

Local Public Health System Assessment

Arlington Department of Human Services
Public Health Division

March 2018

Acknowledgements

We thank our partners and Arlington residents for generously supporting this work. Your assistance in survey distribution, marketing, and volunteer training, hosting and participating in key informant interviews and focus group discussions, and sharing feedback about this community health improvement process is invaluable to our work. This process would not be possible without your expertise, patience, and ongoing support. Thank you.

AHC Inc.	Arlington Sheriff's Office
Arlington Community Foundation Non-Profit Center	Arlington Street People's Assistance Network
Arlington County Fire Department	Diocese of Arlington, Office of Catholic Schools
Arlington Department of Community Planning, Housing and Development	Fairfax County Health Department
Arlington Department of Environmental Services	Georgetown University
Arlington Department of Human Services	INOVA
Arlington Department of Parks and Recreation	INOVA Juniper
Arlington Department of Public Safety Communications and Emergency Management	Kaiser Permanente
Arlington Economic Development	Laura Runnels
Arlington Food Assistance Center	Marymount University
Arlington Free Clinic	Neighborhood Health Services
Arlington Partnership for Affordable Housing	Northern Virginia Family Services
Arlington Partnership for Children Youth and Families	Northern Virginia Health Foundation
Arlington Pediatric Center	Partnerships for a Healthier Arlington
Arlington Police Department	Phoenix House
Arlington Public Schools	Virginia Cooperative Extension
	Virginia Department of Health
	Virginia Division of Consolidated Laboratory Services
	Virginia Hospital Center

Contents

Acknowledgements.....	2
Executive summary.....	4
Overview of the Local Public Health System Assessment Process	7
Methodology.....	7
Performance Assessment: How well is the local public health system performing?	7
Importance Assessment: How important is each model standard to the Arlington LPHS?	9
Readiness for Action: Where should the LPHS start to make improvements?	9
Data Limitations	10
LPHSA KEY FINDINGS.....	11

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Executive summary

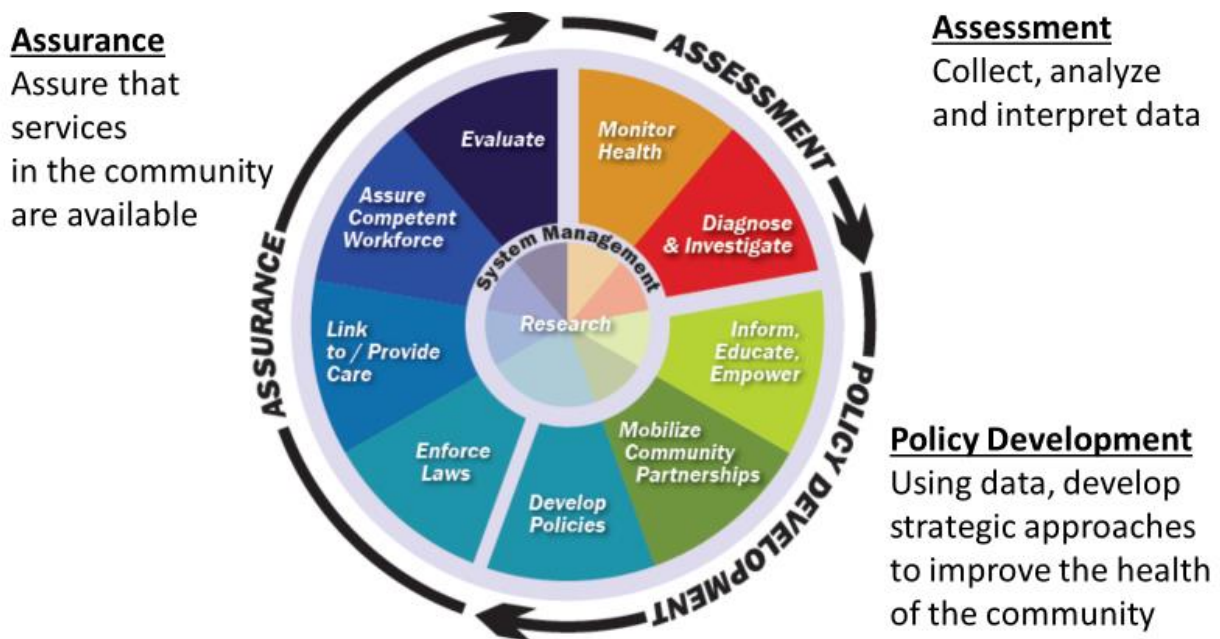
Destination 2027 is the community-informed strategic planning process for Arlington County, Virginia to achieve health equity through systems change. The process entails information gathering, strategic issue development, developing an implementation and evaluation plan, and monitoring and evaluating progress towards its 2027 goals.

The purpose of the Local Public Health System Assessment (LPHSA) is to promote the opportunity for continuous improvement in system performance. This report can be used as a tool for system improvement by providing:

- A better understanding of the current systems functioning and performance
- Identifying and prioritizing areas of strength, weakness, and opportunities for improvement
- Identifying those system standards of greatest importance
- A shared frame of reference from which to build a foundation for an improvement plan
- A tool for re-assessment to discern progress

The framework used by NACCHO to assess the local public health system has its origins with the landmark report from the Institute of Medicine (IOM), titled “The Future of Public Health.” According to that report, “Public health is what we, as a society, do collectively to assure the conditions for people to be healthy.” This implies that no sector of society can improve community health status by itself.

Figure 1. 10 Essential Public Health Services.



The LPHSA is structured around Model Standards established for each of the three core function areas (assessment, policy development, and assurance) and the ten Essential Public Health Services (ES) provided here.

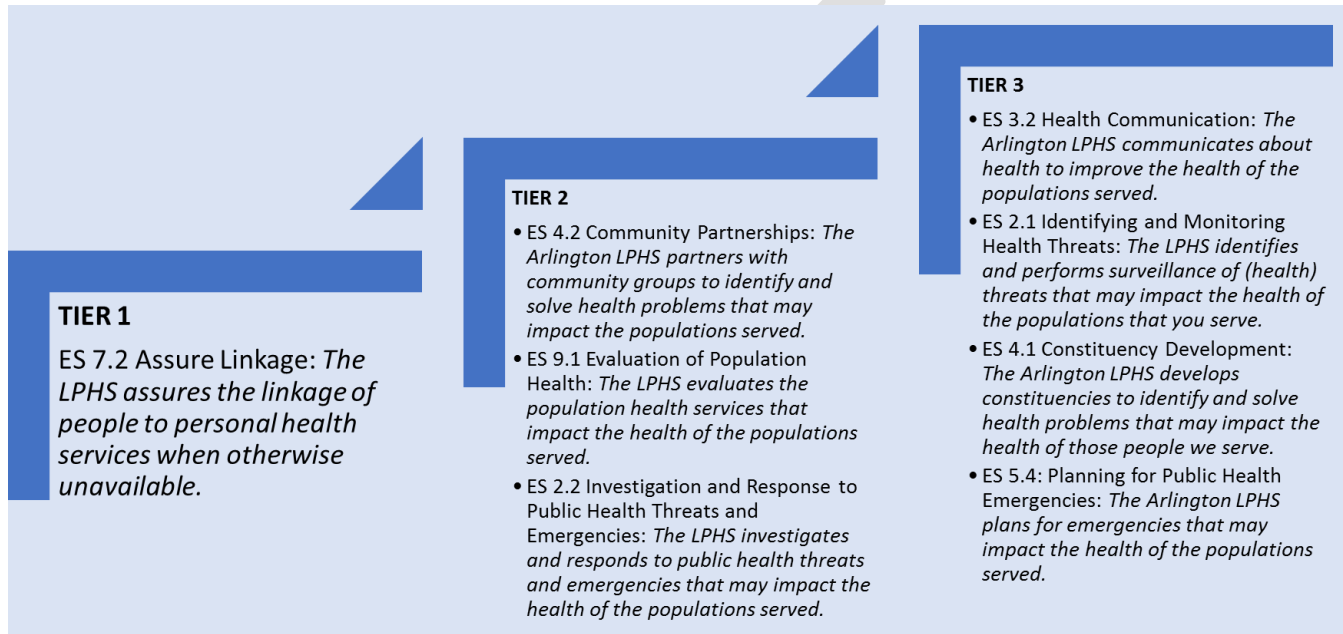
This report provides a snapshot of the performance of our LPHS in relation to established standards so that our partners can identify areas for improvement to move towards improving outcomes across the

system. ***These 10 services identify the roles within the public health system and begin to establish system accountability by linking system performance to health outcomes.***

The LPHSA evaluates the local public health system in three specific areas by its LPHS partners:

1. LPHS performance against model standards;
2. Importance of each model standard as it pertains to sustaining or improving the overall LPHS (priority of the standard to the LPHS); and
3. Readiness for action within specific model standards (as identified by partners) to ultimately improve (or sustain) LPHS performance outcomes.

Figure 2. LPHSA Results



After evaluating performance, importance and readiness for action, LPHS partners identified the following model standards as top areas ready for action in Arlington (Tiers 1 and 2):

- Improve the assurance of the linkages of people to personal health services when otherwise unavailable
- Invest more in community partnerships across the LPHS to identify and solve health problems that may impact the populations served
- Increase efforts to better evaluate population health services that impact the health of the people being served
- Maintain the high performance of the LPHS to investigate and respond to public health threats and emergencies that may impact the health of the populations served.

The LPHSA results were organized into three ranked tiers of model standards based on results from performance, importance and readiness- all three phases of the assessment process. In the top tier, the single most important area ready for action by our LPHS partners is assuring linkages of people to personal health services when otherwise unavailable. The second-tier areas to consider for action include community partnerships, evaluation of population health, and maintaining Arlington's investigation and response to public health threats and emergencies.

“We have some idea of population health gaps because they show themselves in informal ways. For example, we can see neighborhoods that are high need based on patients’ zip codes in our paperwork. But we don’t have anything formal to identify them, and we do not proactively look for them.”

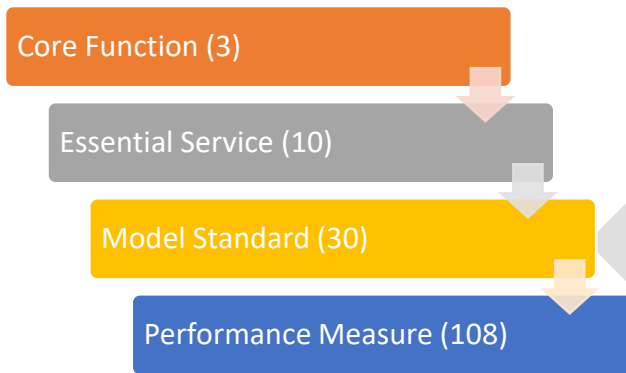
The third tier in the figure above were also identified- health communication, identifying and monitoring health threats, constituency development, and planning for public health emergencies. More detailed definitions and explanations for each model standard are in the NACCHO Local Public Health System Assessment Instrument.¹

¹ National Public Health Performance Standards Local Public Health System Assessment. Accessed at <https://www.naccho.org/uploads/downloadable-resources/Programs/Public-Health-Infrastructure/FINAL-Local-Instrument.pdf> on March 6, 2018.

Overview of the Local Public Health System Assessment Process

As described, the LPHSA is centered around three core functions ten essential public health services that include 30 model standards and 108 performance measures.

The Arlington LPHSA engaged public health system partners including public, private, and voluntary entities to complete the assessment.



Through these partnerships, every organization that is part of the local public health system has one or more core functions to perform.

Methodology

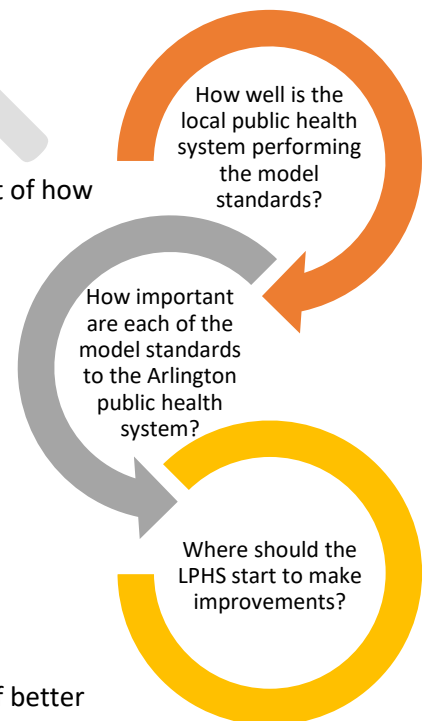
The National Public Health Performance Standards Local Public Health System Assessment guided each phase of the process. A summary of the methods for all three phases are provided in this section.

Performance Assessment: How well is the local public health system performing?

Fifty local, regional, and state partner organizations were invited to participate in three meetings to complete the point in time assessment of how well the system was performing against the National Public Health Performance Standards Program Local Instrument.² Each meeting focused on a single core function as detailed in the table below.

Participants agreed to a decision-making process using a consensus based model³ to complete the performance, importance and readiness assessment tools:

1. Discuss and review each model standard;
2. Initial vote by group on Arlington performance/importance for standard;
3. Group discussion on initial vote, if aligned, finalize vote;
4. If different results across group, enter voting deliberations;
5. Majority group briefly shares rationale; group check-in to see if better aligned, and if not, groups with other results briefly share rationale; and
6. Facilitator moves group to final vote



² National Public Health Performance Standards Local Public Health System Assessment. Accessed at <https://www.naccho.org/uploads/downloadable-resources/Programs/Public-Health-Infrastructure/FINAL-Local-Instrument.pdf> on March 6, 2018.

³ Core Primes accessed on March 6, 2018 at <http://www.theprimes.com/core-prime>.

Table 1. Schedule for completing the 2017 Arlington LPHSA

Date & Core Function	Essential Service	
April 26, 2017 – Assessment	ES 1: Monitor health status to identify community health problems ES 2: Diagnose and investigate health problems and health hazards in the community	ES 10: Research – crosses all 3 core functions and the other nine (9) essential services and was discussed at each of the three meetings in the context of the core function being assessed.
May 3, 2017 – Policy Development	ES 3: Inform, educate, and empower people about health issues ES 4: Mobilize community partnerships to identify and solve health problems ES 5: Develop policies and plans that support individual and community health efforts	
May 16, 2017 – Assurance	ES 6: Enforce laws and regulations that protect health and ensure safety ES 7: Link people to needed personal health services ES 8: Assure a competent public health and personal health care workforce ES 9: Evaluate effectiveness, accessibility, and quality of personal and population health services	

The performance assessment instrument is based on the ten Essential Services. Each Essential Service has 2-4 model standards and each model standard has within it 2-6 performance measures. Performance measures are asked in the form of a question to facilitate the evaluation and discussion.

Table 2. Summary of Assessment Response Options

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

Voting was at the performance measure level and was based on the five levels of activity listed in Table 2. Voting results were recorded in the National Public Health Performance Standards tool which assigns a final score for each Model Standard, Essential Service, and one overall assessment score.

A summary of the performance results can be found in Key Findings and in more detail in Appendix A.

“We are working in time and resource constrained environments. We do not have the means to keep up to date with technology, to attract or retain top talent, and we’re doing the same workload but with less staff. There is not time to analyze data, to try to implement new ideas. Time is a precious resource that is harder and harder to come by.”

Importance Assessment: How important is each model standard to the Arlington LPHS?

The National Public Health Performance Standards Local Public Health System Assessment— Priority of Model Standards Questionnaire⁴ was used by the Arlington County Public Health Division with its LPHS partners to assess the importance of each model standard to the Arlington system. A pre-meeting survey was made available electronically to poll participants before a meeting on September 26, 2017 with its community and county government partners. The in-person meeting on September 26th reviewed the results of the online survey and then through consensus, the system partners finalized the scoring on the importance of each model standard to Arlington.

Partners ranked the importance of each model standard to improving the LPHS using a scale of 1-10 (1 is least important and 10 is most important). They were instructed that multiple model standards could have the same level of importance i.e. they were not asked to rank each standard against the others, but rather to score each standard individually using the scale provided.

Twenty-eight organizations responded to the online survey. The results of the survey were aggregated and the median and range of the scores were provided to meeting attendees. The online scores provided the foundation for discussion and consensus around the final importance scores of each model standard.

“We do an excellent job of communicating with each other as partners. But due to the diversity of our residents, there are technology, language, and cultural barriers that mean we do not share health-related information with them as well as we could or should.”

Readiness for Action: Where should the LPHS start to make improvements?

The last phase of the assessment process asked the LPHS partners to review performance and importance results. Partners then made two selections – first to identify the top 5 most important model standards for the LPHS to act on and second, the single-most important model standard to address first. Each partner organization was provided 5 dots to identify their top 5 model standards on posters listing all 30 models standards, followed by a single red dot that identified the top most important models standard to the Arlington LPHS.

⁴ National Public Health Performance Standards Local Public Health System Assessment— Priority of Model Standards Questionnaire. Pages 89-91. Accessed at <https://www.naccho.org/uploads/downloadable-resources/Programs/Public-Health-Infrastructure/FINAL-Local-Instrument.pdf> on March 6, 2018.

Data Limitations

The framework for the LPHSA has several limitations due to self-reporting, wide variations in the breadth and depth of knowledge amongst participants, the variety of assessment methods used, and difference in how questions may have been interpreted. The assessment results should not be used to reflect the capacity or performance of any single agency or organization within the system or used to compare across jurisdictions. The data and associated recommendations may be used to guide an overall public health system performance improvement process as determined by the organizations involved in the assessment.

All performance scores are an average; Model Standard scores are an average of the question scores within that Model Standard, Essential Service scores are an average of the Model Standard scores within that Essential Services and the overall assessment score is the average of the Essential Service scores.

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LPHSA KEY FINDINGS

Based on the assessment results on performance, importance and readiness for action, the Model standards identified as most important to consider action to maintain or improve the Arlington LPHS are summarized on the right. Results for each phase are provided separately as well, and follow this summary table.

Table 3. Summary of LPHSA Key Findings

Rank	Model Standard
First Tier for the LPHS to Improve or Maintain	
1.	ES 7.2 Assure Linkage <i>The LPHS assures the linkage of people to personal health services when otherwise unavailable.</i>
Second Tier for the LPHS to Improve or Maintain	
2	ES 4.2 Community Partnerships <i>The Arlington LPHS partners with community groups to identify and solve health problems that may impact the populations served.</i>
3	ES 9.1 Evaluation of Population Health <i>The LPHS evaluates the population health services that impact the health of the populations served.</i>
4.	ES 2.2 Investigation and Response to Public Health Threats and Emergencies <i>The LPHS investigates and responds to public health threats and emergencies that may impact the health of the populations served.</i>
Third Tier for the LPHS to Improve or Maintain	
5.	ES 3.2 Health Communication <i>The Arlington LPHS communicates about health to improve the health of the populations served.</i>
6.	ES 2.1 Identifying and Monitoring Health Threats <i>The LPHS identifies and performs surveillance of (health) threats that may impact the health of the populations that you serve.</i>
7	ES 4.1 Constituency Development <i>The Arlington LPHS develops constituencies to identify and solve health problems that may impact the health of those people we serve.</i>
8.	ES 5.4: Planning for Public Health Emergencies <i>The Arlington LPHS plans for emergencies that may impact the health of the populations served.</i>
Fourth Tier for the LPHS to Improve or Maintain	
9.	ES 7.1: Identifying Personal Health Service Needs of Populations <i>The LPHS identifies personal health service needs of the populations being served.</i>
10.	ES 3.3: Risk Communication <i>The Arlington LPHS communicates about health risks that may affect the health of the population served.</i>
11.	ES 3.1 Health Education/Promotion <i>The Arlington LPHS educates and promotes health to improve the health of the population served.</i>
12.	ES 5.3: Community Health Improvement Process and Strategic Planning <i>The Arlington LPHS implements community health improvement and strategic planning processes that may impact the health of populations served.</i>
13.	ES 1.1 Community Health Assessment <i>The LPHS conducts and uses population-based health data/profiles to identify problems that may impact the health of the populations served.</i>

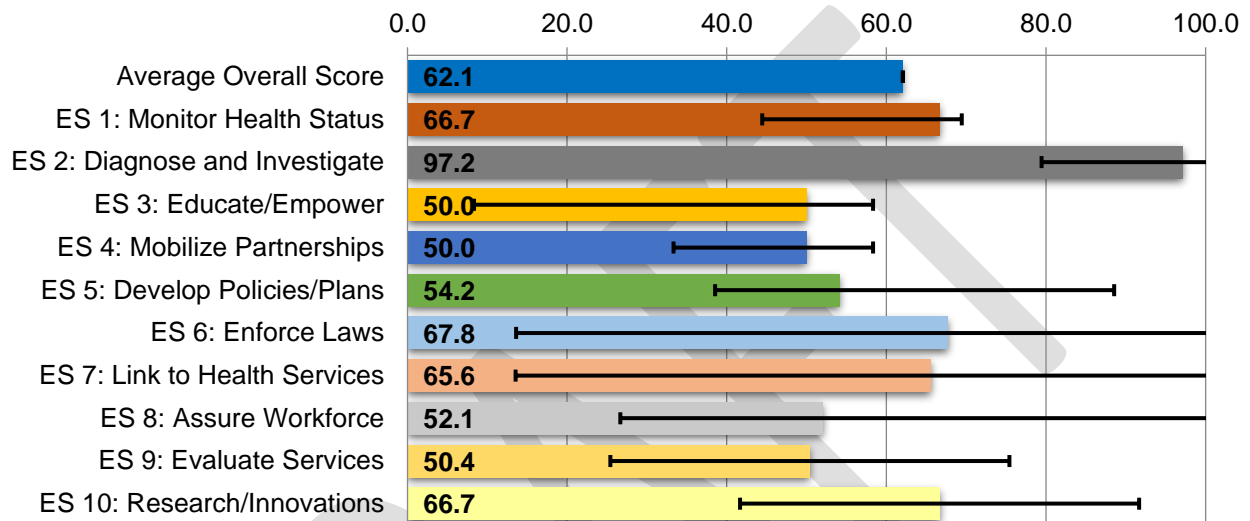
Performance - How well is the local public health system performing?

Figure 2 displays the average score for how well partners feel the LPHS is performing each essential service. In addition, there is an overall average assessment score across all ten essential services. Figure 3 provides a more detailed look at how well the LPHS is performing at the model standard level.

The overall average score across all ten essential services was 62.1%. Partners felt that the system was performing the essential services, model standards, and performance measures to a significant level of 62.1%.

The highest performing essential service was ES2, diagnosing and investigating disease. Partners agreed the LPHS performed at an optimal level of 97.2% with a range of 80% to 100%. The lowest performing essential service was ES4, mobilizing partnerships. LPHS partners felt this was performed at a moderate level of activity at 50% with a range of 30% to 58%.

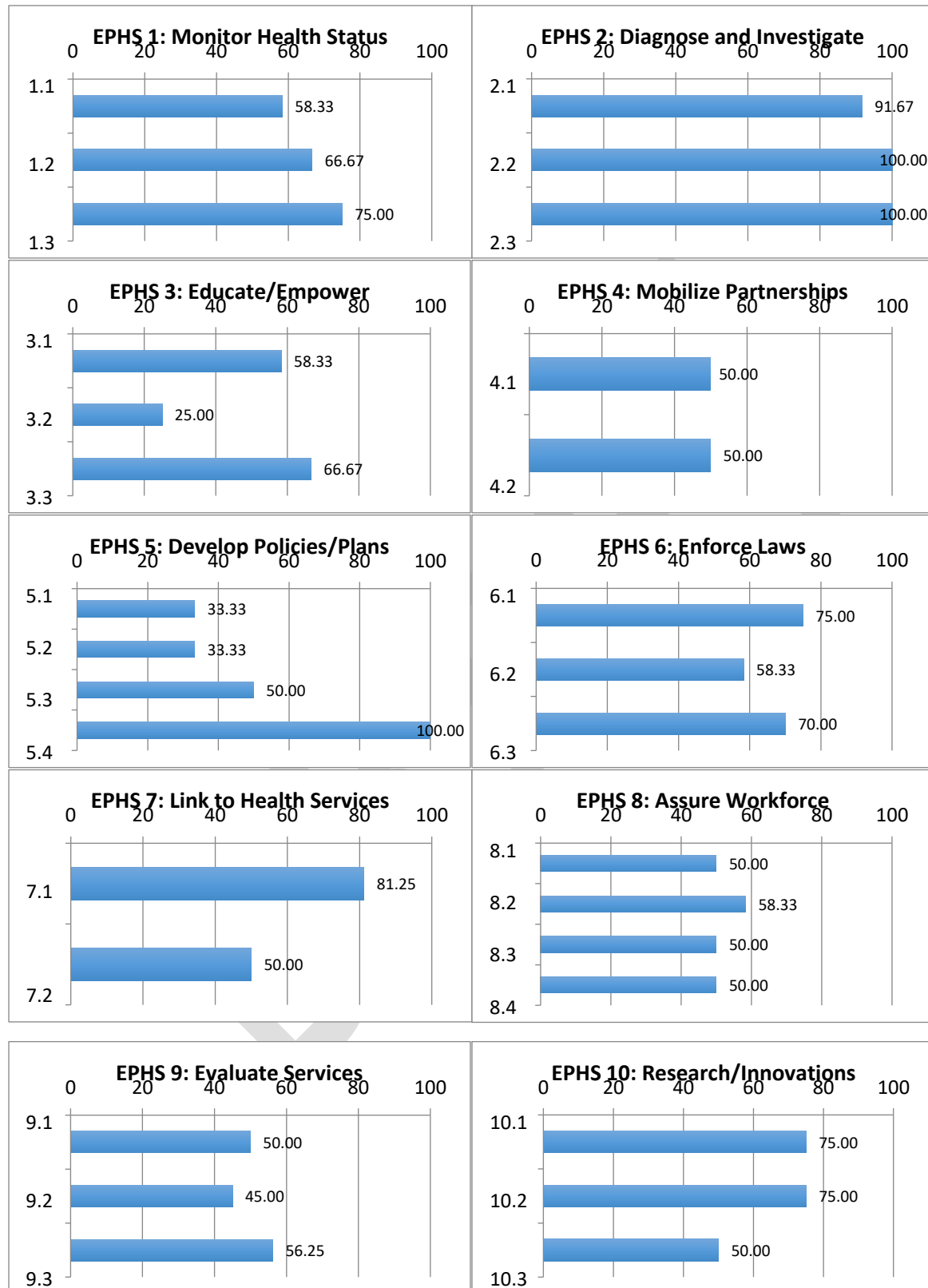
Figure 3. Summary of Average Essential Public Health Service Performance Scores



“Are we using data to address the needs of the population at large, or just the people who come to us? We, as a system, tend to address who walks in the door as opposed to the unmet needs of those who aren’t getting to us. Are we saying let’s use the data to find problems we don’t know about? Looking for something new? We don’t really do it.”

Figure 4. provides a more detailed look at how well the LPHS is performing at the model standard level.

Figure 4.



Importance

How Important are the Model Standards to the Local Public Health System?

Table 4 shows how important the partners felt the model standards were to the LPHS on a scale of 1-10. The essential service that scored the highest was Essential Service 2, Diagnose and Investigate, with a score of 9.7 out of 10. Essential Service 8, Assure Workforce, scored the lowest at 7.8.

Several Model Standards within the Essential Services received a score of 10:

- 2.1 Identification and Surveillance (*The LPHS identifies and performs surveillance of (health) threats that may impact the health of the populations that you serve.*)
- 2.2 Emergency Response (*The LPHS investigates and responds to public health threats and emergencies that may impact the health of the populations served*)
- 3.3 Risk Communication (*The LPHS communicates about health risks that may affect the health of the population served.*)
- 5.1 Governmental Presence (*The LPHS supports governmental presence (local health department) at the local level*)
- 5.4 Emergency Plan (*The LPHS plans for emergencies that may impact the health of the populations served*)
- 7.1 Personal Health Service Needs (*The LPHS identifies personal health service needs of the populations being served.*)
- 7.2 Assure Linkages (*The LPHS assures the linkage of people to personal health services when otherwise unavailable*)

“We need to do a better job of working as a system to get people to the services they need. We are not just talking about traditional care, we are talking about services like oral health and mental health that are limited in their offerings and have long wait lists. We can’t just tell people to go down the street to a clinic, we need to connect them to the care in a better way, and work together to do so.”

Table 5: Importance Rating by Model Standard and Prioritization within the Model Standards

Model Standard by Essential Services	Online Survey		Final Importance Rating	Readiness for Action	
	Range	Median		Top Priority (red dot)	Top 5 Priority (blue dot)
ES 1: Monitor Health Status			8.3		
1.1 Community Health Assessment	6-10	9	9.0	0	5
1.2 Current Technology	3-10	8	8.0	0	1
1.3 Registries	3-10	8	8.0	0	0
ES 2: Diagnose and Investigate			9.7		
2.1 Identification/Surveillance	7-10	10	10.0	1	6
2.2 Emergency Response	7-10	10	10.0	2	7
2.3 Laboratories	5-10	9	9.0	0	0
ES 3: Education/Empower			9.3		
3.1 Health Education/Promotion	4-10	8	9.0	0	7
3.2 Health Communication	5-10	8	9.0	1	8
3.3 Risk Communication	6-10	9	10.0	0	8
ES 4: Mobilize Partnerships			9.0		
4.1 Constituency Development	4-10	9	9.0	1	2
4.2 Community Partnerships	4-10	9	9.0	2	15
ES 5: Develop Policies/Plans			9.3		
5.1 Governmental Presence	5-10	10	10.0	0	2
5.2 Policy Development	6-10	9	9.0	0	1
5.3 CHIP/Strategic Planning	5-10	8	8.0	0	6
5.4 Emergency Plan	7-10	10	10.0	1	1
ES 6: Enforce Laws			8.3		
6.1 Review Laws	6-10	8	8.0	0	0
6.2 Improve Laws	6-10	8	8.0	0	1
6.3 Enforce Laws	6-10	9	9.0	0	1
ES 7: Link to Health Services			10		
7.1 Personal Health Service Needs	5-10	9	10	0	15
7.2 Assure Linkage	3-10	9	10	15	7
ES 8: Assure Workforce			7.8		
8.1 Workforce Assessment	6-10	8	7.0	0	0
8.2 Workforce Standards	5-10	8	8.0	0	0
8.3 Continuing Education	5-10	8	8.0	0	0
8.4 Leadership Development	6-10	8	8.0	0	3
ES 9: Evaluate Services			8.3		
9.1 Evaluation of Population Health	4-10	8	9.0	2	8
9.2 Evaluation of Personal Health	4-10	8	8.0	0	0
9.3 Evaluation of LPHS	4-10	8	8.0	0	0
ES 10: Research/Innovation			8.3		
10.1 Foster Innovation	5-10	8	8.0	0	0
10.2 Academic Linkages	4-10	8	9.0	0	3
10.3 Research Capacity	4-10	7	8.0	0	0

Table 6 Quadrant Assignments

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

Finally, all three questions can be combined to provide a picture of priority and performance together.

The four quadrants compare the performance of each Essential Service and/or Model Standard with its importance rating to provide guidance for attention and next steps for LPHS improvement.

“Community partners must collectively examine where emergency response and public health overlap, because if the health of the public is not good then we become more vulnerable to emergencies.”

Table 7. LPHSA Results Ordered by Quadrants.

Model Standard by Essential Services	Performance Score (%)	Final Importance Rating (1-10)	Priority amongst Priorities	
			Top Priority (red dot)	Top 5 Priority (blue dot)
Quadrant A – High priority and Low Performance – may need increased attention				
1.1 Community Health Assessment	58	9.0	0	5
3.1 Health Education/Promotion	58	9.0	0	7
3.2 Health Communication	25	9.0	1	8
4.1 Constituency Development	50	9.0	1	2
4.2 Community Partnerships	50	9.0	2	15
5.1 Governmental Presence	33	10.0	0	2
5.2 Policy Development	33	9.0	0	1
7.2 Assure Linkage	50	10	15	7
9.1 Evaluation of Population Health	50	9.0	2	8
Quadrant B – High Priority and High Performance – These activities are being done well and it is important to maintain the effort				

Model Standard by Essential Services	Performance Score (%)	Final Importance Rating (1-10)	Priority amongst Priorities	
			Top Priority (red dot)	Top 5 Priority (blue dot)
2.1 Identification/Surveillance	92	10.0	1	6
2.2 Emergency Response	100	10.0	2	7
2.3 Laboratories	100	9.0	0	0
3.3 Risk Communication	67	10.0	0	8
5.4 Emergency Plan	100	10.0	1	1
6.3 Enforce Laws	70	9.0	0	1
7.1 Personal Health Service Needs	81	10	0	15
10.2 Academic Linkages	75	9.0	0	3
Quadrant C – Low Priority and High Importance – These activities are being done well, consideration may be given to reducing effort in these areas.				
1.2 Current Technology	67	8.0	0	1
1.3 Registries	75	8.0	0	0
6.1 Review Laws	75	8.0	0	0
10.1 Foster Innovation	75	8.0	0	0
Quadrant D – Low Priority and Low Importance – These activities could be improved but are of low priority. They may need little or no attention now				
5.3 CHIP/Strategic Planning	50	8.0	0	6
6.2 Improve Laws	58	8.0	0	1
8.1 Workforce Assessment	50	7.0	0	0
8.2 Workforce Standards	58	8.0	0	0
8.3 Continuing Education	50	8.0	0	0
8.4 Leadership Development	50	8.0	0	3
9.2 Evaluation of Personal Health	45	8.0	0	0
9.3 Evaluation of LPHS	56	8.0	0	0
10.3 Research Capacity	50	8.0	0	0

A final discussion and vote were held to determine top LPHS priorities after combining performance and importance results. Those receiving the most votes fall within either Quadrant A (high priority/low performance) or Quadrant B (high priority/high performance).

“We are not using any clear method of evaluation to improve our services as a system. Nor are we using the same indicators or metrics to allow us to compare. We are not collecting any common indicators or coming together to discuss what we are looking at and how we should address problems collectively.”

Table 8. LPHSA Results Ranked by Readiness for Action Model Standard by Essential Services	Performance Score (%)	Final Importance Rating (1-10)	Quadrant	Readiness for Action	
				Top Priority (red dot)	Top 5 Priority (blue dot)
7.2 Assure Linkage	50	10	A	15	7
4.2 Community Partnerships	50	9.0	A	2	15
9.1 Evaluation of Population Health	50	9.0	A	2	8
2.2 Emergency Response	100	10.0	B	2	7
3.2 Health Communication	25	9.0	A	1	8
2.1 Identification/Surveillance	92	10.0	B	1	6
4.1 Constituency Development	50	9.0	A	1	2
5.4 Emergency Plan	100	10.0	B	1	1
7.1 Personal Health Service Needs	81	10	B	0	15
3.3 Risk Communication	67	10.0	B	0	8
3.1 Health Education/Promotion	58	9.0	A	0	7
5.3 CHIP/Strategic Planning	50	8.0	D	0	6
1.1 Community Health Assessment	58	9.0	A	0	5
10.2 Academic Linkages	75	9.0	B	0	3
8.4 Leadership Development	50	8.0	D	0	3
5.1 Governmental Presence	33	10.0	A	0	2
5.2 Policy Development	33	9.0	A	0	1
6.3 Enforce Laws	70	9.0	B	0	1
1.2 Current Technology	67	8.0	C	0	1
6.2 Improve Laws	58	8.0	D	0	1
2.3 Laboratories	100	9.0	B	0	0
1.3 Registries	75	8.0	C	0	0
6.1 Review Laws	75	8.0	C	0	0
10.1 Foster Innovation	75	8.0	C	0	0
8.1 Workforce Assessment	50	7.0	D	0	0
8.2 Workforce Standards	58	8.0	D	0	0
8.3 Continuing Education	50	8.0	D	0	0
9.2 Evaluation of Personal Health	45	8.0	D	0	0
9.3 Evaluation of LPHS	56	8.0	D	0	0
10.3 Research Capacity	50	8.0	D	0	0

Appendices – Result Tables

1. LPHSA Results by Model Standard
2. LPHSA Results by Performance Score
3. LPHSA Results by Importance Score
4. LPHSA Results by Quadrant Assignment (Performance and Importance Combined)
5. LPHSA Results by Prioritization by System Partners

Model Standards by Performance, Importance, and Final Prioritization by System Partners

Ordered by Model Standard Number

Quadrant	Model Standard	Performance Score (%)	Importance Rating (1-10)	Priority amongst Priorities	
				Top Priority (red dot)	Top 5 priority (blue dot)
A <i>(High Priority and Low Performance) – These activities may need increased attention.</i>	1.1 Community Health Assessment	58	9	0	5
C <i>(Low Priority and High Performance) – These activities are being done well, consideration may be given to reducing effort in these areas.</i>	1.2 Current Technology	67	8	0	1
C <i>(Low Priority and High Performance) – These activities are being done well, consideration may be given to reducing effort in these areas.</i>	1.3 Registries	75	8	0	0
B <i>(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.</i>	2.1 Identification/Surveillance	92	10	1	6
B <i>(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.</i>	2.2 Emergency Response	100	10	2	7
B <i>(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.</i>	2.3 Laboratories	100	9	0	0
A <i>(High Priority and Low Performance) – These activities may need increased attention.</i>	3.1 Health Education/Promotion	58	9	0	7
A <i>(High Priority and Low Performance) – These activities may need increased attention.</i>	3.2 Health Communication	25	9	1	8
B <i>(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.</i>	3.3 Risk Communication	67	10	0	8
A <i>(High Priority and Low Performance) – These activities may need increased attention.</i>	4.1 Constituency Development	50	9	1	2
A <i>(High Priority and Low Performance) – These activities may need increased attention.</i>	4.2 Community Partnerships	50	9	2	15
A <i>(High Priority and Low Performance) – These activities may need increased attention.</i>	5.1 Governmental Presence	33	10	0	2
A <i>(High Priority and Low Performance) – These activities may need increased attention.</i>	5.2 Policy Development	33	9	0	1
D <i>(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.</i>	5.3 CHIP/Strategic Planning	50	8	0	6
B <i>(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.</i>	5.4 Emergency Plan	100	10	1	1
C <i>(Low Priority and High Performance) – These activities are being done well, consideration may be given to reducing effort in these areas.</i>	6.1 Review Laws	75	8	0	0
D <i>(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.</i>	6.2 Improve Laws	58	8	0	1
B <i>(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.</i>	6.3 Enforce Laws	70	9	0	1
B <i>(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.</i>	7.1 Personal Health Services Needs	81	10	0	10
A <i>(High Priority and Low Performance) – These activities may need increased attention.</i>	7.2 Assure Linkage	50	10	15	7

Model Standards by Performance, Importance, and Final Prioritization by System Partners

Ordered by Model Standard Number

Quadrant	Model Standard	Performance Score (%)	Importance Rating (1-10)	Priority amongst Priorities	
				Top Priority (red dot)	Top 5 priority (blue dot)
D <i>(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.</i>	8.1 Workforce Assessment	50	7	0	0
D <i>(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.</i>	8.2 Workforce Standards	58	8	0	0
D <i>(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.</i>	8.3 Continuing Education	50	8	0	0
D <i>(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.</i>	8.4 Leadership Development	50	8	0	3
A <i>(High Priority and Low Performance) – These activities may need increased attention.</i>	9.1 Evaluation of Population Health	50	9	2	8
D <i>(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.</i>	9.2 Evaluation of Personal Health	45	8	0	0
D <i>(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.</i>	9.3 Evaluation of LPHS	56	8	0	0
C <i>(Low Priority and High Performance) – These activities are being done well, consideration may be given to reducing effort in these areas.</i>	10.1 Foster Innovation	75	8	0	0
B <i>(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.</i>	10.2 Academic Linkages	75	9	0	3
D <i>(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.</i>	10.3 Research Capacity	50	8	0	0

Model Standards by Performance, Importance, and Final Prioritization by System Partners

Ordered by Performance Score

Quadrant	Model Standard	Performance Score (%)	Importance Rating (1-10)	Priority amongst Priorities	
				Top Priority (red dot)	Top 5 priority (blue dot)
B <i>(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.</i>	2.2 Emergency Response	100	10	2	7
B <i>(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.</i>	2.3 Laboratories	100	9	0	0
B <i>(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.</i>	5.4 Emergency Plan	100	10	1	1
B <i>(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.</i>	2.1 Identification/Surveillance	92	10	1	6
B <i>(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.</i>	7.1 Personal Health Services Needs	81	10	0	10
C <i>(Low Priority and High Performance) – These activities are being done well, consideration may be given to reducing effort in these areas.</i>	1.3 Registries	75	8	0	0
C <i>(Low Priority and High Performance) – These activities are being done well, consideration may be given to reducing effort in these areas.</i>	10.1 Foster Innovation	75	8	0	0
B <i>(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.</i>	10.2 Academic Linkages	75	9	0	3
C <i>(Low Priority and High Performance) – These activities are being done well, consideration may be given to reducing effort in these areas.</i>	6.1 Review Laws	75	8	0	0
B <i>(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.</i>	6.3 Enforce Laws	70	9	0	1
C <i>(Low Priority and High Performance) – These activities are being done well, consideration may be given to reducing effort in these areas.</i>	1.2 Current Technology	67	8	0	1
B <i>(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.</i>	3.3 Risk Communication	67	10	0	8
A <i>(High Priority and Low Performance) – These activities may need increased attention.</i>	1.1 Community Health Assessment	58	9	0	5
A <i>(High Priority and Low Performance) – These activities may need increased attention.</i>	3.1 Health Education/Promotion	58	9	0	7
D <i>(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.</i>	6.2 Improve Laws	58	8	0	1
D <i>(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.</i>	8.2 Workforce Standards	58	8	0	0
D <i>(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.</i>	9.3 Evaluation of LPHS	56	8	0	0

Model Standards by Performance, Importance, and Final Prioritization by System Partners

Ordered by Performance Score

Quadrant	Model Standard	Performance Score (%)	Importance Rating (1-10)	Priority amongst Priorities	
				Top Priority (red dot)	Top 5 priority (blue dot)
A <i>(High Priority and Low Performance) – These activities may need increased attention.</i>	4.1 Constituency Development	50	9	1	2
A <i>(High Priority and Low Performance) – These activities may need increased attention.</i>	4.2 Community Partnerships	50	9	2	15
D <i>(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.</i>	5.3 CHIP/Strategic Planning	50	8	0	6
A <i>(High Priority and Low Performance) – These activities may need increased attention.</i>	7.2 Assure Linkage	50	10	15	7
D <i>(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.</i>	8.1 Workforce Assessment	50	7	0	0
D <i>(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.</i>	8.3 Continuing Education	50	8	0	0
D <i>(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.</i>	8.4 Leadership Development	50	8	0	3
A <i>(High Priority and Low Performance) – These activities may need increased attention.</i>	9.1 Evaluation of Population Health	50	9	2	8
D <i>(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.</i>	10.3 Research Capacity	50	8	0	0
D <i>(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.</i>	9.2 Evaluation of Personal Health	45	8	0	0
A <i>(High Priority and Low Performance) – These activities may need increased attention.</i>	5.1 Governmental Presence	33	10	0	2
A <i>(High Priority and Low Performance) – These activities may need increased attention.</i>	5.2 Policy Development	33	9	0	1
A <i>(High Priority and Low Performance) – These activities may need increased attention.</i>	3.2 Health Communication	25	9	1	8

3. Sort by Importance

Model Standards by Performance, Importance, and Final Prioritization by System Partners

Ordered by Importance Rating (10-1)

Quadrant		Model Standard	Performance Score (%)	Importance Rating (1-10)	Priority amongst Priorities	
					Top Priority (red dot)	Top 5 priority (blue dot)
B	(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.	2.1 Identification/Surveillance	92	10	1	6
B	(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.	2.2 Emergency Response	100	10	2	7
B	(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.	3.3 Risk Communication	67	10	0	8
A	(High Priority and Low Performance) – These activities may need increased attention.	5.1 Governmental Presence	33	10	0	2
B	(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.	5.4 Emergency Plan	100	10	1	1
B	(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.	7.1 Personal Health Services Needs	81	10	0	10
A	(High Priority and Low Performance) – These activities may need increased attention.	7.2 Assure Linkage	50	10	15	7
A	(High Priority and Low Performance) – These activities may need increased attention.	1.1 Community Health Assessment	58	9	0	5
B	(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.	2.3 Laboratories	100	9	0	0
A	(High Priority and Low Performance) – These activities may need increased attention.	3.1 Health Education/Promotion	58	9	0	7
A	(High Priority and Low Performance) – These activities may need increased attention.	3.2 Health Communication	25	9	1	8
A	(High Priority and Low Performance) – These activities may need increased attention.	4.1 Constituency Development	50	9	1	2
A	(High Priority and Low Performance) – These activities may need increased attention.	4.2 Community Partnerships	50	9	2	15
A	(High Priority and Low Performance) – These activities may need increased attention.	5.2 Policy Development	33	9	0	1
B	(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.	6.3 Enforce Laws	70	9	0	1
A	(High Priority and Low Performance) – These activities may need increased attention.	9.1 Evaluation of Population Health	50	9	2	8
B	(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.	10.2 Academic Linkages	75	9	0	3

3. Sort by Importance

Model Standards by Performance, Importance, and Final Prioritization by System Partners

Ordered by Importance Rating (10-1)

Quadrant	Model Standard	Performance Score (%)	Importance Rating (1-10)	Priority amongst Priorities	
				Top Priority (red dot)	Top 5 priority (blue dot)
C <i>(Low Priority and High Performance) – These activities are being done well, consideration may be given to reducing effort in these areas.</i>	1.2 Current Technology	67	8	0	1
C <i>(Low Priority and High Performance) – These activities are being done well, consideration may be given to reducing effort in these areas.</i>	1.3 Registries	75	8	0	0
D <i>(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.</i>	5.3 CHIP/Strategic Planning	50	8	0	6
C <i>(Low Priority and High Performance) – These activities are being done well, consideration may be given to reducing effort in these areas.</i>	6.1 Review Laws	75	8	0	0
D <i>(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.</i>	6.2 Improve Laws	58	8	0	1
D <i>(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.</i>	8.2 Workforce Standards	58	8	0	0
D <i>(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.</i>	8.3 Continuing Education	50	8	0	0
D <i>(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.</i>	8.4 Leadership Development	50	8	0	3
D <i>(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.</i>	9.2 Evaluation of Personal Health	45	8	0	0
D <i>(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.</i>	9.3 Evaluation of LPHS	56	8	0	0
C <i>(Low Priority and High Performance) – These activities are being done well, consideration may be given to reducing effort in these areas.</i>	10.1 Foster Innovation	75	8	0	0
D <i>(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.</i>	10.3 Research Capacity	50	8	0	0
D <i>(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.</i>	8.1 Workforce Assessment	50	7	0	0

4. Sort by Quadrant

Model Standards by Performance, Importance, and Final Prioritization by System Partners

Ordered by Quadrant

Quadrant	Model Standard	Performance Score (%)	Importance Rating (1-10)	Priority amongst Priorities	
				Top Priority (red dot)	Top 5 priority (blue dot)
A <i>(High Priority and Low Performance) – These activities may need increased attention.</i>	1.1 Community Health Assessment	58	9	0	5
A <i>(High Priority and Low Performance) – These activities may need increased attention.</i>	3.1 Health Education/Promotion	58	9	0	7
A <i>(High Priority and Low Performance) – These activities may need increased attention.</i>	3.2 Health Communication	25	9	1	8
A <i>(High Priority and Low Performance) – These activities may need increased attention.</i>	4.1 Constituency Development	50	9	1	2
A <i>(High Priority and Low Performance) – These activities may need increased attention.</i>	4.2 Community Partnerships	50	9	2	15
A <i>(High Priority and Low Performance) – These activities may need increased attention.</i>	5.1 Governmental Presence	33	10	0	2
A <i>(High Priority and Low Performance) – These activities may need increased attention.</i>	5.2 Policy Development	33	9	0	1
A <i>(High Priority and Low Performance) – These activities may need increased attention.</i>	7.2 Assure Linkage	50	10	15	7
A <i>(High Priority and Low Performance) – These activities may need increased attention.</i>	9.1 Evaluation of Population Health	50	9	2	8
B <i>(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.</i>	2.1 Identification/Surveillance	92	10	1	6
B <i>(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.</i>	2.2 Emergency Response	100	10	2	7
B <i>(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.</i>	2.3 Laboratories	100	9	0	0
B <i>(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.</i>	3.3 Risk Communication	67	10	0	8
B <i>(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.</i>	5.4 Emergency Plan	100	10	1	1
B <i>(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.</i>	6.3 Enforce Laws	70	9	0	1
B <i>(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.</i>	7.1 Personal Health Services Needs	81	10	0	10
B <i>(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.</i>	10.2 Academic Linkages	75	9	0	3
C <i>(Low Priority and High Performance) – These activities are being done well, consideration may be given to reducing effort in these areas.</i>	1.2 Current Technology	67	8	0	1
C <i>(Low Priority and High Performance) – These activities are being done well, consideration may be given to reducing effort in these areas.</i>	1.3 Registries	75	8	0	0
C <i>(Low Priority and High Performance) – These activities are being done well, consideration may be given to reducing effort in these areas.</i>	6.1 Review Laws	75	8	0	0
C <i>(Low Priority and High Performance) – These activities are being done well, consideration may be given to reducing effort in these areas.</i>	10.1 Foster Innovation	75	8	0	0

4. Sort by Quadrant

Model Standards by Performance, Importance, and Final Prioritization by System Partners

Ordered by Quadrant

Quadrant	Model Standard	Performance Score (%)	Importance Rating (1-10)	Priority amongst Priorities	
				Top Priority (red dot)	Top 5 priority (blue dot)
D	<i>(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.</i> 5.3 CHIP/Strategic Planning	50	8	0	6
D	<i>(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.</i> 6.2 Improve Laws	58	8	0	1
D	<i>(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.</i> 8.1 Workforce Assessment	50	7	0	0
D	<i>(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.</i> 8.2 Workforce Standards	58	8	0	0
D	<i>(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.</i> 8.3 Continuing Education	50	8	0	0
D	<i>(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.</i> 8.4 Leadership Development	50	8	0	3
D	<i>(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.</i> 9.2 Evaluation of Personal Health	45	8	0	0
D	<i>(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.</i> 9.3 Evaluation of LPHS	56	8	0	0
D	<i>(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.</i> 10.3 Research Capacity	50	8	0	0

Model Standards by Performance, Importance, and Final Prioritization by System Partners

Ordered by Top Priority then Top 5

Quadrant	Model Standard	Performance Score (%)	Importance Rating (1-10)	Priority amongst Priorities	
				Top Priority (red dot)	Top 5 priority (blue dot)
A <i>(High Priority and Low Performance) – These activities may need increased attention.</i>	7.2 Assure Linkage	50	10	15	7
A <i>(High Priority and Low Performance) – These activities may need increased attention.</i>	4.2 Community Partnerships	50	9	2	15
A <i>(High Priority and Low Performance) – These activities may need increased attention.</i>	9.1 Evaluation of Population Health	50	9	2	8
B <i>(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.</i>	2.2 Emergency Response	100	10	2	7
A <i>(High Priority and Low Performance) – These activities may need increased attention.</i>	3.2 Health Communication	25	9	1	8
B <i>(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.</i>	2.1 Identification/Surveillance	92	10	1	6
A <i>(High Priority and Low Performance) – These activities may need increased attention.</i>	4.1 Constituency Development	50	9	1	2
B <i>(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.</i>	5.4 Emergency Plan	100	10	1	1
B <i>(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.</i>	7.1 Personal Health Services Needs	81	10	0	10
B <i>(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.</i>	3.3 Risk Communication	67	10	0	8
A <i>(High Priority and Low Performance) – These activities may need increased attention.</i>	3.1 Health Education/Promotion	58	9	0	7
D <i>(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.</i>	5.3 CHIP/Strategic Planning	50	8	0	6
A <i>(High Priority and Low Performance) – These activities may need increased attention.</i>	1.1 Community Health Assessment	58	9	0	5
B <i>(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.</i>	10.2 Academic Linkages	75	9	0	3
D <i>(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.</i>	8.4 Leadership Development	50	8	0	3
A <i>(High Priority and Low Performance) – These activities may need increased attention.</i>	5.1 Governmental Presence	33	10	0	2
A <i>(High Priority and Low Performance) – These activities may need increased attention.</i>	5.2 Policy Development	33	9	0	1
B <i>(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.</i>	6.3 Enforce Laws	70	9	0	1
C <i>(Low Priority and High Performance) – These activities are being done well, consideration may be given to reducing effort in these areas.</i>	1.2 Current Technology	67	8	0	1
D <i>(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.</i>	6.2 Improve Laws	58	8	0	1

Model Standards by Performance, Importance, and Final Prioritization by System Partners

Ordered by Top Priority then Top 5

Quadrant	Model Standard	Performance Score (%)	Importance Rating (1-10)	Priority amongst Priorities	
				Top Priority (red dot)	Top 5 priority (blue dot)
B <i>(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.</i>	2.3 Laboratories	100	9	0	0
C <i>(Low Priority and High Performance) – These activities are being done well, consideration may be given to reducing effort in these areas.</i>	1.3 Registries	75	8	0	0
C <i>(Low Priority and High Performance) – These activities are being done well, consideration may be given to reducing effort in these areas.</i>	6.1 Review Laws	75	8	0	0
C <i>(Low Priority and High Performance) – These activities are being done well, consideration may be given to reducing effort in these areas.</i>	10.1 Foster Innovation	75	8	0	0
D <i>(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.</i>	8.1 Workforce Assessment	50	7	0	0
D <i>(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.</i>	8.2 Workforce Standards	58	8	0	0
D <i>(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.</i>	8.3 Continuing Education	50	8	0	0
D <i>(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.</i>	9.2 Evaluation of Personal Health	45	8	0	0
D <i>(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.</i>	9.3 Evaluation of LPHS	56	8	0	0
D <i>(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.</i>	10.3 Research Capacity	50	8	0	0