



April 23, 2008 Lawrence-Douglas County Health Department Self-Assessment Meeting

Final Evaluation Results

May 2008



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EXECUTIVE SUMMARY

Participants

Eleven participants from the Lawrence-Douglas County Health Department (LDCHD) actively participated in the assessment. In addition to the active participants, Deb Nickels from the KDHE facilitated discussion throughout the event while two other representatives from the KDHE, Debbie Whitmer and Linda Frazier provided qualitative documentation of LDCHD member responses while Kurt Konda, an independent evaluator from the Kansas University-School of Medicine-Wichita recorded quantitative responses.

Methods

The Local Health Department Self-Assessment Tool based on the Operational Definition of a Functional Local Health Department Capacity Assessment for Accreditation Preparation provided by the National Association of City and County Health Officials (NACCHO) was used. Discussion on each indicator was facilitated, but no consensus was sought for each indicator. Individuals were asked to rate the department's capacity on each indicator based on their own judgment following the facilitated discussion of each indicator. Participants were asked to rate their health department's capacity utilizing a five-point scale ranging from 0 to 4.

Using the scale below, score each indicator based on your self assessment of the capacity within your LHD to fulfill the indicator, including both capacity provided by your health department staff and through contracts and/or agreements with other entities.

(0) - No capacity: There is no capacity, planning, staff, resources, activities, or documentation to fulfill the indicator

(1) - Minimal capacity: There is minimal planning and staffing capacity to fulfill the indicator but no implementation activity or documentation

(2) - Moderate capacity: There is moderate planning, staffing and other resources to fulfill the indicator but only minimal activity and/or documentation

(3) - Significant capacity: There is significant planning, staffing, and other resources and a moderate amount of activity and/or documentation

(4) - Optimal capacity: There is significant planning, staffing and resources and significant to optimal activity and/or documentation to fulfill the indicator

The entire rating process was scheduled to take place over 6 hours with a one-hour lunch. However, because of the quality of discussion and sheer number of individual indicators (225), the process took nearly all six hours with the lunch serving as a working lunch rather than a one-hour lunch break. In order to analyze results, individual scores on each indicator were averaged to produce a mean score for each indicator. In addition, the mode for each indicator was identified as an additional measure of central tendency.

Results

On an indicator by indicator basis, respondents indicated the Lawrence-Douglas County Health Department had at least 'Moderate Capacity' for almost half of the indicators (42%). Respondents indicated that the Lawrence-Douglas County Health Department had at least 'Minimal Capacity' for

87% of all indicators. Respondents rated the health department highest in indicators based on personnel, emergency planning, and surveillance. Though those indicators come from different essential health services, or topic areas, those indicators do share a high likelihood of having official, written procedures or plans. Respondents rated the capacity of the health department as 'Moderate' for nearly half of the indicators, but written plans and policies were what helped differentiate the health department's highest capacities from their other indicators that were rated at 'Moderate' or 'Significant' capacities.

By essential health service, participants from the Lawrence-Douglas County Health Department rate the health department's capacity highest in indicators from under the *Protecting people from health problems and health hazards* (ES2), *Enforcing public health laws and regulations* (ES6) and *Help People receive health services* (ES7) headings and lowest in indicators from under the *Evaluate and improve programs* (ES9,) *Monitor health status and understand health issues facing the community* (ES1), and *Engage the community to identify and solve health problems* (ES4) headings. Participants reported that evaluation efforts were improving, with many customer/client-centered evaluation instruments beginning to be implemented across the board, but substantial room for growth remained. The NACCHO tool placed a heavy emphasis on a Community Health Assessment, but since over a decade had passed since the last comprehensive community health assessment was conducted in Lawrence-Douglas County, those essential health services (ES1) and (ES4) based on direct community engagement fared most poorly in the participants' ratings of the Lawrence-Douglas County Health Department's capacity. Though Essential Health Service 8: *Maintain a competent public health workforce* was not rated especially highly or lowly relative to those indicators from other Essential Health Services, it was noted during the discussion of the individual indicators under the ES8 heading that the health department could improve all of the indicators by simply pouring more resources into them.

Based on topic areas provided in the Self-Assessment Tools, the Lawrence-Douglas County Health Department was rated with highest capacity in *Emergency Planning, Access and linkage to care, and Policy and Legislative Process*. The health department's capacity was rated lowest in *Community Health Needs Assessment and Health Improvement Plan, Culturally competent health information, education, and resources, and Evaluation and program planning*. The health department fared well in policy and legislative process in large part due to official reporting requirements of health department activities in annual budgets and testimony before county commissions. The health department received low ratings in the community health assessment due to the lack of a comprehensive community assessment. The lack of a dedicated health educator hamstrung the capacity of the health department to provide culturally competent health information, education, and resources.

Conclusions

The Lawrence-Douglas County Health Department stands in a strong position to be potentially become an accredited health department in the future. Though just 5 of the 225 indicators were deemed to be fulfilled at optimal capacity, over two-thirds (69%) were deemed to be fulfilled at moderate capacity or above, in which there is moderate planning/staffing/resources, but minimal documentation and 87% were deemed to be fulfilled at minimal capacity or above, in which there is minimal planning/staffing/resources, but without documentation. Thus, for a substantial majority of indicators, the capacity of the health department and its corresponding ability to become accredited can be improved by simply pouring more resources into existing efforts or improving documentation of existing efforts. For a majority of the remaining 13% of indicators in which no planning/staffing/resources were currently being dedicated, engaging in a comprehensive community needs assessment would substantially improve in the health department's capacity.

AGGREGATE RESULTS BY CATEGORY

NACCHO LHD Self-Assessment Tool

The self-assessment tool was divided into ten sections based on each of the essential health services. From there, the self-assessment tool was further sub-divided into three to seven standards for each essential health service. Each individual standard under the various essential health service headings was further sub-divided into different operational definition indicators. In all, the 10 essential health services were divided into 45 different standards which were divided into 225 different operational definition indicators. The ten essential health indicators and the 225 individual indicators are identified individually in tables included in this report. However, because of the verbosity of the standards, they are not named individually in tables included in this report. For ease of reference, a list of the individual standards is included at the end of this section.

For each of the 225 operational definition indicators, all 11 individuals who participated in the self-assessment meeting were to rate the capacity of their health department (including both the capacity provided by their own staff and through contracts/agreements with other entities) in each of the indicators based on a scale of 0 to 4. The scale is provided below:

(0) - No capacity: There is no capacity, planning, staff, resources, activities, or documentation to fulfill the indicator

(1) - Minimal capacity: There is minimal planning and staffing capacity to fulfill the indicator but no implementation activity or documentation

(2) - Moderate capacity: There is moderate planning, staffing and other resources to fulfill the indicator but only minimal activity and/or documentation

(3) - Significant capacity: There is significant planning, staffing, and other resources and a moderate amount of activity and/or documentation

(4) - Optimal capacity: There is significant planning, staffing and resources and significant to optimal activity and/or documentation to fulfill the indicator

The self-assessment tool also included topic areas for each indicator. Twelve topic areas were officially identified in the NACCHO Self-Assessment Tool. However, 24 different topic areas were listed next to each indicator. For the purposes of this report, the 24 topic areas reported next to each indicator were classified into the topic areas described on the NACCHO Self-Assessment Tool. Because not all of the 24 different topic areas corresponded perfectly with the 12 official topic areas, the indicators were classified into the 12 official topic areas based on the discretion of the evaluator. A complete description of the 12 official topic areas is included below:

1. Data: These indicators focus on a variety of aspects relating to data reporting, collection analysis, recording, sharing, and use in improving health outcomes.

2. Community Health Needs Assessment and Health Improvement Plan: This topic area encompasses many indicators in the survey. Without an adequate community health needs assessment and health improvement plan, it is very difficult or impossible to:

- accurately identify existing and emerging health issues for prioritization and development of goals, objectives, and work plans for new activities and programs;
- establish benchmarks and outcome indicators to measure the changes related to programming, environmental and other demographic factors that impact the public's health;
- communicate the health needs of the community to the community at large, local governing bodies, legislators and congressional representation for the purpose of securing partnerships and adequate financial resources to address the community health needs;
- engage additional community partners/stakeholders to work together to address health issues and create a community-wide health improvement plan;
- redirect resources to the most urgent/emerging issues.

3. Culturally competent health information, education and resources: Local health departments should demonstrate programs and educational activities where information is prepared in a culturally appropriate manner for the target audience.

4. Emergency Planning: Emergency planning encompasses a wide variety of plans and activities. One of these is the need to identify existing labs, their capacity and a plan for surge capacity during an event.

5. Community/stakeholder involvement: The involvement of community in public health is essential. Public health can increase the capacity to accomplish essential activities by enlisting the help of community stakeholders. Often it is community stakeholders who are advocates for public health so they should be asked to serve on the health assessment team and be involved in community health improvement planning. Building these relationships provides the basis for collaborative programs and activities.

6. Internal Strategic Planning: The indicators under this topic pertain to a formal, internal strategic planning process to guide the health department activities. These indicators provide activities required to prepare, implement and update an internal strategic plan on an ongoing basis.

7. Community/stakeholder involvement: This topic area focuses on the process of policy development, awareness of current policy issues that affect the public and knowledge of the policy making process at all levels (local, state, and national). Policy indicators include not only actively participating in working to identify the need for policy development but also an ongoing relationship and exchange of information with policy makers. Uninformed policy makers will not have the ability to make decisions that are good for the health of the public.

Public health must remember that there are areas of policy development that are not always considered. Remember, school boards develop policies that affect the health of school age children just as city councils develop policies that impact the environment, such as putting in and maintaining sidewalks, creating and maintaining parks, and public safety. County

Commissioners pass policy and budget that impact public health, the hospital (if one exists), safe roads, etc. In addition, the state and national policy makers must be kept up-to-date on local public health issues.

Environmental health is based on regulatory legislation, ordinances and codes. Constant review of these, and all legislation affecting the health and well-being of the public, is a responsibility of public health.

Communication is a critical component of policy development and the legislative process.

8. Internal Workforce: The key areas under this topic are focused on assessing the public health skills of the staff and management. A learning management system provides a means to assess the competencies of the staff and identify educational/training opportunities (often at no cost) to meet their individual educational needs.

9. Evaluation and Program Planning: Evaluation encompasses two key areas. The first, internal program evaluation includes:

- Process outcome evaluation which tells the number of services provided, i.e. number of clients, number of visits, and number of immunizations given.
- Indicator outcome evaluation. This type of evaluation is based on selected indicators which demonstrate the effectiveness of programs in improving outcomes and are usually measured in percent (i.e. increase of 10% of children two and under who are current on their immunizations, 5% reduction in the number of teens ages 13-18 who smoke, etc.).

These indicators, either in process (numbers) or indicator outcomes (percentages) provide the justification to continue with the same interventions or the need to revise programming.

The second evaluation area is customer satisfaction with service and/or the materials and education provided. Without ongoing evaluation of customers, there is no way to know how clients are receiving the information or what changes to service delivery would better meet their needs.

Evaluation reports are necessary for funding requests. Funders (foundations, governmental grants and earmarked dollars) require evidence that the population is receiving the intended benefit from the dollars and that the projected outcomes in both process and indicators are being met.

10. Relationship with academia (research and future workforce): Local public health often fails to think of the role it may play in identifying practice based topics for research, review and dissemination of research, and science-based practice. However, the practice community is where research and science-based practice is implemented. This focus on bridging the gap between academia and practice is critical to establishing local public health as an integral part of the ongoing development and recognition of public health as a profession. A process needs to be established and implemented to work with academic institutions on research projects, to provide sites for student experience and review and use of science-based practice.

11. Communication: Many aspects of communication are addressed through the indicators under this topic area. Examples may include determining who to communicate with, what information needs to be shared, who is responsible and how the information will be disseminated. Often public health shares information on an emergency basis and fails to continue to update the public, governing body, stakeholders and public health system partners with information on existing, new or emerging public health issues in a proactive manner.

The formal preparation of a communication plan will increase the capacity under many of the communication indicators.

12. Access and linkage to health care: One of the core functions of public health is assuring access to quality health care for all people. Adequate capacity for the indicators in this topic area is essential to assuring public health has its finger on the pulse of community health access issues.

Standard List (1 of 2)	
Essential Health Service #1	
Standard 1-A	<i>Obtain and maintain data that provide information on the community's health (e.g., provider immunization rates; hospital discharge data; environmental health hazard, risk, and exposure data; community-specific data; number of uninsured; and indicators of health disparities such as high levels of poverty, lack of affordable housing, limited or no access to transportation, etc.).</i>
Standard 1-B	<i>Develop relationships with local providers and others in the community who have information on reportable diseases and other conditions of public health interest and facilitate information exchange.</i>
Standard 1-C	<i>Conduct or contribute expertise to periodic community health assessments</i>
Standard 1-D	<i>Integrate data with health assessment and data collection efforts conducted by others in the public health system</i>
Standard 1-E	<i>Analyze data to identify trends, health problems, environmental health hazards, and social and economic conditions that adversely affect the public's health</i>
Essential Health Service #2	
Standard 2-A	<i>Investigate health problems and environmental health hazards</i>
Standard 2-B	<i>Prevent, minimize, and contain adverse health events and conditions resulting from communicable diseases; food, water, and vector-borne outbreaks; chronic diseases; environmental hazards; injuries; and health disparities.</i>
Standard 2-C	<i>Coordinate with other governmental agencies that investigate and respond to health problems, health disparities, or environmental health hazards.</i>
Standard 2-D	<i>Lead public health emergency planning, exercises, and response activities in the community in accordance with the NIMS, and coordinate with other local, state, and federal agencies</i>
Standard 2-E	<i>Fully participate in planning, exercises, and response activities for other emergencies in the community that have public health implications, within the context of state and regional plans and in a manner consistent with the community's best public health interest</i>
Standard 2-F	<i>Maintain access to laboratory and biostatistical expertise and capacity to help monitor community health status and diagnose and investigate public health problems and hazards</i>
Standard 2-G	<i>Maintain policies and technology required for urgent communications and electronic data exchange</i>
Essential Health Service #3	
Standard 3-A	<i>Develop relationships with media to convey information of public health significance, correct misinformation about public health issues, and serve as an essential resource</i>
Standard 3-B	<i>Exchange information and data with individuals, community groups, other agencies, and the general public about physical, behavioral, environmental, social, economic, and other issues affecting the public's health.</i>
Standard 3-C	<i>Provide targeted, culturally appropriate information to help individuals understand what decisions they can make to be healthy.</i>
Standard 3-D	<i>Provide Health promotion programs to address identified health problems</i>
Essential Health Service #4	
Standard 4-A	<i>Engage the local public health system in an ongoing, strategic, community-driven, comprehensive planning process to identify, prioritize, and solve public health problems; establish public health goals; and evaluate success in meeting the goals.</i>
Standard 4-B	<i>Promote the community's understanding of, and advocacy for, policies and activities that will improve the public's health</i>
Standard 4-C	<i>Support, implement, and evaluate strategies that address public health goals in partnership with public and private organizations.</i>
Standard 4-D	<i>Develop partnerships to generate interest in and support for improved community health status, including new and emerging public health issues.</i>
Standard 4-E	<i>Inform the community, governing bodies, and elected officials about governmental public health services that are being provided, improvements being made in those services, and priority health issues not yet being adequately addressed.</i>
Essential Health Service #5	
Standard 5-A	<i>Serve as a primary resource to governing bodies and policymakers to establish and maintain public health policies, practices, and capacity based on current science and best practices.</i>
Standard 5-B	<i>Advocate for policies that lessen health disparities and improve physical, behavioral, environmental, social, and economic conditions in the community that affect the public's health.</i>
Standard 5-C	<i>Engage in LHD strategic planning to develop a vision, mission, and guiding principles that reflect the community's public health needs, and to prioritize services and programs.</i>

Standard List (2 of 2)	
Essential Health Service #6	
Standard 6-A	<i>Review existing laws and regulations and work with governing bodies and policymakers to update them as needed</i>
Standard 6-B	<i>Understand existing laws, ordinances, and regulations that protect the public's health.</i>
Standard 6-C	<i>Educate individuals and organizations on the meaning, purpose, and benefit of public health laws, regulations, and ordinances and how to comply</i>
Standard 6-D	<i>Monitor, and analyze over time, the compliance of regulated organizations, entities, and individuals.</i>
Standard 6-E	<i>Conduct enforcement activities.</i>
Standard 6-F	<i>Coordinate notification of violations among other governmental agencies that enforce laws and regulations that protect the public's health.</i>
Essential Health Service #7	
Standard 7-A	<i>Engage the community to identify gaps in culturally competent, appropriate, and equitable personal health services, including preventive and health promotion services, and develop strategies to close the gaps.</i>
Standard 7-B	<i>Support and implement strategies to increase access to care and establish systems of personal health services, including preventive and health promotion services, in partnership with the community</i>
Standard 7-C	<i>Link individuals to available, accessible personal health care providers (i.e., a medical home).</i>
Essential Health Service #8	
Standard 8-A	<i>Recruit, train, develop, and retain a diverse staff</i>
Standard 8-B	<i>Evaluate LHD staff members' public health competencies, and address deficiencies through continuing education, training, and leadership development activities.</i>
Standard 8-C	<i>Provide practice- and competency based educational experiences for the future public health workforce, and provide expertise in developing and teaching public health curricula, through partnerships with academia.</i>
Standard 8-D	<i>Promote the use of effective public health practices among other practitioners and agencies engaged in public health interventions.</i>
Standard 8-E	<i>Provide the public health workforce with adequate resources to do their jobs</i>
Essential Health Service #9	
Standard 9-A	<i>Develop evaluation efforts to assess health outcomes to the extent possible.</i>
Standard 9-B	<i>Apply evidence-based criteria to evaluation activities where possible</i>
Standard 9-C	<i>Evaluate the effectiveness and quality of all LHD programs and activities and use the information to improve LHD performance and community health outcomes.</i>
Standard 9-D	<i>Review the effectiveness of public health interventions provided by other practitioners and agencies for prevention, containment, and/or remediation of problems affecting the public's health, and provide expertise to those interventions that need improvement.</i>
Essential Health Service #10	
Standard 10-A	<i>When researchers approach the LHD to engage in research activities that benefit the health of the community,</i> <i>i. Identify appropriate populations, geographic areas, and partners;</i> <i>ii. Work with them to actively involve the community in all phases of research;</i> <i>iii. Provide data and expertise to support research; and,</i> <i>iv. Facilitate their efforts to share research findings with the community, governing bodies, and policymakers.</i>
Standard 10-B	<i>Share results of research, program evaluations, and best practices with other public health practitioners and academics</i>
Standard 10-C	<i>Apply evidence-based programs and best practices where possible</i>

Complete Aggregate Results by Indicator

In order to summarize the responses of all 11 individuals and help determine a mathematic consensus, two summary measures (mean and mode) are reported for each indicator. The mean reflects the sum of all individual scores divided by the number of respondents and serves as the arithmetic mean. The mean incorporates the input of all individuals and provides the most illustrative device to summarize the responses of all of the individuals. The mode reflects the most commonly provided response, which while omitting the responses of some individuals, provides a way to determine which capacity rating was most popular among individuals for a given indicator.

The mean for all 225 indicators was 2.44. 130 of the 225 (58%) indicators had a mean at or above 2.44. Five indicators had a mean of 4.00, indicating a consensus from the 11 participants that the Lawrence-Douglas County Health Department had achieved optimal capacity for that indicator. The five indicators to receive the highest possible score were “Emergencies that trigger use of the response plan are identified”, “LHD develops and maintains a current database of local media partners and contact information”, “LHD provides appropriate education to regulated facilities at the time of inspection”, “LHD enrolls or links to enrollment agents potential beneficiaries in Medicaid or Medical Assistance Programs”, and “LHD has a non-discriminatory employment policy.” Each of these five indicators came from under a different Essential Health Service Heading.

Ninety-five (95) of the 225 indicators (42%) had a mean at or above 3.0 (Significant Capacity), 156 of the 225 indicators (69%) had a mean at or above 2.0 (Moderate Capacity), and 196 of the 225 indicators (87%) had a mean at or above 1.0 (Minimal Capacity), and 29 had a mean below 1.0. When rounding the mean scores to the nearest whole number, 51 of the 225 indicators (23%) had a mean of 4 (Optimal Capacity), 74 (33%) of the indicators had a mean of 3 (Significant Capacity), 44 (19%) of the indicators had a mean of 2 (Moderate Capacity), 37 (16%) of the indicators had a mean of 1 (Minimal Capacity) and 19 (8%) of the indicators had a mean of 0 (No Capacity)

Of the 29 indicators (13%) with an unrounded mean of below 1.0, seven had a mean of 0.00, indicating a consensus from all 11 individuals that the Lawrence-Douglas County Health Department had no capacity in those indicators. Whereas the five indicators with means of 4.00 each came from under a different Essential Health Service heading, six of the seven indicators with means of 0.00 not only came from the same Essential Health Service heading (Engage the community to identify and solve health problems), but from under the same Standard sub-heading (Engage the local public health system in an ongoing, strategic, community-driven, comprehensive planning process to identify, prioritize, and solve public health problems; establish public health goals; and evaluate success in meeting the goals.)

Sixty-one (61) of the 225 (27%) indicators had a mode of 4, indicating that either a plurality or majority of participants rated the capacity of the Lawrence-Douglas County Health Department as “Optimal” for those 61 indicators. Over a third (34%) of those 61 indicators with a mode of 4 came from under the Essential Health Service heading “Protect people from health problems and health hazards.” Over half of all the indicators (52%) had a mode of 3 or 4, indicating that for a majority of the indicators either a plurality or majority of participants rated the capacity of the Lawrence-Douglas County Health Department as “Significant” or “Optimal”. By comparison, when using the mean scores, just 42% of the indicators had a mean at or above the “Significant Capacity” level (3.0)

Thirty-one (31) of the 225 indicators (14%) had a mode of 0, indicating that either a plurality or majority of participants rated the Lawrence-Douglas County Health Department as having “No capacity.” When using the mean, on just seven (3%) of indicators was the Lawrence-Douglas County

Health Department rated as having “No capacity.” Fourteen (14) of the 31 indicators (45%) came from under the heading Essential Health Service IV, “Engage the community to identify and solve health problems.” (Table 1. Figures 1 and 2).

Of the 225 indicators, some form of documentation could be provided to prove that the Lawrence-Douglas County Health Department was able to operate at the capacity it claimed for 175 (78%) indicators. However, for 30 of the 175 indicators (17%) with some form of proof, could only provide that proof conditionally. For those 30 indicators, it was noted the health department was engaged only informally in activities that could help prove their capacity, but official documentation of these activities that could be provided to an outside evaluator was lacking. A formal codification of these activities or the development of written protocols is still needed for those 30 indicators in order to be able to provide proof to an outside evaluator. Thus, when considering both activities the Lawrence-Douglas County Health Department is not presently engaged in at all (50) or activities the health department is only taking part in informally (30), for over a third of the 225 indicators (35%), the health department has to take some action in order to be able to provide concrete evidence to outside evaluators for potential future accreditation purposes.

Figure 1: Means by Capacity

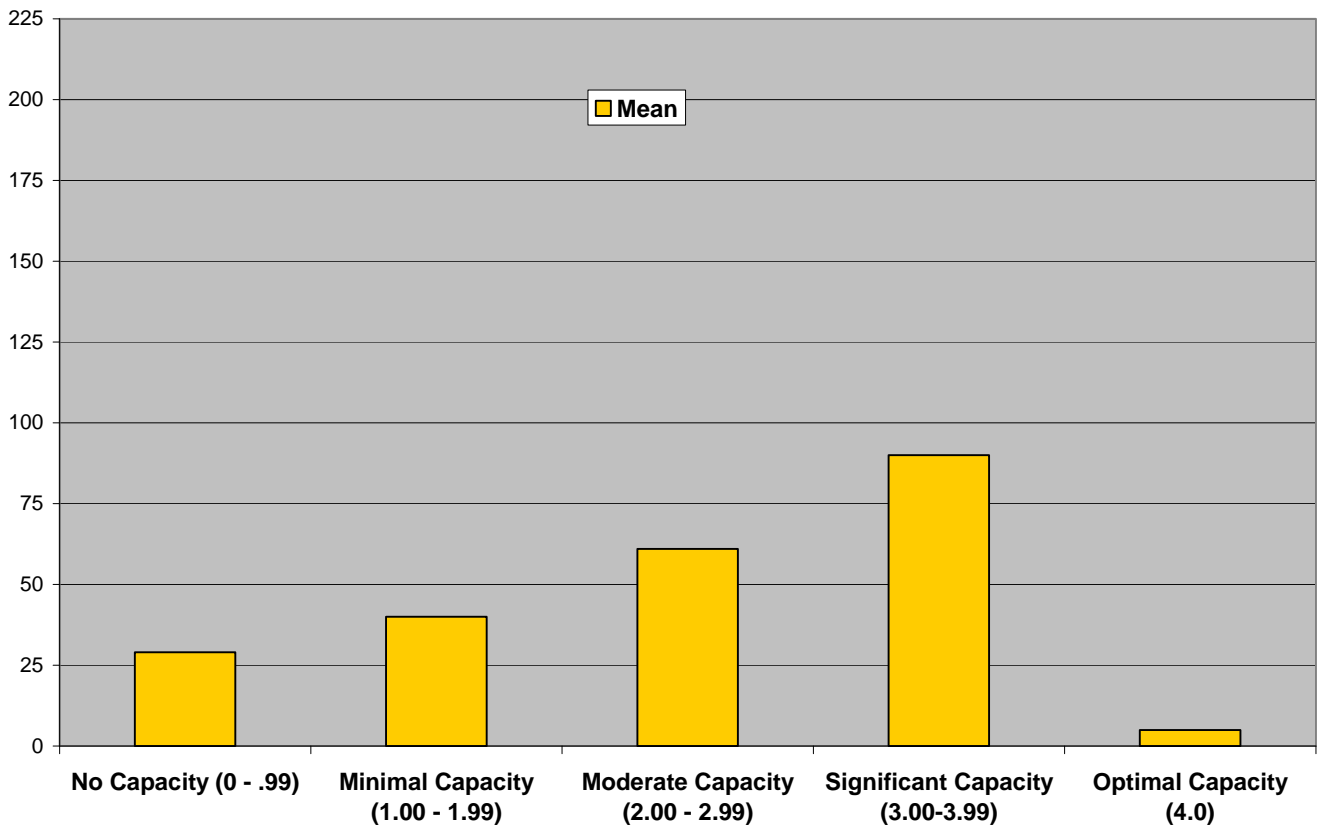


Figure 2: Comparison of Rounded Means and Modes by Capacity

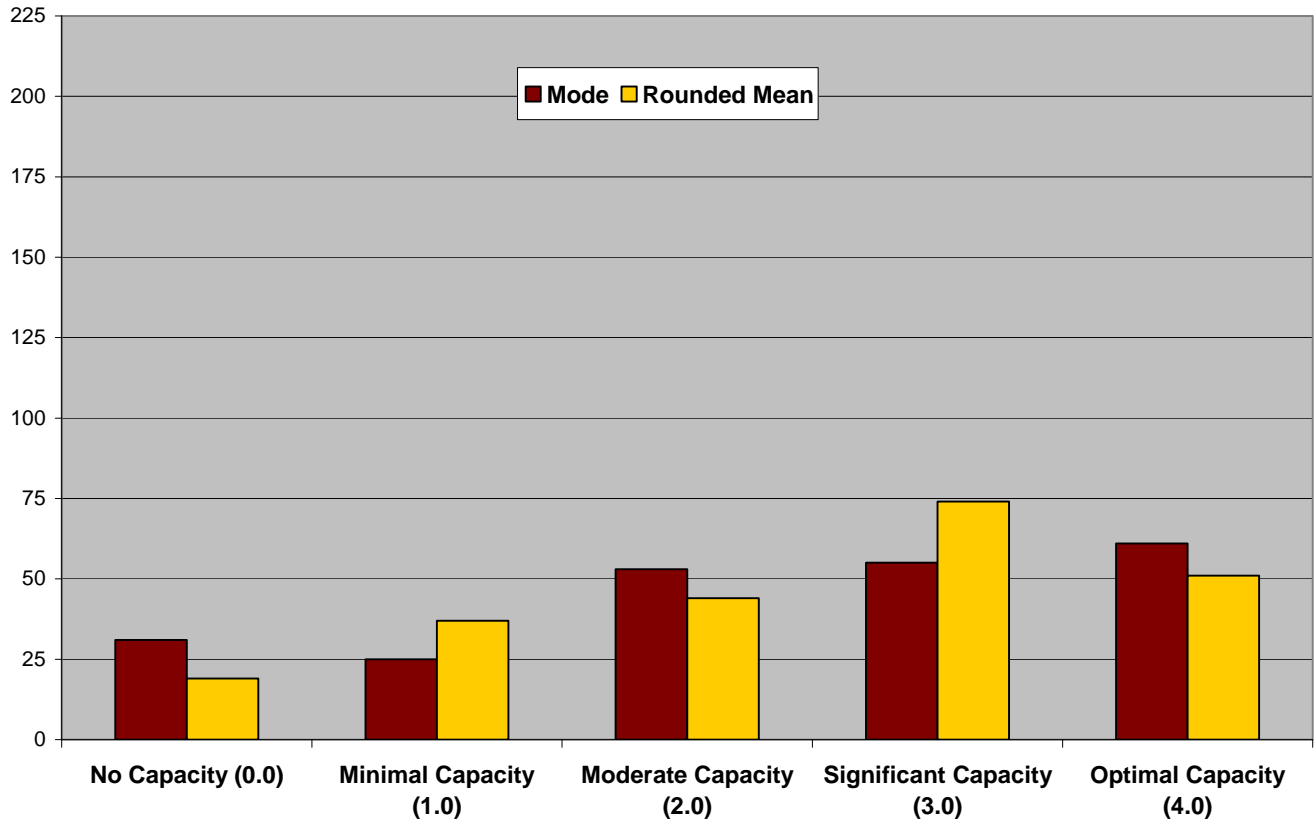


Table 1: Complete Aggregate Results (1 of 8)

Complete Aggregate Results				
Rank	Indicator	Mean	Mode	
1	Indicator 2D-2: <i>Emergencies that trigger use of the response plan are defined</i>	4.00	4	
2	Indicator 3A-1: <i>LHD develops and maintains a current database of local media partners and contact information</i>	4.00	4	
3	Indicator 6C-3: <i>LHD provides appropriate education to regulated facilities at the time of inspection.</i>	4.00	4	
4	Indicator 7C-5: <i>LHD enrolls or links to enrollment agents potential beneficiaries in Medicaid or Medical Assistance Programs</i>	4.00	4	
5	Indicator 8A-3: <i>LHD has a non-discriminatory employment policy</i>	4.00	4	
6	Indicator 2D-1: <i>LHD staff demonstrate competency in preparing for and responding to public health emergencies</i>	3.91	4	
7	Indicator 2D-4: <i>LHD leads the annual testing of its emergency response plan, through the use of drills and exercises, including coordination of public health response in capacity with local, state, and federal agencies</i>	3.91	4	
8	Indicator 2G-4: <i>LHD tests its emergency data exchange capabilities annually</i>	3.91	4	
9	Indicator 3A-2: <i>LHD has staff competent in working with the media</i>	3.91	4	
10	Indicator 6C-1: <i>LHD staff is competent to provide education to regulated entities.</i>	3.91	4	
11	Indicator 7B-3: <i>LHD convenes or participates in a collaborative process with community health care providers, social services organizations, and community stakeholders to coordinate service delivery and to reduce barriers to accessing primary and preventive services.</i>	3.91	4	
12	Indicator 7C-1: <i>LHD refers to personal healthcare resources as needed</i>	3.91	4	
13	Indicator 7C-4: <i>LHD provides community outreach and linkage services making referrals to a current, comprehensive list of community health and wellness resources</i>	3.91	4	
14	Indicator 2A-1: <i>LHD has personnel on staff that can carry out an outbreak investigation</i>	3.82	4	
15	Indicator 2A-2: <i>LHD has a surveillance system that triggers investigations</i>	3.82	4	
16	Indicator 2D-6: <i>LHD identifies volunteers and trains them</i>	3.82	4	
17	Indicator 3A-3: <i>LHD provides media with updates on public health events and issues</i>	3.82	4	
18	Indicator 6A-1: <i>LHD has legal expertise, county attorney or other legal counsel, available to assist in the review of laws and regulations</i>	3.82	4	
19	Indicator 6A-6: <i>LHD uses a model public health emergency act in reviewing the local public health authority for managing emergencies</i>	3.82	4	
20	Indicator 6D-4: <i>LHD evaluates a selected number of enforcement actions each year to determine compliance with and effectiveness of enforcement procedures; Evaluation used for quality improvement</i>	3.82	4	
21	Indicator 7B-5: <i>LHD, in partnership with other community agencies, identifies gaps in access to critical health services through analysis of the results of periodic surveys and other assessment information and work collaboratively to address the gaps.</i>	3.82	4	
22	Indicator 8A-1: <i>LHD has formally organized human resources function.</i>	3.82	4	
23	Indicator 8A-4: <i>LHD develops, uses, and revises job standards and position descriptions.</i>	3.82	4	
24	Indicator 1B-3: <i>LHD uses a quality improvement process between LHD and providers to report</i>	3.80	4	
25	Indicator 2A-3: <i>LHD uses appropriate investigation techniques</i>	3.73	4	
26	Indicator 2B-3: <i>LHD implements the established epidemiological protocol for mitigation, including disease-specific procedures for mitigating an outbreak, such as providing prophylaxis, and conducting follow-up documentation and reporting</i>	3.73	4	
27	Indicator 2C-4: <i>LHD coordinates actions with other governmental agencies</i>	3.73	4	
28	Indicator 2D-3: <i>LHD develops a plan with emergency response partners that outlines responsibilities, communication networks, and evacuation procedures</i>	3.73	4	
29	Indicator 4D-5: <i>LHD participates in coalitions led by other community partners</i>	3.73	4	
30	Indicator 6E-3: <i>LHD routinely conducts enforcement activities according to procedures and protocols and rules are applied consistently.</i>	3.73	4	
31	Indicator 7C-2: <i>LHD uses a tracking system for health care referrals</i>	3.73	4	
32	Indicator 8A-7: <i>LHD provides new employee orientation, employee-in-service and continuing education experiences where appropriate.</i>	3.73	4	

Table 1: Complete Aggregate Results (2 of 8)

Complete Aggregate Results				
Rank	Indicator		Mean	Mode
33	Indicator 2B-4:	<i>LHD conducts routine programs to protect the public from vaccine preventable conditions, such as pneumonia and influenza</i>	3.64	4
34	Indicator 2C-2:	<i>LHD coordinates a planning committee including a diverse set of public health partners to investigate and respond to health problems</i>	3.64	4
35	Indicator 2E-2:	<i>LHD staff attends preparedness planning meetings and exercises sponsored by other organizations (e.g. regional exercises, state planning groups, local emergency management drills, etc.)</i>	3.64	4
36	Indicator 2F-2:	<i>LHD handles clinical and environmental laboratory samples appropriately, based on laboratory standards using state-wide laboratory protocol for reporting, collecting, handling and transporting laboratory specimens</i>	3.64	4
37	Indicator 2G-1:	<i>LHD has and maintains appropriate technology for 24/7 communications</i>	3.64	4
38	Indicator 2G-2:	<i>LHD maintains appropriate technology for electronic emergency communication and data exchange</i>	3.64	4
39	Indicator 2G-3:	<i>LHD uses multiple methods for dissemination of public health messages</i>	3.64	4
40	Indicator 5A-8:	<i>LHD staff attends appropriate legislative events</i>	3.64	4
41	Indicator 6A-5:	<i>LHD and governing body drafts modifications and/or formulations of laws and informal policymakers of the needed statutory and regulatory updates</i>	3.64	4
42	Indicator 6C-2:	<i>LHD makes written policies, local ordinances, administrative code, and enabling laws accessible to the public</i>	3.64	4
43	Indicator 8E-2:	<i>LHD routinely makes public health and discipline-specific journals available for staff to stay updated in the field</i>	3.64	4
44	Indicator 2E-1:	<i>LHD has staff that is competent in assisting other agencies when emergencies are not directly related to public health</i>	3.55	4
45	Indicator 2F-3:	<i>LHD assesses the availability and maintains access to epidemiological and statistical expertise, including consultations with appropriately trained epidemiologists</i>	3.55	4
46	Indicator 6A-4:	<i>LHD identifies its legal authority to develop, implement and enforce public health policy.</i>	3.55	4
47	Indicator 6B-2:	<i>LHD understand the intent of law and regulations</i>	3.55	4
48	Indicator 6C-4:	<i>LHD invites regulated entities to education programs on new and/or updated regulations as appropriate.</i>	3.55	4
49	Indicator 6E-2:	<i>LHD uses a risk analysis method (i.e., identify restaurants with frequent violations) and a work plan to guide the frequency and scheduling of inspections of regulated facilities</i>	3.55	4
50	Indicator 7B-4:	<i>LHD develops and implements strategies to increase utilization of public health programs and services</i>	3.55	4
51	Indicator 8A-2:	<i>LHD has policies that promote and facilitate staff access to training</i>	3.55	4
52	Indicator 2D-5:	<i>LHD leads in an annual revision of its emergency response plan</i>	3.45	4
53	Indicator 2E-3:	<i>LHD participates in local, regional and state all-hazards response planning</i>	3.45	3
54	Indicator 2F-1:	<i>LHD has adequately trained staff to collect and handle clinical and environmental samples in an appropriate manner</i>	3.45	3
55	Indicator 2F-4:	<i>LHD has surge capacity including accessing available laboratory capacity when needed in response to an outbreak</i>	3.45	3
56	Indicator 4E-3:	<i>LHD submits a budget justification that reflects program priorities and community needs</i>	3.45	3
57	Indicator 6A-7:	<i>LHD provides knowledge of disease trends, best practices and current public health science when needed for legal reviews</i>	3.45	3
58	Indicator 6E-4:	<i>LHD promptly conducts enforcement activities needed in response to an emergency</i>	3.45	4
59	Indicator 7A-1:	<i>LHD staff has a working understanding of access issues</i>	3.45	4
60	Indicator 8C-3:	<i>LHD implements plans for developing research focused interactions with academic institutions, including practice based research projects</i>	3.45	4
61	Indicator 1B-2:	<i>Providers and other appropriate healthcare system partners are educated and trained in collecting and reporting data to the LHD</i>	3.40	4
62	Indicator 2C-3:	<i>LHD routinely communicates with other governmental agencies on health problems in the community</i>	3.36	3
63	Indicator 3B-1:	<i>LHD works within a network of stakeholders to gather and share data and information</i>	3.36	3
64	Indicator 5C-1:	<i>LHD leadership recognizes need for and undertakes an organizational strategic planning process</i>	3.36	3

Table 1: Complete Aggregate Results (3 of 8)

Complete Aggregate Results				
Rank	Indicator		Mean	Mode
65	Indicator 5C-4:	<i>LHD conducts a formal strategic planning process that considers its mission, vision and role in the community in relation to the assurance of the 10 Essential Public Health Services</i>	3.36	4
66	Indicator 8A-5:	<i>LHD determines needed competencies, composition, and size of its workforce and seeks job applicants to fill those needs</i>	3.36	3
67	Indicator 8B-5:	<i>LHD provides opportunities for continuing education, training,</i>	3.36	3
68	Indicator 4C-5:	<i>Financial and human resources are organized to conduct program activities and maintain partnerships</i>	3.27	3
69	Indicator 4E-1:	<i>LHD monitors its progress in implementing public health services and interventions and analyzes information to compare to performance to plan targets or benchmarks</i>	3.27	4
70	Indicator 4E-4:	<i>LHD engages in public health policy development, identifying, prioritizing and monitoring public health policy issues</i>	3.27	3
71	Indicator 6D-1:	<i>The LHD conducts inspections of regulated entities as appropriate (e.g., CD, animal control, environmental health) and monitors compliance</i>	3.27	3
72	Indicator 2B-2:	<i>LHD informs and educates the about adverse health events, including information such as the nature of the situation, how to respond, and where to find resources</i>	3.18	3
73	Indicator 4E-2:	<i>LHD maintains capacity to interact with the legislative process and governing body</i>	3.18	3
74	Indicator 6B-4:	<i>LHD identifies organizations with regulatory and enforcement authority.</i>	3.18	3
75	Indicator 8A-6:	<i>LHD periodically assesses its capacity (staff size, staff education and experience requirements, financial resources, and administrative capacity) in relation to the needs of the population it serves.</i>	3.18	3
76	Indicator 8B-4:	<i>LHD provides incentives for the workforce to pursue education and training</i>	3.18	3
77	Indicator 8C-1:	<i>LHD has partnership agreements in place with universities, schools or programs of public health and/or colleges to enrich both public health practice and academic settings</i>	3.18	3
78	Indicator 8C-2:	<i>LHD partners with academic institutions to provide clinical sites for training programs (e.g. internships, field training) and for using LHD staff as guest lecturers or adjunct professors</i>	3.18	3
79	Indicator 2B-1:	<i>LHD has enough staff trained to alleviate adverse health events and/or has access to the appropriate expertise</i>	3.09	3
80	Indicator 2C-1:	<i>LHD assists other governmental agencies in responding to specific health problems and hazards</i>	3.09	3
81	Indicator 6A-2:	<i>The LHD, with the participation of its governing body, reviews policies and procedures within its existing legal scope of authority on a regular and periodic basis</i>	3.09	3
82	Indicator 6B-3:	<i>LHD reviews its programs to determine whether program changes are needed to better carry out legal mandates</i>	3.09	3
83	Indicator 7B-1:	<i>A plan is in place for prevention and health promotion which identifies efforts to link public and private partnerships into a network of personal health and prevention services</i>	3.09	3
84	Indicator 8D-2:	<i>LHD shares best public health practices with community partners at meetings in the community (e.g. hospital meetings to plan a community health promotion initiative, Chamber of Commerce meetings to promote workplace wellness, etc.)</i>	3.09	4
85	Indicator 10C-2:	<i>LHD seeks information about applicable evidence-based research and program models before implementing interventions</i>	3.09	3
86	Indicator 2G-5:	<i>Uses After Action Plan to address effectiveness of the emergency activities and to make improvements</i>	3.00	3
87	Indicator 3C-1:	<i>Accurate and current information is available in formats that are culturally appropriate, linguistically relevant and accessible to target and special populations</i>	3.00	3
88	Indicator 4C-4:	<i>System partner organizations align their program activities and/or organization plans with community objectives</i>	3.00	3
89	Indicator 5C-2:	<i>LHD allocates resources for strategic planning</i>	3.00	3
90	Indicator 6A-3:	<i>LHD evaluates the need for changes in rules, regulations, and ordinances</i>	3.00	2
91	Indicator 6F-1:	<i>Rapid communication capability can be demonstrated between the LHD and other enforcement entities</i>	3.00	3
92	Indicator 8E-1:	<i>LHD has identified funding sources for workforce job support activities (i.e. equipment, internet access and training)</i>	3.00	4
93	Indicator 9C-1:	<i>LHD has a systematic process for assessing consumer and community satisfaction with agency services</i>	3.00	3
94	Indicator 10A-1:	<i>LHD has resources that make it possible for the LHD to participate in research (e.g. data and expertise)</i>	3.00	3

Table 1: Complete Aggregate Results (4 of 8)

Complete Aggregate Results			
Rank	Indicator	Mean	Mode
95	Indicator 10C-4: <i>LHD provides technical assistance to external organizations in applying relevant research results.</i>	3.00	3
96	Indicator 1A-4: <i>LHD has an electronic linkage with local and statewide databases</i>	2.91	3
97	Indicator 5A-1: <i>LHD staff are up to date with current public health topics</i>	2.91	3
98	Indicator 5A-3: <i>LHD maintains formal and informal relationships with legislative and governing body(s)</i>	2.91	4
99	Indicator 5C-5: <i>LHD uses assessment data on community health problems and emerging health threats to develop annual program goals to develop policy</i>	2.91	3
100	Indicator 1E-3: <i>LHD graphs and tables indicate whether the problems identified by the community health assessment are improving or worsening</i>	2.82	3
101	Indicator 4C-3: <i>Participate in coalitions addressing community health issues</i>	2.82	3
102	Indicator 5B-5: <i>LHD develops a legislative strategy to reflect community needs and priorities</i>	2.82	3
103	Indicator 5C-8: <i>LHD develops or updates the agency strategic plan every 24 months.</i>	2.82	3
104	Indicator 8B-2: <i>Training and leadership opportunities are available.</i>	2.82	2
105	Indicator 8B-3: <i>LHD assesses its staff members to identify deficiencies in knowledge, skills and authority; and remedial action is taken when required.</i>	2.82	3
106	Indicator 4D-1: <i>LHD maintains a directory of community organizations and systems partners</i>	2.73	2
107	Indicator 6D-3: <i>LHD has a system to track compliance records for each regulated entity over a period of time. This system includes complaints, response time, corrective action, compliance and enforcement. These activities are assessed for timeliness, appropriateness, and effectiveness.</i>	2.73	3
108	Indicator 9C-2: <i>LHD monitors program performance measures and analyzes data to document the progress toward goals and grant/funding requirements</i>	2.73	3
109	Indicator 3B-3: <i>Responds to requests for information in a timely manner</i>	2.64	2
110	Indicator 4D-2: <i>LHD encourages constituent participation in community health activities</i>	2.64	2
111	Indicator 5A-2: <i>LHD staff are knowledgeable about the legislative process</i>	2.64	2
112	Indicator 5B-3: <i>LHD engages community partners in policy development process and LHD legislative agenda</i>	2.64	3
113	Indicator 6F-3: <i>LHD develops and executes communication protocols for the notification of other enforcement agencies</i>	2.64	2
114	Indicator 7B-2: <i>LHD maintains the capacity to provide health care services when local needs and authority exist, and the appropriate agency capacity and adequate additional resources can be secured.</i>	2.64	2
115	Indicator 10A-3: <i>LHD partners with academic/research institutions of higher education that are interested in conducting public health research. (e.g., provide data, content expertise)</i>	2.64	2
116	Indicator 10B-3: <i>LHD provides expertise, based upon research into innovative solutions, to elected officials and community organizations involved in developing and analyzing public policy and in planning implementation of population-based strategies.</i>	2.64	3
117	Indicator 1B-1: <i>LHD staff can be contacted at all times</i>	2.60	3
118	Indicator 1A-2: <i>LHD uses appropriate equipment and technology</i>	2.55	3
119	Indicator 3B-2: <i>LHD continuously develops current information on health issues that affect the community</i>	2.55	3
120	Indicator 4C-6: <i>Implementation progress is systematically monitored</i>	2.55	3
121	Indicator 4D-3: <i>LHD forms alliances or coalitions around specific public health policy issues</i>	2.55	3
122	Indicator 5A-4: <i>LHD knows legislative and governing body representatives</i>	2.55	3
123	Indicator 5C-7: <i>The LHD widely disseminates its strategic plan and shares with the public and key stakeholders.</i>	2.55	2
124	Indicator 10B-1: <i>LHD has access to expertise to evaluate current research and participate in research and best practices dissemination activities</i>	2.55	3
125	Indicator 10C-1: <i>LHD evaluates current research and participates in research translation activities</i>	2.55	2
126	Indicator 1E-5: <i>LHD conducts a small area analysis using GIS</i>	2.50	3
127	Indicator 1A-5: <i>An electronic disease reporting system exists between the LHD, health care providers, and others in the community who are potential disease reporters</i>	2.45	2
128	Indicator 1E-2: <i>LHD draws inferences from data to identify trends over time, health problems, environmental health hazards, and social and economic conditions that adversely affect the public's health</i>	2.45	2

Table 1: Complete Aggregate Results (5 of 8)

Complete Aggregate Results				
Rank	Indicator		Mean	Mode
129	Indicator 5C-6:	<i>LHD identifies new strategic opportunities for promoting public health activities</i>	2.45	2
130	Indicator 9A-5:	<i>LHD conducts evaluation activities that include an analysis of local data (e.g., analyzing age-specific participation in preventive services) with established community health goals, objectives and performance measures.</i>	2.45	2
Overall			2.44	3
131	Indicator 1E-4:	<i>Comparisons of local data to other jurisdictions and/or the state or nation</i>	2.36	2
132	Indicator 5B-4:	<i>LHD conducts advocacy for local, state, and national policies and legislation that protect and promote the public's health</i>	2.36	2
133	Indicator 7A-4:	<i>LHD, in partnership with community partners, interprets qualitative and quantitative information on program gaps, developed through surveys, focus groups, interviews or other means of primary data collection.</i>	2.36	2
134	Indicator 7C-6:	<i>LHD informs the public, through a variety of methods, about services and resources available through the LHD to reduce specific barriers to access to care</i>	2.36	2
135	Indicator 8D-1:	<i>LHD has agreements in place with public health systems partners for workforce assessment, training and professional education.</i>	2.36	2
136	Indicator 10B-2:	<i>LHD disseminates research findings to public health colleagues, public health system partners, governing body, policymakers and the community at large</i>	2.36	2
137	Indicator 7A-5:	<i>LHD uses criteria periodically to evaluate access, quality, appropriateness and effectiveness of preventive and personal health services in the community.</i>	2.27	2
138	Indicator 3D-1:	<i>LHD has an overall strategy/plan for its delivery of population-based health promotion and disease prevention programs (e.g. which programs are developed, how they are implemented, and when they are evaluated)</i>	2.18	3
139	Indicator 5A-7:	<i>LHD provides expertise to legislative and governing body(s) in setting public health priorities and planning public health programs</i>	2.18	2
140	Indicator 9D-3:	<i>LHD evaluates the accessibility, quality, and effectiveness of personal health services</i>	2.18	2
141	Indicator 1A-3:	<i>LHD maintains and uses an information system(s) (e.g. email, shared electronic database files, intranet)</i>	2.09	2
142	Indicator 3B-4:	<i>LHD uses principles of social marketing to understand the information needs of specific populations</i>	2.09	2
143	Indicator 3C-2:	<i>LHD staff demonstrates capacity to develop materials and conduct education campaigns designed to improve health behaviors</i>	2.09	2
144	Indicator 3C-5:	<i>Members of the target population participate in the development and distribution of health education materials</i>	2.09	2
145	Indicator 4D-4:	<i>LHD recruits individuals and organizations to play leadership roles on public health issues</i>	2.09	2
146	Indicator 5B-1:	<i>LHD staff has the competencies/skills to advocate effectively for public health policy</i>	2.09	2
147	Indicator 6E-1:	<i>LHD workforce is skilled in enforcement procedures and credentialed as appropriate</i>	2.09	2
148	Indicator 7A-3:	<i>LHD engages a diverse set of community partners, representing communities of color, tribal representatives and specific populations, to identify program gaps and barriers</i>	2.09	2
149	Indicator 7A-6:	<i>LHD identifies community health and prevention priorities to reduce access barriers every five years.</i>	2.09	2
150	Indicator 1A-7:	<i>LHD contributes to and/or maintains a registry (e.g. log of all known events of certain type in the community--immunization; violence; communicable disease</i>	2.00	2
151	Indicator 3D-8:	<i>LHD evaluates health promotion efforts every two years, the results of which are used to improve programs.</i>	2.00	2
152	Indicator 5A-6:	<i>LHD communicates routinely with legislative and governing bodies to raise awareness of current public health issues and emerging issues affecting the community</i>	2.00	2
153	Indicator 8B-6:	<i>LHD provides opportunity for leadership development for its staff</i>	2.00	2
154	Indicator 9D-4:	<i>LHD assures that a systematic process for assessing consumer and community satisfaction with external agency services is in place.</i>	2.00	2
155	Indicator 10A-2:	<i>LHD has policies which endorse participatory research and ensuring the rights of participants in local public health research programs.</i>	2.00	2
156	Indicator 10C-3:	<i>LHD implements, on a priority basis, newly developed and innovative strategies, methodologies, programs, and projects, which have been demonstrated to be effective in improving public health.</i>	2.00	2
157	Indicator 6F-2:	<i>LHD has a comprehensive knowledge of other agencies involved in enforcement in the protection of the public health</i>	1.91	2
158	Indicator 8D-3:	<i>LHD makes presentations at public health and health care conferences</i>	1.91	1

Table 1: Complete Aggregate Results (6 of 8)

Complete Aggregate Results				
Rank	Indicator		Mean	Mode
159	Indicator 9A-4:	<i>LHD has and executes an internal policy to guide its overall evaluation efforts, including frequency and scope of program evaluations, organizational evaluations, use of health outcomes as benchmarks for evaluations</i>	1.91	2
160	Indicator 9B-3:	<i>LHD makes formal efforts to identify best practices or benchmarks for evaluation purposes.</i>	1.91	2
161	Indicator 1A-1:	<i>LHD staff has expertise and training to collect, manage, integrate and display health-related data</i>	1.82	2
162	Indicator 8B-1:	<i>A learning management system is in place to organize competency assessments and training and educational opportunities to address deficiencies</i>	1.82	2
163	Indicator 3C-4:	<i>LHD assesses the target population for how they accept information</i>	1.73	1
164	Indicator 8B-10:	<i>LHD supports staff conference attendance and peer exchange opportunities</i>	1.73	2
165	Indicator 3B-5:	<i>The public knows how to obtain health data and information from the department</i>	1.64	2
166	Indicator 8A-8:	<i>LHD provides for staff training in cultural sensitivity and cultural competency.</i>	1.64	1
167	Indicator 8B-7:	<i>LHD encourages or requires relevant certification and credentialing programs for individuals, not otherwise licensed or monitored by the state and whose activities can affect the health of the public</i>	1.64	1
168	Indicator 1A-6:	<i>LHD collects and reviews primary data (e.g. community surveys; disease reporting) and secondary data (state health department data; census data; hospital discharge data) from a variety of reliable sources</i>	1.55	2
169	Indicator 1E-6:	<i>LHD makes data analysis usable to others</i>	1.55	1
170	Indicator 3D-2:	<i>LHD staff has health promotion knowledge and skills (e.g. social marketing)</i>	1.45	1
171	Indicator 5A-5:	<i>LHD has a tracking system in place to monitor public health issues under discussion by governing and legislative bodies</i>	1.45	1
172	Indicator 6D-2:	<i>LHD staff is capable of analyzing data trends over time</i>	1.45	0
173	Indicator 8B-8:	<i>LHD assures that each staff member has attended training within the past 24 months to maintain competency.</i>	1.45	1
174	Indicator 9B-1:	<i>LHD uses an acceptable evaluation framework that connects the public health intervention with health outcomes produced, based on the collection and use of evidence</i>	1.45	2
175	Indicator 9B-2:	<i>LHD periodically evaluates its key processes of service delivery for efficiency and effectiveness, using established criteria (e.g., from research literature, management literature, etc.)</i>	1.45	1
176	Indicator 3A-4:	<i>LHD has a media strategy that includes formal and informal opportunities for communicating with the media and responding to media requests, along with routine communication to raise awareness of public health issues</i>	1.36	1
177	Indicator 3D-9:	<i>LHD develops and revises performance measures, goals and objectives for annual program planning based on information obtained through evaluation of health promotion activities.</i>	1.36	1
178	Indicator 7C-3:	<i>LHD engages local lay health advocates for outreach to special populations in need of health care.</i>	1.36	1
179	Indicator 9A-1:	<i>LHD has data from the community health assessment on community health outcomes and risk factors readily available for evaluation purposes</i>	1.36	2
180	Indicator 9A-6:	<i>LHD uses community health outcome targets (e.g. Health People 2010) as benchmarks for evaluating the effectiveness of public health services</i>	1.36	1
181	Indicator 4A-7:	<i>The performance of the public health system is assessed (in relationship to targets)</i>	1.27	2
182	Indicator 6B-1:	<i>LHD studies laws and identifies public health issues that can only be addressed through laws.</i>	1.27	2
183	Indicator 8B-9:	<i>LHD provides a coordinated program of continuing education for staff which includes attendance at seminars, workshops, conferences, in-service training, and/or formal courses to improve employee skills and knowledge in accordance with their professional needs</i>	1.27	1
184	Indicator 9A-3:	<i>LHD has plans in place to reduce specific gaps in access or make other improvements in public health services</i>	1.27	1
185	Indicator 3C-6:	<i>Appropriate methods are used for distributing culturally appropriate materials</i>	1.18	2
186	Indicator 9A-2:	<i>LHD has staff or external consultative resources with evaluation expertise assigned responsibility for evaluation within the organization</i>	1.18	1
187	Indicator 9D-1:	<i>LHD maintains data systems for capacity, availability, quality, cost and utilization of health services</i>	1.18	0
188	Indicator 1C-4:	<i>Broad participation of community stakeholders in the assessment process is secured.</i>	1.09	1

Table 1: Complete Aggregate Results (7 of 8)

Complete Aggregate Results				
Rank	Indicator		Mean	Mode
189	Indicator 9C-3:	LHD evaluates the quality of clinical and preventive population based programs, identifies the need for change and uses a quality improvement process to apply the evaluation findings	1.09	1
190	Indicator 1C-1:	LHD staff have the appropriate knowledge of standards and processes for conducting community health assessments	1.00	1
191	Indicator 3C-3:	LHD uses the community health assessment to develop health education information	1.00	1
192	Indicator 3D-3:	LHD provides technical assistance to communities and community agencies on health promotion activities	1.00	1
193	Indicator 3D-4:	LHD involves a variety of disciplines in the design and implementation of health promotion programs (e.g. Educators, Faith Institutions, Nursing, Environmental, Community-development for the built environment)	1.00	0
194	Indicator 3D-6:	LHD assesses the target population for how they accept information	1.00	1
195	Indicator 3D-7:	LHD program designs use proven intervention strategies	1.00	1
196	Indicator 5B-2:	LHD maintains a directory of potential policy partners	1.00	0
197	Indicator 1E-1:	LHD analyzes and identifies patterns in data	0.91	1
198	Indicator 1B-4:	Healthcare providers and other public health system partners receive reports and feedback on disease trends and clusters	0.89	0
199	Indicator 4C-2:	LHD partners with community organizations that contribute to the Essential Public Health Services/program implementation	0.82	0
200	Indicator 7A-2:	LHD staff are competent in program planning and community development methods	0.82	0
201	Indicator 10A-4:	LHD proposes public health practice issues to be used by academic institutions when they select research agendas, as appropriate	0.82	0
202	Indicator 1C-2:	There are LHD staff who are trained in selecting a community health assessment model, organizing and conducting a community health assessment process	0.73	1
203	Indicator 1C-5:	A community health assessment process is conducted every five years	0.73	0
204	Indicator 4C-1:	LHD staff establishes and maintains partnerships with public and private organizations to perform collective work to address public health issues	0.64	0
205	Indicator 10A-5:	LHD convenes community members and key community partners, as appropriate, to identify opportunities for community participatory research that would benefit the community	0.64	0
206	Indicator 4B-2:	LHD conducts a community education and marketing process to increase the awareness of the community health improvement plan and its recommendations	0.55	0
207	Indicator 4A-8:	LHD leads a process to assess and analyze effectiveness of public policy and community environment to improve health and shares the results publicly	0.36	0
208	Indicator 4B-1:	LHD has current information on health issues that affect the community readily accessible	0.36	0
209	Indicator 1D-1:	Data are shared with community partners and integrated into the Community Health Assessment (CHA)	0.27	0
210	Indicator 1D-4:	Completed CHA is shared with healthcare providers, community partners, local, state, and federal governance	0.27	0
211	Indicator 5C-3:	LHD staff has expertise to lead and facilitate the strategic planning process	0.27	0
212	Indicator 9D-2:	LHD provides consultation and technical assistance on program implementation and evaluation of prevention services provides by other community agencies	0.27	0
213	Indicator 1C-3:	LHD organizes community health data (e.g. mortality, disease prevalence, risk factors, and other data) for assessment purposes	0.18	0
214	Indicator 1D-2:	LHD develops and maintains relationships with community and public health system partners	0.18	0
215	Indicator 1D-3:	Assessment processes by community agencies include the LHD and community partners as participants	0.09	0
216	Indicator 4A-1:	LHD has a community health planning structure in place, including community partners	0.09	0
217	Indicator 4A-2:	The planning team uses the community health assessment to inform the selection of priorities	0.09	0
218	Indicator 4A-9:	Goals and objectives are established in the plan	0.09	0
219	Indicator 3D-5:	LHD identifies populations at risk as potential target populations for health promotion programming	0.00	0
220	Indicator 4A-3:	Community assets are identified	0.00	0

Table 1: Complete Aggregate Results (8 of 8)

Complete Aggregate Results						
Rank	Indicator			Mean	Mode	
221	Indicator 4A-4:	<i>Gaps are identified through analysis of the results with periodic surveys and other assessment information</i>			0.00	0
222	Indicator 4A-5:	<i>Community satisfaction is assessed and gaps are identified.</i>			0.00	0
223	Indicator 4A-6:	<i>Partnership effectiveness in improving community health is assessed</i>			0.00	0
224	Indicator 4A-10:	<i>Plan identifies emerging issues which may require investigation</i>			0.00	0
225	Indicator 4A-11:	<i>Strategies and best practices are selected to increase potential for success</i>			0.00	0

Aggregate Results by Essential Service

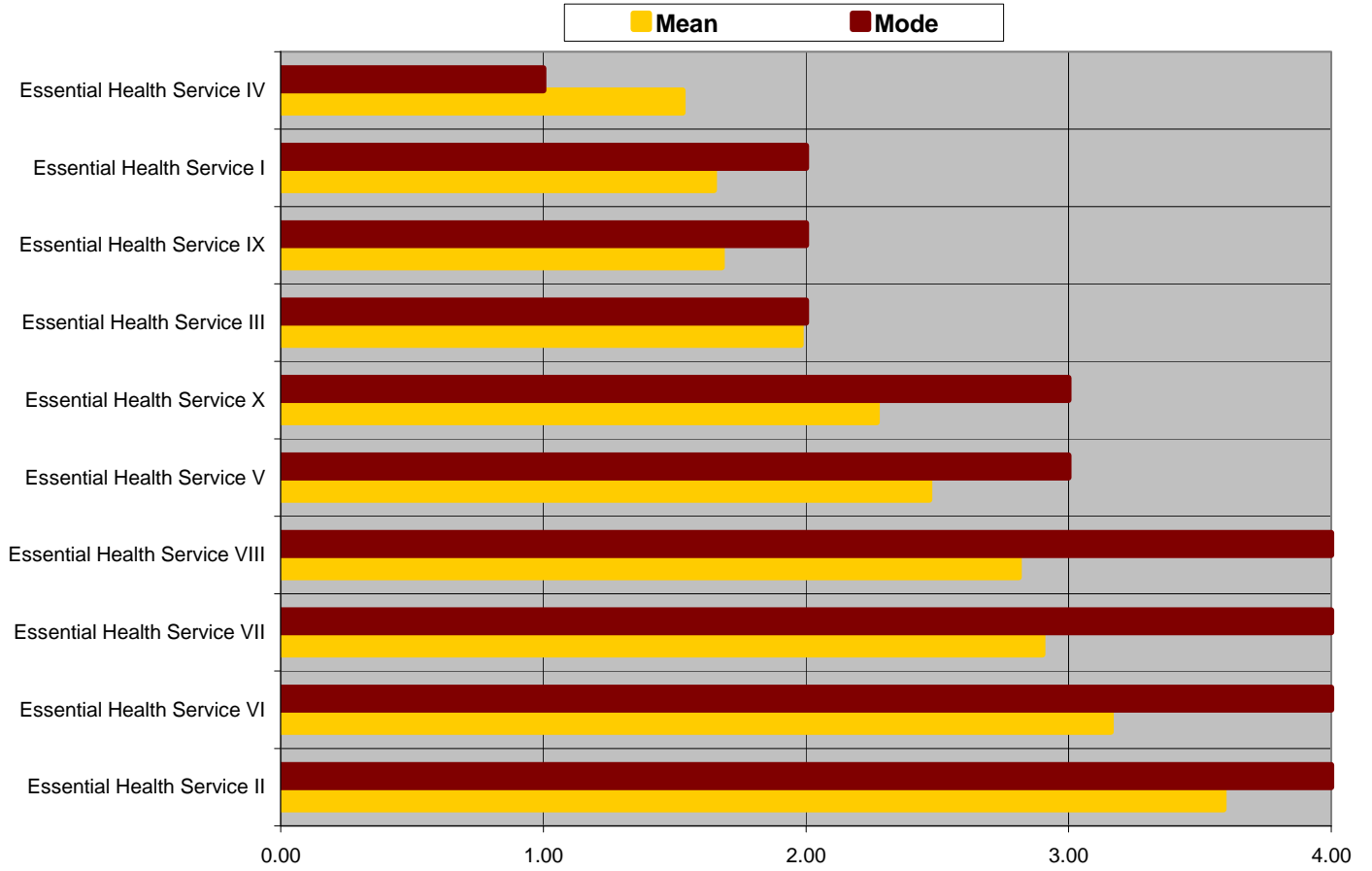
Based on the mean of all responses, participants in the Lawrence-Douglas County Health Department Self-Assessment process rated the health department's capacity highest (3.59) in those indicators from under the Essential Health Service II: *Protect people from health problems and health hazards* heading, followed by those indicators from under the Essential Health Service VI: *Enforce public health laws and regulations* heading (3.16), and those indicators from under the Essential Health Service VII: *Help people receive health services* heading (2.90). Participants rated the health department's capacity lowest (1.53) in those indicators from under the Essential Health Service IV: *Engage the community to identify and solve health problems* heading. Indicators from five of the ten Essential Health Services had an above average mean.

Based on the mode of all responses, participants in the Lawrence-Douglas County Health Department Self-Assessment process rated the health department's capacity as a '4' in those indicators from under the Essential Health Service II: *Protect people from health problems and health hazards* heading, those indicators from under the Essential Health Service VI: *Enforce public health laws and regulations* heading, those indicators from under the Essential Health Service VII: *Help people receive health services* heading, and those indicators from under the Essential Health Service VIII: *Maintain a competent public health workforce* heading. Participants rated the health department's capacity lowest (1) in those indicators from under the Essential Health Service IV: *Engage the community to identify and solve health problems* heading. Indicators from six of the ten Essential Health Services had a mode at or above the average mode of 3 (Table 2, Figure 3.)

Table 2: Aggregate Results by Essential Health Service

Aggregate Results by Essential Health Service	Mean	Mode
Essential Health Service II: <i>Protect people from health problems and health hazards</i>	3.59	4
Essential Health Service VI: <i>Enforce public health laws and regulations</i>	3.16	4
Essential Health Service VII: <i>Help People receive health services</i>	2.90	4
Essential Health Service VIII: <i>Maintain a competent public health workforce</i>	2.81	4
Essential Health Service V: <i>Develop public health policies and plans</i>	2.47	3
Overall	2.44	3
Essential Health Service X: <i>Contribute to and apply the evidence base of public health</i>	2.27	3
Essential Health Service III: <i>Give people information they need to make healthy choices</i>	1.98	2
Essential Health Service IX: <i>Evaluate and improve programs</i>	1.68	2
Essential Health Service I: <i>Monitor health status and understand health issues facing the community</i>	1.65	2
Essential Health Service IV: <i>Engage the community to identify and solve health problems</i>	1.53	1

Figure 3: Aggregate Results by Essential Health Service



Aggregate Results by Standard

Based on the mean of all responses, participants in the Lawrence-Douglas County Health Department Self-Assessment process rated the health department's capacity highest (3.80) in those indicators from under the Standard 2-D heading: *Lead public health emergency planning, exercises, and response activities in the community in accordance with the NIMS, and coordinate with other local, state, and federal agencies*, followed by those indicators from under the Standard 2-A heading: *Investigate health problems and environmental health hazards* (3.79), and those indicators from under the Standard 6-C heading: *Educate individuals and organizations on the meaning, purpose, and benefit of public health laws, regulations, and ordinances and how to comply* (3.77). Participants rated the health department's capacity lowest (0.17) in those indicators from under the Standard 4-A heading: *Engage the local public health system in an ongoing, strategic, community-driven, comprehensive planning process to identify, prioritize, and solve public health problems; establish public health goals; and evaluate success in meeting the goals*.

Indicators from under 17 of the 45 standard (38%) headings had means of 3.0 or above and indicators from under 35 of the 45 standard (78%) headings had means of 2.0 or above. All seven of the indicators from under the Essential Health service #2 heading had means of 3.0 or above. Indicators from under 4 of the 45 standards (9%) had means of below 1.0. Two of those standards with means under 1.0 were under Essential Health Service heading #1 and the other two standards with means under 1.0 under Essential Health Service heading #4.

Based on the mode of all responses, participants in the Lawrence-Douglas County Health Department Self-Assessment process rated the health department's capacity as 'Optimal' (4) in 17 of the 45 standards (38%). For the majority (58%) of the 45 standards, participants rated the health department's capacity as 'Optimal' (4) or 'Significant' (3). Participants rated the health department's capacity as 'Minimal' or below for 11% of the standards and as 'No Capacity' for 7% of the standards (Table 3.)

Table 3: Aggregate Results by Standard

Aggregate Results by Standard	Mean	Mode	Aggregate Results by Standard	Mean	Mode
Essential Health Service #1	1.65	2	Essential Health Service #6	3.16	3
Standard 1-A	2.20	2	Standard 6-A	3.48	4
Standard 1-B	2.72	4	Standard 6-B	2.77	4
Standard 1-C	0.75	1	Standard 6-C	3.77	4
Standard 1-D	0.20	0	Standard 6-D	2.82	3
Standard 1-E	2.09	3	Standard 6-E	3.20	4
			Standard 6-F	2.52	2
Essential Health Service #2	3.59	3	Essential Health Service #7	2.90	4
Standard 2-A	3.79	4	Standard 7-A	2.18	2
Standard 2-B	3.41	4	Standard 7-B	3.40	4
Standard 2-C	3.45	4	Standard 7-C	3.21	4
Standard 2-D	3.80	4			
Standard 2-E	3.55	4			
Standard 2-F	3.52	4			
Standard 2-G	3.56	4			
Essential Health Service #3	1.98	2	Essential Health Service #8	2.81	4
Standard 3-A	3.27	4	Standard 8-A	3.39	4
Standard 3-B	2.45	2	Standard 8-B	2.21	2
Standard 3-C	1.85	2	Standard 8-C	3.27	3
Standard 3-D	1.22	1	Standard 8-D	2.45	2
			Standard 8-E	3.32	4
Essential Health Service #4	1.53	0	Essential Health Service #9	1.68	2
Standard 4-A	0.17	0	Standard 9-A	1.59	2
Standard 4-B	0.45	0	Standard 9-B	1.61	2
Standard 4-C	2.18	3	Standard 9-C	2.27	3
Standard 4-D	2.75	2	Standard 9-D	1.41	2
Standard 4-E	3.30	3			
Essential Health Service #5	2.47	3	Essential Health Service #10	2.27	3
Standard 5-A	2.53	2	Standard 10-A	1.82	2
Standard 5-B	2.18	2	Standard 10-B	2.52	3
Standard 5-C	2.59	3	Standard 10-C	2.66	3

Aggregate Results by Topic Area I

Because of the disparity between the official topic areas listed in the appendix of the NACCHO Self-Assessment Tool and the topic areas provided beside each indicator in the body of the NACCHO Self-Assessment Tool, results are reported for separately for the two topic areas. Those from under the 12 official topic areas will hereafter be referred to Topic Area I. Those from the 24 topic areas provided in the body of the assessment tool will be referred to Topic Area II and will be discussed in the next section.

Based on the mean of all responses, participants in the Lawrence-Douglas County Health Department Self-Assessment process rated the health department's capacity highest (3.63) in those indicators from under the Topic Area I heading: *Emergency Planning*, followed by those indicators from under the Topic Area I heading: *Access and linkage to care* (3.40), and those indicators from under the Topic Area I heading: *Policy and Legislative Process* (3.01.) Participants rated the health department's capacity lowest (0.47) in those indicators from under the official Topic Area I heading: *Community Health Needs Assessment and Health Improvement Plan*.

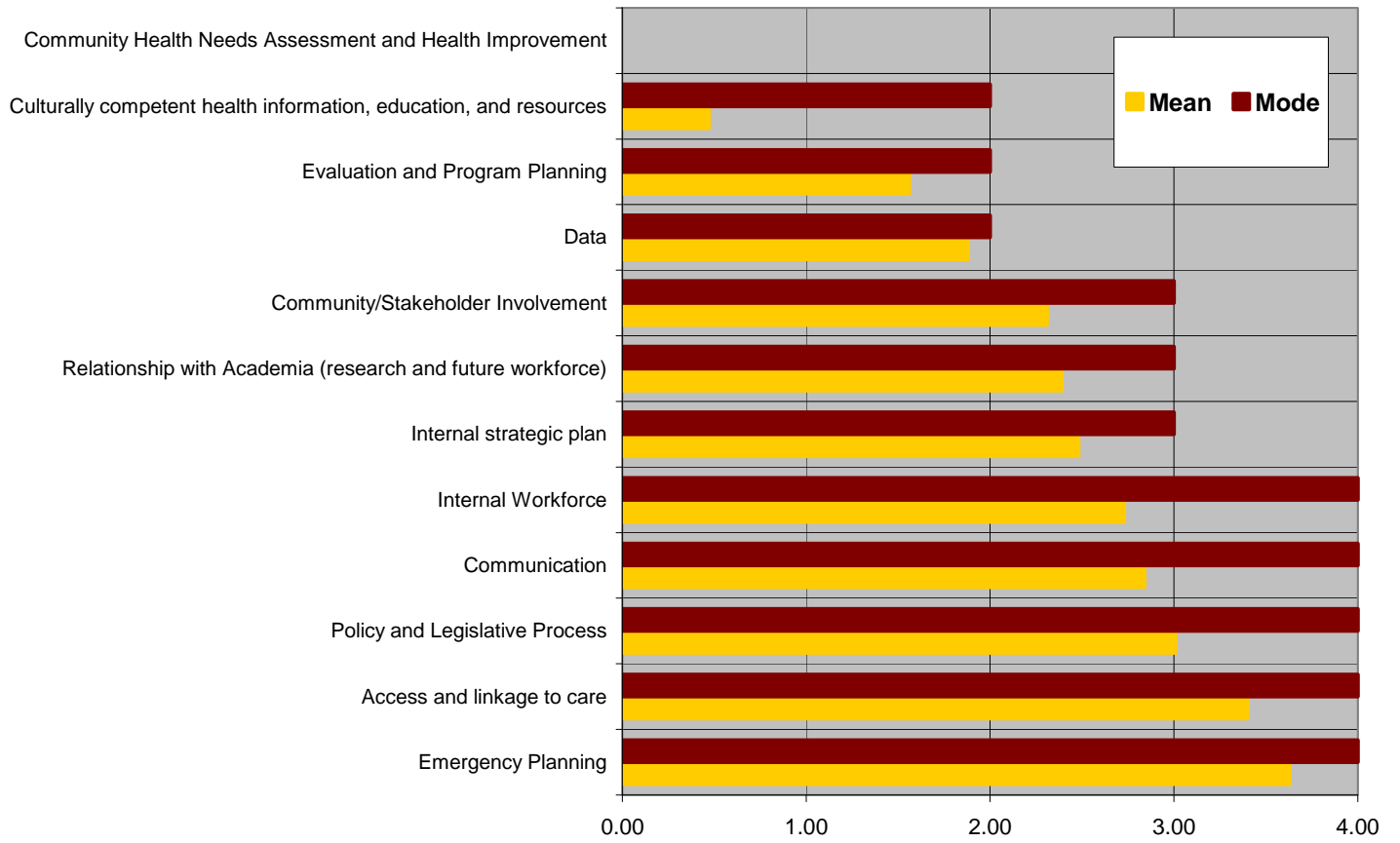
Indicators from under 3 of the 12 Topic Area I (25%) headings had means of 3.0 or above and indicators from under 9 of the 12 Topic Area I (75%) headings had means of 2.0 or above. Indicators from under 1 of the 12 Topic Areas I (8%) heading had means of below 1.0.

Based on the mode of all responses, participants in the Lawrence-Douglas County Health Department Self-Assessment process rated the health department's capacity as 'Optimal' (4) in 5 of the 12 Topic Areas I (42%). For the majority (67%) of the 12 Topic Areas I, participants rated the health department's capacity as 'Optimal' (4) or 'Significant' (3). Participants rated the health department as having 'No Capacity' for 8% of the Topic Areas I (Table 4, Figure 4.)

Table 4: Aggregate Results by Topic Area I

Aggregate Results by Topic Area I	Mean	Mode
Emergency Planning	3.63	4
Access and linkage to care	3.40	4
Policy and Legislative Process	3.01	4
Communication	2.84	4
Internal Workforce	2.73	4
Internal strategic plan	2.48	3
Relationship with Academia (research and future workforce)	2.48	3
Overall	2.44	3
Community/Stakeholder Involvement	2.39	3
Data	2.31	2
Evaluation and Program Planning	1.88	2
Culturally competent health information, education, and resources	1.56	2
Community Health Needs Assessment and Health Improvement Plan	0.47	0

Figure 4: Aggregate Results by Topic Area



Aggregate Results by Topic Area II

Because of the disparity between the official topic areas listed in the appendix of the NACCHO Self-Assessment Tool and the topic areas provided beside each indicator in the body of the NACCHO Self-Assessment Tool, results are reported for separately for the two topic areas. Results from under the 24 topic areas provided in the body of the assessment tool will be referred to Topic Area II and will be discussed in this section.

Based on the mean of all responses, participants in the Lawrence-Douglas County Health Department Self-Assessment process rated the health department's capacity highest (3.69) in those indicators from under the Topic Area II heading: *Preparedness*, followed by those indicators from under the Topic Area II heading: *Surveillance* (3.57), and those indicators from under the Topic Area II heading: *Laboratory* (3.52.) Participants rated the health department's capacity lowest (0.39) in those indicators from under the official Topic Area II heading: *Community Health Assessment*.

Indicators from under 8 of the 24 Topic Area II (33%) headings had means of 3.0 or above and indicators from under 18 of the 24 Topic Area II (75%) headings had means of 2.0 or above. Indicators from under 2 of the 24 Topic Areas I (8%) heading had means of below 1.0.

Based on the mode of all responses, participants in the Lawrence-Douglas County Health Department Self-Assessment process rated the health department's capacity as 'Optimal' (4) in 9 of the 24 Topic Areas II (38%). For the majority (62%) of the 24 Topic Areas II, participants rated the health department's capacity as 'Optimal' (4) or 'Significant' (3). Participants rated the health department as 'Minimal' or below for 3 of the 24 Topic Areas II (12%), and as having 'No Capacity' for 8% of the Topic Areas II (Table 5.)

Table 5: Aggregate Results by Topic Area II

Aggregate Results by Topic Area II	Mean	Mode	Aggregate Results by Topic Area II	Mean	Mode
Preparedness	3.69	4	Internal Strategic Plan	2.48	3
Surveillance	3.57	4	Overall	2.44	3
Laboratory	3.52	4	Stakeholder Engagement	2.40	3
Legal Review	3.48	4	Data	2.31	2
Fiscal	3.41	4	Program Planning	2.18	2
Access to Care	3.40	4	Research	2.02	3
Relationship to Academia	3.27	3	Culturally appropriate health education	1.96	2
Regulatory Authority	3.21	4	Evaluation	1.85	2
Communication	2.84	4	Health Education	1.41	2
Internal Workforce	2.73	4	QI	1.15	1
Policy	2.55	3	Community Health Assessment	0.41	0
Best Practices	2.52	3	Community Health Profile	0.39	0
Legislative Process	2.51	2			