health Threats

At what level does the LPHS:

2.1.1	Participate in a comprehensive surveillance system with national, state, and local partners to identify, monitor, and share information and understand emerging health problems and threats?	4.4
2.1.2	Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies, and emerging threats?	5
2.1.3	Ensure that the best available resources are used to support surveillance systems and activities, including information sharing technology, communication systems, and professional expertise?	3.6

Communicable disease surveillance and screening for children were identified as strengths for the LPHS as well as the state's Health Alert Network (HAN) for health hazard communication. Coordination between facilities is lacking for surveillance and there is anecdotal evidence of socio-economic profiling taking place for childhood screening measures. Participants report that areas for improvement include surveillance and funding for air quality and radon.

Model Standard 2.2: Investigating and Responding to Public Health Threats and Emergencies

At what level does the LPHS:

2.2.1	Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case findings, contact tracing, and source identification and containment?	4.4
2.2.2	Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?	3
2.2.3	Designate a jurisdictional Emergency Response Coordinator?	2.2
2.2.4	Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?	2
2.2.5	Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or/and nuclear public health emergencies?	4
2.2.6	Evaluate incidents for effectiveness and opportunities for improvement?	2.2

The LPHS standardizes active surveillance for case finding and contact tracing, however, some public health threats lack surveillance and consistent written rules. Preparedness for public health threats was identified as a gap along with the lack of involvement by the LPHS for county-wide planning, exercises, and review of after action and improvement plans. The evaluation team for this measure was unsure of the definition for the Emergency Response Coordinator but could identify both the county emergency manager and individuals within the LPHS that have emergency preparedness responsibilities.

Model Standard 2.3: Laboratory Support for Investigating Health Threats

At what level does the LPHS:

2.3.1	Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring?	5
2.3.2	Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?	5
2.3.3	Use only licensed and credentialed laboratories?	5
2.3.4	Maintain a written list of rules related to laboratories, for handling samples, determining who is in charge of the samples at what point, and reporting the results?	4.8

A close working relationship exists between LPHS partners and the State Hygienic Lab (SHL) which allows for capacity to investigate health threats expediently. The LPHS maintains 24/7 access to the SHL. The lab meets the Clinical Laboratory Improvement Amendments (CLIA) quality standards and is accredited by the American Industrial Hygiene Association (AIHA) Laboratory Accreditation Programs. LLC. The management system and chain of custody for samples is robust for food sites and stringent guidelines are in place for bioterrorism.

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

Model Standard 3.1: Health Education and Promotion

At what level does the LPHS:

3.1.1	Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?	2.4
3.1.2	Coordinate health promotion and health education activities at the individual, interpersonal, community, and societal levels?	3.1
3.1.3	Engage the community throughout the process of setting priorities, developing plans, and implementing health education and health promotion activities?	2.7

Participants report that engagement is high between LPHS partners for selected health education and promotion campaigns with one agency leading the campaign and increasing numbers of other LPHS partners providing specific feedback and funding. State and national educational campaigns are often used locally and while those campaigns are evidenced-based, results are only shared annually with little opportunity for input. There are limited examples where consumers and businesses have been approached to assist with the development of campaigns but this is not a standard process. Because of advances in the type of data available to the LPHS, tools are available to research effective strategies to reach at-risk and vulnerable populations. There is a need for systematic coordination between LPHS partners for the development, promotion, and evaluation of many health education campaigns.

Model Standard 3.2: Health Communication

At what level does the LPHS:

3.2.1	Develop health communication plans for media and public relations and for sharing information among LPHS organizations?	1.7
3.2.2	Use relationships with different media providers to share health information, matching the message with the target audience?	2.3
3.2.3	Identify and train spokespersons on public health issues?	1.3

LPHS partners report that individual organizations distribute health information in a variety of ways but that the lack of collaborative planning is a challenge. Within the health department, a quarterly meeting takes place for communication planning but not all facets of public health are included; environmental health initiatives are well planned out for messages coordination. Social media is used extensively by the LPHS but there are missed media opportunities to share posts between organizations, recognize staff involved in events, and a lack of procedures for collaboration on campaigns. Many of the LPHS organizations have a trained spokesperson for public health issues but there is little forward planning in order for collaboration to take place during public health emergency response situations.

Model Standard 3.3: Risk Communication

At what level does the LPHS:

3.3.1	Develop an emergency communications plan for each state of an emergency to allow for the effective dissemination of information?	2.2
3.3.2	Make sure resources are available for a rapid emergency communication response?	2.4
3.3.3	Provide risk communication training for employees and volunteers?	1.4

State and county protocols are in place to disseminate information in the event of an emergency. However, the LPHS does not routinely practice the protocols in terms of sharing situational awareness between LPHS partners, using secondary/tertiary modes of communication, or collaborating on message development. There are also challenges with identifying and reaching access and functional needs populations within the county.

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

Model Standard 4.1: Constituency Development

At what level does the LPHS:

4.1.1	Maintain a complete and current directory of community organizations?	2.7
4.1.2	Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?	2.6
4.1.3	Encourage constituents to participate in activities to improve community health?	3.4
4.1.4	Create forums for communication of public health issues?	2.4

Primarily through individual organizations, the LPHS develops awareness of public health issues through social media, websites, paid advertising, and public relations awareness campaigns. The 211 system was identified as a practical way to consolidate directory information for health and human service information, however, there are other directories and websites that are maintained independently. Participants also identified coalitions where individual issues impacting the social determinants of health

are a focus and where public health representation is becoming the norm. Areas for improvement include finding ways to more deeply engage constituents, obtaining more visibility, reaching a broader segment of the community, being proactive when public health issues reach a crisis point, and increasing the role of the LPHS to convene constituents and redefine the roles assigned to traditional partners. Participants also noted that talking points could be shared across LPHS partners, and within organizations, in order to better educate constituents and think broadly about public health core functions versus programs.

Model Standard 4.2: Community Partnerships

At what level does the LPHS:

4.2.1	Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?	3.3
4.2.2	Establish a broad-based community health improvement committee?	1.1
4.2.3	Assess how well community partnerships and strategic alliances are working to improve community health?	2.1

Participants identified a number of single-issue partnerships and community coalitions but noted that a broad-based community health improvement committee has not been yet been formalized. Although there is openness to coming together, a broad-based partnership would need to be defined and common goals identified.

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

Model Standard 5.1: Governmental Presence at the Local Level

At what level does the LPHS:

5.1.1	Support the work of the local health department to make sure the 10 Essential Public Health Services are provided?	3
5.1.2	See that the local health department is accredited through the PHAB's voluntary, national public health department accreditation program?	2.6
5.1.3	Ensure that the local health department has enough resources to do its part in providing essential public health services?	3

Community leaders are becoming more aware of the span and crossover between the 10 Essential Public Health Services and other community priorities like economic development, transportation and food access but there is still room for increased visibility. However, the lack of funding outside of state programs decrease opportunities for innovation in public health policy development and gaps still exist within LPHS partners between how resources allocation is done programmatically versus by core function.

Model Standard 5.2: Public Health Policy Development

At what level does the LPHS:

5.2.1	Contribute to public health policies by engaging in activities that inform the policy development process?	3.4
5.2.2	Alert policymakers and the community of the possible public health effects from current and/or proposed policies?	3
5.2.3	Review existing policies at least every three to five years?	2

The LPHS is beginning to move away from conversations about disparity (impact for one or more) in policies to examining the inequities (impact for all) that are caused by existing policies. There are many examples of how the LPHS is engaged with policymakers including Board of Health meetings, maintaining mailing lists, legislative forums, and media outreach. From an environmental health perspective, interviews, classes and education sessions are held in order to inform the public about the public health effects from various policies. There was general agreement between participants that policies within the LPHS are not consistently reviewed on a regular basis.

Model Standard 5.3: Community Health Improvement Process and Strategic Planning

At what level does the LPHS:

5.3.1	Establish a CHIP, with broad-based diverse participation, that uses information from the CHA, including the perceptions of community members?	4
5.3.2	Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?	3.4
5.3.3	Connect organizational strategic plans with the CHIP?	2

Participants report that the level of broad-based participation in the CHIP has varied in recent history but generally, quality improvement tools have been used to inform the Board of Health's prioritization of community strategic issues and develop action plans. A broad-based diverse team has been formed to oversee the current community health assessment cycle with the intent that this committee would also play a role in the monitoring and formation of the CHIP.

Model Standard 5.4: Planning for Public Health Emergencies

At what level does the LPHS:

5.4.1	Support a workgroup to develop and maintain emergency preparedness and response plans?	1.6
5.4.2	Develop an emergency preparedness and response plan that defines when it would be used, who would do the tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed?	1.4
5.4.3	Test the plan through regular drills and revise the plan as needed, at least every two years?	2

Within the LPHS, there are county-level plans which include defined processes for notification and standard operating procedures that are updated on a regular basis as well as required drills and exercises. Due to current funding requirements, there has been more of an emphasis on regional planning, sometimes at the expense of local planning efforts. Partners report that there is not a county-

wide health emergency preparedness planning workgroup, local health plans are not tested on a regular basis and that there is a gap related to emergency preparedness for access and functional needs populations.

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

Model Standard 6.1: Reviewing and Evaluating Laws, Regulations, and Ordinances

At what level does the LPHS:

6.1.1	Identify public health issues that can be addressed through laws, regulations, or ordinances?	4
6.1.2	Stay up-to-date with current laws, regulations, and ordinances that prevent health problems or that promote or protect public health on the federal, state, and local levels?	5
6.1.3	Review existing public health laws, regulations, and ordinances at least once every three to five years?	4.4
6.1.4	Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?	5

Model Standard 6.2: Involvement in Improving Laws, Regulations, and Ordinances

At what level does the LPHS:

6.2.1	Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?	4
6.2.2	Participate in changing existing laws, regulations, and ordinances and/or creating new laws, regulations, and ordinances?	4.2
6.2.3	Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?	5

The performance measures related to these model standards all score between significant and optimal activity for the LPHS as ordinance reviews happen regularly and there is substantial identification of policies related to health issues. LPHS partners report that the review of existing public health law does not happen on a systematic basis, rather as the need for reexamination is identified. LPHS partners have set Board of Health work sessions to review and revise existing policies as needed. The Iowa Public Health Association regularly reviews policies and informs LPHS partners of gaps and areas of concern. (Note: the review of model standards 6.1 and 6.2 were combined into one discussion.)

Model Standard 6.3: Enforcing Laws, Regulations, and Ordinances

At what level does the LPHS:		
6.3.1	Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?	5
6.3.2	Ensure that a local health department has the authority to act in public health emergencies?	3.6
6.3.3	Ensure that all enforcement activities related to public health codes are done within the law?	4.6
6.3.4	Educate individuals and organizations about relevant laws, regulations, and ordinances?	4
6.3.5	Evaluate how well local organizations comply with public health laws?	4.4

There are clearly defined roles and authorities of the LPHS for enforcement of laws to protect the health and safety of the public. In addition, questions and referrals are followed-up on a timely basis along with certified educational programs. Participants report gaps related to animal control, follow-up with immunization records, and areas of confusion with the business community where the health department lines of authority are not always clear.

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

Model Standard 7.1: Identifying Personal Health Service Needs of Populations

At what level does the LPHS:		
7.1.1	Identify groups of people in the community who have trouble accessing or connecting to personal health services?	3.3
7.1.2	Identify all personal health service needs and unmet needs throughout the community?	2.1
7.1.3	Defines partner roles and responsibilities to respond to the unmet needs of the community?	3
7.1.4	Understand the reasons that people do not get the care they need?	3.4

LPHS partners cited a number of instances of how health needs are identified for at risk populations along with specific examples of how the health needs are met. These include extending hours for testing and treatment to accommodate individuals with multiple work schedules or transportation barriers, using outside information to increase access, asking questions about barrier assessment for screening, and collecting hospital usage data. Participants report that it can be a struggle to obtain feedback on the effectiveness of meeting the identified need, needs assessment are sometimes done on an informal basis, and that roles of LPHS partners are not always clearly understood. Funding was also identified as a gap as it is not always proportionate to incidence rates and funding is not available to meet all identified gaps including transportation and lead repairs.

Model Standard 7.2: Ensuring People Are Linked to Personal Health Services

At what level does the LPHS:

7.2.1	Connect or link people to organizations that can provide the personal health services they may need?	3.6
7.2.2	Help people access personal health services in a way that takes into account the unique needs of different populations?	3
7.2.3	Help people sign up for public benefits that are available to them?	3.6
7.2.4	Coordinate the delivery of personal health and social services so that everyone in the community has access to the care they need?	2.3

Participants noted that there are a variety of methods to assist individuals with finding available resources. Of note, the Newcomer's Clinic assists with the coordination of care for homeless community members and that the First Five program also excels at identifying gaps and linking individuals to resources. Pockets of the LPHS come together informally to assist individuals accessing personal health services, but a more proactive focus would assist with raising awareness of needs. Participants did acknowledge that in some circumstances, the delivery of services can be dependent on the payer and negotiated amount of payment.

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

Model Standard 8.1: Workforce Assessment, Planning, and Development

At what level does the LPHS:

8.1.1	Complete a workforce assessment, a process to track the numbers and types of LPHS jobs-both public and private sector-and the associated knowledge, skills, and abilities required of the job?	2.5
8.1.2	Review the information from the workforce assessment and use it to identify and address gaps in the LPHS workforce?	2
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?	1.5

LPHS partners are performing at different levels in terms of workforce assessment, planning and development, but in general, it was acknowledged that a systematic evaluation is essential. Currently improvements are tied to program evaluations. Information from workforce assessments are primarily shared between regional LPHS partners but rarely on a local level.

Model Standard 8.2: Public Health Workforce Standards

At what level does the LPHS:

8.2.1	Ensure that all members of the local public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and comply with legal requirements?	4
8.2.2	Develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the 10 Essential Public Health Services?	2.5
8.2.3	Base the hiring and performance review or members of the public health workforce in public health competencies?	1

As with the previous model standard, participants noted that LPHS partners are not performing equally for these measures with hospitals outperforming other sectors. They also recognized that most organizations are unfamiliar with the 10 Essential Public Health Services as a standard for system-wide performance. When job descriptions are reviewed, the requirements are examined leading to the evolvement to a competence-based system. As many positions in the LPHS are subject to outside regulations, the renaming of job titles and responsibilities does not evolve quickly.

Model Standard 8.3: Public Health Workforce Standards

At what level does the LPHS:

8.3.1	Identify education and training needs and encourage the public health workforce to participate in available education and training?	3
8.3.2	Provide ways for public health workers to develop core skills related to the 10 Essential Public Health Services?	3.3
8.3.3	Develop incentives for workforce training, such as tuition reimbursement, time off for attending class, and pay increases?	3
8.3.4	Create and support collaborations between the LPHS for training & education?	2.8
8.3.5	Continually train the public health workforce to deliver services in a culturally competent manner and understand the social determinants of health?	2

Participants said that employees are generally encouraged to complete training but the range of opportunities for training varied by organization. The health department recently completed an internal survey and was able to identify gaps and goals for targeted improvement opportunities which is well supported by other LPHS partners. The LPHS is making significant strides through collaboration to make cultural competence a standard training element. Partners also identified a need to target continuing education to match identified training gaps.

Model Standard 8.4: Public Health Leadership Development

At what level does the LPHS:

8.4.1	Provide access to formal and informal leadership development opportunities for employees at all organizational levels?	2.8
8.4.2	Create a shared vision of community health and the LPHS, welcoming all leaders and community members to work together?	2
8.4.3	Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?	2.8
8.4.4	Provide opportunities for the development of leaders who represent the diversity of the community?	2.3

There is a robust system for leadership development within the private sector of the LPHS. The public sector is gaining ground in prioritizing a diverse leadership team representative of the community, creating a forum for non-traditional development and leadership opportunities. LPHS partners identified that leadership development has become more “siloed” and at times, lacking vision, and that development opportunities don’t always trickle down to lower leadership levels.

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

Model Standard 9.1: Evaluating Population-Based Health Services

At what level does the LPHS:

9.1.1	Evaluate how well population-based health services are working, including whether the goals that were set for programs and services were achieved?	1.9
9.1.2	Assess whether community members, including vulnerable populations, are satisfied with the approaches taken toward promoting health and preventing disease, illness, and injury?	2.3
9.1.3	Identify gaps in the provision of population-based health services?	3
9.1.4	Use evaluation findings to improve plans, processes, and services?	2.3

LPHS partners may evaluate their own systems but results are not shared collectively. Attendees agreed that evaluations are not always obtained from vulnerable populations and there is a perception that responders are not always honest with their feedback fearing retribution. Service gaps are often identified through testimonials and other antidotal evidence. The LPHS system is not outcomes driven as the same barriers to care tend to persist over time.

Model Standard 9.2: Evaluating Personal Health Services

At what level does the LPHS:

9.2.1	Evaluate the accessibility, quality, and effectiveness of personal health services?	2
9.2.2	Compare the quality of personal health services to established guidelines?	2.7
9.2.3	Measure user satisfaction with personal health services?	3.4
9.2.4	Use technology to improve quality of care?	3.7
9.2.5	Use evaluation findings to improve services and program delivery?	2.4

Participants noted that there is generally no incentive for individuals to complete evaluations and that the evaluations of personal health services tend to be skewed to the majority; this makes it difficult to obtain data to make changes. As noted in the previous model standard, results are not collectively shared for improvement planning. One example given to monitor the effectiveness of education services is that emergency department visits should decrease as patients are seeking treatment earlier. An improvement noted by LPHS partners is that the CHIP should become an evaluation component.

Model Standard 9.3: Evaluating the Local Public Health System

At what level does the LPHS:

9.3.1	Identify all public, private, and voluntary organizations that contribute to the delivery of the 10 Essential Public Health Services?	2.7
9.3.2	Evaluate how well the LPHS activities meet the needs of the community at least every 5 years, using guidelines that describe a model LPHS and involving all entities contributing to the delivery of the 10 Essential Public Health Services.	3.1
9.3.3	Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?	2
9.3.4	Use results from the evaluation process to improve the LPHS?	2

The LPHS is working to introduce common terminologies and shifting to a role defined by partnerships

for mutual benefit. As a whole, there are not effective ways to assess how LPHS partners are communicating, connecting, and coordinating services.

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

Model Standard 10.1: Fostering Innovation

At what level does the LPHS:

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?	3
10.1.3	Suggest ideas about what currently needs to be studied in public health to organizations that conduct research?	4
10.1.2	Keep up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health?	3.8
10.1.4	Encourage community participation in research including deciding what will be studied, conducting research, and sharing results?	3

Participants noted that public sector LPHS organizations collaborate with academic partners, but research and public health are somewhat disconnected. The LPHS produces annual reports showing success stories and examples of system sharing between LPHS entities. The Board of Health has commissioned research studies but there is no cohesive system to determine research priorities. It was also noted that differences exist between the levels of qualitative versus quantitative research within the LPHS. Attendees identified examples of where LPHS staff were given flexibility to solve problems and use capacity-building activities such as the MAPP process.

Model Standard 10.2: Linking with Institutions of Higher Learning and/or Research

At what level does the LPHS:

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?	5
10.2.3	Partner with colleges, universities, or other research organizations to conduct public health research, including community-based participatory research?	3
10.2.2	Encourage colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education?	4.2

LPHS partners determined that opportunities for collaboration between colleges, universities, and other research institution were plentiful to include student internships, research opportunities for health equity initiatives, a community food assessment, and other examples of commissioned research. Participants did note that results and opportunities were not always equal through the LPHS organizations.

Model Standard 10.3: Capacity to Initiate or Participate in Research

At what level does the LPHS:

10.3.1	Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies?	3.2
10.3.3	Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?	3
10.3.2	Share findings with public health colleagues and the community broadly, through journals, Websites, community meetings, etc.?	2
10.3.4	Evaluate public health systems research efforts throughout all stages of work from planning to effect on local public health practice?	1

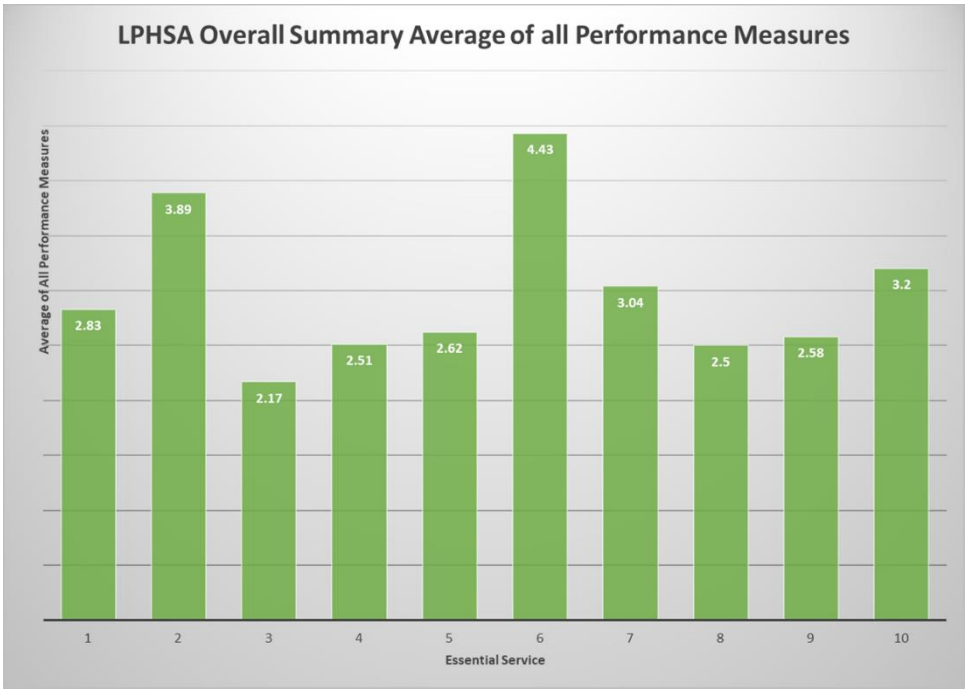
Attendees said that institutions are available to perform research in the community citing the ongoing collaboration between the LPHS partners and the University of Northern Iowa to further the health equity systems mapping process. In addition, the local public health department works with Allen College to review research requiring completion of the Institutional Review Board (IRB) process. Participants noted that findings are not consistently shared through community forums or other public meetings. One of the gaps identified was the level of knowledge related to research between LPHS partners which is related to the need to improve evaluation standards.

Summary Charts

Essential Service	Strengths	Weaknesses	Opportunities
1	• Community is engaged • Environmental health population health registries are robust	• Data sets are narrow and cost money for county level • Missing pharmacy data	• Build a stronger communication network with collaborative data • Obtain more qualitative data
2	• Public health threats with surveillance are robust • Active surveillance standardized for case finding	• Some public health threats lack surveillance • Some key organizations aren't present at the table	• Collaboration to support more health hazard surveillance • Health department more involved with LPHS preparedness exercises
3	• Working with partners • Moving toward diversifying LPHS members	• Lack of standardized process • Communication plan for media	• Coordinate LPHS to organize and push health promotion campaign • Forward planning for media or potential threat policies
4	• Rich network of partnerships • LPHS attending events that they did not typically in the past	• Cohesiveness and role responsibilities • Framework not always strong enough to absorb change	• Redefine partnerships • More presence at community events
5	• Good use of quality assurance to improve LPHS • Increasing awareness within LPHS of public health policy	• Terms in policies may have multiple interpretations • Inequities in policies	• Common terms in all LPHS organizations • Form a coalition for the CHIP process for accountability
6	• Referrals and questions are followed up • Health department members educated on community linking	• Can be confusing who has authority • Follow up with immunization audits can be difficult	• Collaborative assistance to help schools with immunization requirements • Collaborate with law enforcement to understand roles and authority
7	• Partnership with hospitals to collect community health data • Link resources to the community	• Benefit of corporations rather than people • Rural areas hard to reach	• Proactive awareness of needs before they exist • Collaborate within LPHS to help reach rural population
8	• Topics that incorporate all LPHS are strong • LPHS has qualifications for job positions	• No systematic approach in LPHS • Not understood what the needs/gaps/shortfalls are outside the health department	• Communication within LPHS on trainings involving public health • Share training requirements within LPHS
9	• Organizations are evaluation driven • MAPP process will help update plans	• LPHS doesn't share internal evaluation • Evaluations have been skewed to White majority	• Create evaluations to help all participants feel comfortable to answer truthfully • Share evaluation techniques with LPHS
10	• Sharing success stories • Strong system	• Separation of research and practice • Unsure of what partners have done/are doing	• Share information of MAPP process with community • Communication of future research with LPHS

Summary Essential Public Health Services for Black Hawk County

EPHS	EPHS Description	Score*	Overall Ranking
1	Monitor health status to identify community health problems.	2.83	5th
2	Diagnose and investigate health problems and health hazards in the community.	3.89	2nd
3	Inform, educate, and empower people about health issues.	2.17	10th
4	Mobilize community partnerships to identify and solve health problems.	2.51	8th
5	Develop policies and plans that support individual and community health efforts.	2.62	6th
6	Enforce laws and regulations that protect health and ensure safety.	4.43	1st
7	Link people to needed personal health services and assure the provision of health services.	3.04	4th
8.	Assure a competent public and personal health care workforce.	2.50	9th
9.	Evaluate the effectiveness, accessibility, and quality of personal/population-based health services.	2.58	7th
10.	Research for new insights and innovative solutions to health problems.	3.2	3rd



LPHSA Needs Assessment Ranking

Please rank the top 4 Essential Services based on the discussion and your opinion. The rank assigned will be based on need with 1 being the most needed and 4 being less needed but still important. Please do not mark anything for the other 6 Essential Services. Everyone's rankings will be combined and averaged to find where the Local Public Health System's needs are the greatest.

9	**Essential Service 1: Monitor Health**
12 **Ranked 3rd (tied)**	Essential Service 2: Diagnose and Investigate
27 **Ranked 1st**	Essential Service 3: Inform, Educate, and Empower
19 **Ranked 2nd**	Essential Service 4: Mobilize Community Partnerships
5	Essential Service 5: Develop Policies
6	Essential Service 6: Enforce Laws
12 **Ranked 3rd (tied)**	Essential Service 7: Link to or Provide Care
7	Essential Service 8: Assure Competent Workforce
6	Essential Service 9: Evaluate
7	Essential Service 10: Research

Quadrant	Model Standard #	Perfomance Score Average	Ranking for Prioritized Needs Assessment
Quadrant A: High Prioritized Needs Assessment & Low Performance. These activities may need increased attention.			
A	3.2 Health Communication	1.8	1
A	3.3 Risk Communication	2.0	1
A	4.2 Community Partnerships	2.2	2
A	1.2 Current Technology	2.5	5
A	1.1 Community Health Assessment	2.7	5
A	3.1 Health Education/Promotion	2.7	1
A	4.1 Constituency Development	2.8	2
A	7.1 Personal Health Services Need	3.0	3
A	2.2 Emergency Response	3.0	3
A	7.2 Assure Linkage	3.1	3
Quadrant B: High Prioritized Needs Assessment & High Performance. These activities are being done well and it is important to maintain efforts.			
B	1.3 Registries	3.3	5
B	2.1 Identification/Surveillance	4.3	3
B	2.3 Labortories	5.0	3
Quadrant C: Low Prioritized Needs Assessment & Low Performance. These activities may need improvement and should be reviewed to determine if an increased level of priority should be assigned.			
C	5.4 Emergency Plan	1.7	10
C	8.1 Workforce Assessment	2.0	6
C	10.3 Research Capacity	2.3	6
C	9.1 Evaluation of Population Health	2.4	7
C	9.3 Evaluation of LPHS	2.5	7
C	8.4 Leadership Development	2.5	6
C	8.2 Workforce Standards	2.5	6
C	5.2 Policy Developments	2.8	10
C	8.3 Continuing Education	2.8	6
C	9.2 Evaluation of Personal Health	2.8	7
C	5.1 Governmental Presence	2.9	10
Quadrant D: Low Prioritized Needs Assessment & High Performance. These activities are being done well and may not need any additional effort to maintain performance.			
D	5.3 CHIP Strategic Planning	3.1	10
D	10.1 Foster Innovation	3.5	6
D	10.2 Academic Linkages	4.1	6
D	6.3 Enforce Laws	4.3	7
D	6.2 Improve Laws	4.4	7
D	6.1 Review Laws	4.6	7

References

Centers for Disease Control and Prevention. (2018). The public health system and 10 essential public health services. Retrieved January 21, 2020 from https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html

Centers for Disease Control and Prevention. (2018). National public health performance standards (NPHPS). Retrieved January 21, 2020 from https://www.cdc.gov/publichealthgateway/nphps/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fnphpsp%2Findex.html

Appendix A: LPHSA Meeting Agendas

Black Hawk County Health Department
MAPP Local Public Health System Assessment
11-27-19 Agenda
9:30 (Promptly) – 11:30, Room 420

Time	Model Std. #	Agenda Item	Activities
Ground Rules 1. *Stay present. Please respect everyone in the meeting by silencing your cellphones and limiting side conversations.* 2. *Be open to new ideas and welcoming to new perspectives. We will be discussing key issues within the community and not everyone will have the same opinion, but a calm discussion is vital to the progression of the LPHSA.* 3. *Allow facilitator to move conversation along. There is limited time to discuss each topic and it is the facilitator's duty to adhere to the schedule.* 4. *Time for consensus voting will be done at the end of each Essential Service. If there is a disagreement that requires further discussion the facilitator will return to it at this time.* **Thank You!**			
9:30 – 9:40		Welcome	Welcome – Meeting Purpose & Structure Introductory Activity Review Meeting Materials
9:40 – 10:10	1.1	Population-Based Community Health Assessment	• Discussion Questions • Consensus Voting • Strengths, Weakness & Improvement Opportunities
	1.2	Current Technology to Manage and Communicate Population Health Data	
	1.3	Maintaining Population Health Registries	
10:10 – 10:20	6.3	Enforcing Laws, Regulations and Ordinances	
10:20 – 10:50	2.1	Identifying and Monitoring Health Threats	
	2.2	Investigating and Responding to Public Health Threats and Emergencies	
	2.3	Laboratory Support for Investigating Health Threats	
10:50 - 11:20	10.1	Fostering Innovation	
	10.2	Linking with Institutions of Higher Learning and/or Research	
	10.3	Capacity to Initiate or Participate in Research	
11:20 – 11:30		Wrap-Up	Next Steps Turn In Discussion Guide Complete Evaluation Form

MAPP Internal Core Team & Meeting Facilitators: Joshua Pikora, Aaron Reinke, & Lisa Sesterhenn

Black Hawk County Health Department
MAPP Local Public Health System Assessment
12-2-19 Agenda
9:30 (Promptly) – 11:30, Room 420

Time	Model Std. #	Agenda Item	Activities
Ground Rules 1. *Stay present. Please respect everyone in the meeting by silencing your cellphones and limiting side conversations.* 2. *Be open to new ideas and welcoming to new perspectives. We will be discussing key issues within the community and not everyone will have the same opinion, but a calm discussion is vital to the progression of the LPHSA.* 3. *Allow facilitator to move conversation along. There is limited time to discuss each topic and it is the facilitator's duty to adhere to the schedule.* 4. *Time for consensus voting will be done at the end of each Essential Service. If there is a disagreement that requires further discussion the facilitator will return to it at this time.* **Thank You!**			
9:30 – 9:40		Welcome	Welcome – Meeting Purpose & Structure Introductory Activity Review Meeting Materials
9:40 – 10:20 *Nafissa, Eileen, Joshua, Gabbi, Sarah, Tina*	3.1	Health Education and Promotion	• Discussion Questions • Consensus Voting • Strengths, Weakness & Improvement Opportunities
	3.2	Health Communication	
	4.1	Constituency Development	
	4.2	Community Partnerships	
10:20 – 10:40 *Nafissa, Eileen, Joshua, Lisa, Tina*	3.3	Risk Communication	
	5.4	Planning for Public Health Emergencies	
10:40 - 11:20 *Nafissa, Eileen, Joshua, Aaron*	8.1	Workforce Assessment, Planning, and Development	
	8.2	Public Health Workforce Standards	
	8.3	Life-Long Learning through Continuing Education, Training, and Mentoring	
	8.4	Public Health Leadership Development	
11:20 – 11:30		Wrap-Up	Next Steps Turn In Discussion Guide Complete Evaluation Form

MAPP Internal Core Team & Meeting Facilitators: Joshua Pikora, Aaron Reinke, & Lisa Sesterhenn

Black Hawk County Health Department
MAPP Local Public Health System Assessment
12-12-19 Agenda
1:30 (Promptly) – 3:30, Room 420

Time	Model Std. #	Agenda Item	Activities
Ground Rules 1. *Stay present. Please respect everyone in the meeting by silencing your cellphones and limiting side conversations.* 2. *Be open to new ideas and welcoming to new perspectives. We will be discussing key issues within the community and not everyone will have the same opinion, but a calm discussion is vital to the progression of the LPHSA.* 3. *Allow facilitator to move conversation along. There is limited time to discuss each topic and it is the facilitator's duty to adhere to the schedule.* 4. *Time for consensus voting will be done at the end of each Essential Service. If there is a disagreement that requires further discussion the facilitator will return to it at this time.* **Thank You!**			
1:30 – 1:40		Welcome	Welcome – Meeting Purpose & Structure Introductory Activity Review Meeting Materials
1:40 – 2:30 *Nafissa, Eileen, Joshua, Gabbi, William, Andrea, Kim*	7.1	Identifying Personal Health Service Needs of Populations	• Discussion Questions • Consensus Voting • Strengths, Weakness & Improvement Opportunities
	7.2	Ensuring People are Linked to Personal Health Services	
	9.1	Evaluating Population-Based Health Services	
	9.2	Evaluating Personal Health Services	
	9.3	Evaluating the Local Public Health System	
2:30 – 3:20 *Nafissa, Eileen, Joshua, Jared, Eric*	5.1	Government Presence at the Local Level	
	5.2	Public Health Policy Development	
	5.3	Community Health Improvement Process and Strategic Planning	
	6.1/6.2	Reviewing and Evaluating Laws, Regulations, and Ordinances	
3:20 – 3:30		Wrap-Up	Next Steps Turn In Discussion Guide Complete Evaluation Form

MAPP Internal Core Team & Meeting Facilitators: Joshua Pikora, Aaron Reinke, & Lisa Sesterhenn

1/7/20 MAPP Extended Core Team Meeting
Black Hawk Health Department, 1407 Independence Avenue, Room 420
9:30 – 11:00 AM

Time	MAPP Phase	Agenda Item
9:30	Welcome	
10 minutes	2	Adopt MAPP Vision Statement (Complete Survey by 1/3/20) https://www.surveymonkey.com/r/QDY9HH7
45 minutes	3	Local Public Health System Assessment (LPHSA) ➢ Process ➢ Black Hawk County Health Department Results ➢ Extended Core Group Engagement
5 minutes		Community Themes and Strengths Assessment Update (CTSA)
5 minutes		Forces of Change Assessment Update (FOCA)
5 minutes		Community Health Status Assessment Update (CHSA)
15 minutes	4	February Stakeholder Meeting: Release of Community Health Assessment (CHA) and Strategic Issue Identification ➢ Date: Between 2/12/20 – 2/19/20 ➢ Time: 8:00 AM - Noon ➢ Location: TBD ➢ Draft Agenda ○ Registration & Introductions: 30 minutes ○ Data Sharing: 1 hour ○ Small Group Data Reflection: 30 minutes ○ Break ○ Data Reflection Report Out: 30 minutes ○ Prioritization Process: 1 hour ○ Summary & Next Steps Public Input for CHA/Strategic Issues
11:00	Adjourn	

Appendix B: Sample Discussion Guide

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

Are people in my community receiving the health services they need?

Model Standard 7.1: Identifying Personal Health Services Needs of Populations

The LPHS identifies the personal health needs of the community and identifies the barriers to receiving these services especially among groups that may have particular problems with access.

Performance Measures for Model Standard 7.1

At what level does the LPHS...

7.1.1 Identify groups of people in the community who have trouble accessing or connecting to personal health services?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	○

7.1.2 Identify all personal health service needs and unmet needs throughout the community?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	○

7.1.3 Defines partner roles and responsibilities to respond to the unmet needs of the community?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	○

7.1.4 Understand the reasons that people do not get the care they need?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	○

Questions

1. What does the LPHS do to understand which personal health services are used by populations who may experience barriers to care?

2. How does the LPHS identify populations that may experience barriers to personal health services?

3. How has the LPHS identified the personal health service needs of populations in its jurisdiction, including the needs of populations who may experience barriers to care?

Notes

Please use the space below to record notes on details, important elements, or additional ideas that apply to this standard.

Strengths

Weaknesses

Improvement Opportunities

Appendix C: Voting Record & Number of Participants for all Performance Measures

Measure	No Activity	Minimal	Moderate	Significant	Optimal	Consensus Vote	Average of Votes
1.1.1			1	1	3		4.4
1.1.2		5				2	2
1.1.3		4	1				2.2
1.2.1		2	3				2.6
1.2.2		4	1				2.2
1.2.3		3	1	1			2.6
1.3.1				2	3		3.6
1.3.2		2	1	2		3	3
2.1.1				3	2		4.4
2.1.2					5	5	5
2.1.3			2	3			3.6
2.2.1			1	1	3		4.4
2.2.2			5			3	3
2.2.3	1	2	2				2.2
2.2.4		5				2	2
2.2.5			2	1	2	4	4
2.2.6		4	1				2.2
2.3.1					5	5	5
2.3.2					5	5	5
2.3.3					5	5	5
2.3.4				1	4		4.8
3.1.1		4	3				2.4
3.1.2			6	1			3.1
3.1.3		2	5				2.7
3.2.1	2	5					1.7
3.2.2		5	2				2.3
3.2.3	5	2					1.3
3.3.1	1	3		1		3	2.2
3.3.2		3	2				2.4
3.3.3	3	2					1.4
4.1.1		1	6				2.7
4.1.2		3	4				2.6
4.1.3			4	3			3.4
4.1.4		4	3				2.4

Measure	No Activity	Minimal	Moderate	Significant	Optimal	Consensus Vote	Average of Votes
4.2.1			5	2			3.3
4.2.2	6	1					1.1
4.2.3	1	4	2			2	2.1
5.1.1		1	3	1		3	3
5.1.2		2	3				2.6
5.1.3			5			3	3
5.2.1			3	2			3.4
5.2.2			5			3	3
5.2.3		5				2	2
5.3.1				5		4	4
5.3.2			3	2			3.4
5.3.3		5				2	2
5.4.1	2	3					1.6
5.4.2		1	4				1.4
5.4.3		5				2	2
6.1.1				5		4	4
6.1.2					5	5	5
6.1.3				3	2		4.4
6.1.4					5	5	5
6.2.1				5		4	4
6.2.2				4	1		4.2
6.2.3					5	5	5
6.3.1					5	5	5
6.3.2				2	3		3.6
6.3.3			1		4		4.6
6.3.4			1	3	1	4	4
6.3.5				3	2		4.4
7.1.1			5	2			3.3
7.1.2		6	1				2.1
7.1.3		2	3	2		3	3
7.1.4		1	2	4			3.4
7.2.1			3	4			3.6
7.2.2		2	3	2		3	3
7.2.3		1	2	3	1		3.6
7.2.4		5	2				2.3
8.1.1		2	2				2.5
8.1.2		4				2	2
8.1.3	2	2					1.5

Measure	No Activity	Minimal	Moderate	Significant	Optimal	Consensus Vote	Average of Votes
8.2.1				4		4	4
8.2.2		1	3				2.5
8.2.3	4					1	1
8.3.1			4			3	3
8.3.2			3	1			3.3
8.3.3			4			3	3
8.3.4		1	3				2.8
8.3.5		4				2	2
8.4.1		1	3				2.8
8.4.2		4				2	2
8.4.3		1	3				2.8
8.4.4		3	1				2.3
9.1.1		6	1				1.9
9.1.2		5	2				2.3
9.1.3			7			3	3
9.1.4		5	2				2.3
9.2.1		7					2
9.2.2		2	5				2.7
9.2.3		2		5			3.4
9.2.4			3	3	1		3.7
9.2.5		4	3				2.4
9.3.1		3	3	1			2.7
9.3.2		1	4	2			3.1
9.3.3		7				2	2
9.3.4		7				2	2
10.1.1			5			3	3
10.1.2			1	3	1	4	4
10.1.3			1	4			3.8
10.1.4		1	3	1		3	3
10.2.1					5	5	5
10.2.2			5			3	3
10.2.3				4	1		4.2
10.3.1			4	1			3.2
10.3.2			5			3	3
10.3.3		5				2	2
10.3.4	5					1	1

Appendix D: Voting Cards

Optimal Activity (5/5)

Greater than 75% of the activity described within the question is met.

Significant Activity (4/5)

Greater than 50% but no more than 75% of the activity described within the question is met.

Moderate Activity (3/5)

Greater than 25% but no more than 50% of the activity described within the question is met.

Minimal Activity (2/5)

Greater than 1% but no more than 25% of the activity described within the question is met.

No Activity (1/5)

0% or absolutely no activity.