Florida HEALTH
Miami-Dade County

Miami-Dade County Local Public Health System Assessment 2017 - 2018

Published February 2018

Florida Department of Health in Miami-Dade County
Office of Community Health and Planning
West Perrine Health Center
18255 Homestead Avenue, Miami, FL 33157
Phone: (305) 278-0442
Fax: (305) 278-0441

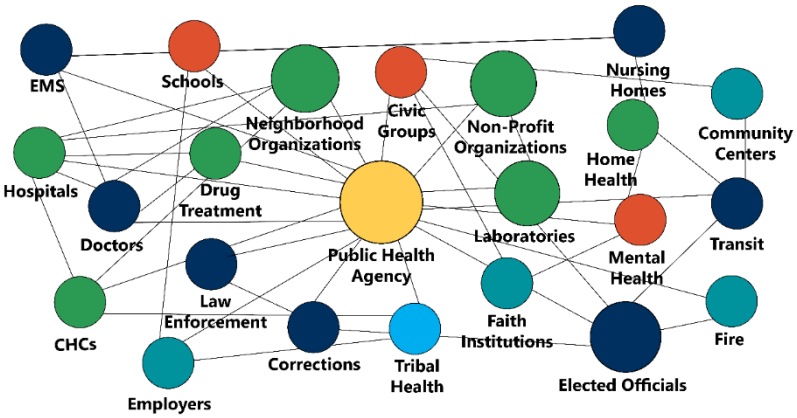
www.healthymiamidade.org
www.miamidade.floridahealth.gov

Contents

Overview 4
Acknowledgements 5
Executive Summary 6
Background 7
Mobilizing for Action through Planning and Partnerships (MAPP) Process 7
Meeting Objectives 8
Assessment Tool 8
10 Essential Services of Public Health 9
Methodology 11
Results 12
Participant Pre and Post-Assessment 12
Performance Scores 13
Essential Services: Summary Overview 13
Essential Services: Highest Ranking Performance 14
Essential Services: Lowest Ranking Performance 14
Model Standards 14
Model Standards: Summary Overview 15
Model Standards: Highest Ranking Performance 16
Model Standards: Lowest Ranking Performance 16
Benchmark Activities 16
Benchmark Activities: Summary Overview 16
Benchmark Activities: Highest Ranking Performance 17
Benchmark Activities: Lowest Ranking Performance 18
Prioritization Ranking 18
Local Health Department/Agency Contribution Questionnaire 20
System Performance Changes over Time 22
Common Themes 23
Evaluation 25
Participant Feedback 25
Next Steps 26
Summary Infographics 26
Statement of Recognition 26
Appendices 27
Appendix 1: Community Meeting Agenda 27
Appendix 2: Priority of Model Standards Questionnaire Webinar Presentation 29
Appendix 3: 2017 Local Public Health System Assessment Infographic 45
Appendix 4: 2017-2018 NPHPS Report 69

Overview

The Local Public Health System Assessment (LPHSA) involves bringing the public health community together to reflect on the performance of the system and identify areas of success and improvement. The public health community plays a critical role in handling major threats to the public's health. All of the entities within a local public health system (LPHS) contribute to the health and well-being of the community in some way. Taking a systems perspective with this assessment ensures that the contributions of all entities are recognized in assessing the local delivery of the 10 Essential Public Health Services.



The public health system plays a critical role in handling major threats to the public's health.

Acknowledgements

A diverse composition of public health system partners was represented at the Local Public Health System Assessment Community Meeting. The assessment was well received among participants. During the registration process, one hundred and twenty-three (123) individuals from fifty-seven (57) different community organizations registered to attend one or both days of the event. On Thursday, August 24th, there was a total of ninety-eight (98) sign-ins representing thirty-nine (39) unduplicated organizations. On Friday, August 25th, there was a total of seventy-nine (79) sign-ins representing thirty-two (32) unduplicated organizations. During the two days, there was a total of one hundred eleven (111) unique sign-ins from over forty (40) unduplicated organizations represented. Approximately 9.8% of those who registered did not attend the event.

The Florida Department of Health in Miami-Dade County (DOH-Miami-Dade) is organized into a number of program areas that focus on the surveillance, prevention, detection and treatment of the most significant health and environmental public health issues within the county. The major services provided by DOH-Miami-Dade align with the 10 Essential Public Health Services as determined by the national Centers for Disease Control and Prevention. All DOH-Miami-Dade programs were represented in the meeting.

The following organizations participated in the event:

Albizu University
Alliance for Aging, Inc.
Alzheimer's Association
Camillus Health
Camillus House
Catalyst Miami
CLT Strategic Solutions Inc.
Consortium for A Healthier Miami-Dade
Department of Children and Families
Department of Transportation and Public Works
Domestic Violence Oversight Board
Empower U Miami
Epilepsy Foundation
Expanded Food and Nutrition Education Program
Florida Department of Health in Lake County
Florida Department of Health in Miami-Dade County
Florida Impact
Florida International University
Florida PACE Centers
Florida Senate 36th District
Health Council of South Florida
Health Foundation of South Florida
Healthy Start Coalition of Miami-Dade
Jackson Health System
Jessie Trice Community Health Center
Merck
Miami Beach Community Health Center
Miami Dade County
Miami-Dade County Parks, Recreation and Open Spaces
Miami VA Healthcare System
Miami-Dade Corrections
Miami-Dade State Attorney
Nicklaus Children’s Hospital
Nova Southeastern University College of Osteopathic Medicine
Sonshine Communications
United Healthcare
University of Miami
University of Miami Health System
Urban Health Partnerships
Vitas Healthcare
West Kendall Baptist Hospital

Executive Summary

On Thursday, August 24th and Friday, August 25th, 2017, the Florida Department of Health in Miami-Dade County hosted a Local Public Health System Assessment (LPHSA) Community Meeting to analyze how well the public health system (LPHS) is organized. The two-day event brought together public, private and voluntary entities that contribute to the delivery of essential public health services.

During the event, representatives of organizations that play an important role in improving the health in Miami-Dade County evaluated LPHS activities and identified areas of the LPHS that need improvement. Attendees assessed how well the organizations in the system are communicating, connecting, and coordinating services. In addition, Florida Senator Rene Garcia (R), District 36, shared remarks on the importance of health organizations working together as an integrated health care system to improve the overall well-being of the community.

The LPHSA focuses on all entities that contribute to the delivery of public health services within a local area. The assessment is one of the four assessments as part of the Mobilizing for Action through Planning and Partnerships (MAPP) process for community health improvement. The LPHSA is completed using the National Public Health Performance Standards Local Instrument, a guideline that describes the model LPHS.

The Ten Essential Public Health Services provided the framework for the assessment. The assessment process influenced knowledge of the Ten Essential Services.

Over one hundred attendees representing forty organizations participated in the community meeting. A diverse composition of public health partners was represented, and the assessment was well received among participants.

The local public health system was scored in perceived performance and common themes of discussion across all services and standards were identified. An optimal level of performance is the level to which all local public health systems should aspire. The Miami-Dade County public health system ranked as **Significant Activity** in overall performance.

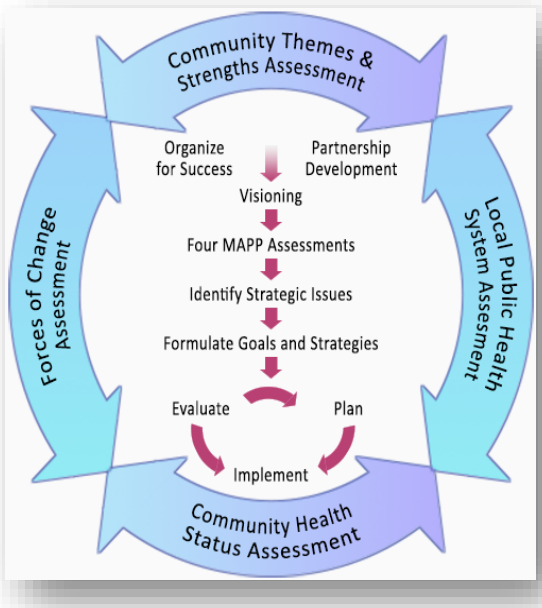
The **highest ranked service** for performance was **Essential Service 5** Develop Policies and Plans that Support Individual and Community Health Efforts.

The three **lowest ranked services** for performance were **Essential Service 7** *Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable*, **Essential Service 9** *Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services*, and **Essential Service 10** *Research for New Insights and Innovative Solutions to Health Problems*.

Background

Mobilizing for Action through Planning and Partnerships (MAPP) Process

The Florida Department of Health in Miami-Dade County embarked on a new cycle of Community Health Planning. The LPHSA Community Meeting was the first meeting of the Mobilizing for Action through Planning and Partnerships (MAPP) process. MAPP is a community-driven process for improving community health. Using MAPP, communities seek to achieve optimal health by identifying and using their resources wisely, taking into account their unique circumstances and needs, and forming effective partnerships for strategic action.



The first phase of MAPP involves two critical and interrelated activities: organizing the planning process and developing the planning partnership. Visioning, the second phase of MAPP, guides the community through a collaborative, creative process that leads to a shared community vision and common values. The next phase involves the four assessments. Each assessment yields important information for improving community health, but the value of the four MAPP Assessments is multiplied by considering the findings as a whole.

In the Identification phase of the MAPP process participants develop an ordered list of the most important issues facing the community. During the Formulate Goals and Strategies phase, participants take the strategic issues identified in the previous phase and formulate goal statements related to those issues. The last phase, Action Cycle, links three activities - Planning, Implementation, and Evaluation.

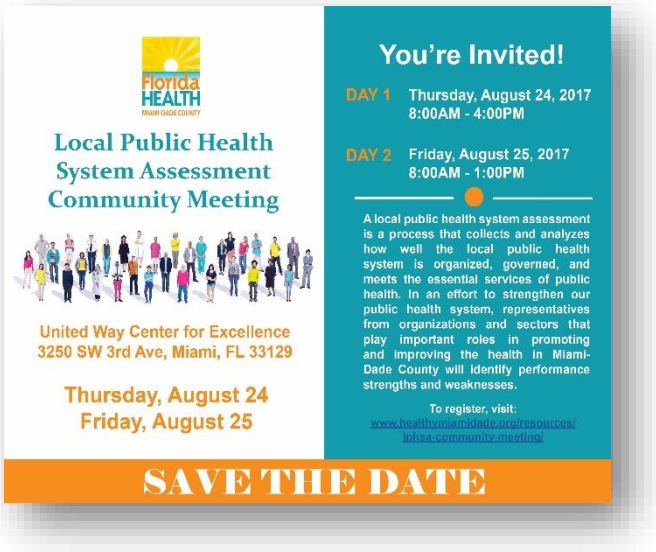
The process consists of four community health assessments: Local Public Health System Assessment, Community Themes and Strengths Assessment, Forces of Change Assessment, and the Community Health Status Assessment. The four assessments examine issues such as risk factors for disease, illness and mortality, socioeconomic and environmental conditions, inequities in health, and quality of life. These assessments can help identify and prioritize health problems, facilitate planning, and determine actions to address identified problems.

The 2017-2018 assessments are vital in the development of the new 2019-2024 Community Health Improvement Plan (CHIP), the community's 5-year plan for improving community health and quality of life. The CHIP is a community-wide strategic plan that incorporates the activities of many organizations and departments and addresses the health issues identified through the four MAPP assessments. It is a plan that the entire public health system in Miami-Dade County will be able to follow and incorporate to have a long-term, systematic effort to address public health problems in the community.

Meeting Objectives

The Local Public Health System Assessment (LPHSA) answers the questions, “What are the components, activities, competencies, and capacities of our local public health system?” and “How are the Essential Services being provided to our community?” The Local Public Health System Assessment is a broad assessment, involving all of the organizations and entities that contribute to public health in the community.

The objectives of the LPHSA Community Meeting were to understand the role of the local public health system assessment and gain understanding on how well the Miami-Dade County public health system is performing against optimal standards for delivery of the essential health services.



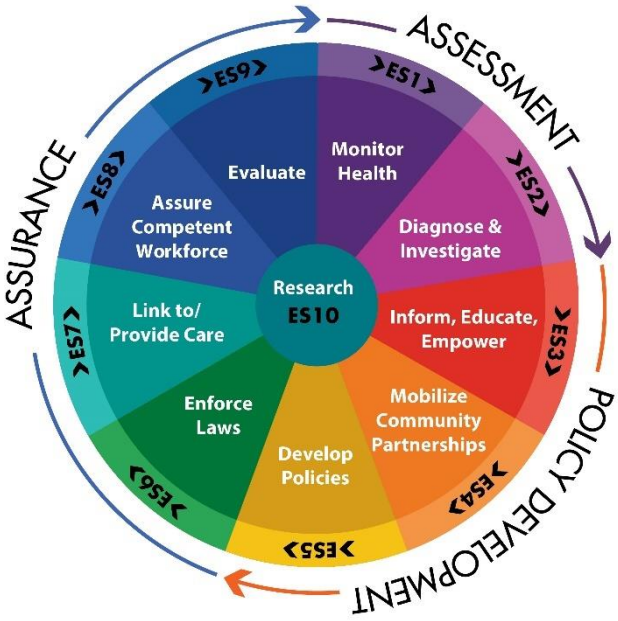
Assessment Tool

The National Public Health Performance Standards (NPHPS) Local Public Health System Performance Assessment Instrument (Local Instrument) was used during the LPHSA Community Meeting. The assessment tool was developed and updated under the leadership of the National Association of County and City Health Officials (NACCHO) and the Center for Disease Control and Prevention and focuses on the local public health system or all entities that contribute to the delivery of public health services within a local area.

The 10 Essential Public Health Services (Essential Services) provide the framework for the Local Instrument 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 Local Instrument provides every LPHS, regardless of the level of sophistication, with benchmarks by which the system can be assessed to help identify strengths, weaknesses, and short and long-term improvement opportunities. The Local Instrument is a valuable tool for identifying areas for system improvement, strengthening local partnerships, and assuring that a strong system is in place for effective delivery of day-to-day public health services and response to public health emergencies.

10 Essential Services of Public Health

The 10 Essential Services (Essential Services) provide the framework for the Local Assessment Tool/Instrument by describing the public health activities that should be undertaken in all local communities.



The three core functions of public health and the 10 Essential Public Health Services provide a working definition of public health and a guiding framework for the responsibilities of local public health systems. The functions of Assessment, Policy Development, and Assurance help to balance and focus three core public health responsibilities while striving to provide essential population based services to constituents. All public or community health responsibilities whether conducted by the local public health department or another organization within the community can be categorized into one of the services.

The Essential Services that constitute Assessment are:

1. **Monitor** health status to identify community health problems.
2. **Diagnose** and investigate health problems and health hazards in the community.

The Essential Services that constitute Policy Development include:

3. **Inform**, educate, and empower people about health issues.
4. **Mobilize** community partnerships to identify and solve health problems.
5. **Develop** policies and plans that support individual and community health efforts.

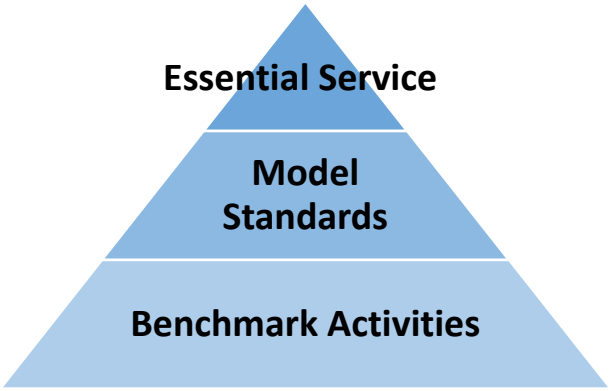
The Essential Services that constitute Assurance are:

6. **Enforce** laws and regulations that protect health and ensure safety.
7. **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. **Assure** a competent public health and personal health care workforce.
9. **Evaluate** effectiveness, accessibility, and quality of personal and population-based health services.

Essential Service 10 **Research** for new insights and innovative solutions to health problems can involve all of the other Essential Services.

Framework

The Ten Essential Services provide the framework for the assessment. Each essential service contains two to four Model Standards, and each model standard contains two to six Benchmark Activities. A description of the essential services, model standards, and benchmark activities are found within the local instrument.



Performance Measures

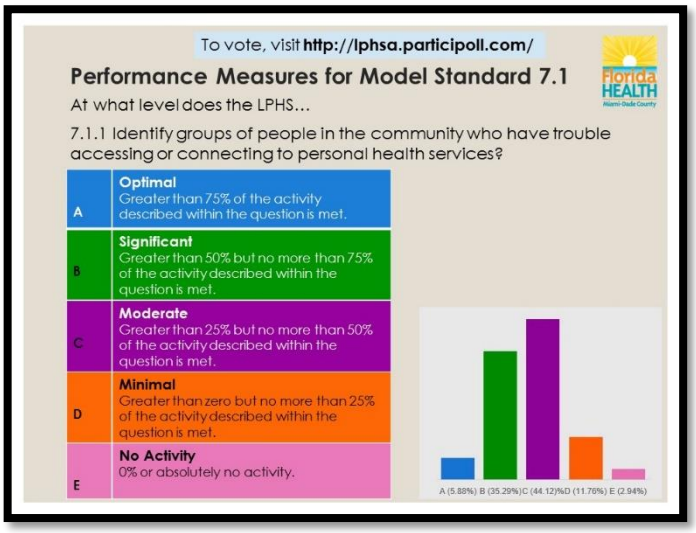
Benchmark activities are phrased as questions about the local public health system and act as the performance measures of the assessment. The activities associated with each model standard were phrased in the form of a question, starting with “At what level does the local public health system…” and then scored by participants by level of activity. Participants used the following scoring chart to rate each performance measure.

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

Methodology

The LPHSA Community Meeting was held at the United Way Center for Excellence Building in Miami, Florida on August 24, 2017 and August 25, 2017. The two-day event consisted of concurrent breakout sessions each focused on one Essential Public Health Service. On day 1 of the event, Essential Services 1-6 were covered during the facilitated sessions. On day 2 of the event, Essential Services 7-10 were covered. The meeting agenda can be found in Appendix 1.

Participants were asked to register to attend the event in advance. During the registration process, participants identified the Essential Services where their organization was active. To ensure fruitful dialogue in the sessions, participants were assigned to breakout sessions based on the Essential Services identified during the registration process.



In each breakout session, skilled facilitators guided participants through the assessment tool and conducted audience polling. In each session, trained scribes were responsible for completing the assessment tool as participants provided feedback.

Each breakout session presentation was linked with *Participoll* for audience polling with real-time results. Participants were asked to vote by accessing a website.

When participants accessed the website, six answer options appeared on participant's screens as lettered, colorful buttons. Only five answer options (A-E) were used in the polls. If technical difficulties were encountered during the polling, participants used the five colored index cards found in their welcome packet to vote.

"Great way to participate, well organized - loved the online poll system."

-Participant feedback form, 2017 LPHSA

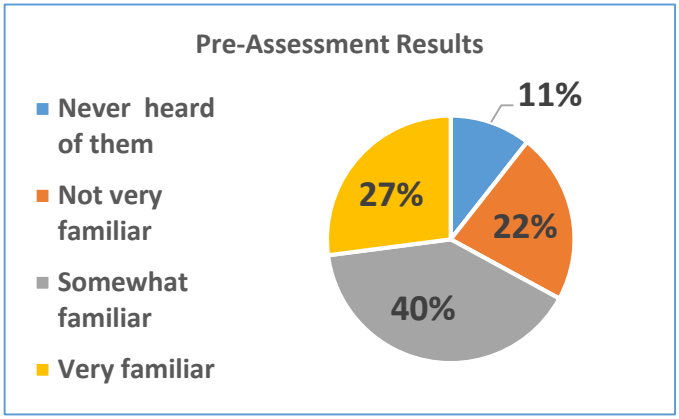
Results

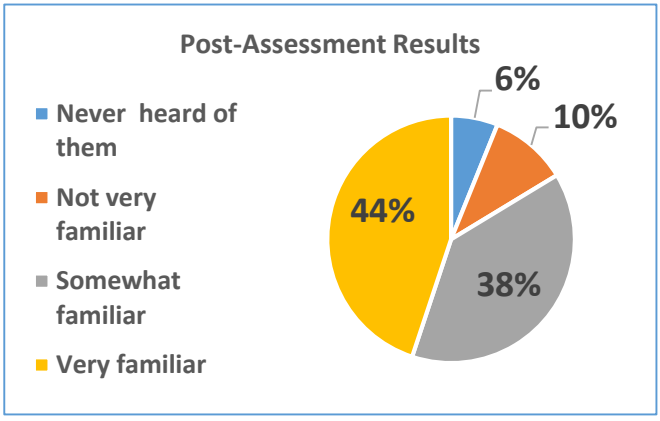
Participant Pre and Post-Assessment

Participants were given a pre and post assessment on two major conceptual components of the Local Public Health System Assessment: Familiarity with the 10 Essential Services and identification with the Public Health System.

The assessment process influenced knowledge of the 10 Essential Public Health Services. Sixty-seven (67) percent of respondents reported being “somewhat” or “very” familiar with the essential services prior to the assessment. After the assessment, eighty-two (82) percent felt that they were somewhat or very familiar with the services, indicating that learning occurred. An increase in familiarity is important because the Essential Services serve as a community framework for the core functions of public health, and a foundation for collective public health activity.

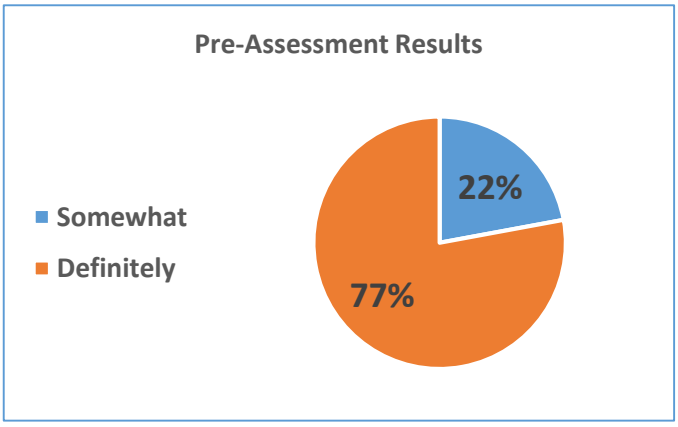
How familiar are you with the Ten (10) Essential Services?

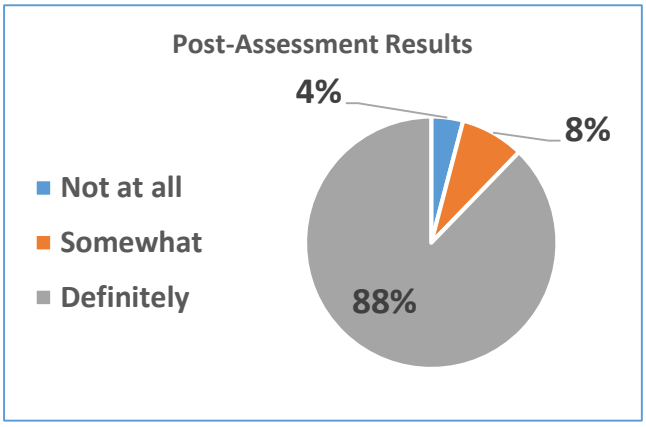




Seventy-seven (77) percent of respondents reported being “definitely” part of the public health system prior to the assessment. After the assessment, eighty-eight (88) percent felt that they were “definitely” part of the public health system. During the post-assessment, four (4) percent of respondents noted that they did not consider themselves as part of the public health system.

I consider myself or my organization part of the Miami-Dade County Public Health System.





Performance Scores

The local public health system assessment is a community review and assessment of public health system performance based on a set of national standards for each of the ten essential services. Essential Services describe what public health seeks to accomplish and how it will carry out its basic responsibilities. In an ideal public health system, all activities would be performing at an optimal level of performance, defined as the system meeting greater than 75% of activity for all benchmarks within each model standard. An optimal level of performance is the level to which all local public health systems should aspire.

Essential Services: Summary Overview

The Miami-Dade County local public health system's overall performance ranking score was **67%**, which represents **Significant** Activity. Two Essential Services scored **Optimal**, seven scored **Significant**, and one as **Moderate** Activity.

Essential Services Performance Scores by Category

Optimal Activity (76-100%)	•ES 5 Develop Policies/Plans, 81% •ES 2 Diagnose and Investigate, 79%
Significant Activity (51-75%)	•ES 4 Mobilize Partnerships, 73% •ES 1 Monitor Health Status, 69% •ES 6 Enforce Laws, 68% •ES 3 Inform/Educate/Empower, 67% •ES 8 Assure Workforce, 64% •ES 10 Research/Innovation, 58% •ES 9 Evaluate Services, 58%
Moderate Activity (26-50%)	•ES 7 Link to Health Services, 50%

Essential Services: Highest Ranking Performance

The highest ranked services for performance were Essential Service 5 *Develop Policies and Plans that Support Individual and Community Health Efforts* and Essential Service 2 *Diagnose and Investigate Health Problems and Health Hazards*. Essential Service 5 with a performance score of 81% and Essential Service 2 with a performance score of 79% were the only essential services scoring in the **Optimal** category.

Essential Services: Lowest Ranking Performance

The three lowest ranked services for performance were Essential Service 7 *Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable*, Essential Service 9 *Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services*, and Essential Service *10 Research for New Insights and Innovative Solutions to Health Problems*. Essential Service 7 with a performance score of 50% was the only Essential Service scoring in the **Moderate** category. Essential Services 9 and 10 with performance scores of 58% fell into the lower end of the **Significant** Activity.

Model Standards

Model standards represent the major components or practice areas of each essential service. Generally, there are two to four model standards for each essential service. A description of all model standards for each essential service, including the benchmark activity questions and their performance scores are found within the local instrument.

Model Standards: Summary Overview

A total of thirty (30) model standards were assessed by participants. Six scored **Optimal**, nineteen scored **Significant**, and five as **Moderate** Activity. Below is a summary overview of scoring by model standards, ranked from highest to lowest performance scoring.

Model Standards by Essential Services		Performance	Performance Scores
5.4	Emergency Plan	Optimal	100
2.3	Laboratories	Optimal	88
2.2	Emergency Response	Optimal	83
4.2	Community Partnerships	Optimal	83
5.3	CHIP/Strategic Planning	Optimal	83
6.1	Review Laws	Optimal	81
1.3	Registries	Significant	75
3.3	Risk Communication	Significant	75
5.1	Governmental Presence	Significant	75
8.2	Workforce Standards	Significant	75
8.4	Leadership Development	Significant	75
10.2	Academic Linkages	Significant	75
9.3	Evaluation of LPHS	Significant	69
1.1	Community Health Assessment	Significant	67
1.2	Current Technology	Significant	67
2.1	Identification/Surveillance	Significant	67
3.2	Health Communication	Significant	67
5.2	Policy Development	Significant	67
6.3	Enforce Laws	Significant	65
4.1	Constituency Development	Significant	63
3.1	Health Education/Promotion	Significant	58
6.2	Improve Laws	Significant	58
9.1	Evaluation of Population Health	Significant	56
10.1	Foster Innovation	Significant	56
8.3	Continuing Education	Significant	55
7.1	Personal Health Service Needs	Moderate	50
7.2	Assure Linkage	Moderate	50
8.1	Workforce Assessment	Moderate	50
9.2	Evaluation of Personal Health	Moderate	50
10.3	Research Capacity	Moderate	44

Model Standards: Highest Ranking Performance

The highest performing model standard was Model Standard 5.4 *Emergency Plan*. Two model standards for Essential Service 5 and Essential Service 2 were scored as having **Optimal** performance. Essential Service 4 and Essential Service 6 each had a model standard scored as **Optimal**.

Model Standards: Lowest Ranking Performance

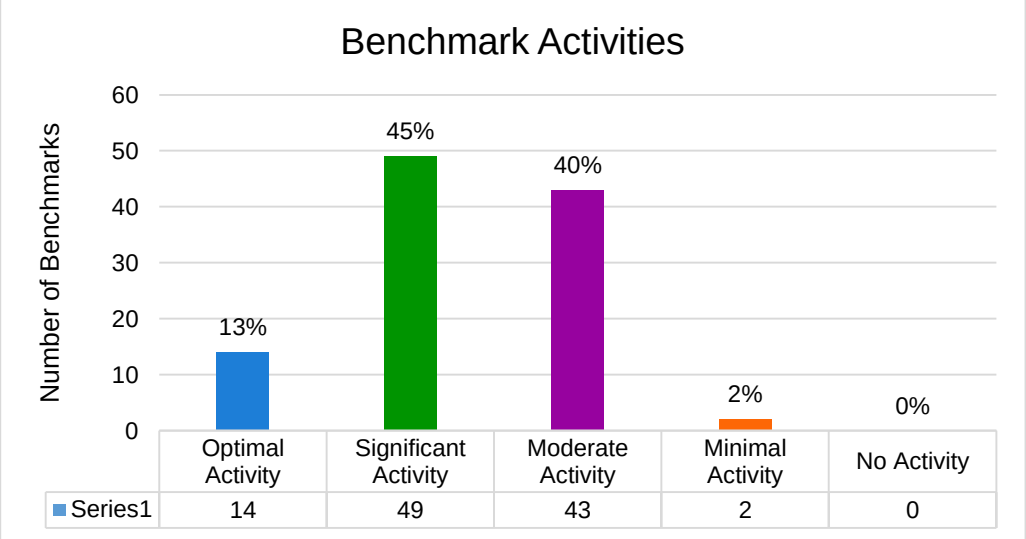
The lowest performing model standard was Model Standard 10.3 *Research Capacity*. Two model standards for Essential Service 7 were scored as having **Moderate** performance. Essential Service 8 and Essential Service 9 each had a model standard scored as **Moderate**.

Benchmark Activities

The final model standard scoring is a composite of all benchmark activity scoring. The benchmark score ranges indicate the range that all activities within the model standard were scored. Benchmark activities were scored by voting on a series of questions. Responses to the questions indicate how well the model standard is being met. The system may identify best practices within higher ranking benchmark activities. Lower ranking benchmark activities may warrant further system review or focus.

Benchmark Activities: Summary Overview

One hundred and eight (108) benchmark activities were assessed on perception of how well the activity is being met within the local public health system as a whole. Below is a summary overview of scoring for all benchmark activities.



Benchmark Activities: Highest Ranking Performance

Sixty-three benchmarks (58%) of all benchmark activities were ranked as having either **Optimal** Activity or **Significant** Activity. Fourteen benchmarks (13%) were ranked as having **Optimal** Activity. Six benchmarks within Essential Service 5 *Develop Policies and Plans that Support Individual and Community Health Efforts* were scored as having **Optimal** Activity. Four benchmarks within Essential Service 2 *Diagnose and Investigate Health Problems and Health Hazards* were scored as having **Optimal** Activity.

Questions with Optimal Activity Scoring (14)

All benchmark activity questions are system-focused, and begin with "At what level does the local public health system…" Fourteen questions were voted as greater than 75% of the activity described within the question is met.

Benchmark		Performance Score
1.1.1	Conduct regular community health assessments?	100
2.2.2	Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?	100
2.2.3	Designate a jurisdictional Emergency Response Coordinator?	100
2.3.3	Use only licensed or credentialed laboratories?	100
2.3.4	Maintain a written list of rules related to laboratories, for handling samples (collecting, labeling, storing, transporting, and delivering), for determining who is in charge of the samples at what point, and for reporting the results?	100
4.2.2	Establish a broad-based community health improvement committee?	100
5.1.2	See that the local health department is accredited through the national voluntary accreditation program?	100
5.2.1	Contribute to public health policies by engaging in activities that inform the policy development process?	100
5.3.1	Establish a community health improvement process, with broad- based diverse participation, that uses information from both the community health assessment and the perceptions of community members?	100
5.4.1	Support a workgroup to develop and maintain preparedness and response plans?	100
5.4.2	Develop a plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed?	100
5.4.3	Test the plan through regular drills and revise the plan as needed, at least every two years?	100
6.1.4	Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?	100
9.3.1	Identify all public, private, and voluntary organizations that provide essential public health services?	100

Benchmark Activities: Lowest Ranking Performance

There were no benchmark activities that were scored as having **No Activity**. Two benchmark activities (2%) were ranked as having **Minimal** Activity which is defined as greater than zero but no more than 25% of the activity described within the question is met.

Questions with Minimal Activity Scoring (#)

All benchmark activity questions are system-focused, and begin with "At what level does the local public health system…" Two questions were voted as greater than zero but no more than 25% of the activity described within the question is met.

Benchmark		Performance Score
8.3.3	Develop incentives for workforce training, such as tuition reimbursement, time off for class, and pay increases?	25
10.3.2	Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?	25

Prioritization Ranking

Priority rankings are based on the local instrument priority and participant survey responses. The prioritization ranking measures which activities are perceived as having the greatest priority relative to each other. On Monday, January 29, 2018, the supplemental Priority of Model Standards Questionnaire was completed during a community webinar. The webinar slides can be found in Appendix 2.

The Local Assessment Instrument scoring was amended to allow participants to vote using Participoll, an audience polling add-in for PowerPoint that uses audience members' electronic devices for anonymous voting and displays results live in the slides. The original scale of 1 to 10 (with 1 being the lowest and 10 being the highest) was modified to reflect five response options: Very High Priority; High Priority; Moderate Priority; Low Priority; and Very Low Priority.

Participoll Voting Option	Priority Ranking	Scale Equivalent
A	Very High Priority	10
B	High Priority	8
C	Moderate Priority	6
D	Low Priority	4
E	Very Low Priority	2

All model standards are considered important to the function of the local public health system. For the purpose of this comparison, the top half scores were ranked as "Higher" and the bottom half scores were ranked as "Lower." The Priority matrix compares perceived performance versus perceived priority. Quadrants are used as a way for planners to weigh potential actions versus their perceived significance in the local public health system to maximize impact within the community.

Performance Ranking	Priority Ranking	Quadrant	Significance to the local health department
Lower Performance	Higher Priority	A	These activities may need increased attention.
Higher Performance	Higher Priority	B	These activities are being done well, and it is important to maintain efforts.
Higher Performance	Lower Priority	C	These activities are being done well, consideration may be given to reducing effort in these areas.
Lower Performance	Lower Priority	D	These activities could be improved, but are of low contribution. They may need little or no attention at this time.

On a scale from Very High Priority to Very Low Priority, there were no model standards that ranked below Moderate Activity. Nineteen model standards ranked as Very High Priority (10 on the rating scale), ten model standards ranked as High Priority (8 on the rating scale), and one model standard ranked as Moderate Priority (6 on the rating scale). Two model standards for Essential Services 1, 6, 7 and 9 ranked as High Priority and Low Performance. The activities of the following eleven (11) model standards may need increased attention due to their quadrant ranking.

Model Standards in Quadrant A: High Priority / Low Performance

1) 9.2 Evaluation of Personal Health
2) 9.1 Evaluation of Population Health
3) 8.1 Workforce Assessment
4) 7.2 Assure Linkage
5) 7.1 Personal Health Services Needs
6) 6.3 Enforce Laws
7) 6.2 Improve Laws
8) 5.2 Policy Development
9) 2.1 Identification/Surveillance
10) 1.2 Current Technology
11) 1.1 Community Health Assessment

Three model standards for Essential Service 5 ranked as High Priority and High Performance. The activities of the following eight (8) model standards may need continued maintenance of effort due to their quadrant ranking.

Model Standards in Quadrant B: High Priority / High Performance

1) 10.2 Academic Linkages
2) 9.3 Evaluation of LPHS
3) 6.1 Review Laws

4) 5.4 Emergency Plan
5) 5.3 CHIP/Strategic Planning
6) 5.1 Governmental Presence
7) 4.2 Community Partnerships
8) 2.2 Emergency Response

Local Health Department/Agency Contribution Questionnaire

On Wednesday, January 24, 2018, the supplemental Local Health Department/Agency Contribution Questionnaire was completed at the Florida Department of Health in Miami-Dade County Performance Management Council (PMC) meeting to consider the contribution that the local health department has to each Model Standard. The primary function of the PMC is to advise and guide the creation, deployment and continuous evaluation of the department's performance management system and its components. The PMC is comprised of the Health Officer, executive management, accreditation liaisons, and staff responsible for QI projects, QI Plan, CHIP, and Strategic Plan implementation.

Completing the questionnaire is useful for understanding the local health department's role specifically and can serve as an important input into the local health department's own strategic planning efforts. The results may serve to catalyze or strengthen performance improvement activities resulting from the assessment process, and will inform the upcoming strategic planning process that the agency will undertake in 2018.

Participants came to a consensus on the percentage of the work for each Model Standard that is contributed directly by the local health department by using a similar scale used to assess the Model Standards in the core Local Instrument.

A	**Optimal** Agency contribution of 76-100%
B	**Significant** Agency contribution of 51-75%
C	**Moderate** Agency contribution of 26-50%
D	**Minimal** Agency contribution of 1-25%
E	**No Activity** No agency contribution to the Model Standard

The Contribution matrix compares perceived performance versus perceived local health department contribution. Quadrants are used as a way for planners to weigh potential actions versus their perceived significance in the local public health system to maximize impact within the community.

Performance Ranking	Contribution Ranking	Quadrant	Significance to the local health department
Lower Performance	Higher Contribution	A	These activities may need increased attention.
Higher Performance	Higher Contribution	B	These activities are being done well, and it is important to maintain efforts.
Higher Performance	Lower Contribution	C	These activities are being done well, consideration may be given to reducing effort in these areas.
Lower Performance	Lower Contribution	D	These activities could be improved, but are of low contribution. They may need little or no attention at this time.

On a scale from Optimal to No Activity, there were no model standards that ranked below Moderate Activity. Five model standards ranked as Optimal, fourteen model standards ranked as Significant, and eleven model standard ranked as Moderate. Two model standards for Essential Services 1 and 6 ranked as High Local Health Department Contribution and Low Performance. The activities of the following nine (9) model standards may need increased attention due to their quadrant ranking.

Model Standards in Quadrant A: High Local Health Department Contribution / Low Performance

1) 9.1 Evaluation of Population Health
2) 8.3 Continuing Education
3) 6.3 Enforce Laws
4) 6.2 Improve Laws
5) 5.2 Policy Development
6) 3.1 Health Education/Promotion
7) 2.1 Identification/Surveillance
8) 1.2 Current Technology
9) 1.1 Community Health Assessment

Three model standards for Essential Service 5 and two model standards for Essential Service 2 ranked as High Local Health Department Contribution and High Performance. The activities of the following ten (10) model standards may need continued maintenance of effort due to their quadrant ranking.

Model Standards in Quadrant B:
High Local Health Department Contribution / High Performance

1) 9.3 Evaluation of LPHS
2) 8.4 Leadership Development
3) 6.1 Review Laws

4) 5.4 Emergency Plan
5) 5.3 CHIP/Strategic Planning
6) 5.1 Governmental Presence
7) 4.2 Community Partnerships
8) 2.3 Laboratories
9) 2.2 Emergency Response
10) 1.3 Registries

System Performance Changes over Time

The last local public health system assessment was performed in 2012. The 2012 and 2017 assessments used the National Public Health Performance Standards (NPHPS) local public health system assessment instrument. The NPHPS provide a framework to assess capacity and performance of the local health system, which can help identify areas for system improvement, strengthen partnerships, and ensure that a strong system is in place for addressing public health issues. A change in assessment methodology and survey administration is noted between the 2012 and 2017 assessments.

Both assessments scored the system in the **Significant** Activity category overall. The instrument methods allow for flexibility to meet local community needs and therefore process difference may be present between assessment conducted over time. The 2017 overall performance decreased in performance by 11% as compared to the 2012 Local Public Health System Assessment.

2012 Score	2012 Performance	2017 Score	2017 Performance	% Change
75	**Significant Activity**	67	**Significant Activity**	-11% ↓

Essential Service 1 *Monitor Health Status to Identify Community Health Problems* saw the largest improvement in perceived performance, increasing by 12%. The largest decrease in scoring with a 32% drop and a movement from **Significant** Activity to **Moderate** Activity was found in Essential Service 7 *Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable*.

System Performance Changes over Time

	Essential Service	2012 Score	2012 Performance	2017 Score	2017 Performance	% Change
1	Monitor Health Status to Identify Community Health Problems	62	Significant Activity	69	Significant Activity	12% ↑
8	Assure a Competent Public Health and Personal Healthcare Workforce	58	Significant Activity	64	Significant Activity	10% ↑
5	Develop Policies and Plans that Support Individual and Community Health Efforts	81	Optimal Activity	82	Optimal Activity	1% ↑
2	Diagnose and Investigate Health Problems and Health Hazards	83	Optimal Activity	79	Optimal Activity	-5% ↓
9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	67	Significant Activity	58	Significant Activity	-13% ↓
10	Research for New Insights and Innovative Solutions to Health Problems	69	Significant Activity	58	Significant Activity	-16% ↓
6	Enforce Laws and Regulations that Protect Health and Ensure Safety	83	Optimal Activity	68	Significant Activity	-18% ↓
4	Mobilize Community Partnerships to Identify and Solve Health Problems	89	Optimal Activity	73	Significant Activity	-18% ↓
3	Inform, Educate, and Empower People about Health Issues	86	Optimal Activity	67	Significant Activity	-22% ↓
7	Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable	73	Significant Activity	50	Moderate Activity	-32% ↓

Common Themes

Participants identified system strengths, weaknesses, and opportunities for improvement within the essential services' model standards during the facilitated discussion sessions of the assessment. Several common themes were noted from participants that scan across multiple model standards and essential services. The discussion highlights noted are recurring topics of discussion from participants that cross-cut more than one essential service or model standard.

Frequently Cited Strengths

- The LPHS has been involved in activities that influenced or informed the public health policy process
- A robust network of providers and non-profits provide services
- Active coalitions and strong partnerships
- Strong local, state, and national alignment
- A wealth of data is available
- Many organizations follow the same documentation processes
- Communications are disseminated in multiple languages
- The local health department is accredited

Frequently Cited Weakness/Challenges

- The community is working in silos
- Data deficit for certain populations
- Deficit in obesity, diabetes, hypertension, and mental health data
- Lack of funding, resources, and personnel
- Lack of awareness of services and resources available to the community
- Lack of shared databases
- Lack of tracking referrals
- Critical partners missing in the community health improvement planning process
- High staff turnover
- Recruitment and retention of staff
- Transportation/transit issues

Frequently Cited Opportunities for Improvement

- Develop a chronic disease health database
- Develop an inventory of available registries
- Break silos to address community challenges: Hepatitis C, Diabetes, HIV, Dementia, lack of healthcare, disenfranchised incarcerated, depression in mothers, opioid, mental health, paternal health care, preventative services, vulnerable populations
- Increase transportation/transit planning
- Use data to tailor services in high risk/need areas
- Increase involvement from missing partners, such as the media and faith-based organizations
- Focus on prevention-based efforts
- Leverage the use of technology and share assessment results in easily understandable format (i.e. increase use of infographics)
- Develop a comprehensive system of referrals and tracking
- Develop a one Employee Assistance Program (EAP) system for residents to qualify for all social services
- Improve opportunities for training on writing and soliciting grants

Evaluation

Participant Feedback

At the conclusion of the LPHSA Community Meeting, participants completed and submitted an evaluation form to provide feedback that would be used to plan future meetings. On a scale from 1-4 with "1" being "Strongly Disagree" and "4" being "Strongly Agree," the meeting series had an overall evaluation score of 3.6.

Overall	Average Score
The breakout sessions were well organized.	3.8
Facilitators encouraged participation and allowed sufficient discussion.	3.8
I had the opportunity to learn about the public health system.	3.7
My opinions were valued during this meeting.	3.7
The LPHSA Community Meeting met my expectations.	3.6
There was enough time for me to provide input during the meeting.	3.6
The pace and length of the entire meeting was appropriate.	3.6
My interest was engaged throughout the breakout sessions.	3.5
Organizations and sectors that play important roles in promoting and improving the health in Miami-Dade County were adequately represented in the meeting.	3.3

Participants reported the fruitful discussion, voting system, collaboration, networking, and staff assistance as the most useful aspects of the process. Redundancy in questions, missing of critical partners, and both time constraints and length of meeting were cited as the least useful aspects of the process. Overall, participants reported that the process was well organized and very informative. Participants envisioned the assessment findings to be used in providing insight and direction for action plans, improving partnerships, and ensuring more integrated planning.

"Organized and valuable. Great participation from various organizations."

"Very informative. Great opportunity for improvements. Wonderful to be able to network"

"Very positive process to help identify gaps in our LPHS"

-Participant feedback form, 2017 LPHSA

Next Steps

Community meeting participants were encouraged to become members of the Consortium for a Healthier Miami-Dade County in order to continue in partnership and collaboration. The Consortium is the community's initiative involving the organizations and entities that contribute to public health, promoting healthy living in Miami-Dade through the support and strengthening of sustainable policies, systems and environments. Membership is free and each of the seven committees focuses on a key area of health. More information can be found at www.healthymiamidade.org.

Summary Infographics

Individual essential service data is presented as an infographic which include the essential service's performance, essential service performance change over time, any associated model standards for the essential service and their performance rankings, perceived system strengths, weaknesses, and opportunities regarding the essential service. The infographic can be found in Appendix 3.

Statement of Recognition

Special thanks to the Florida Department of Health in Lake County for sharing best practices and providing planning and implementation guidance. Special thanks to the local public health system partners for playing an important role in our community. Together, we can continue to promote health and wellbeing in Miami-Dade County!

"Our public health system must continue to join forces and make a concerted, organized effort to strengthen capacity and impact to advance health equity and make significant strides to improve, promote and protect health. With your partnership, we will be more likely to reach our public health goals and create meaningful change and healthier living standards for Miami-Dade County residents. "

-Lillian Rivera, RN, MSN, PhD
Florida Department of Health in Miami-Dade County
Administrator/Health Officer

Florida Department of Health in Miami-Dade County
Office of Community Health and Planning
West Perrine Health Center
18255 Homestead Avenue, Miami, FL 33157
Phone: (305) 278-0442
Fax: (305) 278-0441

www.healthymiamidade.org
www.miamidade.floridahealth.gov

Appendices

Appendix 1: Community Meeting Agenda

Florida Department of Health in Miami-Dade County
Local Public Health System Assessment Community Meeting
Thursday, August 24, 2017- Friday, August 25, 2017
United Way Center for Excellence
3250 SW 3rd Ave, Miami, FL 33129

AGENDA

Objectives:

1. Understand the role of the local public health system assessment
2. Gain understanding on how well the Miami-Dade County public health system is performing against optimal standards for delivery of the essential health services

DAY 1: THURSDAY, AUGUST 24, 2017

Topic	Speaker	Time
Registration and Networking		8:00-8:30am
Welcome and Overview	Dr. Lillian Rivera *Florida Department of Health in Miami-Dade County*	8:30-8:50am
Special Remarks	Senator René Garcia *Florida Senate 36th District*	8:50-9:00am
Break		9:00-9:05am
Breakout Session A • Essential Service 1 • Essential Service 2	Nicole Marriott *Health Council of South Florida* Florence Greer *Florida International University* Dr. Peggy Rios *University of Miami* Dr. Iris Jackson *Florida Department of Health in Miami-Dade County*	9:05-11:00am
Break		11:00-11:10am
Breakout Session B • Essential Service 3 • Essential Service 4	Dr. Peggy Rios *University of Miami* Florence Greer *Florida International University* Dr. Sarah Messiah *University of Miami* Karen Weller *Florida Department of Health in Miami-Dade County*	11:10-1:10pm
Networking Lunch		1:10-2:00pm
Breakout Session C • Essential Service 5 • Essential Service 6	Dr. Melissa Howard *Florida International University* Karen Weller *Florida Department of Health in Miami-Dade County* Dr. Sarah Messiah *University of Miami* Dr. Iris Jackson *Florida Department of Health in Miami-Dade County*	2:00-4:00pm
Adjourn		4:00pm

Appendix 1: Community Meeting Agenda

Florida Department of Health in Miami-Dade County
Local Public Health System Assessment Community Meeting
Thursday, August 24, 2017- Friday, August 25, 2017
United Way Center for Excellence
3250 SW 3rd Ave, Miami, FL 33129

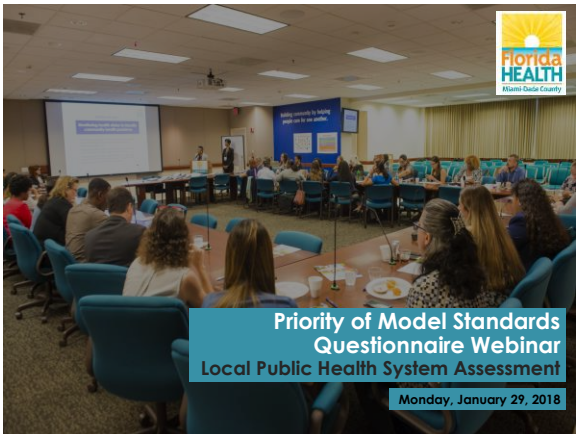
AGENDA

Objectives:

1. Understand the role of the local public health system assessment
2. Gain understanding on how well the Miami-Dade County public health system is performing against optimal standards for delivery of the essential health services

DAY 2: FRIDAY, AUGUST 25, 2017

Topic	Speaker	Time
Registration and Networking		8:00-8:30am
Welcome and Overview	Dr. Lillian Rivera *Florida Department of Health in Miami-Dade County*	8:30-8:55am
Break		8:55-9:05am
Breakout Session D • Essential Service 7	Dr. Peggy Rios *University of Miami* Karen Weller *Florida Department of Health in Miami-Dade County*	9:05-11:00am
• Essential Service 8	Dr. Melissa Howard *Florida International University* Florence Greer *Florida International University*	
Break		11:00-11:15am
Breakout Session E • Essential Service 9	Dr. Melissa Howard *Florida International University* Dr. Iris Jackson *Florida Department of Health in Miami-Dade County*	11:15-1:00pm
• Essential Service 10	Nicole Marriott *Health Council of South Florida* Dr. Sarah Messiah *University of Miami*	
Adjourn		1:00pm



Overview

Local Public Health System Assessment
Priority of Model Standards Questionnaire

Consider the priority of each Model Standard to the public health system	Serves to catalyze or strengthen performance improvement activities resulting from the assessment process

The prioritization ranking measures which model standards are perceived as having the greatest priority relative to each other

Outline

- 2017 Community Meeting and Assessment Results
- Essential Service Review
- Process and Scoring Overview
- Review Essential Service Activity
  - Repeat the following for each Model Standard:
    - Read Model Standard
    - Discuss Model Standard activity
    - Score Model Standard
- Summary
- Next Steps

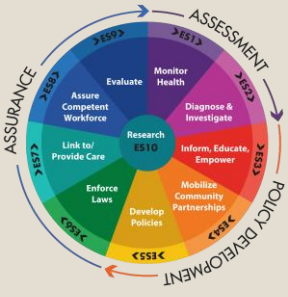
Local Public Health System Assessment Community Meeting

NPHPSP

NACCHO
National Association of County & City Health Officials

National Public Health Performance Standards
Local Assessment Instrument
Version 3.0

10 Essential Services



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

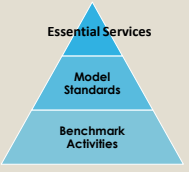
LPHSA Infographic Assessment Results

- www.healthymiamidade.org/resources/lphsa-community-meeting/

Performance Ratings: Essential Services

Performance Ratings: Model Standards

- **Model standards are intended to guide the development of stronger public health systems capable of improving the health of populations.**



Model Standards by Essential Services		Performance	Performance Scores
5.4	Emergency Plan	Optimal	100
2.3	Laboratories	Optimal	88
2.2	Emergency Response	Optimal	83
4.2	Community Partnerships	Optimal	83
5.3	CHIP/Strategic Planning	Optimal	83
6.1	Review Laws	Optimal	81
1.3	Registries	Significant	75
3.3	Risk Communication	Significant	75
5.1	Governmental Presence	Significant	75
8.2	Workforce Standards	Significant	75
8.4	Leadership Development	Significant	75
10.2	Academic Linkages	Significant	75
9.3	Evaluation of LPHS	Significant	69
1.1	Community Health Assessment	Significant	67
1.2	Current Technology	Significant	67
2.1	Identification/Surveillance	Significant	67
3.2	Health Communication	Significant	67
5.2	Policy Development	Significant	67
6.3	Enforce Laws	Significant	65
4.1	Constituency Development	Significant	63
3.1	Health Education/Promotion	Significant	58
6.2	Improve Laws	Significant	58
9.1	Evaluation of Population Health	Significant	56
10.1	Foster Innovation	Significant	56
8.3	Continuing Education	Significant	55
7.1	Personal Health Service Needs	Moderate	50
7.2	Assure Linkage	Moderate	50
8.1	Workforce Assessment	Moderate	50
9.2	Evaluation of Personal Health	Moderate	50
10.3	Research Capacity	Moderate	44

Scoring Chart

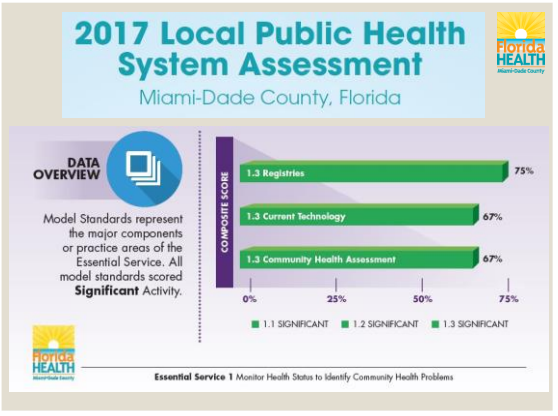
A	Very High Priority
B	High Priority
C	Moderate Priority
D	Low Priority
E	Very Low Priority

To vote, visit **http://lphsa.participoll.com/**

Essential Service 1

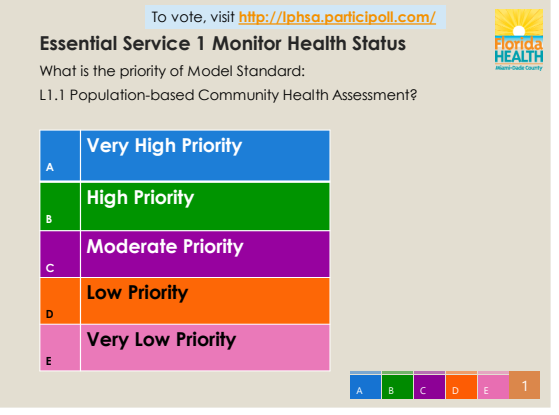
Monitoring health status to identify community health problems

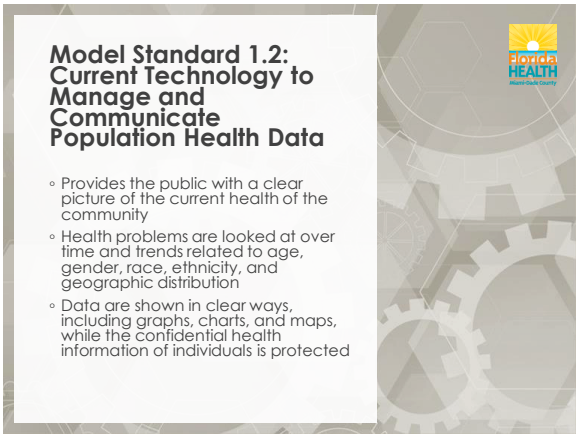
- Population-Based Community Health Assessment
- Current Technology to Manage and Communicate Population Health Data
- Maintaining Population Health Registries

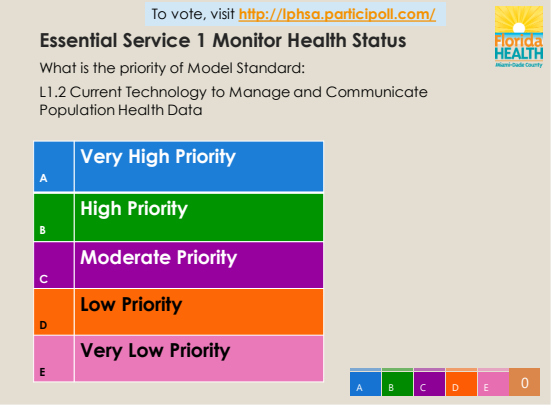

2017 Local Public Health System Assessment
Miami-Dade County, Florida
DATA OVERVIEW
Model Standards represent the major components or practice areas of the Essential Service. All model standards scored Significant Activity.
COMPOSITE SCORE
1.3 Registries
75%
1.3 Current Technology
67%
1.3 Community Health Assessment
67%
0%
25%
50%
75%
1.1 SIGNIFICANT
1.2 SIGNIFICANT
1.3 SIGNIFICANT
Essential Service 1 Monitor Health Status to Identify Community Health Problems

Model Standard 1.1: Population-Based Community Health Assessment
Assess the health of the community regularly
Identify and describe factors that affect the health of a population
Pinpoint factors that determine the availability of resources within the community to adequately address health concerns
Community Health Needs Assessment

We will be using Particpoll in this presentation.
Please have this website ready:
http://lphsa.participoll.com/


To vote, visit http://lphsa.participoll.com/
Essential Service 1 Monitor Health Status
What is the priority of Model Standard:
L1.1 Population-based Community Health Assessment?
A Very High Priority
B High Priority
C Moderate Priority
D Low Priority
E Very Low Priority
A B C D E 1


Model Standard 1.2: Current Technology to Manage and Communicate Population Health Data
Provides the public with a clear picture of the current health of the community
Health problems are looked at over time and trends related to age, gender, race, ethnicity, and geographic distribution
Data are shown in clear ways, including graphs, charts, and maps, while the confidential health information of individuals is protected


To vote, visit http://lphsa.participoll.com/
Essential Service 1 Monitor Health Status
What is the priority of Model Standard:
L1.2 Current Technology to Manage and Communicate Population Health Data
A Very High Priority
B High Priority
C Moderate Priority
D Low Priority
E Very Low Priority
A B C D E 0

Model Standard 1.3: Maintaining Population Health Registries

- Collect data on specific health concerns to provide to population health registries in a timely manner and consistent with current standards
- Registries allow more understanding of major health concerns
- Give timely information to at-risk populations
- Ensure accurate and timely reporting of all the information needed for health registries

To vote, visit http://lphsa.participoll.com/

Essential Service 1 Monitor Health Status

What is the priority of Model Standard:
L1.3 Maintaining Population Health Registries

A	Very High Priority
B	High Priority
C	Moderate Priority
D	Low Priority
E	Very Low Priority

A B C D E 0

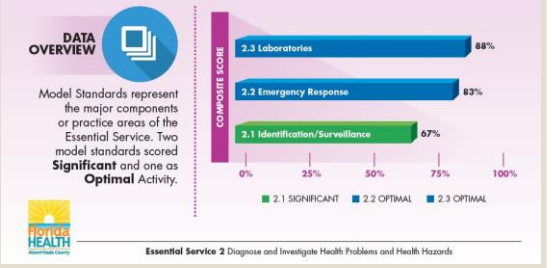
Essential Service 2

Diagnose and Investigate Health Problems and Health Hazards

- Identifying and Monitoring Health Threats
- Investigating and Responding to Public Health Threats and Emergencies
- Laboratory Support for Investigating Health Threats

2017 Local Public Health System Assessment

Miami-Dade County, Florida



Model Standard 2.1: Identifying and Monitoring Health Threats

- Conduct surveillance to watch for outbreaks of disease, disasters, and emergencies (both natural and manmade), and other emerging threats to public health
- Use of surveillance data
- Prepare for and respond to identified public health threats
- All parts of the system work together to collect data and report findings

To vote, visit http://lphsa.participoll.com/

Essential Service 2 Diagnose and Investigate

What is the priority of Model Standard:
L2.1 Identifying and Monitoring Health Threats

A	Very High Priority
B	High Priority
C	Moderate Priority
D	Low Priority
E	Very Low Priority

A B C D E 0

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

- LPHS professionals works closely together to collect and understand related data
- Many partners support the response with communication networks already in place
- Response to an emergent event is in accordance with current emergency operations coordination guidelines

To vote, visit http://lphsa.participoll.com/

Essential Service 2 Diagnose and Investigate

What is the priority of Model Standard:

L2.2 Investigating and Responding to Public Health Threats and Emergencies

A	Very High Priority
B	High Priority
C	Moderate Priority
D	Low Priority
E	Very Low Priority

A B C D E 0

Model Standard 2.3: Laboratory Support for Investigating Health Threats

- Ability to produce timely and accurate laboratory results for public health concerns
- Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards.
- Any laboratory used by public health meets all licensing and credentialing standards

To vote, visit http://lphsa.participoll.com/

Essential Service 2 Diagnose and Investigate

What is the priority of Model Standard:

L2.3 Laboratory Support for Investigating Health Threats

A	Very High Priority
B	High Priority
C	Moderate Priority
D	Low Priority
E	Very Low Priority

A B C D E 0

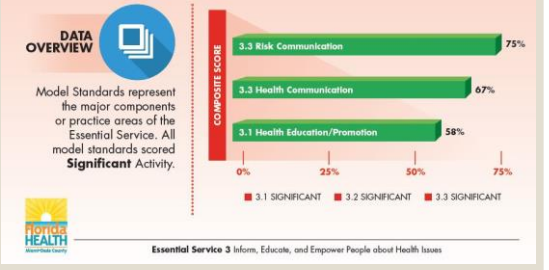
Essential Service 3

Inform, Educate, and Empower People about Health Issues

- Health Education and Promotion
- Health Communication
- Risk Communication

2017 Local Public Health System Assessment

Miami-Dade County, Florida



Model Standard 3.1: Health Education and Promotion

- Designs and puts in place health promotion and health education activities to create environments that support health
- Address risk and protective factors at the individual, interpersonal, community, and societal levels
- Identifying needs, setting priorities, and planning health promotional and educational activities

To vote, visit http://lphsa.participoll.com/

Essential Service 3 Inform, Educate, Empower

What is the priority of Model Standard:
L3.1 Health Education and Promotion

A	Very High Priority
B	High Priority
C	Moderate Priority
D	Low Priority
E	Very Low Priority

A B C D E 0

Model Standard 3.2: Health Communication

- Using health communication strategies to contribute to healthy living and healthy communities
- Health communication efforts use a broad range of strategies, including print, radio, television, the Internet, media campaigns, social marketing, entertainment education, and interactive media.
- Understand the best ways to present health messages in each community setting

To vote, visit http://lphsa.participoll.com/

Essential Service 3 Inform, Educate, Empower

What is the priority of Model Standard:
L3.2 Health Communication

A	Very High Priority
B	High Priority
C	Moderate Priority
D	Low Priority
E	Very Low Priority

A B C D E 0

Model Standard 3.3: Risk Communication

- Make sure that systems and mechanisms are in place and enough resources are available for a rapid emergency communication response
- Designated Public Information Officer (PIO)
- Identify potential risks (crisis or emergency) that may affect the community
- Pre-event, event, and post-event communication strategies for different types of emergencies

To vote, visit http://lphsa.participoll.com/

Essential Service 3 Inform, Educate, Empower

What is the priority of Model Standard:
L3.3 Risk Communication

A	Very High Priority
B	High Priority
C	Moderate Priority
D	Low Priority
E	Very Low Priority

A B C D E 0

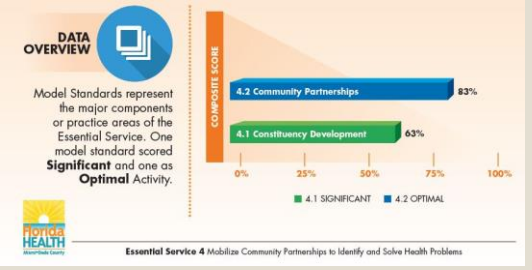
Essential Service 4

Mobilize Community Partnerships to Identify and Solve Health Problems

- Constituency Development
- Community Partnerships

2017 Local Public Health System Assessment

Miami-Dade County, Florida



Model Standard 4.1: Constituency Development

- Actively identifies and involves community partners
- Establishing collaborative relationships
- Follow an established process for identifying key constituents related to overall public health interests and particular health concerns

To vote, visit http://lphsa.participoll.com/

Essential Service 4 Mobilize Community Partnerships

What is the priority of Model Standard:
L4.1 Constituency Development

A	Very High Priority
B	High Priority
C	Moderate Priority
D	Low Priority
E	Very Low Priority

A B C D E 0

Model Standard 4.2: Community Partnerships

- Information sharing, activity coordination, resource sharing, and in-depth collaboration
- Strategically align interests to achieve a common purpose
- Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community

To vote, visit http://lphsa.participoll.com/

Essential Service 4 Mobilize Community Partnerships

What is the priority of Model Standard:
L4.2 Community Partnerships

A	Very High Priority
B	High Priority
C	Moderate Priority
D	Low Priority
E	Very Low Priority

A B C D E 0

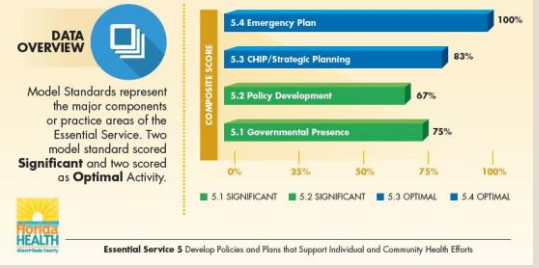
Essential Service 5:

Develop Policies and Plans that Support Individual and Community Health Efforts

- Governmental Presence at the Local Level
- Public Health Policy Development
- Community Health Improvement Process and Strategic Planning
- Planning for Public Health Emergencies

2017 Local Public Health System Assessment

Miami-Dade County, Florida



Model Standard 5.1: Governmental Presence at the Local Level

- LPHS includes a local health department
- Support the work of the local health department to make sure the10 Essential Public Health Services are provided
- See that the local health department is accredited through PHAB's national voluntary public health department accreditation program

To vote, visit http://lphsa.participoll.com/

Essential Service 5 Develop Policies

What is the priority of Model Standard:

L5.1 Governmental Presence at the Local Level

A	Very High Priority
B	High Priority
C	Moderate Priority
D	Low Priority
E	Very Low Priority

A B C D E 0

Model Standard 5.2: Public Health Policy Development

- LPHS develops policies that will prevent, protect, or promote the public's health
- Public health problems, possible solutions, and community values are used to inform the policies and any proposed actions, which may include new laws or changes to existing laws
- Current or proposed policies that have the potential to affect the public's health are carefully reviewed for consistency with public health policy through health impact assessments (HIAs)

To vote, visit http://lphsa.participoll.com/

Essential Service 5 Develop Policies

What is the priority of Model Standard:

L5.2 Public Health Policy Development

A	Very High Priority
B	High Priority
C	Moderate Priority
D	Low Priority
E	Very Low Priority

A B C D E 0

Model Standard 5.3: Community Health Improvement Process and Strategic Planning

- Seeks to improve community health by looking at it from many sides, such as environmental health, healthcare services, business, economic, housing, land use, health equity, and other concerns that affect public health
- Leads a community-wide effort to improve community health by gathering information on health problems, identifying the community's strengths and weaknesses, setting goals, and increasing overall awareness

To vote, visit http://lphsa.participoll.com/

Essential Service 5 Develop Policies

What is the priority of Model Standard:

L5.3 Community Health Improvement Process and Strategic Planning

A	Very High Priority
B	High Priority
C	Moderate Priority
D	Low Priority
E	Very Low Priority

A B C D E 0

Model Standard 5.4: Planning for Public Health Emergencies

- Adopts an emergency preparedness and response plan that describes what each organization in the system should be ready to do in a public health emergency
- Plan describes community interventions necessary to prepare, mitigate, respond, and recover from all types of emergencies, including both natural and intentional disasters
- Looks at challenges of possible events, such as biological, chemical, or nuclear events.
- Practice for possible events takes place through regular exercises or drills

To vote, visit http://lphsa.participoll.com/

Essential Service 5 Develop Policies

What is the priority of Model Standard:

L5.4 Planning for Public Health Emergencies

A	Very High Priority
B	High Priority
C	Moderate Priority
D	Low Priority
E	Very Low Priority

A B C D E 0

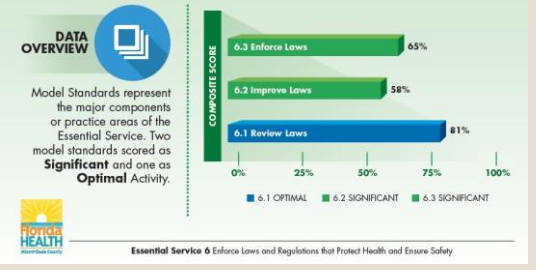
Essential Service 6

Enforce Laws and Regulations that Protect Health and Ensure Safety

- Reviewing and Evaluating Laws, Regulations, and Ordinances
- Involvement in Improving Laws, Regulations, and Ordinances
- Enforcing Laws, Regulations, and Ordinances

2017 Local Public Health System Assessment

Miami-Dade County, Florida



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

- Reviews existing laws, regulations, and ordinances related to public health, including laws that prevent health problems, promote, and protect public health
- Looks at federal, state, and local laws to understand the authority provided to the system
- Looks at any challenges involved in complying with laws, regulations, or ordinances

To vote, visit http://lphsa.participoll.com/

Essential Service 6 Enforce Laws

What is the priority of Model Standard:

L6.1 Reviewing and Evaluating Laws, Regulations and Ordinances

A	Very High Priority
B	High Priority
C	Moderate Priority
D	Low Priority
E	Very Low Priority

A B C D E 0

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

- Works to change existing laws, regulations, ordinances, or to create new ones
- To promote public health, the LPHS helps to draft the new or revised legislation, regulations, or ordinances

To vote, visit http://lphsa.participoll.com/

Essential Service 6 Enforce Laws

What is the priority of Model Standard:

L6.2 Involvement in Improving Laws, Regulations, and Ordinances

A	Very High Priority
B	High Priority
C	Moderate Priority
D	Low Priority
E	Very Low Priority

A B C D E 0

Model Standard 6.3: Enforcing Laws, Regulations, and Ordinances

- The LPHS sees that public health laws, regulations, and ordinances are followed
- Knows which governmental agency or other organization has the authority to enforce any given public health-related requirement within its community
- Supports all organizations tasked with enforcement responsibilities, and ensures that the enforcement is conducted within the law

To vote, visit http://lphsa.participoll.com/

Essential Service 6 Enforce Laws

What is the priority of Model Standard:

L6.3 Enforcing Laws, Regulations, and Ordinances

A	Very High Priority
B	High Priority
C	Moderate Priority
D	Low Priority
E	Very Low Priority

A B C D E 0

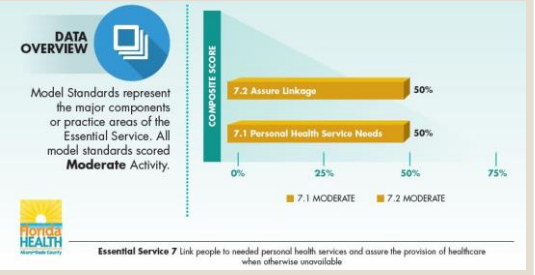
Essential Service 7

Linking people to needed personal health services and assuring the provision of healthcare when otherwise unavailable

- Identifying Personal Health Service Needs of Populations
- Ensuring People are Linked to Personal Health Services

2017 Local Public Health System Assessment

Miami-Dade County, Florida



Model Standard 7.1: Identifying Personal Health Service Needs of Populations

- Identify personal health service needs of the community
- Identify the barriers to receiving these services, especially among particular groups that may have particular difficulty accessing personal health services
- Define roles and responsibilities for the local health department and other partners in relation to overcoming these barriers and providing services

To vote, visit http://lphsa.participoll.com/

Essential Service 7 Link to Care

What is the priority of Model Standard:

L7.1 Identifying Personal Health Service Needs of Populations

A	Very High Priority
B	High Priority
C	Moderate Priority
D	Low Priority
E	Very Low Priority

A B C D E 0

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

- Partners work together to meet the diverse needs of all populations
- Partners see that persons are signed up for all benefits available to them and know where to refer people with unmet personal health service needs
- Develops working relationships between public health, primary care, oral health, social services, mental health systems, and organizations that are not traditionally part of the personal health service system

To vote, visit http://lphsa.participoll.com/

Essential Service 7 Link to Care

What is the priority of Model Standard:

L7.2 Ensuring People are Linked to Personal Health Services

A	Very High Priority
B	High Priority
C	Moderate Priority
D	Low Priority
E	Very Low Priority

A B C D E 0

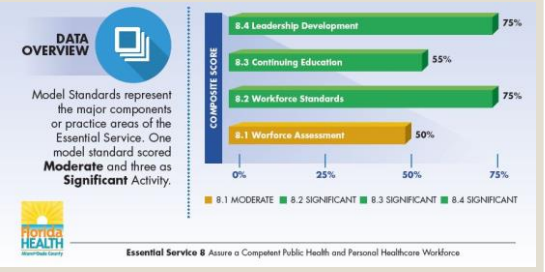
Essential Service 8

Assure a Competent Public Health and Personal Healthcare Workforce

- Workforce Assessment, Planning, and Development
- Public Health Workforce Standards
- Life-Long Learning through Continuing Education, Training, and Mentoring
- Public Health Leadership Development

2017 Local Public Health System Assessment

Miami-Dade County, Florida



Model Standard 8.1: Workforce Assessment, Planning, and Development

- Assess over time the numbers and types of LPHS jobs in the public or private sector and the knowledge, skills, and abilities that they require
- Looks at the training that the workforce needs to keep its knowledge, skills, and abilities up to date
- Identifies gaps and works on plans to fill those gaps

To vote, visit http://lphsa.participoll.com/

Essential Service 8 Assure

What is the priority of Model Standard:

L8.1 Workforce Assessment, Planning, and Development

Model Standard 8.2: Public Health Workforce Standards

- Maintains standards to see that workforce members are qualified to do their jobs, with the certificates, licenses, and education that are required by law or by local, state, or federal guidance
- Position descriptions, hiring, and performance evaluations of workers are based on public health competencies

To vote, visit http://lphsa.participoll.com/

Essential Service 8 Assure

What is the priority of Model Standard:

L8.2 Public Health Workforce Standards

Model Standard 8.3: Life-Long Learning through Continuing Education, Training, and Mentoring

- Encourages lifelong learning for the local public health workforce.
- Interested workforce members have the chance to work with academic and research institutions .
- LPHS trains its workforce to recognize and address the unique culture, language, and health literacy of diverse consumers and communities
- Educates its workforce about the many factors that can influence health

To vote, visit http://lphsa.participoll.com/

Essential Service 8 Assure

What is the priority of Model Standard:

L8.3 Life-Long Learning through Continuing Education, Training, and Mentoring

A	Very High Priority
B	High Priority
C	Moderate Priority
D	Low Priority
E	Very Low Priority

A B C D E 0

Model Standard 8.4: Public Health Leadership Development

- Leadership within the LPHS is demonstrated by organizations and individuals that are committed to improving the health of the community
- Leaders work to continually develop the LPHS, create a shared vision of community health, find ways to achieve the vision, and ensure that local public health services are delivered
- Encourages the development of leaders that represent the diversity of the community and respect community values

To vote, visit http://lphsa.participoll.com/

Essential Service 8 Assure

What is the priority of Model Standard:

L8.4 Public Health Leadership Development

A	Very High Priority
B	High Priority
C	Moderate Priority
D	Low Priority
E	Very Low Priority

A B C D E 0

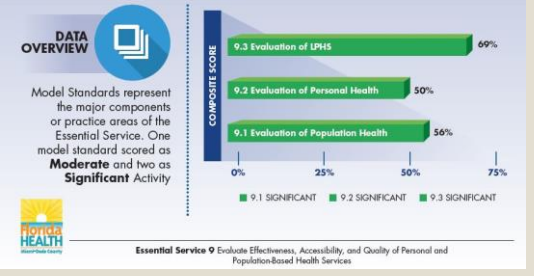
Essential Service 9

Evaluating effectiveness, accessibility, and quality of personal and population-based health services

- Evaluating Population-Based Health Services
- Evaluating Personal Health Services
- Evaluating the Local Public Health System

2017 Local Public Health System Assessment

Miami-Dade County, Florida



Model Standard 9.1: Evaluating Population-Based Health Services

- Evaluates population-based health services, which are aimed at disease prevention and health promotion for the entire community
- Different types of population-based health services are evaluated for their quality and effectiveness in targeting underlying risks
- Uses nationally recognized resources to set goals for their work and identify best practices for specific types of preventive services

To vote, visit http://lphsa.participoll.com/

Essential Service 9 Evaluate

What is the priority of Model Standard:
L9.1 Evaluating Population-based Health Services

A	Very High Priority
B	High Priority
C	Moderate Priority
D	Low Priority
E	Very Low Priority

A B C D E 0

Model Standard 9.2: Evaluating Personal Health Services

- Evaluates the accessibility, quality, and effectiveness of personal health services.
- Sees that the personal health services in the area match the needs of the community, with available and effective care for all ages and groups of people

To vote, visit http://lphsa.participoll.com/

Essential Service 9 Evaluate

What is the priority of Model Standard:
L9.2 Evaluating Personal Health Services

A	Very High Priority
B	High Priority
C	Moderate Priority
D	Low Priority
E	Very Low Priority

A B C D E 0

Model Standard 9.3: Evaluating the Local Public Health System

- The LPHS evaluates itself to see how well it is working as a whole.
- Representatives from all groups (public, private, and voluntary) that provide all or some of the 10 Essential Public Health Services gather to conduct a systems evaluation
- The results of the evaluation are also used during a community health improvement process

To vote, visit http://lphsa.participoll.com/

Essential Service 9 Evaluate

What is the priority of Model Standard:
L9.3 Evaluating the Local Public Health System

A	Very High Priority
B	High Priority
C	Moderate Priority
D	Low Priority
E	Very Low Priority

A B C D E 0

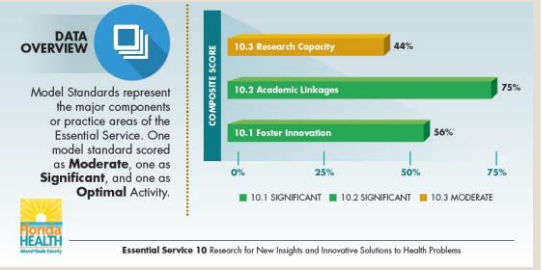
Essential Service 10

Research for New Insights and Innovative Solutions to Health Problems

- Fostering Innovation
- Linking with Institutions of Higher Learning and/or Research
- Capacity to Initiate or Participate in Research

2017 Local Public Health System Assessment

Miami-Dade County, Florida



Model Standard 10.1: Fostering Innovation

- LPHS organizations try new and creative ways to improve public health practice
- In both academic and practice settings, new approaches are studied to see how well they work

To vote, visit http://lphsa.participoll.com/

Essential Service 10 Research

What is the priority of Model Standard:
L10.1 Fostering Innovation

A	Very High Priority
B	High Priority
C	Moderate Priority
D	Low Priority
E	Very Low Priority

A B C D E 0

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

- Establishes relationships with colleges, universities, and other research organizations
- Connects with other research organizations, such as federal and state agencies, associations, private research organizations, and research departments or divisions of business firms

To vote, visit http://lphsa.participoll.com/

Essential Service 10 Research

What is the priority of Model Standard:
L10.2 Linking with Institutions of Higher Learning and/or Research

A	Very High Priority
B	High Priority
C	Moderate Priority
D	Low Priority
E	Very Low Priority

A B C D E 0

Model Standard 10.3: Capacity to Initiate or Participate in Research

- Take part in research to help improve the performance of the LPHS
- Access to researchers with the knowledge and skills to design and conduct health-related studies, supports their work with funding and data systems, and provides ways to share findings
- Research capacity includes access to libraries and information technology, the ability to analyze complex data, and ways to share research findings with the community and use them to improve public health practice

To vote, visit http://lphsa.participoll.com/

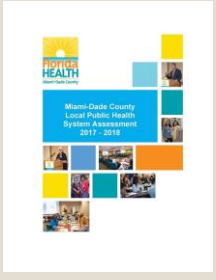
Essential Service 10 Research

What is the priority of Model Standard:
L10.3 Capacity to Initiate or Participate in Research

A	Very High Priority
B	High Priority
C	Moderate Priority
D	Low Priority
E	Very Low Priority

A B C D E 0

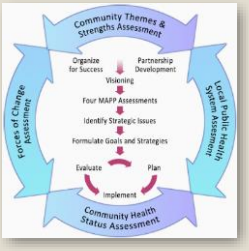
Summary

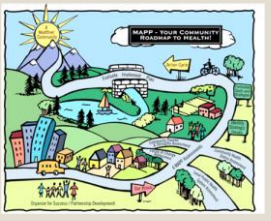


- The prioritization ranking measures which model standards are perceived as having the greatest priority relative to each other
- **Coming Soon!**

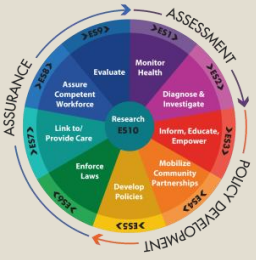
  Local Public Health System Assessment Report
  www.healthymiamidade.org/resources/lphsa-community-meeting/

Next Steps





Thank you for participating in the Priority of Model Standards Questionnaire!



Florida Department of Health in Miami-Dade County
Office of Community Health and Planning
West Perrine Health Center
18255 Homestead Avenue, Miami, FL 33157
Phone: (305) 278-0442 Fax: (305) 278-0441
www.healthymiamidade.org

2017 Local Public Health System Assessment

Miami-Dade County, Florida

Florida HEALTH
Miami-Dade County

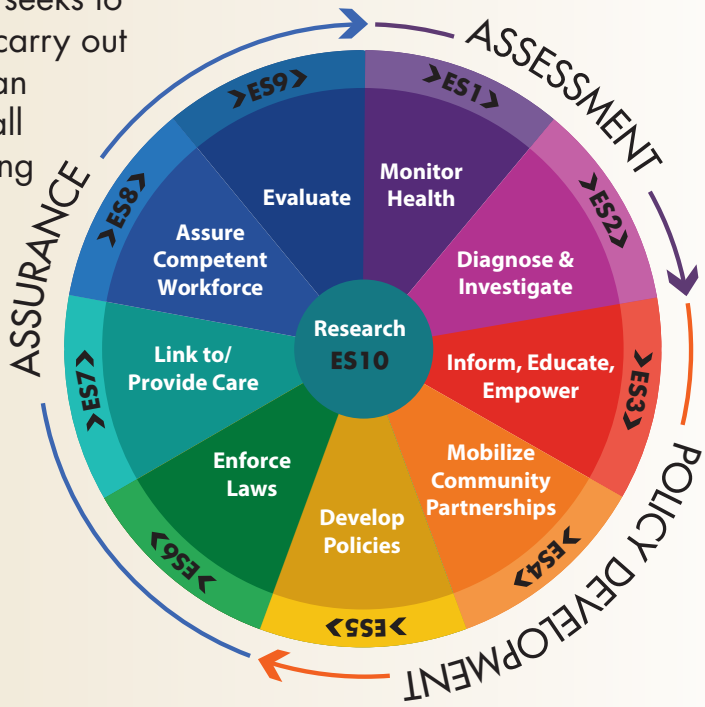
2017 Local Public Health System Assessment

Miami-Dade County, Florida

What are the components, activities and capacities of our public health system? How well are the 10 Essential Public Health Services being provided in our public health system?

DESCRIPTION

The local public health system assessment is a community review and assessment of public health system performance based on a set of national standards for each of the ten Essential Services. Essential Services describe what public health seeks to accomplish and how it will carry out its basic responsibilities. In an ideal public health system, all activities would be performing at an optimal level of performance, defined as the system meeting greater than 75% of activity for all benchmarks within each model standard. An optimal level of performance is the level to which all local public health systems should aspire.



PERFORMANCE SIGNIFICANT

The Miami-Dade County local public health system's overall performance ranking score is **67%**, which represents **Significant** Activity.

DATA OVERVIEW

Two Essential Services scored **Optimal**, seven scored **Significant**, and one as **Moderate** Activity.

Optimal Activity (76-100%)

- ES 5: Develop Policies/Plans, 81%
- ES 2: Diagnose and Investigate, 79%

Significant Activity (51-75%)

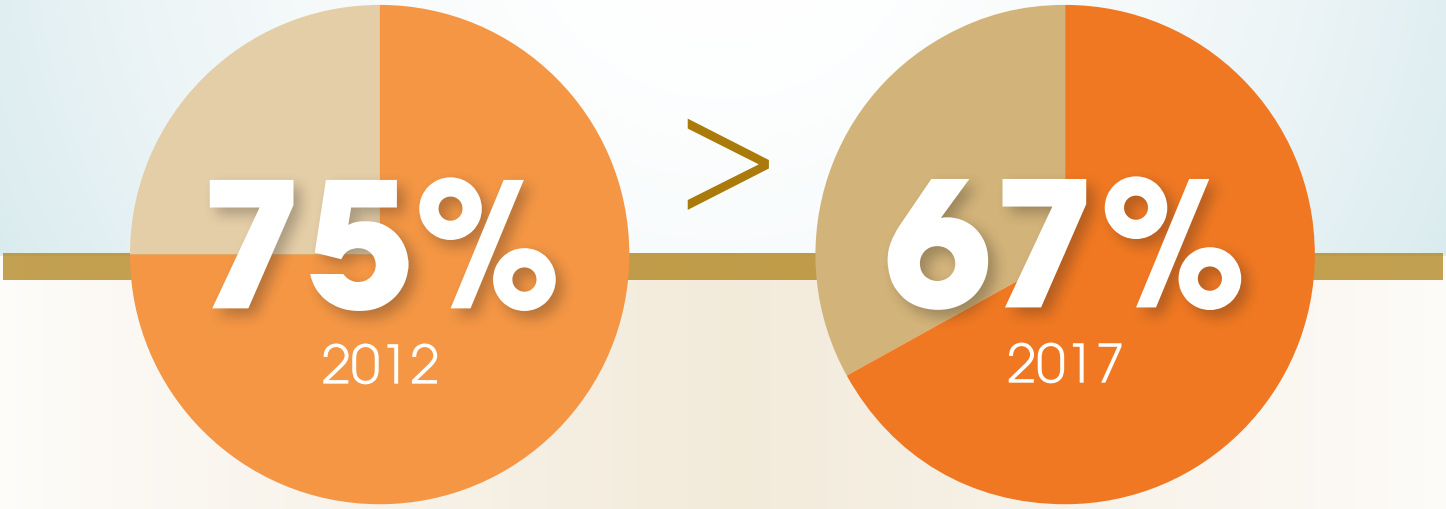
- ES 4: Mobilize Partnerships, 73%
- ES 1: Monitor Health Status, 69%
- ES 6: Enforce Laws, 68%
- ES 3: Inform/Educate/Empower, 67%
- ES 8: Assure Workforce, 64%
- ES 10: Research/Innovation, 58%
- ES 9: Evaluate Services, 58%

Moderate Activity (26-50%)

- ES 7: Link to Health Services, 50%

PERFORMANCE ASSESSMENT

The last local public health system assessment was performed in 2012. Both assessments scored the system in the Significant Activity category overall. The 2017 overall performance decreased in performance by 11% as compared to the 2012 local public health system assessment.*



**The 2012 and 2017 assessments used the National Public Health Performance Standards (NPHPS) local public health system assessment instrument. The NPHPS provide a framework to assess capacity and performance of the local health system, which can help identify areas for system improvement, strengthen partnerships, and ensure that a strong system is in place for addressing public health issues. A change in assessment methodology and survey administration is noted between the 2012 and 2017 assessments.*

Essential Service 1

Monitor Health Status to Identify Community Health Problems

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

Essential Service 1 Monitor Health Status to Identify Community Health Problems ranked as having Significant Activity.

DESCRIPTION

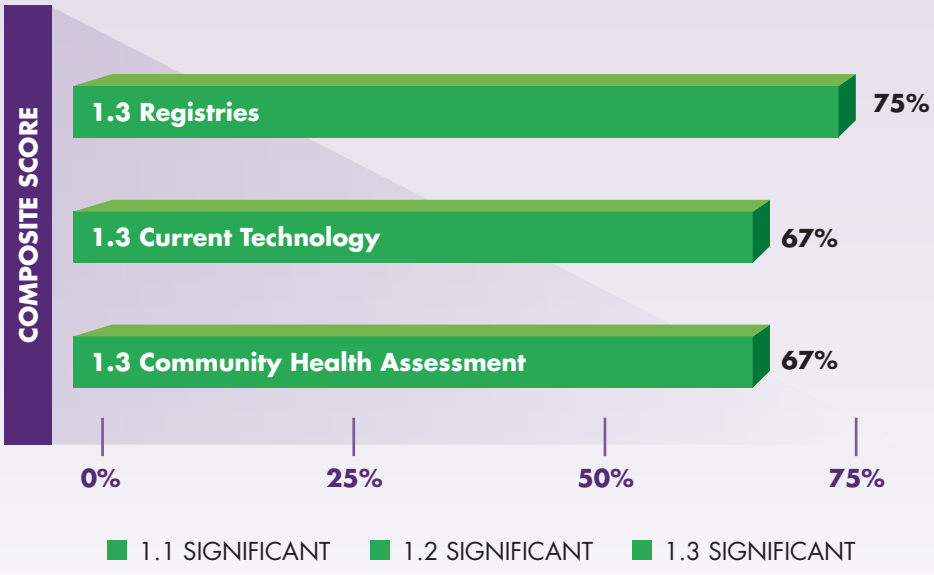
Model Standards represent the major components or practice of the Essential Service. Model Standards for this service include the indicators for community health assessments, health registries, and population health data.

PERFORMANCE SIGNIFICANT

This score can be interpreted as the overall degree to which the local public health system meets the performance standards. The overall performance ranking score for this Essential Service is **69%**, which represents **Significant** Activity.

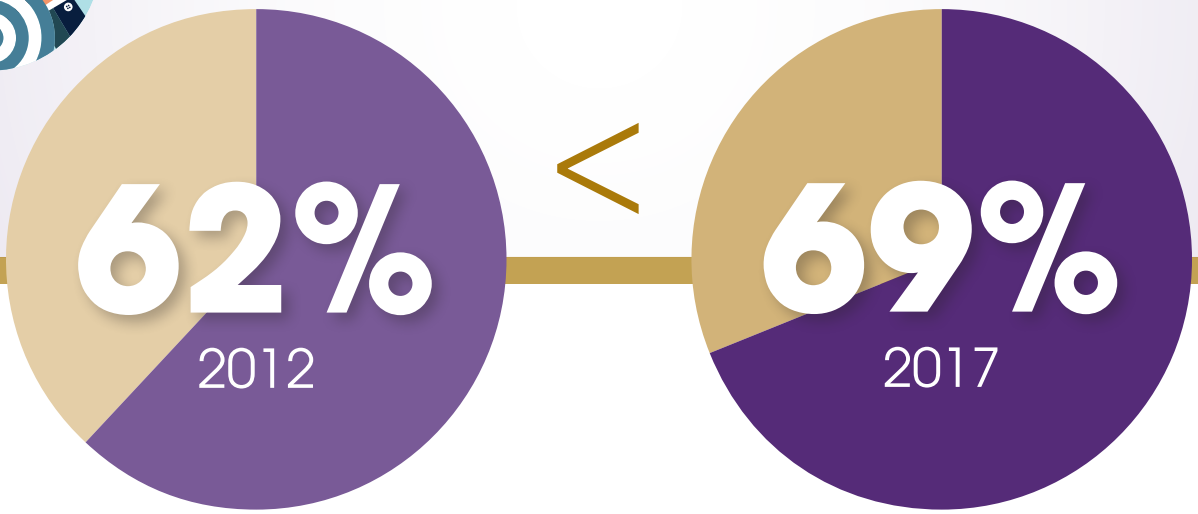
DATA OVERVIEW

Model Standards represent the major components or practice areas of the Essential Service. All model standards scored **Significant** Activity.



PERFORMANCE ASSESSMENT

Essential Service 1 increased in performance as compared to the 2012 local public health system assessment.



PERCEIVED SYSTEM STRENGTHS

Participants indicated that:

- The community can access a wealth of data
- Operation of the data is well managed
- Manage need is consistent

PERCEIVED SYSTEM WEAKNESSES

Participants indicated that:

- The community is working in silos
- There is a lack of monitoring results
- The community is not aware of the Community Health Improvement Plan and how to access it
- There is a deficit in obesity, diabetes, hypertension, and mental health data
- There is a lack of funding to adequately monitor heath status

PERCEIVED SYSTEM OPPORTUNITIES

Participants suggested the following for optimization of this Essential Service:

- Bring more partners to the table
- Link websites
- Leverage technology
- Encourage wide ranging use of GIS
- Develop an inventory of available registries
- Increase access to registries across states
- Develop a chronic disease health database

Essential Service 2

Diagnose and Investigate Health Problems and Health Hazards

HIGHEST RANKING PERFORMANCE

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

Essential Service 2 Diagnose and Investigate Health Problems and Health Hazards was ranked as having Optimal Activity.

DESCRIPTION

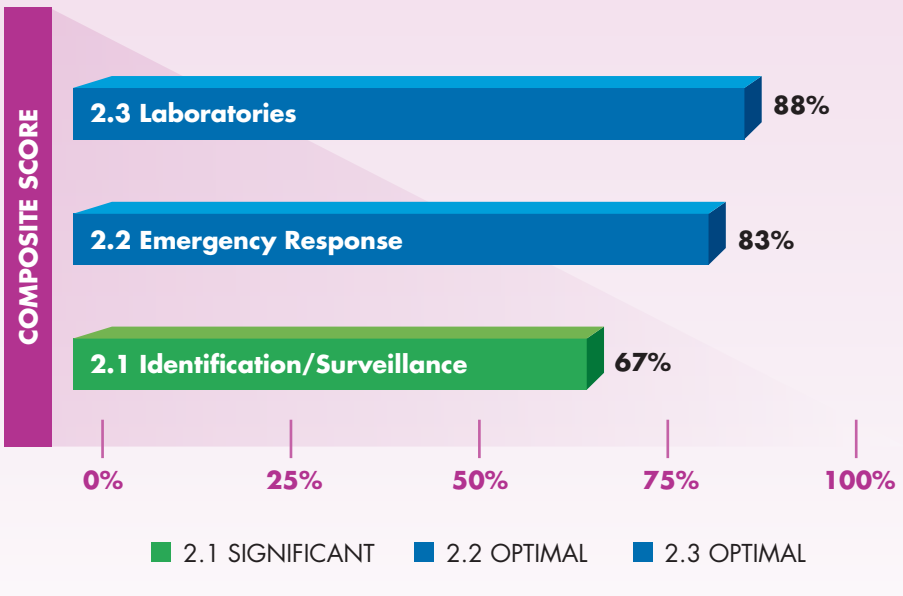
Model Standards represent the major components or practice of the Essential Service. Model Standards for this service include the indicators for identifying, monitoring, and responding to health threats, and laboratory support for investigation.

PERFORMANCE OPTIMAL

This score can be interpreted as the overall degree to which the local public health system meets the performance standards. The overall performance ranking score for this Essential Service is **79%**, which represents **Optimal** Activity.

DATA OVERVIEW

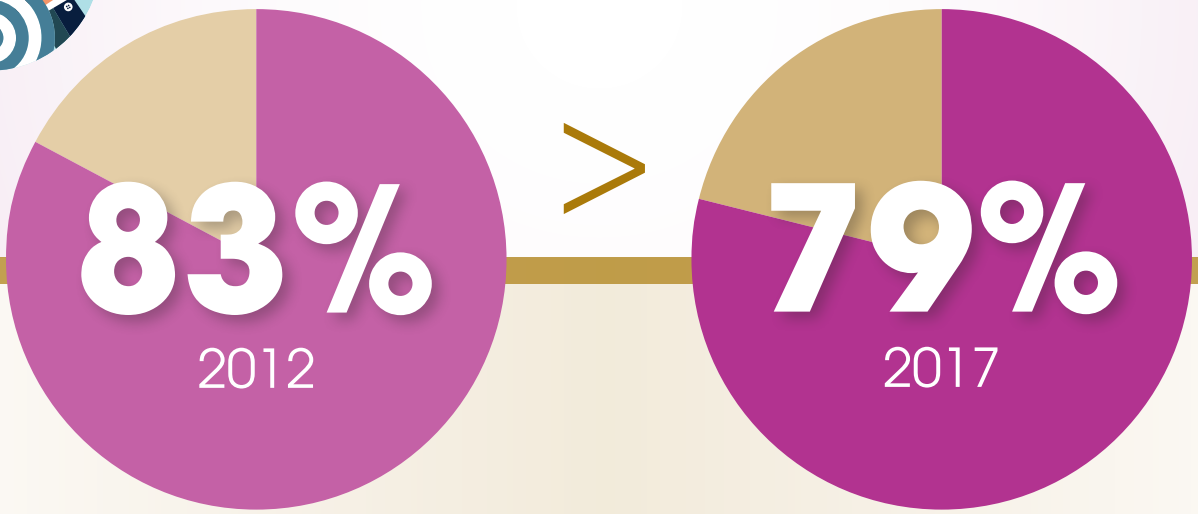
Model Standards represent the major components or practice areas of the Essential Service. Two model standards scored **Significant** and one as **Optimal** Activity.



Florida HEALTH Miami-Dade County

PERFORMANCE ASSESSMENT

Essential Service 2 decreased slightly in performance as compared to the 2012 local public health system assessment.



PERCEIVED SYSTEM STRENGTHS

Participants indicated that:

- There is strong local, state, and national alignment
- Surveillance information is readily available
- Multiple surveillance systems exist
- The community has access to high quality laboratories

PERCEIVED SYSTEM WEAKNESSES

Participants indicated that:

- Surveillance needs to be completed in a timely fashion
- There is not enough evidence based information for diverse groups
- Surveillance systems have long reporting processes
- Certain communities lack coverage
- Lab support needs to be more timely and efficient

PERCEIVED SYSTEM OPPORTUNITIES

Participants suggested the following for optimization of this Essential Service:

- Work with all zip codes to help underserved and those showing a need for help
- Identify location and resources available
- Increase transportation and transit planning
- Formalize dissemination of guidelines
- Develop a standard process to share information

Essential Service 3

Inform, Educate, and Empower People about Health Issues

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

Essential Service 3 Inform, Educate, and Empower People about Health Issues was ranked as having Significant Activity.

DESCRIPTION

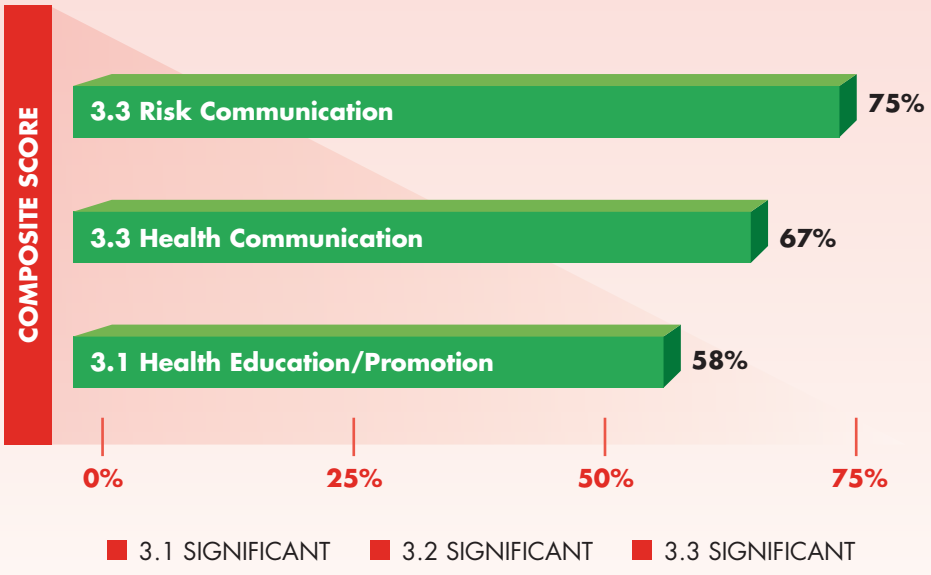
Model Standards represent the major components or practice of the Essential Service. Model Standards for this service include the indicators for health education and promotion, and health and risk communication.

PERFORMANCE SIGNIFICANT

This score can be interpreted as the overall degree to which the local public health system meets the performance standards. The overall performance ranking score for this Essential Service is **67%**, which represents **Significant** Activity.

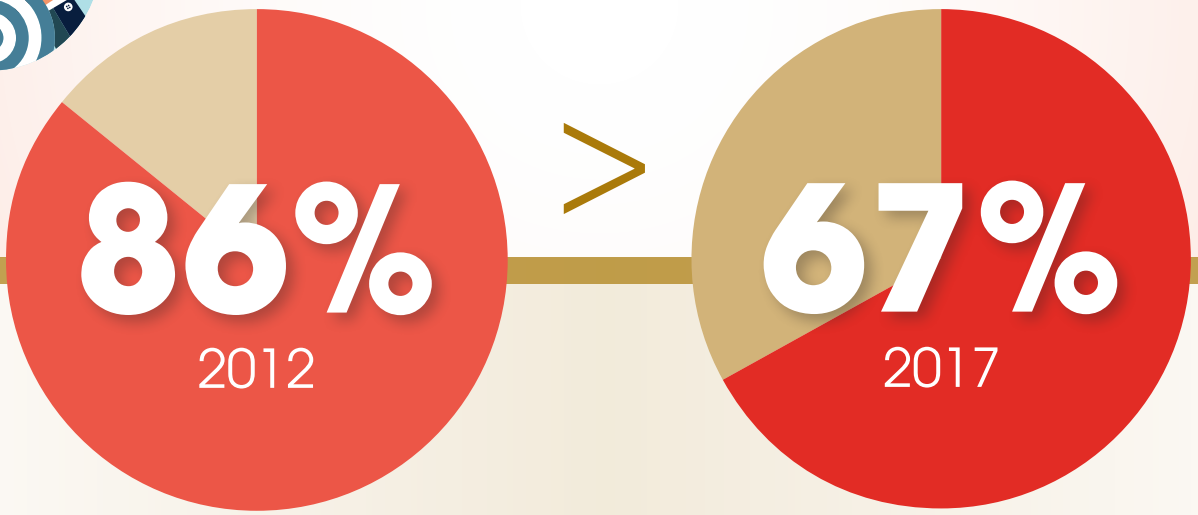
DATA OVERVIEW

Model Standards represent the major components or practice areas of the Essential Service. All model standards scored **Significant** Activity.



PERFORMANCE ASSESSMENT

Essential Service 3 decreased in performance as compared to the 2012 local public health system assessment.



PERCEIVED SYSTEM STRENGTHS

Participants indicated that:

- The community uses state and federal funding and campaigns to support best practices, often to great results
- Stakeholders use community organizations to spread message to the community
- Communications are disseminated in multiple languages
- An all-hazards approach for emergencies is taken

PERCEIVED SYSTEM WEAKNESSES

Participants indicated that:

- There is a lack of digital interactions and platforms to educate the community
- There are funding uncertainties
- The local public health system is falling behind in educating the public
- There are funding restrictions

PERCEIVED SYSTEM OPPORTUNITIES

Participants suggested the following for optimization of this Essential Service:

- Research and analyze community needs
- Use data to tailor services in high-risk areas
- Increase cultural competency
- Increase co-branding opportunities
- Increase involvement from media and faith-based organizations

Florida HEALTH Miami-Dade County

Essential Service 4

Mobilize Community Partnerships to Identify and Solve Health Problems

HIGHEST RANKING PERFORMANCE

How well do we truly engage people in local health issues?

Essential Service 4 Mobilize Community Partnerships to Identify and Solve Health Problems ranked as having Significant Activity.

DESCRIPTION

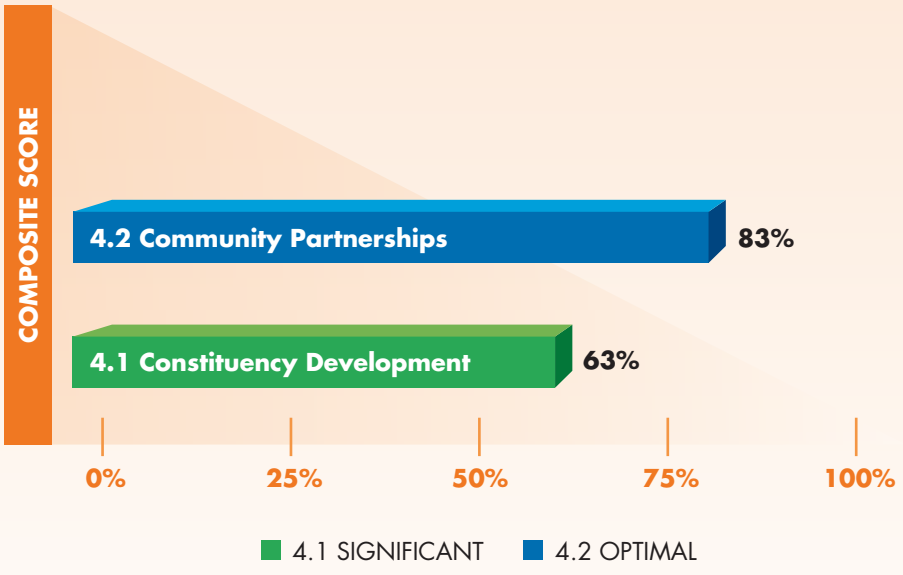
Model Standards represent the major components or practice of the Essential Service. Model Standards for this service include the indicators for constituency development and community partnerships.

PERFORMANCE SIGNIFICANT

This score can be interpreted as the overall degree to which the local public health system meets the performance standards. The overall performance ranking score for this Essential Service is **73%**, which represents **Significant** Activity.

DATA OVERVIEW

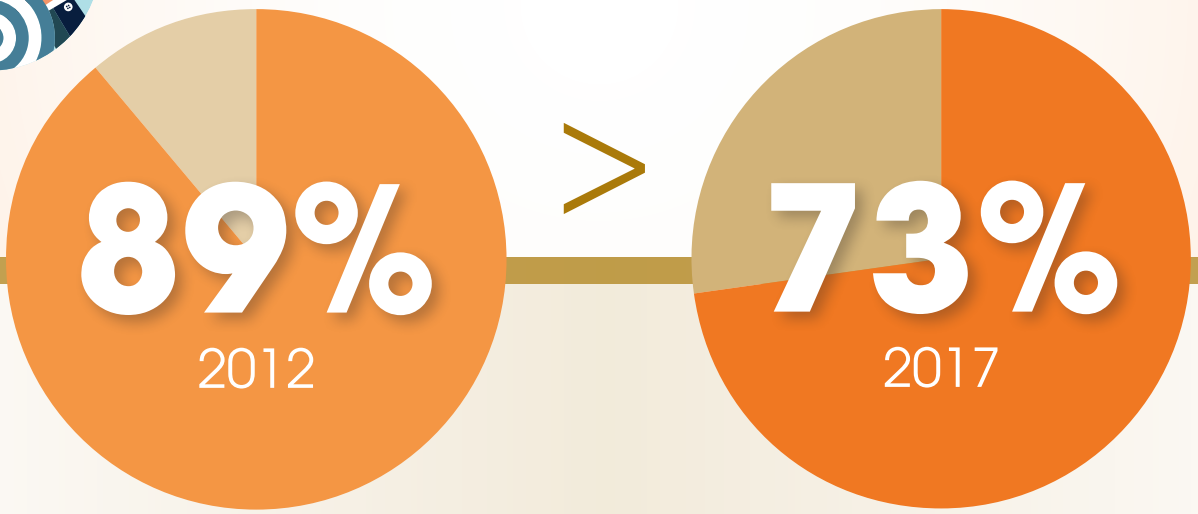
Model Standards represent the major components or practice areas of the Essential Service. One model standard scored **Significant** and one as **Optimal** Activity.



Florida HEALTH Miami-Dade County

PERFORMANCE ASSESSMENT

Essential Service 4 decreased in performance as compared to the 2012 local public health system assessment.



PERCEIVED SYSTEM STRENGTHS

Participants indicated that:

- Many organizations follow the same documentation processes
- There is an increased number of health forums in the community
- Funds are being shared through partnerships
- There are geographically based alliances

PERCEIVED SYSTEM WEAKNESSES

Participants indicated that:

- The community lacks the use of common terminology
- Community directories are not updated frequently
- There is a lack of awareness of services and resources available to the community
- There is a lack of shared databases

PERCEIVED SYSTEM OPPORTUNITIES

Participants suggested the following for optimization of this Essential Service:

- Increase communication between different coalitions
- Increase community linkages
- Align organizational visions
- Address climate change
- Conduct studies on targeted populations
- Focus on prevention-based efforts

Essential Service 5

Develop Policies and Plans that Support Individual and Community Health Efforts

HIGHEST RANKING PERFORMANCE

What local policies in both the government and private sector promote health in my community? How well are we setting healthy local policies?

Essential Service 5 Develop Policies and Plans that Support Individual and Community Health Efforts ranked as having Optimal Activity.

DESCRIPTION

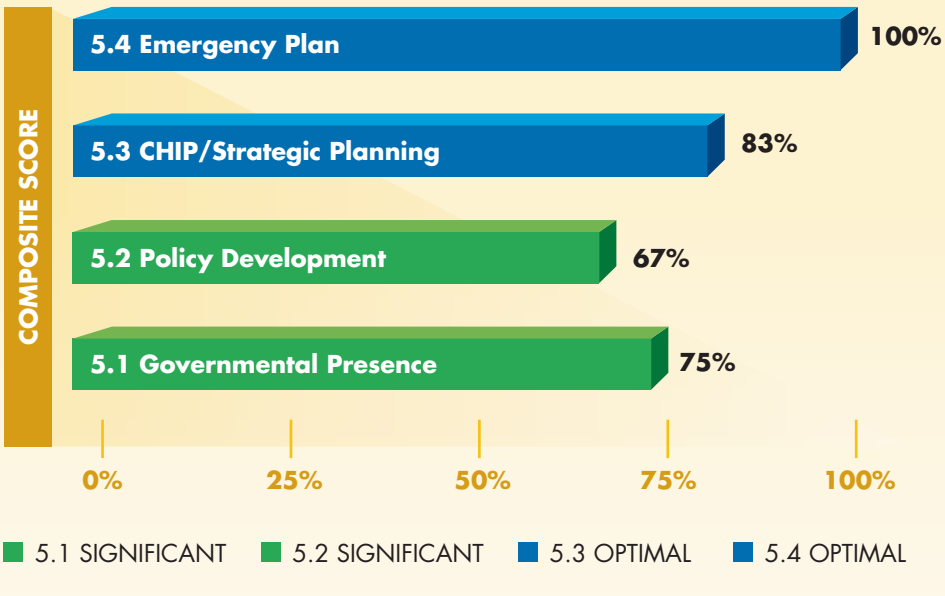
Model Standards represent the major components or practice of the Essential Service. Model Standards for this service include the indicators for governmental presence, policy development, community health strategic and emergency plans.

PERFORMANCE OPTIMAL

This score can be interpreted as the overall degree to which the local public health system meets the performance standards. The overall performance ranking score for this Essential Service is **82%**, which represents **Optimal** Activity.

DATA OVERVIEW

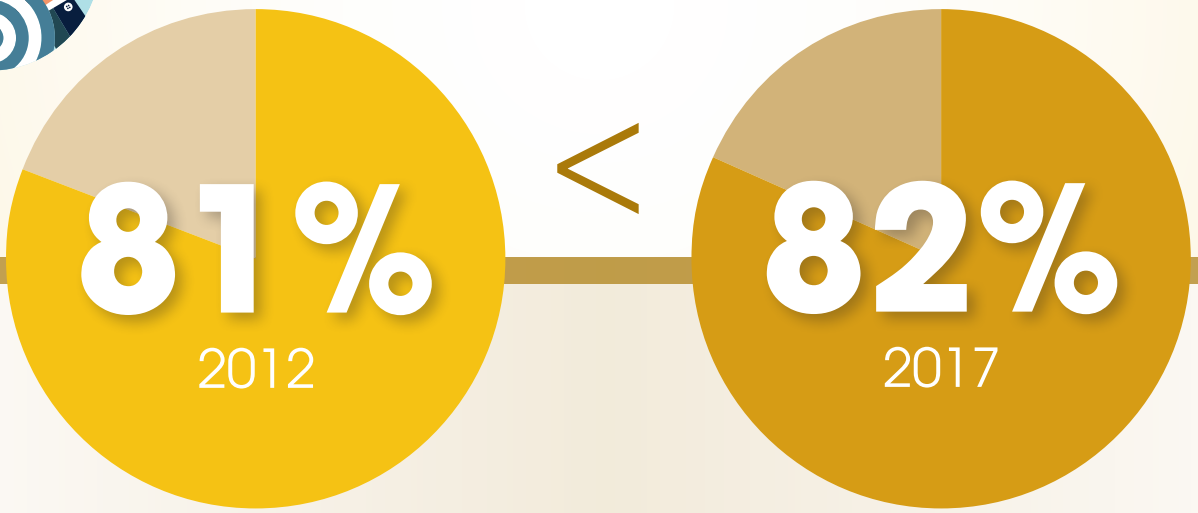
Model Standards represent the major components or practice areas of the Essential Service. Two model standard scored **Significant** and two scored as **Optimal** Activity.



Florida HEALTH Miami-Dade County

PERFORMANCE ASSESSMENT

Essential Service 5 saw no significant change as compared to the 2012 local public health system assessment.



PERCEIVED SYSTEM STRENGTHS

Participants noted:

- The PHAB accreditation of the local health department
- Education, preventive services and enforcement
- Funds are allocated to influence policies
- The local public health system has been involved in activities that influenced or informed the public health policy process

PERCEIVED SYSTEM WEAKNESSES

Participants indicated that:

- There is a lack of resources, funding, and personnel
- There is a lack of political will, support, and priority from elected officials
- Health Impact Assessments are expensive and long processes
- The general population is not involved in impacting policies
- Partners have their own assessments and health plans
- There is high staff turnover

PERCEIVED SYSTEM OPPORTUNITIES

Participants suggested the following for optimization of this Essential Service:

- Conduct Health Impact Assessments as recommended practices
- Increase awareness among the population
- Regulate Health Impact Assessments
- Engage different partners and sectors

Florida HEALTH Miami-Dade County

Essential Service 6

Enforce Laws and Regulations that Protect Health and Ensure Safety

When we enforce health regulations are we technically competent, fair, and effective?

Essential Service 6 Enforce Laws and Regulations that Protect Health and Ensure Safety ranked as having Significant Activity.

DESCRIPTION

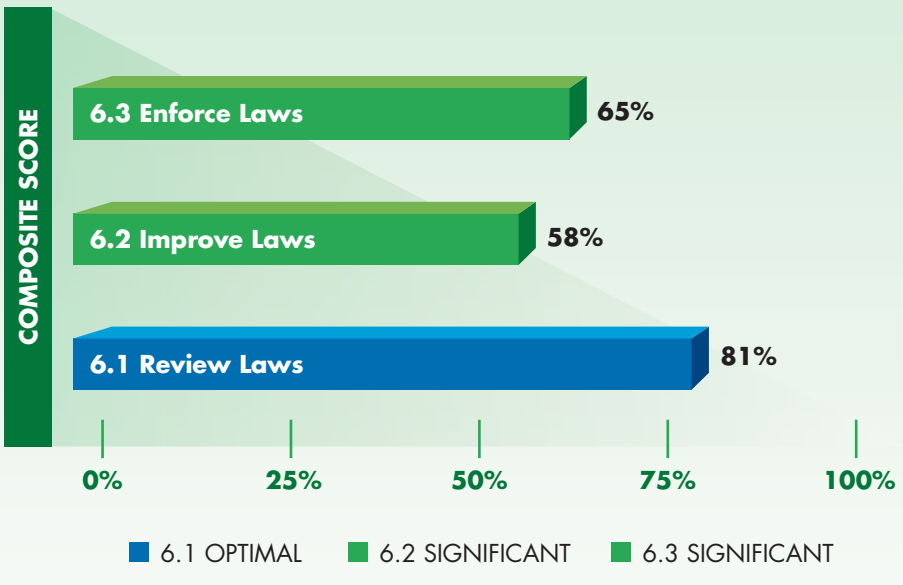
Model Standards represent the major components or practice of the Essential Service. Model Standards for this service include the indicators for governmental presences, policy development, community health strategic and emergency plans.

PERFORMANCE SIGNIFICANT

This score can be interpreted as the overall degree to which the local public health system meets the performance standards. The overall performance ranking score for this Essential Service is **68%**, which represents **Significant** Activity.

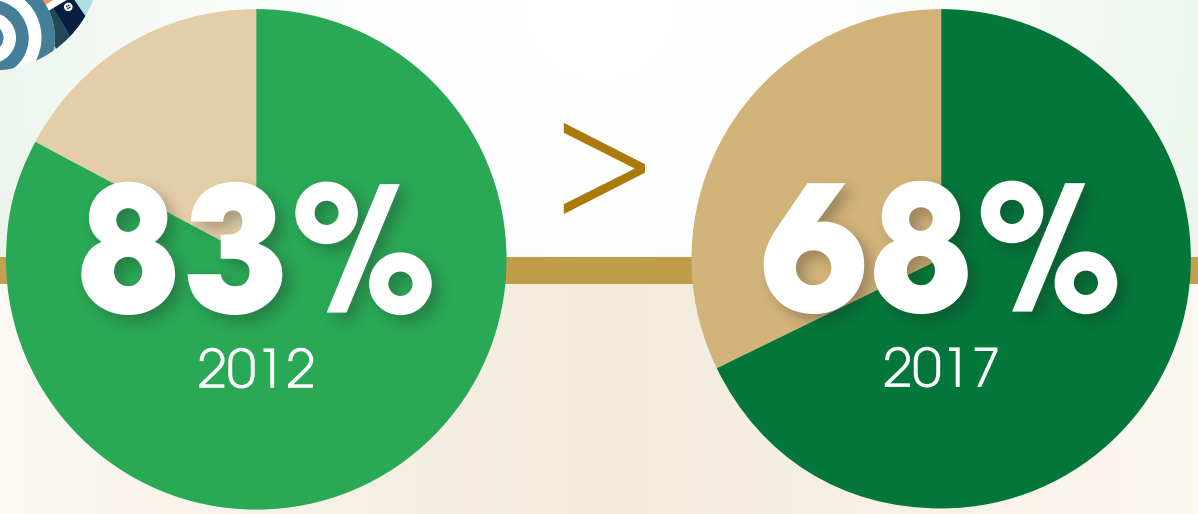
DATA OVERVIEW

Model Standards represent the major components or practice areas of the Essential Service. Two model standards scored as **Significant** and one as **Optimal** Activity.



PERFORMANCE ASSESSMENT

Essential Service 6 decreased in performance as compared to the 2012 local public health system assessment.



PERCEIVED SYSTEM STRENGTHS

Participants noted:

- Laws and regulation information is accessible and available
- Environmental regulations are regularly reviewed
- Active partnerships work to change existing laws

PERCEIVED SYSTEM WEAKNESSES

Participants noted:

- There is an abundance of information
- Enforcement and monitoring are lacking
- The state takes priority over local matters
- Mental health laws
- There is a lack of education

PERCEIVED SYSTEM OPPORTUNITIES

Participants suggested the following for optimization of this Essential Service:

- Provide immediate training
- Conduct formal reviews of regulations
- Develop a repository for inspection reports of regulated entities
- Increase the use of infographics
- Develop clear and consistent messaging
- Increase entity sharing

Florida HEALTH Miami-Dade County

Essential Service 7

LOWEST RANKING PERFORMANCE

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?

Essential Service 7 Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable ranked as having Moderate Activity.

DESCRIPTION

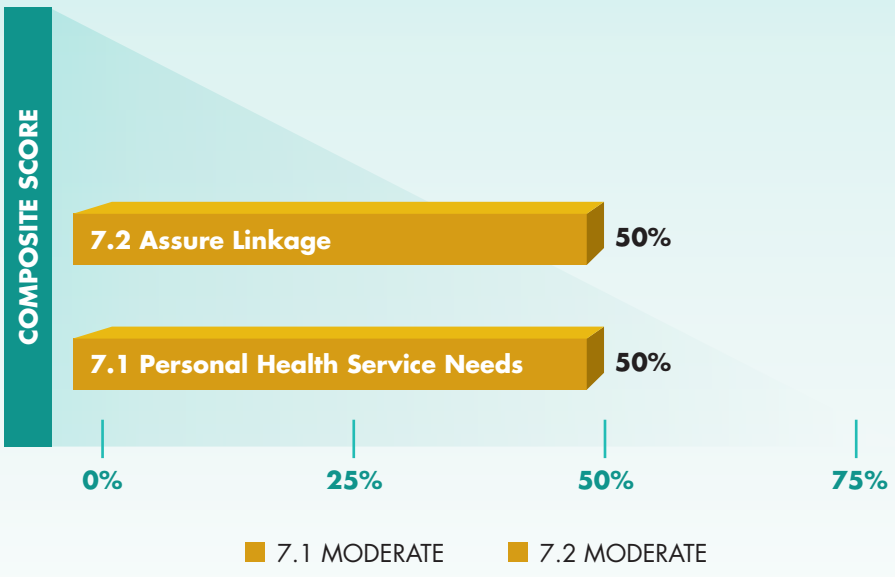
Model Standards represent the major components or practice of the Essential Service. Model Standards for this service include the indicators for identifying personal health service needs of populations and linking people to personal health services.

PERFORMANCE MODERATE

This score can be interpreted as the overall degree to which the local public health system meets the performance standards. The overall performance ranking score for this Essential Service is **50%**, which represents **Moderate** Activity.

DATA OVERVIEW

Model Standards represent the major components or practice areas of the Essential Service. All model standards scored **Moderate** Activity.



Florida HEALTH Miami-Dade County

PERFORMANCE ASSESSMENT

Essential Service 7 decreased in performance as compared to the 2012 local public health system assessment.

PERCEIVED SYSTEM STRENGTHS

Participants indicated that:

- The community participates on national programs and benchmarking
- There is a wealth of data available
- There are pockets of excellence
- There is a robust network of providers and non-profits that provide services

PERCEIVED SYSTEM WEAKNESSES

Participants indicated that:

- There is a data deficit for certain populations
- There are immigration barriers
- There is a lack of affordable treatment, funding and infrastructure
- There are transportation and transit issues

PERCEIVED SYSTEM OPPORTUNITIES

Participants suggested the following for optimization of this Essential Service:

- Develop one Employee Assistance Program (EAP) System
- Develop a comprehensive system of referrals
- Create an inventory of data
- Break silos to address community challenges such as Hepatitis C, diabetes, HIV, dementia, lack of healthcare, disenfranchised incarcerated, depression in mothers, opioid addiction, mental health, paternal health care, preventative services and vulnerable populations

Florida HEALTH Miami-Dade County

Essential Service 8

Assure a Competent Public Health and Personal Healthcare Workforce

Do we have competent public health staff? Do we have competent healthcare staff? How can we be sure that our staff stays current?

Essential Service 8 Assure a Competent Public Health and Personal Healthcare Workforce ranked as having Significant Activity.

DESCRIPTION

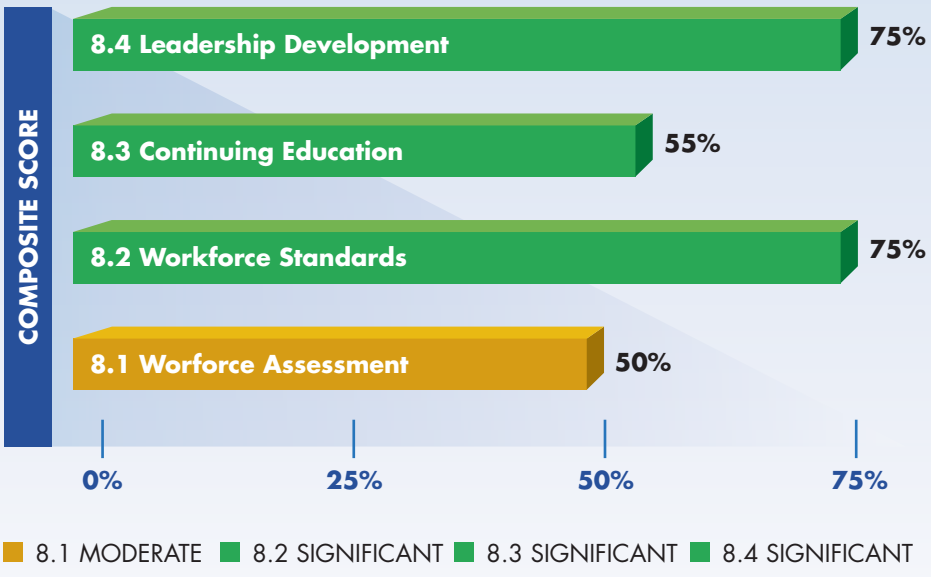
Model Standards represent the major components or practice of the Essential Service. Model Standards for this service include the indicators for workforce assessment, planning and development, public health workforce standards, and continuing education and life-long learning.

PERFORMANCE SIGNIFICANT

This score can be interpreted as the overall degree to which the local public health system meets the performance standards. The overall performance ranking score for this Essential Service is **64%**, which represents **Significant** Activity.

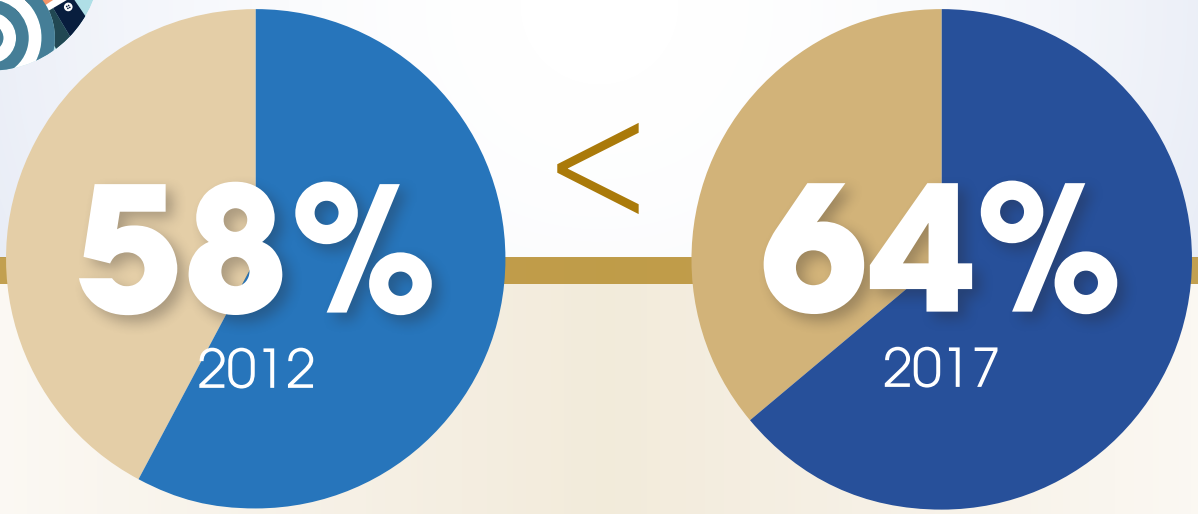
DATA OVERVIEW

Model Standards represent the major components or practice areas of the Essential Service. One model standard scored **Moderate** and three as **Significant** Activity.



PERFORMANCE ASSESSMENT

Essential Service 8 increased slightly in performance as compared to the 2012 local public health system assessment.



PERCEIVED SYSTEM STRENGTHS

Participants noted:

- Emerging Preparedness Assessments and trainings are completed
- NACCHO assessments are regularly conducted
- Volunteers are utilized
- Assessments are published
- Performance evaluations are regularly conducted
- The local health department is accredited

PERCEIVED SYSTEM WEAKNESSES

Participants indicated that:

- Recruitment and staff retention efforts have decreased
- There is high staff turnover
- There is a lack of competitive salaries
- The cost and time of licensures
- There is a lack of funding for certifications
- Critical partners are missing in the process

PERCEIVED SYSTEM OPPORTUNITIES

Participants suggested the following for optimization of this Essential Service:

- Improve workforce skills through increased training
- Introduce fees for service to improve revenue
- Educate workforce on loan forgiveness policy
- Enhance billing and coding standards
- Increase mentorships within organizations
- Engage professional organizations
- Increase resident engagement

Florida HEALTH Miami-Dade County

Essential Service 9

LOWEST RANKING PERFORMANCE

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

Are we meeting the needs of the population we serve? Are we doing things right? Are we doing the right things?

Essential Service 9 Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services ranked as having Significant Activity.

DESCRIPTION

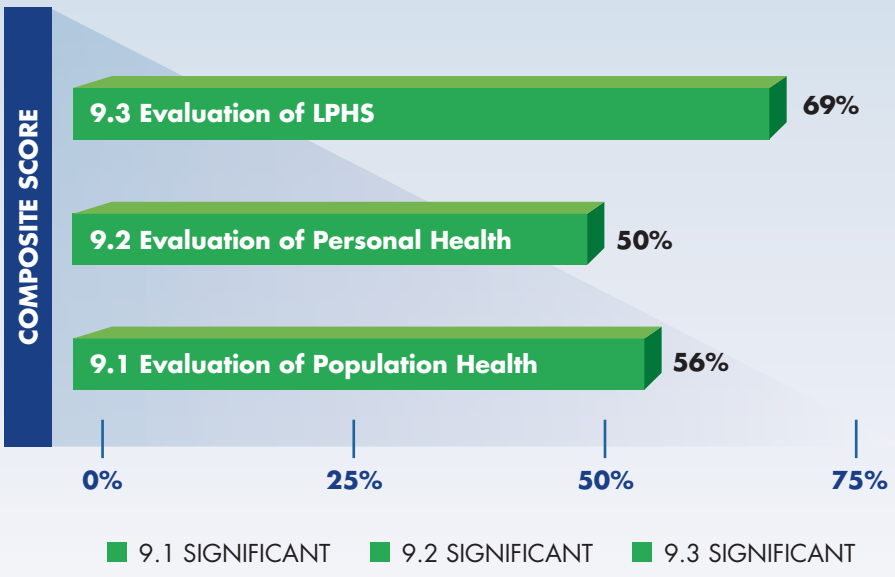
Model Standards represent the major components or practice of the Essential Service. Model Standards for this service include the indicators for evaluating personal, population-based health services and the local public health system.

PERFORMANCE SIGNIFICANT

This score can be interpreted as the overall degree to which the local public health system meets the performance standards. The overall performance ranking score for this Essential Service is **58%**, which represents **Significant** Activity.

DATA OVERVIEW

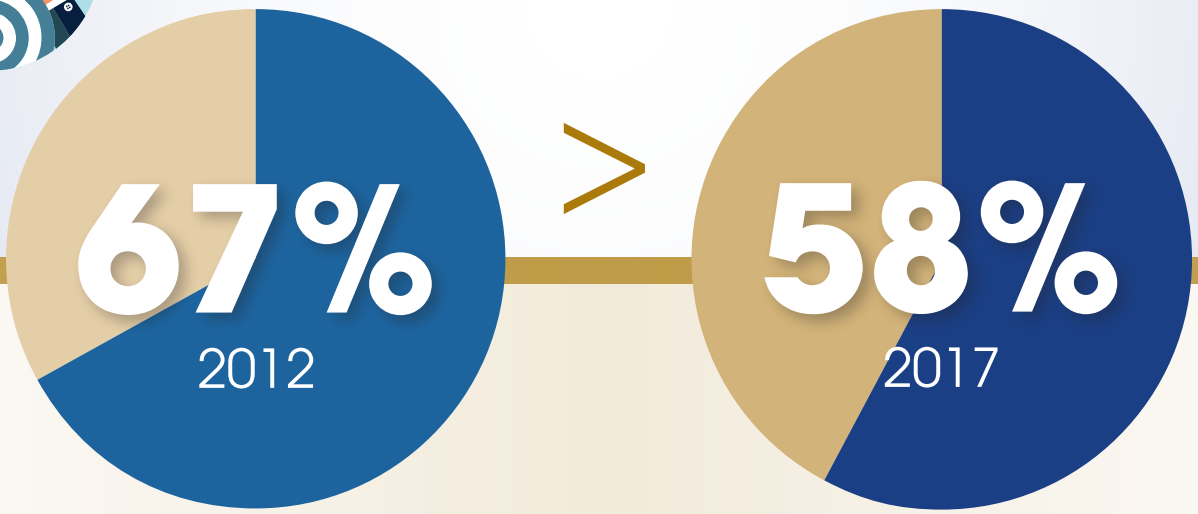
Model Standards represent the major components or practice areas of the Essential Service. One model standard scored as **Moderate** and two as **Significant** Activity



Florida HEALTH Miami-Dade County

PERFORMANCE ASSESSMENT

Essential Service 9 increased slightly in performance as compared to the 2012 local public health system assessment.



PERCEIVED SYSTEM STRENGTHS

Participants indicated that:

- Organizations in clinical settings assess their clinic services on a continuous basis
- The community has access to records

PERCEIVED SYSTEM WEAKNESSES

Participants indicated that:

- Funding and political mandates prevent the availability of services
- Stakeholders may not want to share tools and information
- Electronic records are not compatible with each other
- Fax and hard copies are still common and not secure
- Critical partners are missing from the process

PERCEIVED SYSTEM OPPORTUNITIES

Participants suggested the following for optimization of this Essential Service:

- Use a common tool to evaluate health satisfaction
- Drill down data to see which populations are underserved
- Use scorecards as an opportunity to identify gaps
- Increase use of technology
- Provide HIPPA training

Essential Service 10

LOWEST RANKING PERFORMANCE

Research for New Insights and Innovative Solutions to Health Problems

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

Essential Service 10 Research for New Insights and Innovative Solutions to Health Problems ranked as having Significant Activity.

DESCRIPTION

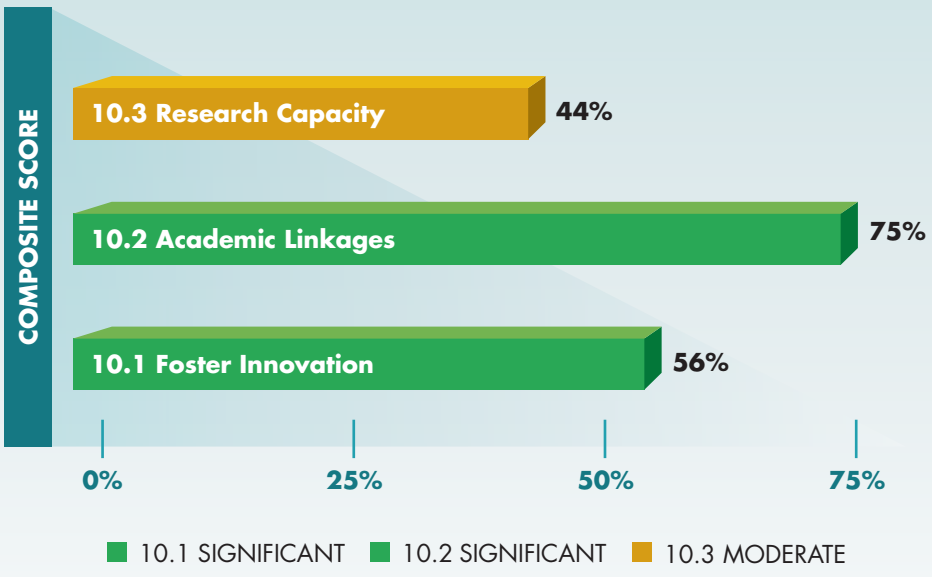
Model Standards represent the major components or practice of the Essential Service. Model Standards for this service include the indicators for fostering innovation, linking with institutions of higher learning and research capacity.

PERFORMANCE SIGNIFICANT

This score can be interpreted as the overall degree to which the local public health system meets the performance standards. The overall performance ranking score for this Essential Service is **58%**, which represents **Significant** Activity.

DATA OVERVIEW

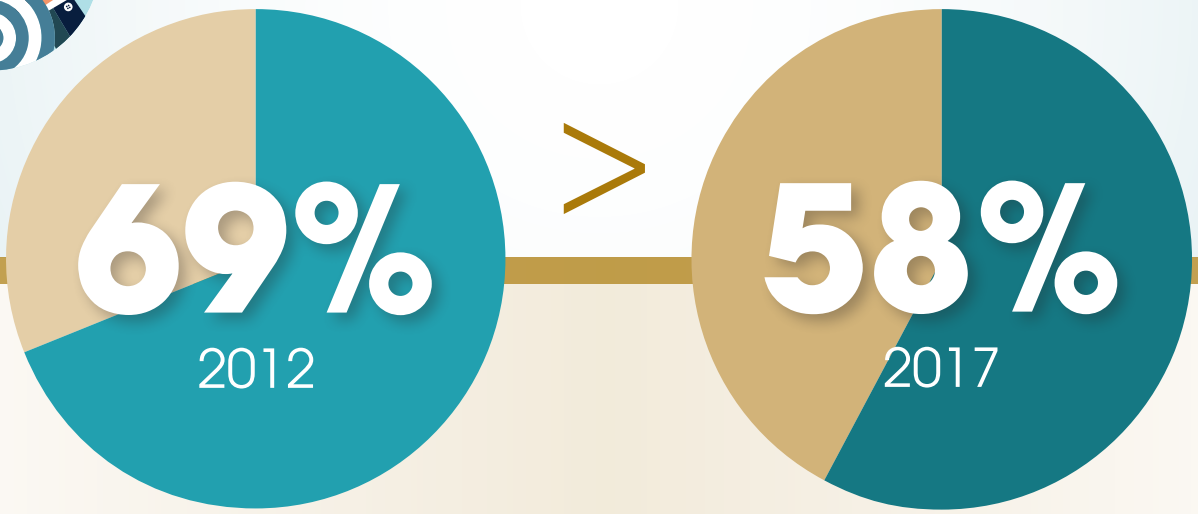
Model Standards represent the major components or practice areas of the Essential Service. One model standard scored as **Moderate**, one as **Significant**, and one as **Optimal** Activity.



Florida HEALTH Miami-Dade County

PERFORMANCE ASSESSMENT

Essential Service 10 decreased in performance as compared to the 2012 local public health system assessment.



PERCEIVED SYSTEM STRENGTHS

Participants indicated that:

- Active coalitions and partnerships regularly conduct research
- There is a strong interest in community-based participatory research
- There are a number of medical programs in the community

PERCEIVED SYSTEM WEAKNESSES

Participants indicated that:

- The evaluation piece behind research is lacking
- There is a limited amount of research in the areas of Alzheimer's and dementia

PERCEIVED SYSTEM OPPORTUNITIES

Participants suggested the following for optimization of this Essential Service:

- Invest more resources and time on research
- Improve opportunities for training on writing and soliciting grants

Florida HEALTH Miami-Dade County

Florida HEALTH
Miami-Dade County

2017 Local Public Health System Assessment

Miami-Dade County, Florida

National Public Health Performance Standards

Local Assessment Report

Miami-Dade County

2017-2018

Program Partner Organizations

American Public Health Association
www.apha.org

Association of State and Territorial Health Officials
www.astho.org

Centers for Disease Control and Prevention
www.cdc.gov

National Association of County and City Health Officials
www.naccho.org

National Association of Local Boards of Health
www.nalboh.org

National Network of Public Health Institutes
www.nnphi.org

Public Health Foundation
www.phf.org

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

National Public Health Performance Standards

Table of Contents

Acknowledgements 4

Background 4

Introduction 5

Purpose 6

About the Report 6

Results 7

• Overall Scores for Each Essential Public Health Service 8

• Performance Scores by Essential Public Health Service for Each Model Standard 9

• Performance Relative to Optimal Activity 11

• Priority of Model Standards 12

• Agency Contribution Scores 15

Analysis and Discussion Questions 18

Next Steps – Developing Your Action Plan 18

Monitoring and Evaluation 19

APPENDIX A: Individual Questions and Responses 20

APPENDIX B: Qualitative Assessment Data 28

APPENDIX C: Additional Resources 59

National Public Health Performance Standards

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

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

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

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

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

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

Introduction

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

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

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

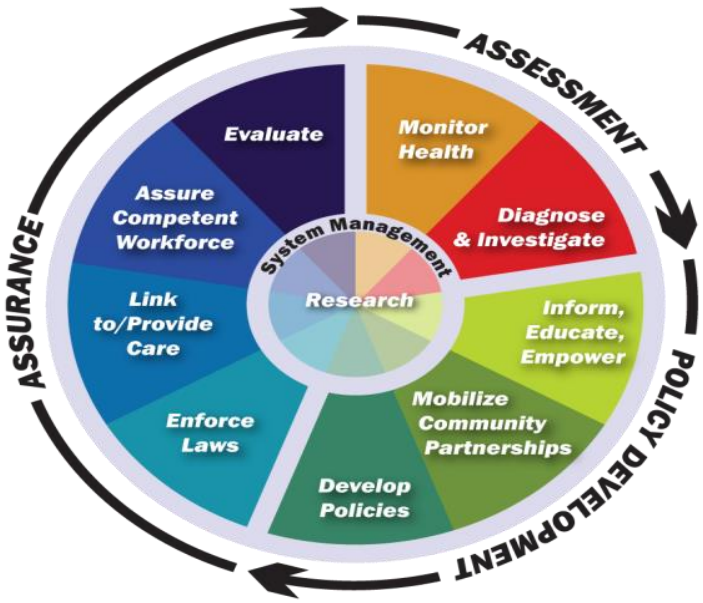


Figure 1. The ten Essential Public Health Services and how they relate to the three Core Functions of Public Health.

Purpose

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

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

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

About the Report

Calculating the Scores

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

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

Table 1. Summary of Assessment Response Options

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

Understanding Data Limitations

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

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

Presentation of results

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

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

Results

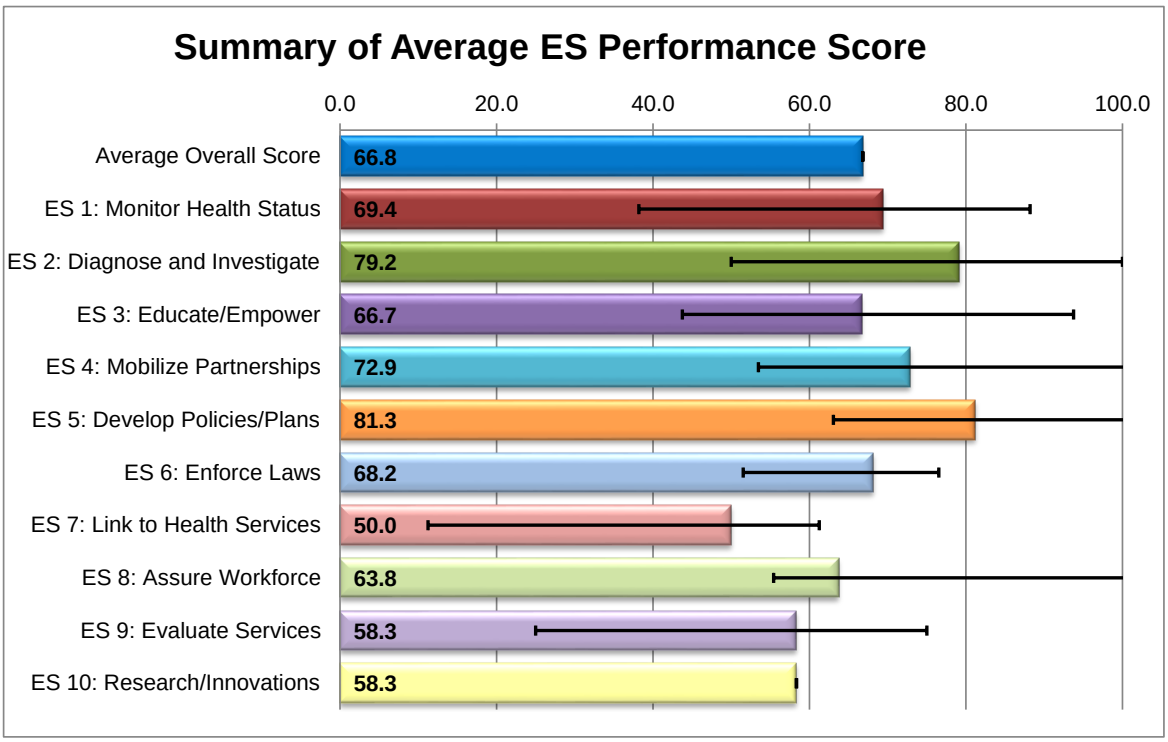
Now that your assessment is completed, one of the most exciting, yet challenging opportunities is to begin to review and analyze the findings. As you recall from your assessment, the data you created now establishes the foundation upon which you may set priorities for performance improvement and identify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

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

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

Overall Scores for Each Essential Public Health Service

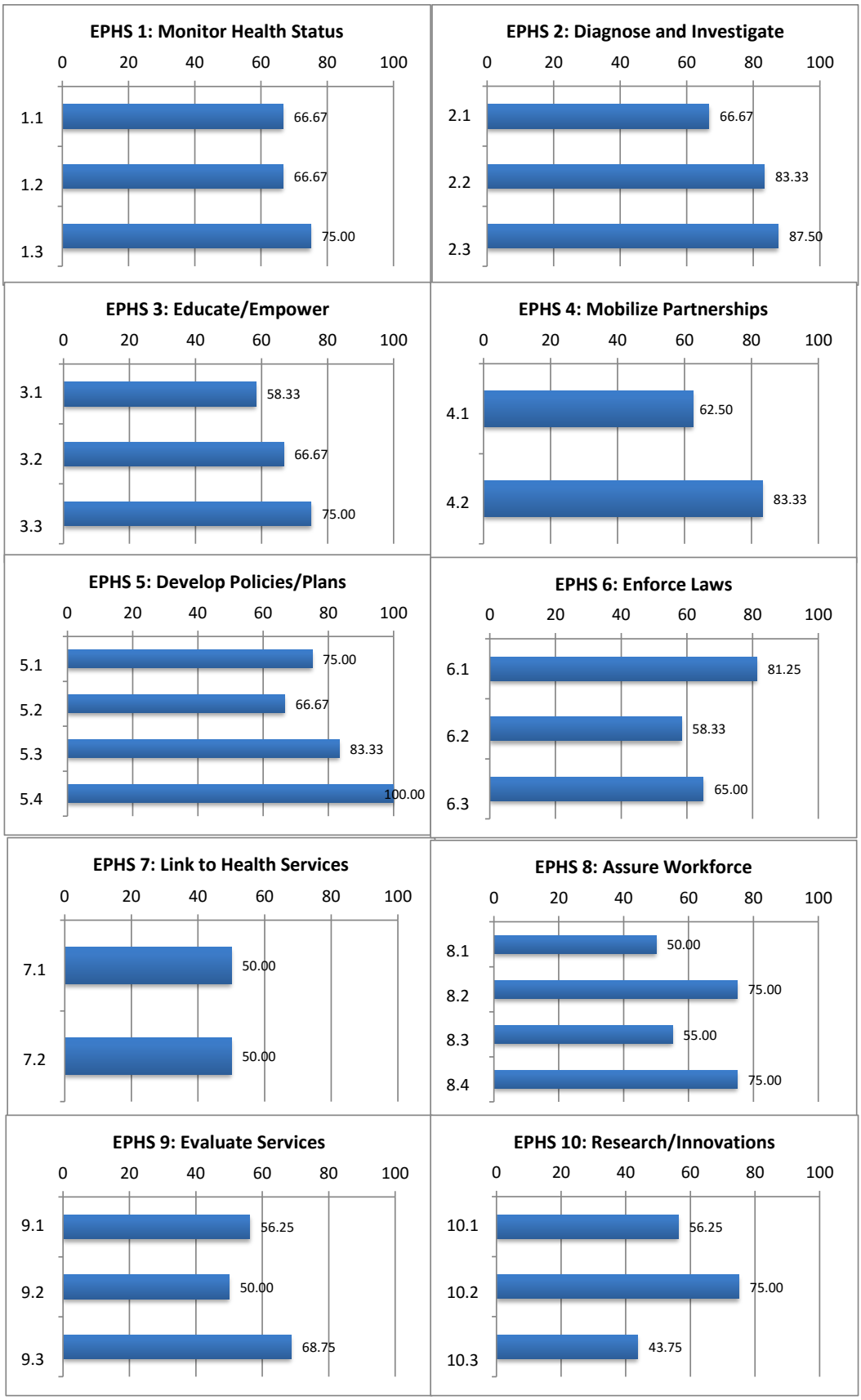
Figure 2. Summary of Average Essential Public Health Service Performance Scores



Performance Scores by Essential Public Health Service for Each Model Standard

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

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



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

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

Model Standards by Essential Services	Performance Scores	Priority Rating	Agency Contribution Scores
ES 1: Monitor Health Status	**69.4**	**9.3**	**75.0**
1.1 Community Health Assessment	66.7	10.0	75.0
1.2 Current Technology	66.7	10.0	75.0
1.3 Registries	75.0	8.0	75.0
ES 2: Diagnose and Investigate	**79.2**	**9.3**	**100.0**
2.1 Identification/Surveillance	66.7	10.0	100.0
2.2 Emergency Response	83.3	10.0	100.0
2.3 Laboratories	87.5	8.0	100.0
ES 3: Educate/Empower	**66.7**	**8.0**	**58.3**
3.1 Health Education/Promotion	58.3	8.0	75.0
3.2 Health Communication	66.7	8.0	50.0
3.3 Risk Communication	75.0	8.0	50.0
ES 4: Mobilize Partnerships	**72.9**	**9.0**	**62.5**
4.1 Constituency Development	62.5	8.0	50.0
4.2 Community Partnerships	83.3	10.0	75.0
ES 5: Develop Policies/Plans	**81.3**	**10.0**	**87.5**
5.1 Governmental Presence	75.0	10.0	75.0
5.2 Policy Development	66.7	10.0	75.0
5.3 CHIP/Strategic Planning	83.3	10.0	100.0
5.4 Emergency Plan	100.0	10.0	100.0
ES 6: Enforce Laws	**68.2**	**10.0**	**75.0**
6.1 Review Laws	81.3	10.0	75.0
6.2 Improve Laws	58.3	10.0	75.0
6.3 Enforce Laws	65.0	10.0	75.0
ES 7: Link to Health Services	**50.0**	**10.0**	**50.0**
7.1 Personal Health Service Needs	50.0	10.0	50.0
7.2 Assure Linkage	50.0	10.0	50.0
ES 8: Assure Workforce	**63.8**	**8.0**	**62.5**
8.1 Workforce Assessment	50.0	10.0	50.0
8.2 Workforce Standards	75.0	6.0	50.0
8.3 Continuing Education	55.0	8.0	75.0
8.4 Leadership Development	75.0	8.0	75.0
ES 9: Evaluate Services	**58.3**	**10.0**	**66.7**
9.1 Evaluation of Population Health	56.3	10.0	75.0
9.2 Evaluation of Personal Health	50.0	10.0	50.0
9.3 Evaluation of LPHS	68.8	10.0	75.0
ES 10: Research/Innovations	**58.3**	**8.7**	**50.0**
10.1 Foster Innovation	56.3	8.0	50.0
10.2 Academic Linkages	75.0	10.0	50.0
10.3 Research Capacity	43.8	8.0	50.0
Average Overall Score	**66.8**	**9.2**	**68.8**
Median Score	**67.4**	**9.3**	**64.6**

Performance Relative to Optimal Activity

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

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

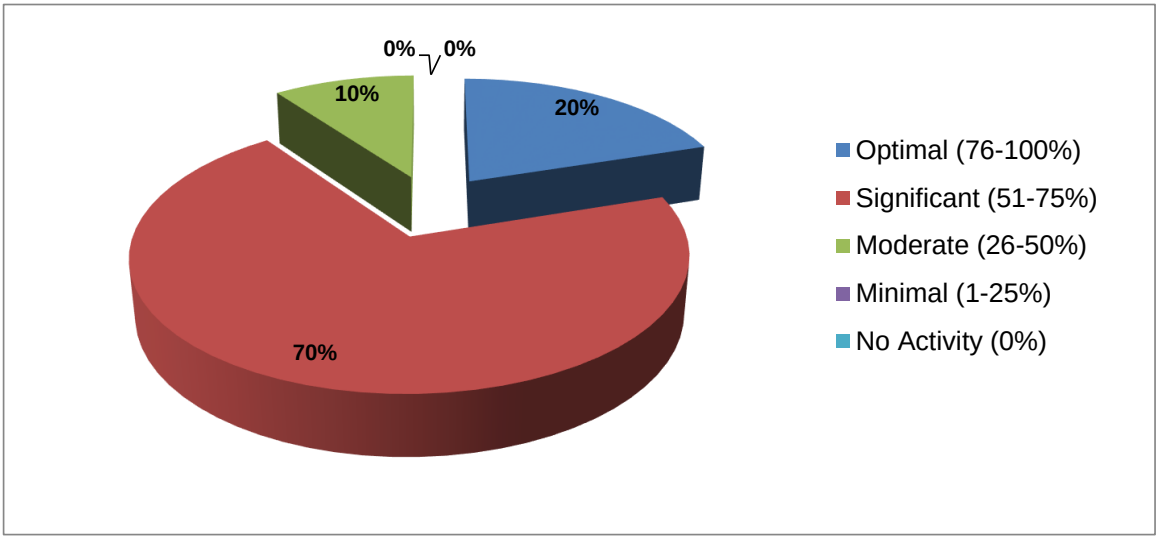
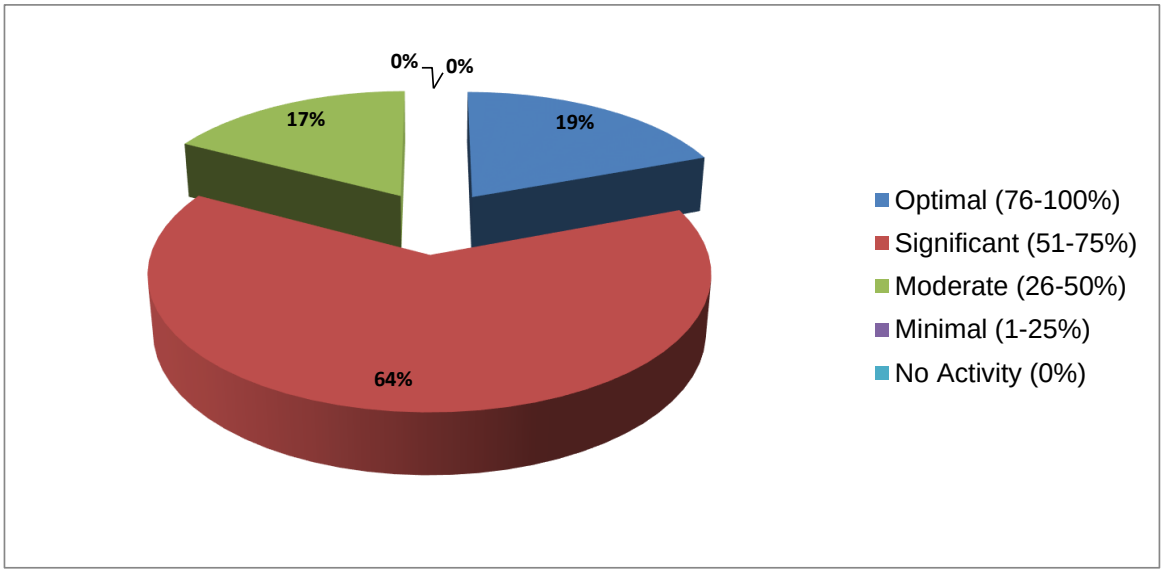


Figure 5. Percentage of the system's Model Standard scores that fall within the five activity categories. This chart provides a high level snapshot of the information found in Figure 3, summarizing the composite measures for all 30 Model Standards.



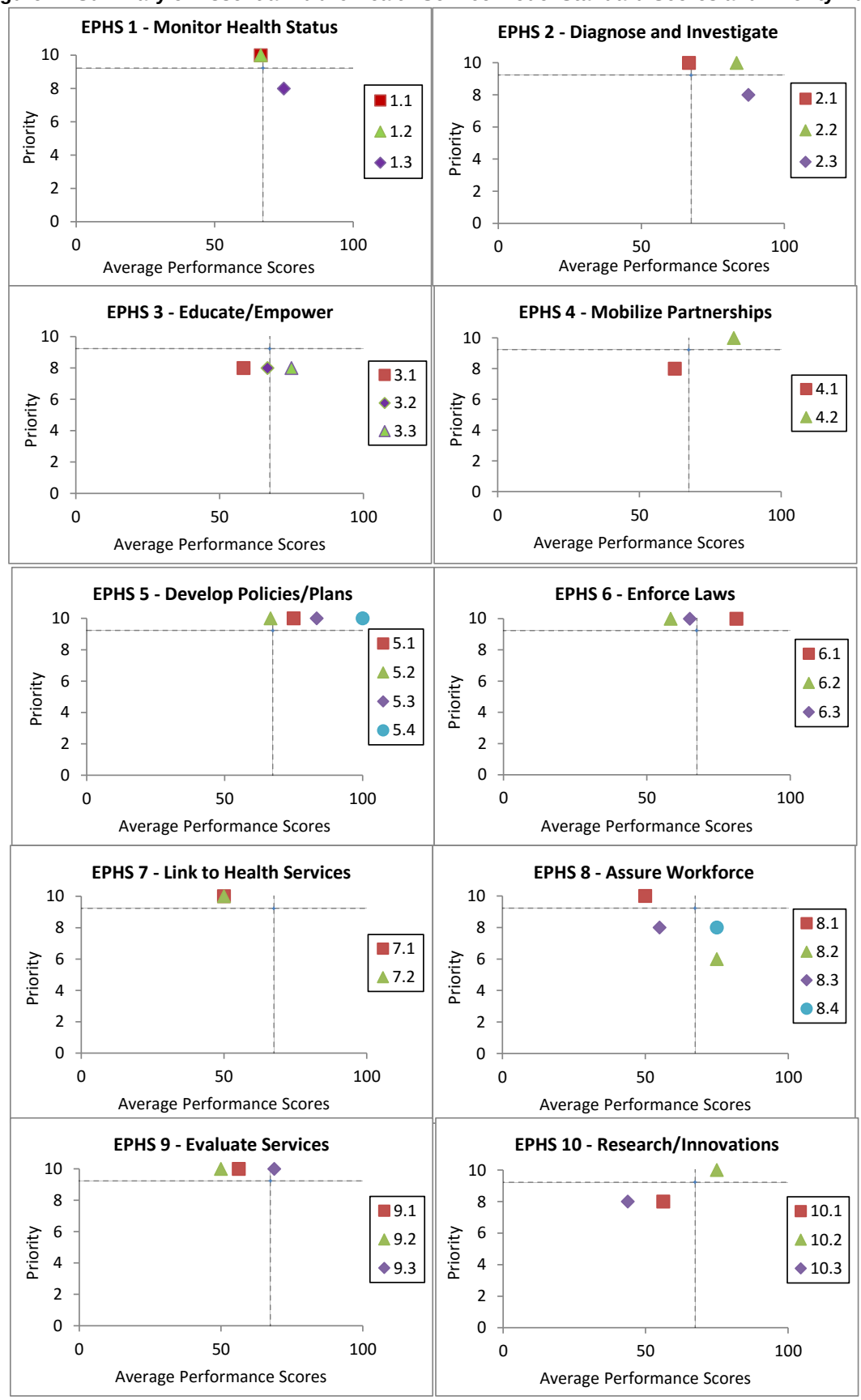
Priority of Model Standards Questionnaire Section (Optional Survey)

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

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

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

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



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

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

Table 3. Model Standards by Priority and Performance Score

Quadrant	Model Standard	Performance Score (%)	Priority Rating
Quadrant A	9.2 Evaluation of Personal Health	50.0	10
Quadrant A	9.1 Evaluation of Population Health	56.3	10
Quadrant A	8.1 Workforce Assessment	50.0	10
Quadrant A	7.2 Assure Linkage	50.0	10
Quadrant A	7.1 Personal Health Services Needs	50.0	10
Quadrant A	6.3 Enforce Laws	65.0	10
Quadrant A	6.2 Improve Laws	58.3	10
Quadrant A	5.2 Policy Development	66.7	10
Quadrant A	2.1 Identification/Surveillance	66.7	10
Quadrant A	1.2 Current Technology	66.7	10
Quadrant A	1.1 Community Health Assessment	66.7	10
Quadrant B	10.2 Academic Linkages	75.0	10
Quadrant B	9.3 Evaluation of LPHS	68.8	10
Quadrant B	6.1 Review Laws	81.3	10
Quadrant B	5.4 Emergency Plan	100.0	10
Quadrant B	5.3 CHIP/Strategic Planning	83.3	10
Quadrant B	5.1 Governmental Presence	75.0	10
Quadrant B	4.2 Community Partnerships	83.3	10
Quadrant B	2.2 Emergency Response	83.3	10
Quadrant C	8.4 Leadership Development	75.0	8
Quadrant C	8.2 Workforce Standards	75.0	6
Quadrant C	3.3 Risk Communication	75.0	8
Quadrant C	2.3 Laboratories	87.5	8
Quadrant C	1.3 Registries	75.0	8
Quadrant D	10.3 Research Capacity	43.8	8
Quadrant D	10.1 Foster Innovation	56.3	8
Quadrant D	8.3 Continuing Education	55.0	8
Quadrant D	4.1 Constituency Development	62.5	8
Quadrant D	3.2 Health Communication	66.7	8
Quadrant D	3.1 Health Education/Promotion	58.3	8

Agency Contribution Questionnaire Section (Optional Survey)

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

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

Quadrant	Model Standard	LHD Contribution (%)	Performance Score (%)
Quadrant A	9.1 Evaluation of Population Health	75.0	56.3
Quadrant A	8.3 Continuing Education	75.0	55.0
Quadrant A	6.3 Enforce Laws	75.0	65.0
Quadrant A	6.2 Improve Laws	75.0	58.3
Quadrant A	5.2 Policy Development	75.0	66.7
Quadrant A	3.1 Health Education/Promotion	75.0	58.3
Quadrant A	2.1 Identification/Surveillance	100.0	66.7
Quadrant A	1.2 Current Technology	75.0	66.7
Quadrant A	1.1 Community Health Assessment	75.0	66.7
Quadrant B	9.3 Evaluation of LPHS	75.0	68.8
Quadrant B	8.4 Leadership Development	75.0	75.0
Quadrant B	6.1 Review Laws	75.0	81.3
Quadrant B	5.4 Emergency Plan	100.0	100.0
Quadrant B	5.3 CHIP/Strategic Planning	100.0	83.3
Quadrant B	5.1 Governmental Presence	75.0	75.0
Quadrant B	4.2 Community Partnerships	75.0	83.3
Quadrant B	2.3 Laboratories	100.0	87.5
Quadrant B	2.2 Emergency Response	100.0	83.3
Quadrant B	1.3 Registries	75.0	75.0
Quadrant C	10.2 Academic Linkages	50.0	75.0
Quadrant C	8.2 Workforce Standards	50.0	75.0
Quadrant C	3.3 Risk Communication	50.0	75.0
Quadrant D	10.3 Research Capacity	50.0	43.8
Quadrant D	10.1 Foster Innovation	50.0	56.3
Quadrant D	9.2 Evaluation of Personal Health	50.0	50.0
Quadrant D	8.1 Workforce Assessment	50.0	50.0
Quadrant D	7.2 Assure Linkage	50.0	50.0
Quadrant D	7.1 Personal Health Services Needs	50.0	50.0
Quadrant D	4.1 Constituency Development	50.0	62.5
Quadrant D	3.2 Health Communication	50.0	66.7

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

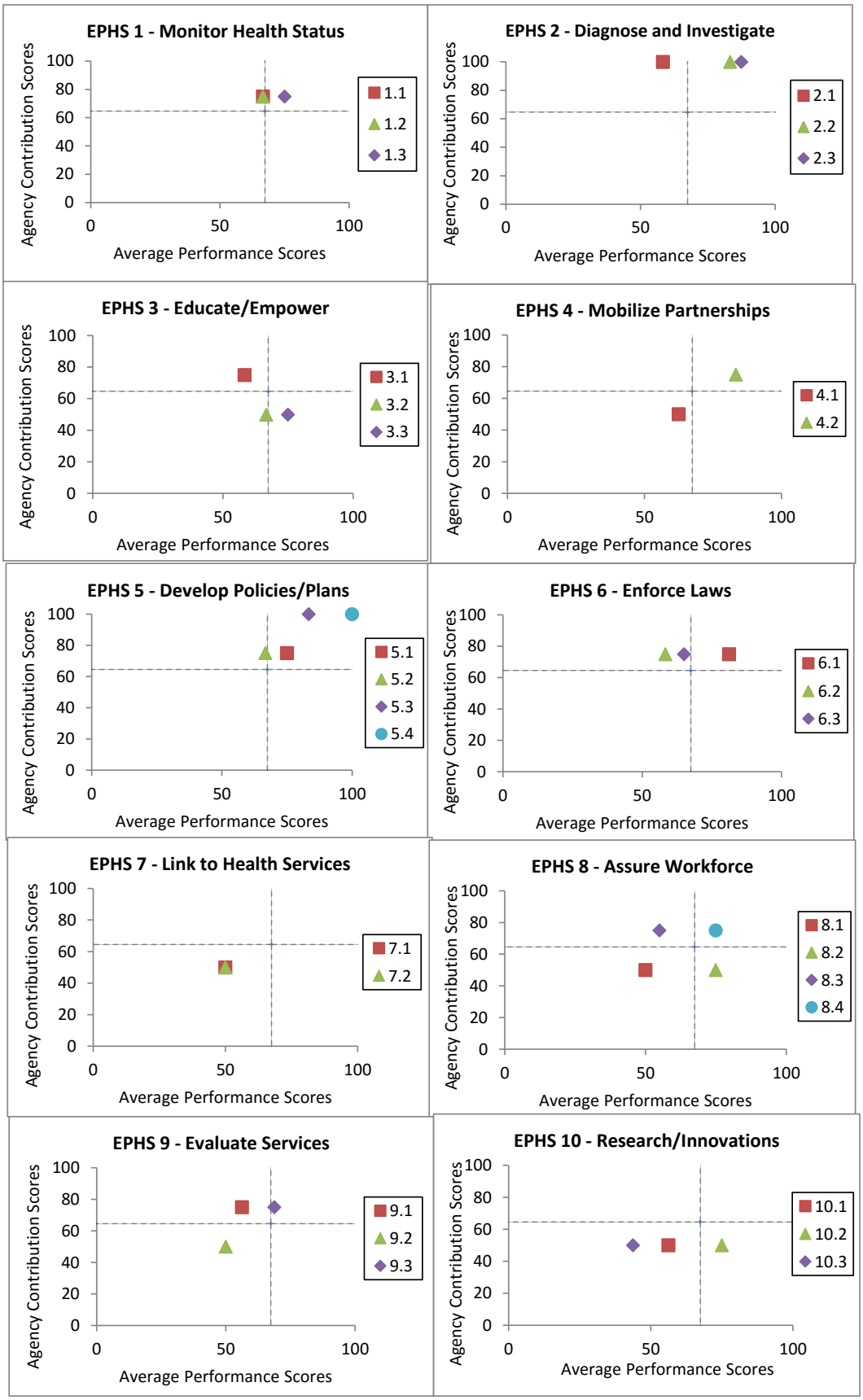
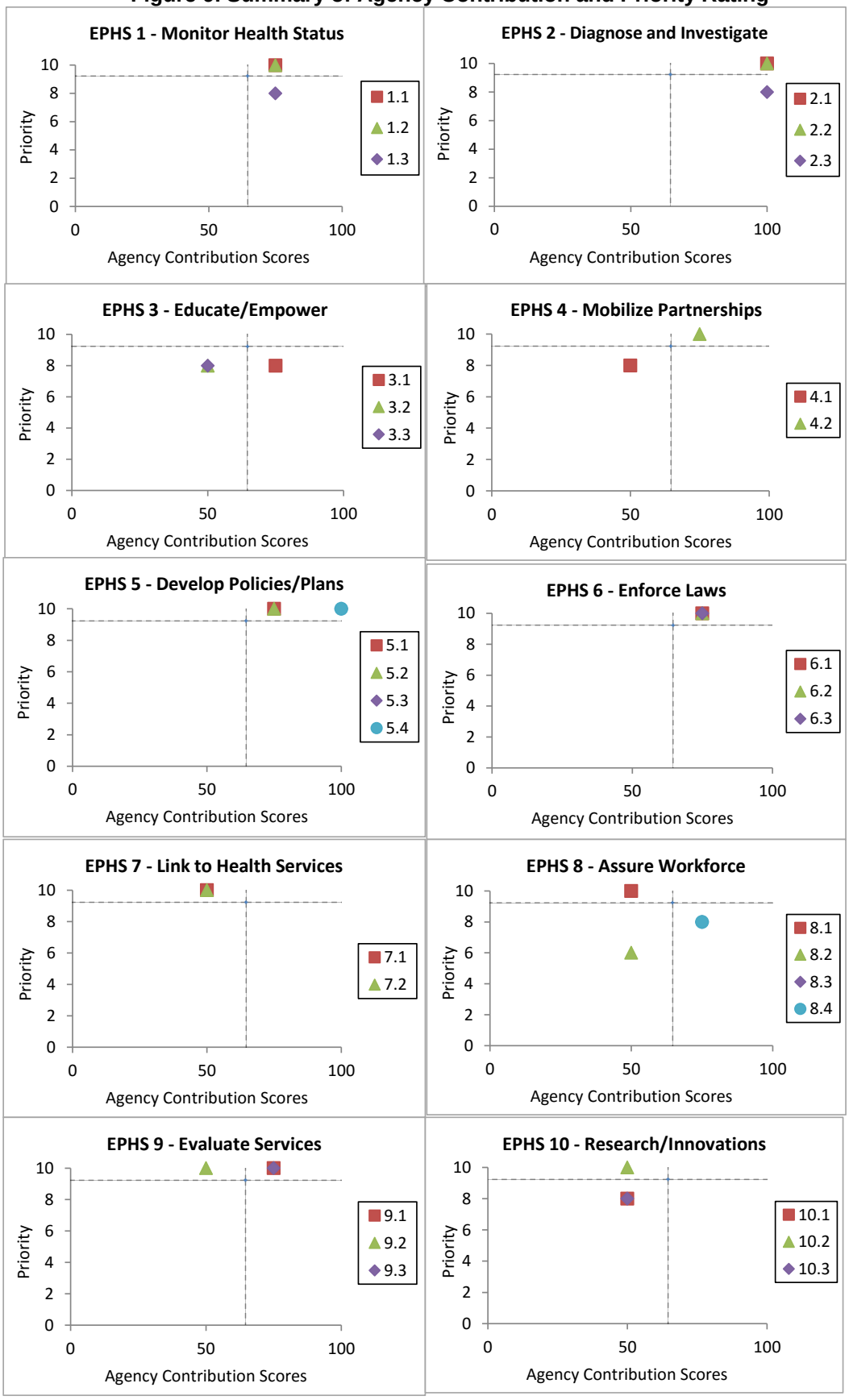


Figure 9. Summary of Agency Contribution and Priority Rating



Analysis and Discussion Questions

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

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

Next Steps

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

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

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

Action Planning

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

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

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

F **Find** an opportunity for improvement using your results.

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

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

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

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

Monitoring and Evaluation: Keys to Success

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

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

APPENDIX A: Individual Questions and Responses

Performance Scores

ESSENTIAL SERVICE 1: Monitor Health Status to Identify Community Health Problems		
1.1	**Model Standard: Population-Based Community Health Assessment (CHA)** *At what level does the local public health system:*	
1.1.1	Conduct regular community health assessments?	100
1.1.2	Continuously update the community health assessment with current information?	50
1.1.3	Promote the use of the community health assessment among community members and partners?	50
1.2	**Model Standard: Current Technology to Manage and Communicate Population Health Data** *At what level does the local public health system:*	
1.2.1	Use the best available technology and methods to display data on the public's health?	75
1.2.2	Analyze health data, including geographic information, to see where health problems exist?	50
1.2.3	Use computer software to create charts, graphs, and maps to display complex public health data (trends over time, sub-population analyses, etc.)?	75
1.3	**Model Standard: Maintenance of Population Health Registries** *At what level does the local public health system:*	
1.3.1	Collect data on specific health concerns to provide the data to population health registries in a timely manner, consistent with current standards?	75
1.3.2	Use information from population health registries in community health assessments or other analyses?	75

ESSENTIAL SERVICE 2: Diagnose and Investigate Health Problems and Health Hazards		
2.1	**Model Standard: Identification and Surveillance of Health Threats** *At what level does the local public health system:*	
2.1.1	Participate in a comprehensive surveillance system with national, state and local partners to identify, monitor, share information, and understand emerging health problems and threats?	75
2.1.2	Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies and emerging threats (natural and manmade)?	75
2.1.3	Assure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise?	50
2.2	**Model Standard: Investigation and Response to Public Health Threats and Emergencies** *At what level does the local public health system:*	

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

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

3.2.3	Identify and train spokespersons on public health issues?	50
3.3	**Model Standard: Risk Communication** *At what level does the local public health system:*	
3.3.1	Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?	75
3.3.2	Make sure resources are available for a rapid emergency communication response?	75
3.3.3	Provide risk communication training for employees and volunteers?	75

ESSENTIAL SERVICE 4: Mobilize Community Partnerships to Identify and Solve Health Problems		
4.1	**Model Standard: Constituency Development** *At what level does the local public health system:*	
4.1.1	Maintain a complete and current directory of community organizations?	50
4.1.2	Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?	50
4.1.3	Encourage constituents to participate in activities to improve community health?	75
4.1.4	Create forums for communication of public health issues?	75
4.2	**Model Standard: Community Partnerships** *At what level does the local public health system:*	
4.2.1	Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?	75
4.2.2	Establish a broad-based community health improvement committee?	100
4.2.3	Assess how well community partnerships and strategic alliances are working to improve community health?	75

ESSENTIAL SERVICE 5: Develop Policies and Plans that Support Individual and Community Health Efforts		
5.1	**Model Standard: Governmental Presence at the Local Level** *At what level does the local public health system:*	
5.1.1	Support the work of a local health department dedicated to the public health to make sure the essential public health services are provided?	75
5.1.2	See that the local health department is accredited through the national voluntary accreditation program?	100
5.1.3	Assure that the local health department has enough resources to do its part in providing essential public health services?	50
5.2	**Model Standard: Public Health Policy Development** *At what level does the local public health system:*	
5.2.1	Contribute to public health policies by engaging in activities that inform the policy development process?	100

5.2.2	Alert policymakers and the community of the possible public health impacts (both intended and unintended) from current and/or proposed policies?	75
5.2.3	Review existing policies at least every three to five years?	75
5.3	**Model Standard: Community Health Improvement Process and Strategic Planning** *At what level does the local public health system:*	
5.3.1	Establish a community health improvement process, with broad- based diverse participation, that uses information from both the community health assessment and the perceptions of community members?	100
5.3.2	Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?	75
5.3.3	Connect organizational strategic plans with the Community Health Improvement Plan?	75
5.4	**Model Standard: Plan for Public Health Emergencies** *At what level does the local public health system:*	
5.4.1	Support a workgroup to develop and maintain preparedness and response plans?	100
5.4.2	Develop a plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed?	100
5.4.3	Test the plan through regular drills and revise the plan as needed, at least every two years?	100

ESSENTIAL SERVICE 6: Enforce Laws and Regulations that Protect Health and Ensure Safety		
6.1	**Model Standard: Review and Evaluation of Laws, Regulations, and Ordinances** *At what level does the local public health system:*	
6.1.1	Identify public health issues that can be addressed through laws, regulations, or ordinances?	75
6.1.2	Stay up-to-date with current laws, regulations, and ordinances that prevent, promote, or protect public health on the federal, state, and local levels?	75
6.1.3	Review existing public health laws, regulations, and ordinances at least once every five years?	75
6.1.4	Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?	100
6.2	**Model Standard: Involvement in the Improvement of Laws, Regulations, and Ordinances** *At what level does the local public health system:*	
6.2.1	Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?	75

6.2.2	Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote the public health?	50
6.2.3	Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?	50
6.3	**Model Standard: Enforcement of Laws, Regulations, and Ordinances** *At what level does the local public health system:*	
6.3.1	Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?	75
6.3.2	Assure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies?	75
6.3.3	Assure that all enforcement activities related to public health codes are done within the law?	75
6.3.4	Educate individuals and organizations about relevant laws, regulations, and ordinances?	50
6.3.5	Evaluate how well local organizations comply with public health laws?	50

ESSENTIAL SERVICE 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable		
7.1	**Model Standard: Identification of Personal Health Service Needs of Populations** *At what level does the local public health system:*	
7.1.1	Identify groups of people in the community who have trouble accessing or connecting to personal health services?	50
7.1.2	Identify all personal health service needs and unmet needs throughout the community?	50
7.1.3	Defines partner roles and responsibilities to respond to the unmet needs of the community?	50
7.1.4	Understand the reasons that people do not get the care they need?	50
7.2	**Model Standard: Assuring the Linkage of People to Personal Health Services** *At what level does the local public health system:*	
7.2.1	Connect (or link) people to organizations that can provide the personal health services they may need?	50
7.2.2	Help people access personal health services, in a way that takes into account the unique needs of different populations?	50
7.2.3	Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs)?	50
7.2.4	Coordinate the delivery of personal health and social services so that everyone has access to the care they need?	50

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

8.1	**Model Standard: Workforce Assessment, Planning, and Development** *At what level does the local public health system:*	
8.1.1	Set up a process and a schedule to track the numbers and types of LPHS jobs and the knowledge, skills, and abilities that they require whether those jobs are in the public or private sector?	50
8.1.2	Review the information from the workforce assessment and use it to find and address gaps in the local public health workforce?	50
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?	50
8.2	**Model Standard: Public Health Workforce Standards** *At what level does the local public health system:*	
8.2.1	Make sure that all members of the public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and meet the law?	75
8.2.2	Develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the essential public health services?	75
8.2.3	Base the hiring and performance review of members of the public health workforce in public health competencies?	75
8.3	**Model Standard: Life-Long Learning through Continuing Education, Training, and Mentoring** *At what level does the local public health system:*	
8.3.1	Identify education and training needs and encourage the workforce to participate in available education and training?	75
8.3.2	Provide ways for workers to develop core skills related to essential public health services?	50
8.3.3	Develop incentives for workforce training, such as tuition reimbursement, time off for class, and pay increases?	25
8.3.4	Create and support collaborations between organizations within the public health system for training and education?	50
8.3.5	Continually train the public health workforce to deliver services in a cultural competent manner and understand social determinants of health?	75
8.4	**Model Standard: Public Health Leadership Development** *At what level does the local public health system:*	
8.4.1	Provide access to formal and informal leadership development opportunities for employees at all organizational levels?	75
8.4.2	Create a shared vision of community health and the public health system, welcoming all leaders and community members to work together?	75
8.4.3	Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?	75

8.4.4	Provide opportunities for the development of leaders representative of the diversity within the community?	75

ESSENTIAL SERVICE 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services		
9.1	**Model Standard: Evaluation of Population-Based Health Services** *At what level does the local public health system:*	
9.1.1	Evaluate how well population-based health services are working, including whether the goals that were set for programs were achieved?	75
9.1.2	Assess whether community members, including those with a higher risk of having a health problem, are satisfied with the approaches to preventing disease, illness, and injury?	50
9.1.3	Identify gaps in the provision of population-based health services?	50
9.1.4	Use evaluation findings to improve plans and services?	50
9.2	**Model Standard: Evaluation of Personal Health Services** *At what level does the local public health system:*	
9.2.1	Evaluate the accessibility, quality, and effectiveness of personal health services?	50
9.2.2	Compare the quality of personal health services to established guidelines?	50
9.2.3	Measure satisfaction with personal health services?	50
9.2.4	Use technology, like the internet or electronic health records, to improve quality of care?	50
9.2.5	Use evaluation findings to improve services and program delivery?	50
9.3	**Model Standard: Evaluation of the Local Public Health System** *At what level does the local public health system:*	
9.3.1	Identify all public, private, and voluntary organizations that provide essential public health services?	100
9.3.2	Evaluate how well LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing to essential public health services?	75
9.3.3	Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?	50
9.3.4	Use results from the evaluation process to improve the LPHS?	50

ESSENTIAL SERVICE 10: Research for New Insights and Innovative Solutions to Health Problems	
10.1	**Model Standard: Fostering Innovation** *At what level does the local public health system:*

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

APPENDIX B: Qualitative Assessment Data

Summary Notes

ESSENTIAL SERVICE 1: Monitor Health Status to Identify Community Health Problems			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
1.1	Model Standard: Population-Based Community Health Assessment (CHA)		
Community is invested in assessments. Various databases such as FLHealthCHARTS and Miami Matters help to identify and monitor health problems. The community can access a wealth of data.	There is not a common definition for CHA & CHIP. Community does not know how to access the data or does not know it exists. The community is working in silos. Data overload. There is a lack of monitoring results. Lack of effective deployment. The community is not aware of the Community Health Improvement Plan and how to access it. Community members do not have the expertise to synthesize the data. Databases are limited in ability.	Promote the results of assessments. Monitor the results. Educate community members. Link the websites. Make access more efficient. Stratify data by category. Bring more partners to the table. Develop an online polling system for LPHSA. Community can contribute to the CHA by supporting the grants which enable them to do the assessment. Create videos (Youtube clips) on how to access the data. Develop a chronic disease health database. Modify the way that the data is organized.	Increase branding. Link websites. Use universities as an avenue for information.

1.2	Model Standard: Current Technology to Manage and Communicate Population Health Data		
GIS mapping used in service delivery. Increased GIS capability by universities, FDOH.	Community needs better access to chronic disease data. Deficit in obesity, diabetes, hypertension, mental health data. Limited ulilization of infographics to present findings and information.	Leverage technology (i.e. Youtube). Educate community partners on how to use GIS. Partner with universities to educate about GIS.	Encourage wide ranging use of GIS. Partner with universities to access data.

1.3	Model Standard: Maintenance of Population Health Registries		
Standards are place for the registries. Operation of the data is well managed. Managed need is consistent. Standards in place that are followed decently. Different types of registries: Cancer registry: Sylvester Comprehensive Cancer Center, limited access (IRB process), Birth registry -Zika Cases, Birth Issues, Vital Stats-Birth &Death, Burn, Florida CHARTS, Special needs registry, HIMS-FQB.	Difficulty in assessing the information. There is a lack of funding to adequately monitor health status. Lack an inventory /comprehensive list of available registries. Availability to pull down available data. Limited resources to maintain registries. FDOH does not have a TB registry. Birth & Death registry is strictly regulated.	Develop an inventory of available registries (chronic disease). Expand expertise to synthesize the data (trend analysis) and make easily accessible. Provide a listing glossary of databases available. Expand expertise to understand the data. Better connect the data/registries to avoid duplication. Create new registries as needed. EMR -share across the Health System. Create an inventory of the registries on the DOH/ Consortium website.	Increase access to registry across states. Prioritizing the resources so it can be appropriate and available to the community.

ESSENTIAL SERVICE 2: Diagnose and Investigate Health Problems and Health Hazards			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
2.1	Model Standard: Identification and Surveillance of Health Threats		
Vast network to identify threats. There is strong local, state and national alignment. Surveillance information is readily available. Sharing of information. Availability of information. Diversity. Multiple surveillance systems exist (syndromic surveillance; crash data). Public health schools help train epidemiologists and monitor diseases. Jessie Trice Community Centers conduct outreach and educate others. DOH - monitor health safety (Healthcare Preparedness Coalition). Homeless population and shelters (report diseases - HIV, TB testing). Domestic violence (HIV testing). Infectious diseases are reported quickly (within 24 hours for some diseases).	Community needs stronger networks. Surveillance needs to be completed in a timely fashion. Redundancy present. Systems not user friendly. Not enough evidence based information for diverse groups. Long reporting process. There is a disconnect between national and state communication with data. There is not enough evidence based information for diverse groups. Community needs more resources.	Increase community involvement. Work with all zip codes to help under-served and those showing a need for help. Increase outreach (especially preschools and childcare centers). Identify location and resources available.	Identify ways to improve resources for community surveillance (financial resources, all kinds of resources). Increase transportation and transit planning. Community organizations recognizing that they are part of the health system.

2.2	Model Standard: Investigation and Response to Public Health Threats and Emergencies		
Guidelines are in place to respond to threats. Strong Emergency Operations Command Center (EOC).	Few community members know the guidelines that are in place. Surveillance systems have long reporting processes	Provide more education opportunities and training on guidelines.	Formalize dissemination of guidelines (standardized format to share). Develop a standard process to share information

2.3	Model Standard: Laboratory Support for Investigation of Health Threats		
The community has access to high quality laboratories. Timing of regulations.	Certain communities lack coverage. Residents do not have access to care to get to labs. Residents lack health insurance so they are not tested. Cumbersome pre-approval process to send to a laboratory. Confirmatory process (pregnant women do not get their results in time and babies are already born). Lab support needs to be more timely and efficient.	Share all of the information discussed in community meetings. Reinforce changes.	Improve influx capacity to better prepare to rapidly expand if there is an influx of cases. Expand ability to handle the rush of labs needed depending on the situation and/or disease (Ex. Ebola, Zika).

ESSENTIAL SERVICE 3: Inform, Educate, and Empower People about Health Issues			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
3.1	Model Standard: Health Education and Promotion		
Strong partnerships with outside community organizations and other local health systems. The community uses state and federal funding and campaigns to support best practices, often to great results (i.e. State Tobacco Program). Healthcare programs at local colleges and universities have students partner with community health organizations. Healthcare students partner with community health organizations as part of their course requirements.	There is a lack of digital interactions and platforms to educate the community. There are funding uncertainties. Lack of digital interaction and platforms. The local public health system is falling behind in educating the public	Research and analyze community needs.	Use data to tailor services in high risk areas.

3.2	Model Standard: Health Communication		
Majority of partners have a health communication plan. Most organizations have a Public Health Information Officer to get messages out to the public. Majority of partners have a health communication plan (i.e. Jackson Health Systems has a social media team; DOH has statewide media office, Tallahassee sends down information to counties to disseminate to communities). Stakeholders use community organizations to spread message to the community (i.e. Consortium for a Healthier Miami-Dade).	There are funding restrictions.	Local health organizations train smaller organizations on how to promote health messages to the public. Increase cultural competency. Train organizations on diversity or health literacy/cultural background of the community. Public health servants spread awareness and also stay current about public health issues. Ensure that health messages are appropriate. Research and analyze community needs.	Increase co-branding opportunities.

3.3	Model Standard: Risk Communication		
Partners receive emergency messages. Communications are disseminated in multiple languages. An all-hazards approach for emergencies is taken. Working with community partners is important part of emergency preparedness.	Many partners are not aware of the emergency communication plan. Emergency communication plan has a line of authority, but it is not clear. Some resources are not available to the public. Most partners not aware of the emergency communication plan and partners do not receive messages.	Share with partners a checklist on what needs to be done during an emergency. Trainings on disaster prep for Public Information Officers.	Increase involvement from media and faithbased organizations.

ESSENTIAL SERVICE 4: Mobilize Community Partnerships to Identify and Solve Health Problems			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
4.1	Model Standard: Constituency Development		
Many different networks between public and private businesses. Many organizations follow the same documentation processes. There is an increased number of health forums in the community (environmental/prevention, health related, etc.)	The community lacks the use of common terminology. Organizations/agencies working on the same things and services overlapping. Community is not aware of the work of the Health Department. Community directories are not updated frequently. There is a lack of awareness of services and resources available to the community. Silos present. Lack of awareness.	Develop a Speakers Bureau. Create more community ambassadors. Increase communication between different coalitions and Consortium.	Increase communication between different coalitions. Align organizational visions. Linkage of interests.

4.2	Model Standard: Community Partnerships		
Consortium: Written goals aligned with the CHIP; strong partnership even when funding is unavailable; Funds are being shared through partnerships; policy development and sustainability; goal accomplishment; strong passion from members. Strong coalitions: Alliance for Aging, Shine, Health Council. Sharing of funds through partnerships. There are geographically based alliances (example: Liberty City; West Kendall). Better understanding of issues regarding public health, mental health, and community health. Partners working together. Public health has gained more momentum. Specific pockets of the population are now more aware.	Some coalitions are similar enough to work together (merge). Fighting for funding. Local politics. Too many personal interests. Jurisdiction problems that create issues moving forward - cities dropping off homeless people in other cities to be dealt with by other city. Geographical size/diversity. Isolation of cities within the same county. Health organizations not trusting each other. There is a lack of shared databases. Unable to determine how resources are being communicated on a larger scale. Lack of common terminology. Cultural perspective of what is considered healthy. Lack of resources.	Develop a community wide database. Ability of people to understand the information they are receiving (referring to the appropriate language). Keep organizations engaged when there is no crisis. Link people to the appropriate place. Send patients to the right place. Focus on prevention. Become smoke free or create similar policies. Expand employee wellness to reduce illness, and reduce sick days.	Rather than being prescriptive, identify what the community needs at a grassroots level. Keep in front of crisis since Miami is rapidly changing. Learn to disseminate information in the community. Address climate change. Sustain partnerships and link them together using a Consortium-like method to build and expand on our improvement plan. Conduct studies on targeted populations (ex: infant mortality in Haitian population). Help the community trust the health system. Improve perception of the public. Improve county disparities. Engage the Chamber of Commerce. Focus on prevention-based efforts. Hospitals connecting more with EMS. Fix systemic issues in terms of providing people with choices. Provide equal opportunities (example: quality of food varies depending on geographical area).

ESSENTIAL SERVICE 5: Develop Policies and Plans that Support Individual and Community Health Efforts			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
5.1	Model Standard: Governmental Presence at the Local Level		
Ongoing process (every 5 years). Newer services available. The PHAB accreditation of the local health department. CHIP implementation. 10 Essential Public Health services are provided to the community. Education, preventive services and enforcement. Availability of resources to the health department is ensured through grants and other budget monies allocated towards specific initiatives. Health in all policies approach.	There is a lack of resources, funding, and personnel. FDOH leadership rated the department funding at a 6, on a scale of "1" being obtaining insufficient funding to perform effectively and "10" obtaining sufficent funding to perform effectively. There is a lack of political will, support, and priority from elected officials. There is high staff turnover.	Support FDOH with resources that the community has such as personnel. Increase political support/elected officials support for CHIP and LPHS. Conduct formal analysis of funding challenges.	Community education, advocacy, lobbying.

5.2	Model Standard: Public Health Policy Development		
Agencies played role in facilitating policies. Many focus groups. Media connection. Private sector doing Health Impact Assessments (HIA). HIA completed by: Health Foundation of South Florida on initiatives involved older population and the Underline project; the City of Miami Beach on Climate Change. Needle exchange program. DOH and partners are successful in impacting polices. Funds are allocated to influence policies. The local public health system has been involved in activities that influenced or informed the public health policy process - professional societies, CHIP Annual Meeting, Zika campaign, Taking Needles Back Campaign, etc. Increased collaboration to impact policies. Various policies impacting the community's health created and implemented through Consortium for a Healthier Miami-Dade. Baptist Hospital has a government relations department working with	Health Impact Assessments are expensive and long processes. The general population is not involved in impacting policies. Lack of awareness among the popoluation.	Increase awareness among the population. Community Health Centers should have a better understanding or insight of the policy. LHPS ensure the public input through focus groups, conferences, media. LPHS conducts and reviews of public health polices at least every three to five years.	Conduct Health Impact Assessments as recommended practices. Regulate Health Impact Assessments. Categorize resources.

5.3	Model Standard: Community Health Improvement Process and Strategic Planning		
Community plans are aligning: CHIP, MAPP, Consortium surveys. Strong partnerships. Consortium is involved in the CHA and improvement planning process. Health Foundation website actively used. ACA holds agencies accountable.	Poor strategic plan dissemination. Poor dissemination of policies and priorities. Partners have their own assessment and health plans.	Engage different partners (FHQC, Faith-Based organization, media, nursing homes, corrections, law enforcement). More engagement from Consortium in policy development.	Advancing Consortium agenda.

5.4	Model Standard: Plan for Public Health Emergencies		
Collaboration between DOH, hospitals, schools, funeral homes, Regional Domestic Task Force, DCF, municipalities, counties, municipalities, etc. DOH revises EMS plans every 2 years. All-Hazard Emergency Preparedness and Response Plan is reviewed and revised every two years. Organizations involved: FIU (FAST team) Florida Advanced Medical Team, Miami UAAC. Stop the Bleed Program (kits working with the school board) and poison control.	Staff retention. Staff turn over. Funding cuts. Lack of sustainability.	Expand reach of vital programs. Update community contact information. Improve the quality of simulations and mock up drills.	Engage different partners and sectors.

ESSENTIAL SERVICE 6: Enforce Laws and Regulations that Protect Health and Ensure Safety			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
6.1	Model Standard: Review and Evaluation of Laws, Regulations, and Ordinances		
Laws and regulation information is accessible and available. Lawyers are available. State attorney active engagement. Active partnerships work to change existing laws.	Time to pass. Time to enforce. There is an abundance of information. State takes priority over local. There is a lack of education.	Provide immediate training. Time focused on laws and regulations.Conduct formal reviews of regulations.	Ongoing training and support. Long-term communication. Formal review. Need to educate people on long-term.Increase the use of infographics.

6.2	Model Standard: Involvement in the Improvement of Laws, Regulations, and Ordinances		
Environmental Health inspection results available online.	Enforcement and monitoring are lacking. The state takes priority over local matters. Mental health laws. Communication with public ex.) regulations. Lack of paid lobbyist/promotion. Hampered by the state. Not every county health department is organized and some states have local boards of health for laws.	Grading restaurants/consumer ent with A/B/C so consumer knows. Public Service announcement website. Become a member of Public Health Association.	Develop a repository for inspection reports of regulated entities. Consumer-interface for agencies and correct author. Develop clear and consistent messaging.

6.3	Model Standard: Enforcement of Laws, Regulations, and Ordinances		
Environmental regulations are regularly reviewed. Florida Department of Business and Professional Regulation and Florida Department of Health partnership.	Need more creativity in delivering information. State takes priority. Extreme information dissemination only.	Speakers Bureau (Consortium). Media (PSAs). Training. In educating individuals and organizations about relevant laws, regulations, etc. - an example is the door-to-door outreach and education for the hookworm situation.	Dissemination plan. Clear messages. Plan for weaknesses in the system. Increase entity sharing.

ESSENTIAL SERVICE 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
7.1	Model Standard: Identification of Personal Health Service Needs of Populations		
HIV - Plan to prioritize, ability to define barriers. Co-locate others. Clients are evaluated HMO- provide transportation. Community outreach worker. Analyzes reports that will tell the story. There are pockets of excellence. Sylvester Cancer Center able to map out where services are received. The community participates on national programs and benchmarking. Some services in the community for recognition. Smoking Cessation strong. Meetings that bring people together. Wealth of data. Pockets of excellence. HIV and Healthy Start have comprehensive assessments to review the indicators. There is a robust network of providers and non-profits that provide services.	There is a data deficit for certain populations. Immigration barriers. Need programs for Post-partum depression, WIC making referrals need more help in this area. Need treatment for detox (opioid). Mental health. Not enough affordable treatments. No way to track Hep-C. Lack of infrastructure in place. Diabetes treatments. Residents living with dementia are undiagnosed. Not obtaining needed services. Those with insurance not accessing treatment. Need a link back after individuals are referred. Service not available for paternal care. There is a lack of affordable treatment, funding and infrastructure. Mental wellness. Lack funding for the populations in the shadows. Setting counselors. There are transportation and transit issues.	Ability to leverage resources (ex. HIV - learn from them). Outpatients facility to report on clients (data). Partner with other activities (ex. work w/ Citrus). Need to link people for quality of life with dementia. More collaboration so that people are aware of the services in the community. Greater awareness for transportation issues. Providers co-located. Create an inventory of data. Have more organizations participate in AHA, etc. Breaking silos, focus on resources or a partner work on need. Understanding contributions of other. Profile of the uninsured. Break silos to address community challenges such as Hepatitis C, diabetes, HIV, dementia, lack of healthcare, disenfranchised incarcerated, depression in mothers, opioid addiction, mental health, paternal health care, preventative services and vulnerable populations. Improve transportation.	Ability to understand where those who are in the shadows can come out for care (ex. needle exchange). Share data among the Public Health assessments. Greater awareness for transportation issues. Providers co-located. Determine best locations for services.

7.2	Model Standard: Assuring the Linkage of People to Personal Health Services		
Continuous training. Navigators in ER. Outreach/Education programs. VHA's sole purpose is education about service. Children's Trust > National Healthcare Prize. Jackson Health System. Interagency collaborations/partnerships. CHW-great people in community where they are trusted. Outreach -> VA, SVFF, Homeless vets. Translations - Spanish, English. 25 Free clinics - volunteer. Mobile units.	Referrals are not tracked. Translations needed in Kreyol and other languages. Dementia patients not telling their diagonoses. Political environment not pro-health. Personal biases, people stereotype. Agencies are overwhelmed. There are transportation and transit issues.	Universal consent form to link to different services. ID community members to become health advocates. Prioritize our mobile services to go into the community. Develop one Employee Assistance Program (EAP) System. More community health workers. Consider a method minimum action plan to help highlight the services in the community. Offer more flexible hours of operation. Better educate/inform their patients about their diagnoses. Publicize the free service/neighborhood services. More coordination of services. Focus groups. Create more opportunities to educate and train health care workers. Analyze summary and findings. Flexible hours and operations for people to have access to them. To better educate patients for diagnoses and needs (ST and LT). Publicize services. Work with populations to institute trust. Accessing services.	Co-locations.Develop a comprehensive system of referrals. Look at families or group/systems as the patient and not just the diagnoses. One Employee Assistance Program system - to qualify for all social services. Consider a method minimum action plan to help highlight the services in the community- summary of analysis. Break down silos. Build up institutional trust. Conceptualize units of interests with family and not just patients.

ESSENTIAL SERVICE 8: Assure a Competent Public and Personal Health Care Workforce			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
8.1	Model Standard: Workforce Assessment, Planning, and Development		
FLDOH Workforce Physicians/Nurses Assessment (it is an annual state workforce assessment). Emerging Preparedness Assessments and trainings are completed. FL Public Health Training Puerto Rico Assessment. Emerging Preparedness Assessments/Trainings. HRSA Assessment (updated as requested). Online public health financial management. NACCHO assessments are regularly conducted. Utilize volunteers (AARP). Assessments are published. Performance evaluations are regularly conducted.	Staffing, skill sets. Recruitment and staff retention efforts have decreased. There is high staff turnover.There is a lack of competitive salaries. Not centrally organized (subsystems within the system). Organizations are doing their own assessments rather than a LPHS assessment and are not sharing information. DOH/State attorney's office/public defender's office/public schools: all struggle with their retention because of the private sector (can't match the salary), ongoing turnover (pitfall). DOH is losing employees to hospitals and private organizations. Millennials are leaving. PH system is not centralized. Critical partners are missing in the process.	Action plan for environmental health. Bring in more employees because of high turnover. Introduce fees for service to improve revenue. Educate workforce on student loan forgiveness policy. Expansion of skills to allow employees to provide more services (Training/certifications). Improve workforce skills through increased training. Promotion of Public Health as a career path and its benefits (pension). Chamber of Commerce and Beacon Council partnerships (marketing the fields, developing relationships with businesses and creating jobs with them). Hire more employees. Offer more trainings as an incentive, instead of money. Changes in laws (policy change) to allow different health professionals to perform different/additional services.	Assessment sustainability needs to be addressed. HR needs to share their experiences, train the private sector and hire more employees.

8.2	Model Standard: Public Health Workforce Standards		
MCHES, CHES, CPH, CEHP School Health, Board certifications, extra requirements in specialized areas, Certified Community Health Worker. Performance Evaluations. Public health accreditation. Wellness practitioner. FEMA. Compliance through HR, accreditation, credentialing, medical quality assurance. Job standards and requirements. Workforce standards. CHES (Certified health education worker). Certified environmental health professional (CEHP). Nursing license, physician license. Licensure & accreditation are more organized when you are in a more specialized field. Hospital - CPR, AED certifications, JOINT Commission. Certified Community Health Workers. Certified Medical Interpreters. Certified in Public Health. Certified Wellness Practitioner. Certified Health Coach. The local health department is accredited.	The cost and time of licensures. People practicing without licenses. Moving from "required" to "preferred", verbiage in job descriptions . Debt - For-profit schools: students may not graduate with a degree or certification (Ex. nursing school issues).There is a lack of funding for certifications. Increased fraud.	Strengthen the accreditation standards for colleges and universities (too many unknown small colleges and universities offering PH programs). Enhance billing and coding standards. Need to know more about the laws (educate coders). Bridge from community colleges to 4 year degrees.	Financial assistance with certifications. Work towards certifications while on-the-job (financial assistance from employers). Bridge programs to transition from different college programs. High school - engage students to get involved in PH (create pre-public health tracks). Change policies in for profit schools (higher standards a& policy change).

8.3	Model Standard: Life-Long Learning through Continuing Education, Training, and Mentoring		
Research opportunities, practicum/internships. Tuition waivers/ vouchers/ reimbursement (DOH). APHA (American Public Health Association), CSTE (Council of State and Territorial Epidemiologists), FPHA (Florida Public Health Association). Lectures & workshops from PH organizations (in person and online webinars). Clinical rotations for students. Neighborhood HELP. University degree programs, OSHA trainings, emergency preparedness plans. Buy in with leadership. CEUs, personal growth, advancement (all incentives).	Employee comfort levels with certain trainings. Some mandatory trainings seem meaningless. Some supervisors not completing training they want their staff to do.	Employee feedback on training needs. Personal relationships to help train staff. Increase mentorships within organizations.Engage professional organizations.	Secure funding for employees to be trained and educated (Competent). Involve the outside (public sector) to collaborate with us for trainings. Budget line items for PH practitioners/workforce.

8.4	Model Standard: Public Health Leadership Development		
High praise for system leader collaboration. Zika response. Bringing in religious leaders. Consortium for a Healthier Miami-Dade. Getting to Zero: Opioid Taskforce. Culture of Health Award from RWJF (FDOH- MD). Diversity present. Emergency response system. FIU provides practicums. Current LPHSA Community Meeting being conducted. Pipeline of training to service.	Better ways to collaborate with grassroots and nontraditional leaders. Missing many people at the table. Senior leadership retiring soon.	Finding ways for the professional organizations to become more engaged. Train the trainer (do it in-house).	Professional organizations need to be more engaged. Increase private citizen engagement.Increase resident engagement.

ESSENTIAL SERVICE 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
9.1	Model Standard: Evaluation of Population-Based Health Services		
Most organizations conduct a daily or continual patient satisfaction survey. Some evaluations take place on a 3 year cycle, quarterly, or annually. MAPP process every 5 years. Websites available to look at evaluations to compare health care facilities. Use partners and notify each other about gaps. Organizations in clinical settings assess their clinic services on a continuous basis. Population-based surveys. Monthly programmatic assessments that survey the quarterly indicators leading up to the annual report. Continuous follow-up with licensed navigators; after a client sign-up for services we make sure they keep on track with their identified goals. The community has access to records.	Bad questions and phrasing in performance improvement surveys. Develop a common tool because the response depends on how on how we ask the question. Different systems are not using the same questions to evaluate progress. Stakeholders may not want to share tools/information. Proprietary interests. Evaluations sometimes are difficult due to not being able to locate the clients. Funding and political mandates prevent the availability of services.	Use a common tool to evaluate health satisfaction. Need uniform questions to evaluate success. Door-to-Door canvassing to identify local community needs. Drill down data to see which populations are underserved. Use scorecards as an opportunity to identify gaps.	Pull inventory of vetted questions and have an independent evaluator survey across all agencies.

9.2	Model Standard: Evaluation of Personal Health Services		
UF & Empower- apps, facebook, e-scribe, electronic referrals, bp apps, fitbit data. Access to records, internal base analyzed monthly for follow-up with clients. Email encryption.	Electronic records are not compatible with each other. Data is delayed because of a gatekeeper. Fax and hard copies are still common and not secure. Although data is collected, there is a lack of ability to analyze and utilize the data. HIPPA training for agencies. Fear of releasing information. Most information has to be faxed or in paper copies.	Encryption technology. Provide HIPPA training. Have Tallahassee days where community members can speak with politicians. Have follow-ups & visits to determine whether the tools have been working and if there have been any behavioral changes.	Interconnected data within the state.

9.3	Model Standard: Evaluation of the Local Public Health System		
Ability to bring community for LPHSA together. Community partners fair and its evaluation. Mechanisms among providers.	Councils missing representation: Title I, Enfamilias, centro campesino, farm workers groups, open door clinic, good news clinic. RSVP's that did not show up: public schools, faith based, tribal health, switchboard, 311, smaller hospitals, homeless trust. Some agencies are missing: Migrant organizations and non-for-profits, Title I, Centro Campesino, low cost health care clinics of Homestead, public schools, faith based, american cancer society, Haitian community centers, tribal health, caring for Miami, Organizations that do not know that they are in fact a part of the public health system. Critical partners are missing from the process.	Continuation of community partners fair. Usage of PARTNER tool. Use technology and webinars to help increase participation. More lead time of when these meetings are going to happen. Meetings within the community. Sharing of agendas to better prepare, and prep for the questions that will be asked. Increase use of technology. Technology and webinars should be used in order to increase participation and distance voting.	Working on the big issue in a smaller scale through the Consortium.

ESSENTIAL SERVICE 10: Research for New Insights and Innovative Solutions to Health Problems			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
10.1	Model Standard: Fostering Innovation		
Active coalitions and partnerships regularly conduct research. Strong interest in community-based participatory research. Many resources available (i.e. Miami Matters, Florida Charts). Diversity. Local funders who know the community. Partnered with local DOH to conduct research activities (i.e. Zika outreach, PICH (Partnerships to Improve Community Health) grant, HIV/AIDS communication outreach).	Larger organizations, such as colleges and universities, have more time and access to resources needed to conduct research. Evaluation piece behind research is lacking.There is a limited amount of research in the areas of Alzheimer's and dementia. The evaluation piece behind research is lacking.	IInvest more resources and time on research. Integrate Alzheimer's/dementia/older adult populations into the CHIP.	Improve opportunities for training on writing and soliciting grants.

10.2	Model Standard: Linkage with Institutions of Higher Learning and/or Research		
Relationships with local colleges and universities, allows for greater variety and opportunities when conducting research. There are a number of medical programs in the community. Amount of colleges and universities in the area is a strength for the work being done in the community, it allows for variety and greater opportunities.	University IPC rate. Universities working in silos. Lack of follow up when research project is over.	Get multiple faculty/departments involved. Capacity building.	Capacity establishment.

10.3	Model Standard: Capacity to Initiate or Participate in Research		
Local resources to help (i.e. Consortium for a Healthier Miami Dade, Miami Matters). Infrastructure to conduct research is in place.	Resources exist but potentially under-utilized or inaccessible. Restrictions and regulations (i.e. IRB). Limited access to research. Colleges and universities need to do a better job on disseminating research findings to the local public. Many organizations not aware of the resources available for facilitating research. Larger organizations have sectioned themselves off and it is hard for smaller organizations to know who to contact to initiate research.	Improve dissemination of information/research findings. Local/mini conferences to share information with partners/community. Grow the utilization of infrastructure already in place. Improve community engagement/dialogue. Tap into students.	Not limiting information to just health professionals. Reach out to broader base.

APPENDIX C: Additional Resources

General

Association of State and Territorial Health Officers (ASTHO)
http://www.astho.org/

CDC/Office of State, Tribal, Local, and Territorial Support (OSTLTS)
http://www.cdc.gov/ostlts/programs/index.html

Guide to Clinical Preventive Services
http://www.ahrq.gov/clinic/pocketgd.htm

Guide to Community Preventive Services
www.thecommunityguide.org

National Association of City and County Health Officers (NACCHO)
http://www.naccho.org/topics/infrastructure/

National Association of Local Boards of Health (NALBOH)
http://www.nalboh.org

Being an Effective Local Board of Health Member: Your Role in the Local Public Health System
http://www.nalboh.org/pdffiles/LBOH%20Guide%20-%20Booklet%20Format%202008.pdf

Public Health 101 Curriculum for governing entities
http://www.nalboh.org/pdffiles/Bd%20Gov%20pdfs/NALBOH_Public_Health101Curriculum.pdf

Accreditation

ASTHO's Accreditation and Performance Improvement resources
http://astho.org/Programs/Accreditation-and-Performance/

NACCHO Accreditation Preparation and Quality Improvement
http://www.naccho.org/topics/infrastructure/accreditation/index.cfm

Public Health Accreditation Board
www.phaboard.org

Health Assessment and Planning (CHIP/ SHIP)

Healthy People 2010 Toolkit:

- Communicating Health Goals and Objectives
  http://www.healthypeople.gov/2010/state/toolkit/12Marketing2002.pdf
- Setting Health Priorities and Establishing Health Objectives
  http://www.healthypeople.gov/2010/state/toolkit/09Priorities2002.pdf

Healthy People 2020:
www.healthypeople.gov

- MAP-IT: A Guide To Using Healthy People 2020 in Your Community
  http://www.healthypeople.gov/2020/implementing/default.aspx

Mobilizing for Action through Planning and Partnership:
http://www.naccho.org/topics/infrastructure/mapp/

- MAPP Clearinghouse
  http://www.naccho.org/topics/infrastructure/mapp/framework/clearinghouse/
- MAPP Framework
  http://www.naccho.org/topics/infrastructure/mapp/framework/index.cfm

National Public Health Performance Standards Program
http://www.cdc.gov/nphpsp/index.html

Performance Management /Quality Improvement

American Society for Quality; Evaluation and Decision Making Tools: Multi-voting
http://asq.org/learn-about-quality/decision-making-tools/overview/overview.html

Improving Health in the Community: A Role for Performance Monitoring
http://www.nap.edu/catalog/5298.html

National Network of Public Health Institutes Public Health Performance Improvement Toolkit
http://nnphi.org/tools/public-health-performance-improvement-toolkit-2

Public Health Foundation – Performance Management and Quality Improvement
http://www.phf.org/focusareas/Pages/default.aspx

Turning Point
http://www.turningpointprogram.org/toolkit/content/silostosystems.htm

US Department of Health and Human Services Public Health System, Finance, and Quality Program
http://www.hhs.gov/ash/initiatives/quality/finance/forum.html

Evaluation

CDC Framework for Program Evaluation in Public Health
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4811a1.htm

Guide to Developing an Outcome Logic Model and Measurement Plan (United Way)
http://www.yourunitedway.org/media/Guide_for_Logic_Models_and_Measurements.pdf

National Resource for Evidence Based Programs and Practices
www.nrepp.samhsa.gov

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

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