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?

Monitoring health status to identify community health problems encompasses the following:

- Assessing, accurately and continually, the community's health status.

- Identifying threats to health.

- Determining health service needs.

- Paying attention to the health needs of groups that are at higher risk than the total population.

- Identifying community assets and resources that support the public health system in promoting health and improving quality of life.

- Using appropriate methods and technology to interpret and communicate data to diverse audiences.

- Collaborating with other stakeholders, including private providers and health benefit plans, to manage multi-sectorial integrated information systems.

Partners gathered to discuss the performance of the local public health system (LPHS) in monitoring health status for identifying community health problems include, but are not limited to:

☐ The local health department or other governmental public health agency.

☐ The local board of health or other local governing entity.

☐ University or academic institutions.

☐ Public health laboratories.

☐ Healthcare systems.

☐ Hospitals.

☐ Managed care organizations.

☐ Local chapter of national health-related group (e.g., March of Dimes).

☐ State health department.

☐ Community-based organizations.

☐ Epidemiologists.

☐ Environmental health data experts.

☐ Emergency preparedness teams.

☐ The general public.

☐ Community health planners.

Model Standard 1.1: Population-Based Community Health Assessment

The LPHS completes a detailed community health assessment (CHA) to allow an overall look at the community's health. A CHA identifies and describes factors that affect the health of a population and pinpoints factors that determine the availability of resources within the community to adequately address health concerns. This provides the foundation for improving and promoting the health of the community and should be completed at least every three years. Data included in the CHA are accurate, reliable, and interpreted according to the evidence base for public health practice. CHA data and information are shared, displayed, and updated continually according to the needs of the community.

By completing a CHA, a community receives an in-depth picture or understanding of its health. From the CHA, the community can identify the most vulnerable populations and related health inequities, prioritize health issues, identify best practices to address health issues, allocate resources where they are most needed, and provide a basis for collaborative efforts to promote the public's health. The CHA also tracks the health of a community over time and compares local measures to other local, state, and national benchmarks.

To accomplish this, members of the LPHS work together to:

- Assess the health of the community regularly.

- Continuously update the CHA with current information.

- Promote the use of the CHA among community members and partners.

Discussion Questions for Model Standard 1.1	
Awareness (a) Was everyone aware of the assessment? (b) Does everyone have access to the CHA? **Involvement** (a) How many of you have participated in the assessment? **Frequency** (a) How often is the CHA completed? (b) How often do updates to the CHA occur?	**Quality and Comprehensiveness** (a) Which data sets are included in the CHA? (b) How is the CHA used to monitor progress toward: • Local health priorities? • State health priorities? • *Healthy People 2020* national objectives? (c) How well does the CHA examine data over time to track trends? (d) How are the data helping identify health inequities? **Usability** (a) How accessible to the general public are the CHA results? (b) How is the CHA distributed to the community? (c) How is the CHA used to inform health policy and planning decisions?

Performance Measures for Model Standard 1.1

At what level does the LPHS...

1.1.1 Conduct regular CHAs?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	○

1.1.2 Update the CHA with current information continuously?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	○

1.1.3 Promote the use of the CHA among community members and partners?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	○

Discussion Notes for Model Standard 1.1			
Strengths	**Weaknesses**	**Short-Term Improvement Opportunities**	**Long-Term Improvement Opportunities**

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

The LPHS 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. Software tools are used to understand where health problems occur, allowing the community to plan efforts to lessen the problems and to target resources where they are most needed. The CHA is available in both hard copy and online, and is regularly updated. Links to other sources of information are provided on Web sites.

To accomplish this, members of the LPHS work together to:

• Use the best available technology and methods to combine and show data on the public's health.

• Analyze health data, including geographic information, to see where health problems exist.

• Use computer software to create charts, graphs, and maps which show trends over time and compare data for different population groups.

Discussion Questions for Model Standard 1.2	
Awareness (a) What technology is available to LPHS partners to support health profile databases?	**Quality and Comprehensiveness** (a) How does the LPHS use technology to support CHA databases? (b) At what level does the LPHS have access to and include geocoded health data? (c) At what level within the community are the data available? (d) How does the LPHS use geographic information systems (GIS)? (e) How does the LPHS use computer-generated graphics?

Performance Measures for Model Standard 1.2

At what level does the LPHS...

1.2.1 Use the best available technology and methods to display data on the public's health?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	○

1.2.2 Analyze health data, including geographic information, to see where health problems exist?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	○

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.)?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	○

Discussion Notes for Model Standard 1.2			
Strengths	**Weaknesses**	**Short-Term Improvement Opportunities**	**Long-Term Improvement Opportunities**

Model Standard 1.3: Maintaining Population Health Registries

The LPHS collects data on health-related events for use in population health registries. These registries allow more understanding of major health concerns, such as birth defects and cancer, and tracking of some healthcare delivery services, such as vaccination records. Registries also allow the LPHS to give timely information to at-risk populations. The LPHS ensures accurate and timely reporting of all the information needed for health registries.

Population health registry data are collected by the LPHS according to standards, so that they can be compared with other data from private, local, state, regional, and national sources. With many partners working together to contribute complete data, population registries provide information for policy decisions, program implementation, and population research.

To accomplish this, members of the LPHS work together to:

• Collect data on specific health concerns to provide to population health registries in a timely manner and consistent with current standards.

• Use information from population health registries in CHAs or other analyses.

Discussion Questions for Model Standard 1.3	
Involvement (a) Which population health registries are contributed to and/or maintained within the LPHS? (b) What partners contribute to and/or maintain population health registries? **Frequency** (a) How often are the data used by the LPHS for such activities? Have they been used in the past year?	**Quality** (a) What specific standards are in place for data collection? (b) What established processes are there for reporting health events to the registries? Are they followed? (c) What, if any, systems are in place to ensure accurate, timely, and unduplicated reporting? **Usability** (a) How are population health registries used by the LPHS?

Performance Measures for Model Standard 1.3

At what level does the LPHS...

1.3.1 Collect timely data consistent with current standards on specific health concerns in order to provide the data to population health registries?

No Activity	Minimal	Moderate	Significant	Optimal
◯	◯	◯	◯	◯

1.3.2 Use information from population health registries in CHAs or other analyses?

No Activity	Minimal	Moderate	Significant	Optimal
◯	◯	◯	◯	◯

Discussion Notes for Model Standard 1.3			
Strengths	**Weaknesses**	**Short-Term Improvement Opportunities**	**Long-Term Improvement Opportunities**

Essential Service 1
Summary Notes

Use the space below to record notes on details, additional ideas, or synthesis across discussion notes that apply to the Essential Service as a whole. These notes may be helpful and applicable to some or all of the Model Standards in this Essential Service.
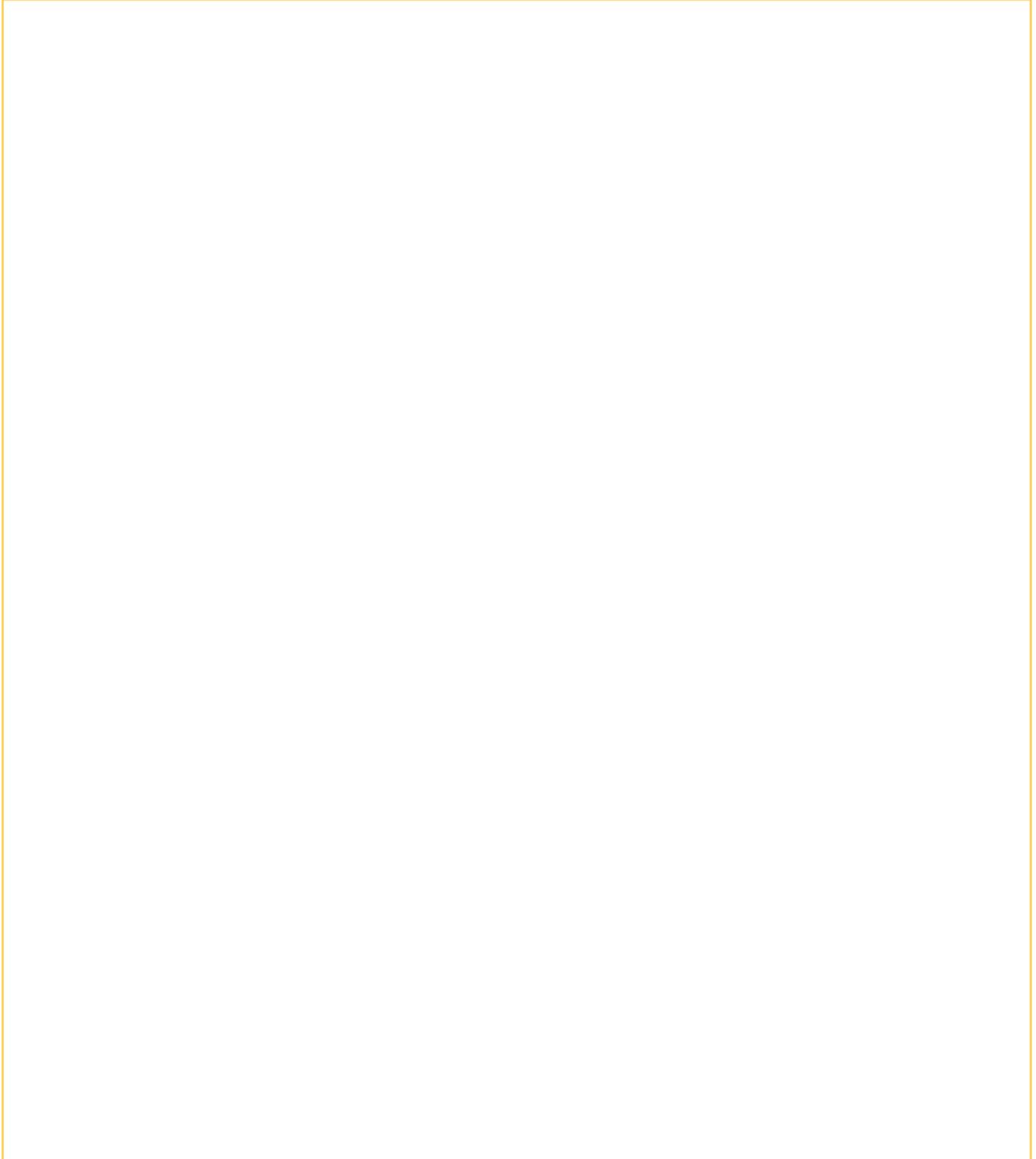
Essential Service 2: Diagnose and Investigate Health Problems and Health Hazards

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?

Diagnosing and investigating health problems and health hazards in the community encompass the following:

- Accessing a public health laboratory capable of conducting rapid screening and high-volume testing.

- Establishing active infectious disease epidemiology programs.

- Creating technical capacity for epidemiologic investigation of disease outbreaks and patterns of the following: (a) infectious and chronic diseases, (b) injuries, and (c) other adverse health behaviors and conditions.

Partners gathered to discuss the performance of the local public health system (LPHS) in diagnosing and investigating health problems and health hazards include, but are not limited to:

- [ ] The local health department or other governmental public health agency.
- [ ] The local board of health or other local governing entity.
- [ ] Hospitals.
- [ ] Long-term care facilities.
- [ ] Preschool and day care programs.
- [ ] Public and private schools.
- [ ] Colleges and universities.
- [ ] Employers.
- [ ] Managed care organizations.
- [ ] Primary care clinics, including Federally Qualified Health Centers (FQHCs).
- [ ] Physicians.
- [ ] Public safety and emergency response organizations.
- [ ] Public health laboratories.

Model Standard 2.1: Identifying and Monitoring Health Threats

The LPHS conducts surveillance to watch for outbreaks of disease, disasters, and emergencies (both natural and manmade), and other emerging threats to public health. Surveillance data include information on reportable diseases, potential disasters and emergencies, or emerging threats. The LPHS uses surveillance data to notice changes or patterns right away, determine the factors that influence these patterns, investigate the potential dangers, and find ways to lessen the effect on public health. The best available science and technologies are used to understand the problems, determine the most appropriate solutions, and prepare for and respond to identified public health threats. To ensure the most effective and efficient surveillance, the LPHS connects its surveillance systems with state and national systems. To provide a complete monitoring of health events, all parts of the system work together to collect data and report findings.

To accomplish this, members of the LPHS work together to:

- Participate in a comprehensive surveillance system with national, state, and local partners to identify, monitor, and share information and understand emerging health problems and threats.

- Provide and collect timely and complete information on reportable diseases, potential disasters and emergencies, and emerging threats (natural and manmade).

- Ensure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise.

Discussion Questions for Model Standard 2.1
Awareness (a) How many of you are aware of the LPHS contributions to surveillance system(s) designed to monitor health problems and identify health threats? **Frequency** (a) What is the time frame for submitting reportable disease information to the state or the LPHS?	**Quality and Comprehensiveness** (a) Which data sets are included in the surveillance system? (b) How well is the surveillance system integrated with national and/or state surveillance systems? (c) Is the surveillance system compliant with national and/or state health information exchange guidelines? (d) What types of resources are available to support health problem and health hazard surveillance and investigation activities within the LPHS? **Usability** (a) How does the LPHS use the surveillance system(s) to monitor changes in the occurrence of health problems and hazards?

Performance Measures for Model Standard 2.1

At what level does the LPHS...

2.1.1 Participate in a comprehensive surveillance system with national, state, and local partners to identify, monitor, and share information and understand emerging health problems and threats?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	○

2.1.2 Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies, and emerging threats (natural and manmade)?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	○

2.1.3 Ensure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise?

No Activity	Minimal	Moderate	Significant	Optimal
○	○	○	○	○

Discussion Notes for Model Standard 2.1			
Strengths	**Weaknesses**	**Short-Term Improvement Opportunities**	**Long-Term Improvement Opportunities**

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

The LPHS stays ready to handle possible threats to public health. As a threat develops—such as an outbreak of a communicable disease, a natural disaster, or a biological, chemical, nuclear, or other environmental event—a team of LPHS professionals works closely together to collect and understand related data. Many partners support the response, with communication networks already in place among health-related organizations, public safety, rapid response teams, the media, and the public. In a public health emergency, a jurisdictional Emergency Response Coordinator leads LPHS partners in the local investigation and response. The response to an emergent event is in accordance with current emergency operations coordination guidelines.

To accomplish this, members of the LPHS work together to:

- 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.

- Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and manmade disasters.

- Designate a jurisdictional Emergency Response Coordinator.

- Rapidly and effectively respond to public health emergencies according to emergency operations coordination guidelines.

- Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or nuclear public health emergencies.

- Evaluate emergency response exercises and incidents for effectiveness and opportunities for improvement (e.g., using hot washes, After Action Reports, and Improvement Plans).

Discussion Questions for Model Standard 2.2	
Involvement	**Quality and Comprehensiveness**
(a) Who is the LPHS designee serving as the Emergency Response Coordinator within the jurisdiction?	(a) How does the LPHS use written processes and standards for implementing a program of case finding, contact tracing, source identification, and containment for communicable diseases or toxic exposures?
(b) How does the Emergency Response Coordinator coordinate emergency activities within the LPHS?	(b) How are LPHS personnel prepared to rapidly respond to natural and intentional disasters?
(c) Does the LPHS maintain a current list of personnel with the technical expertise to respond to natural and intentional emergencies and disasters?	**Usability**
(d) How does the LPHS ensure a timely response from emergency personnel, including sufficient numbers of trained professionals?	(a) How does the LPHS evaluate public health emergency response incidents for effectiveness and opportunities for improvement (e.g., After Action Reports, Improvement Plans)?
(e) How does the LPHS mobilize volunteers during a disaster?	(b) How are the findings used to improve emergency plans and response?

Performance Measures for Model Standard 2.2

At what level does the LPHS…

2.2.1 Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case finding, contact tracing, and source identification and containment?

No Activity	Minimal	Moderate	Significant	Optimal
◯	◯	◯	◯	◯

2.2.2 Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?

No Activity	Minimal	Moderate	Significant	Optimal
◯	◯	◯	◯	◯

2.2.3 Designate a jurisdictional Emergency Response Coordinator?

No Activity	Minimal	Moderate	Significant	Optimal
◯	◯	◯	◯	◯

2.2.4 Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?

No Activity	Minimal	Moderate	Significant	Optimal
◯	◯	◯	◯	◯

2.2.5 Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies?

No Activity	Minimal	Moderate	Significant	Optimal
◯	◯	◯	◯	◯

2.2.6 Evaluate incidents for effectiveness and opportunities for improvement (such as After Action Reports, Improvement Plans, etc.)?

No Activity	Minimal	Moderate	Significant	Optimal
◯	◯	◯	◯	◯

Discussion Notes for Model Standard 2.2			
Strengths	**Weaknesses**	**Short-Term Improvement Opportunities**	**Long-Term Improvement Opportunities**

Model Standard 2.3: Laboratory Support for Investigating Health Threats

The LPHS has the ability to produce timely and accurate laboratory results for public health concerns. Whether a laboratory is public or private, the LPHS sees that the correct testing is done and that the results are made available on time. Any laboratory used by public health meets all licensing and credentialing standards.

To accomplish this, members of the LPHS work together to:

- Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring.

- Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards.

- Use only licensed or credentialed laboratories.

- Maintain a written list of rules related to laboratories, for handling samples (including receiving, collecting, labeling, storing, transporting, and delivering), determining who is in charge of the samples at what point, and reporting the results.

Discussion Questions for Model Standard 2.3

Quality and Comprehensiveness

(a) Where does the LPHS maintain ready access to laboratories able to meet routine diagnostic and surveillance needs including analysis of clinical and environmental specimens?

(b) How does the LPHS use laboratory services to support time-sensitive investigations of public health threats, hazards, and emergencies?

(c) What mechanisms are in place to ensure the laboratories used are all licensed and/or credentialed?

(d) What current guidelines or protocols are in place for the handling of laboratory samples?

(e) Are the current procedures able to stand up in a court of law, (e.g., chain of custody, coordination with law enforcement officials, Health Insurance Portability and Accountability Act (HIPAA)?) if the health event is part of a criminal act?

Performance Measures for Model Standard 2.3

At what level does the LPHS...

2.3.1 Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring?

No Activity	Minimal	Moderate	Significant	Optimal
◯	◯	◯	◯	◯

2.3.2 Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?

No Activity	Minimal	Moderate	Significant	Optimal
◯	◯	◯	◯	◯

2.3.3 Use only licensed or credentialed laboratories?

No Activity	Minimal	Moderate	Significant	Optimal
◯	◯	◯	◯	◯

2.3.4 Maintain a written list of rules related to laboratories, for handling samples (including collecting, labeling, storing, transporting, and delivering), determining who is in charge of the samples at what point, and reporting the results?

No Activity	Minimal	Moderate	Significant	Optimal
◯	◯	◯	◯	◯

Discussion Notes for Model Standard 2.3			
Strengths	**Weaknesses**	**Short-Term Improvement Opportunities**	**Long-Term Improvement Opportunities**

Essential Service 2
Summary Notes

Use the space below to record notes on details, additional ideas, or synthesis across discussion notes that apply to the Essential Service as a whole. These notes may be helpful and applicable to some or all of the Model Standards in this Essential Service.