

Item # 24B

**City of Carson City
Agenda Report**

Date Submitted: September 3, 2010

Agenda Date Requested: September 16, 2010

Time Requested: 30 minutes

To: Carson City Board of Health

From: Health and Human Services (Susan Pintar)

Subject Title: Action to accept the Report of Results from the National Association of Local Boards of Health (NALBOH) regarding the NALBOH assessment tool that was used to assist in measuring the infrastructure and capacity of our local public health system.

Staff Summary: This report summarizes findings by NALBOH as a result of the Local Public Health governance Performance Assessment Instrument v. 2.0 completed in the June 17th 2010 Board of Health meeting.

Type of Action Requested: (check one)

Resolution

Ordinance

Formal Action/Motion

Other (Specify)

Does This Action Require A Business Impact Statement: Yes No

Recommended Board Action: I move to accept the Report of Results from the National Association of Local Boards of Health (NALBOH) regarding the NALBOH assessment tool that was used to assist in measuring the infrastructure and capacity of our local public health system.

Explanation for Recommended Board Action: This national public health performance standards assessment was performed in an effort to improve local public health and the performance of our public health systems. The assessment results contain valuable information which will assist in prioritizing the essential areas we believe deserve the most immediate focus.

Fiscal Impact: N/A

Explanation of Impact: N/A

Funding Source: N/A

Supporting Material: Centers for Disease Control document *Local Public Health Governance Performance Assessment – Report of Results*

Prepared By: Marena Works, Director

Reviewed By: Marena Works
(Health Department)

Date: 9/7/10

[Signature]
(City Manager)

Date: 9/7/10

Krist Lewis
(District Attorney)

Date: 9/7/10

Mark Roberts
(Finance Director)

Date: 9/7/10

Board Action Taken:

Motion: _____

- 1) _____
- 2) _____

Aye/Nay

(Vote Recorded By)



CARSON CITY, NEVADA
CONSOLIDATED MUNICIPALITY AND STATE CAPITAL

July 22, 2010

Dear Members of Carson City Board of Health,

I have enclosed the report generated by the National Association of Local Boards of Health based on the Governance Assessment we completed in June. I want to add my thanks for your active participation in the assessment process. The ladies from NALBOH were very positively impressed with the commitment that our board has expressed in improving our community's health.

Please take a few minutes to read through the report. Remember that this is not a report card; it merely reflects our current functioning as a board of health. The real goal is to help us establish priorities for the health of the city and to help us be better governors of the resources around us. As you read, make a mental note of what areas you feel we should focus on for future planning. At our next Board of Health meeting I will be asking you to prioritize which of the essential areas you believe deserve the most focus. Remember that even for items being performed well it still may be valuable to look for opportunities to achieve better results or efficiencies through increased coordination or quality improvement efforts.

After we set our priorities, the real work begins. Our next step is to determine possible reasons or 'root causes' of our weakness or problems and begin to develop an action plan. Expect representatives from Health and Human Services to take lead roles in these tasks; however it is up to us, as the governing body, to give them their assignments. Our role is to provide oversight and accountability for the entire system.

On a related note, we are also planning a community-wide health assessment to be held in the fall. It will have a format similar to the Governance Assessment we completed but will involve leaders of a variety of public, private and non-profit agencies that all contribute to the health of our community. The information obtained in this assessment will be shared with our Board as well.

Again, thank you for your participation in this process. I know the result will be a healthier Carson City.

Sincerely,

Susan Pintar, MD
County Health Officer

Carson City Health & Human Services

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National Public Health Performance Standards Program

Local Public Health Governance
Performance Assessment

Report of Results

Carson City Board of Health

3/29/2010

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Local Public Health Governance Performance Assessment Report of Results

A. The NPHPSP Report of Results

I. INTRODUCTION

The National Public Health Performance Standards Program (NPHPSP) assessments are intended to help users answer questions such as "What are the activities and capacities of our public health system?" and "How well are we providing the Essential Public Health Services in our jurisdiction?" The dialogue that occurs in answering these questions can help to identify strengths and weaknesses and determine opportunities for improvement.

The NPHPSP is a partnership effort to improve the practice of public health and the performance of public health systems. The NPHPSP assessment instruments guide state and local jurisdictions in evaluating their current performance against a set of optimal standards.

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

The NPHPSP is a collaborative effort of seven national partners:

- Centers for Disease Control and Prevention, Office of Chief of Public Health Practice (CDC/OCPPH)
- American Public Health Association (APHA)
- Association of State and Territorial Health Officials (ASTHO)
- National Association of County and City Health Officials (NACCHO)
- National Association of Local Boards of Health (NALBOH)
- National Network of Public Health Institutes (NNPHI)
- Public Health Foundation (PHF)

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

This report provides a summary of results from the NPHPSP Local Public Health System Assessment (OMB Control number 0920-0555, expiration date: August 31, 2010). Through the assessment process and the use of this report, responding boards of health gain a better understanding of their roles and how they can better strengthen their ability for overseeing public health within the community.

II. ABOUT THE REPORT

Calculating the scores

The NPHPSP assessment instruments are constructed using the Essential Public Health Services (EPHS) as a framework. Within the Governance Instrument, each EPHS includes one model standard that describes the governance and oversight roles and activities. Each model standard is followed by assessment questions that serve as measures of performance. The board's responses to these questions should indicate how well the model standard - which portrays the highest level of performance or "gold standard" - is being met.

Sites responded to assessment questions using the following response options below. These same categories are used in this report to characterize levels of activity for Essential Services and model standards.





MINIMAL ACTIVITY	Greater than zero, but no more than 25% of the activity described within the question is met.
MODERATE ACTIVITY	Greater than 25% but no more than 50% of the activity described within the question is met.
SIGNIFICANT ACTIVITY	Greater than 50% but no more than 75% of the activity described within the question is met.
EXCELLENT ACTIVITY	Greater than 75% of the activity described within the question is met.

Using the responses to all of the assessment questions, a scoring process generates scores for each first-tier or "stem" question, model standard, Essential Service, and one overall score. The scoring methodology is available from CDC or can be accessed on-line at <http://www.cdc.gov/od/ocphp/nphpsp/Conducting.htm>.

Understanding data limitations

Respondents to the self-assessment should understand what the performance scores represent and potential data limitations. All performance scores are a composite; stem question scores represent a composite of the stem question and subquestion responses; model standard scores are a composite of the question scores within that area, and so on. The responses to the questions within the assessment are based upon processes that utilize input from diverse system participants with different experiences and perspectives. The gathering of these inputs and the development of a response for each question incorporates an element of subjectivity, which can be minimized through the use of particular assessment methods. Additionally, while certain assessment methods are recommended, processes can differ among sites. The assessment methods are not fully standardized and these differences in administration of the self-assessment may introduce an element of measurement error. In addition, there are differences in knowledge about the public health system among assessment participants. This may lead to some interpretation differences and issues for some questions, potentially introducing a degree of random non-sampling error.

Because of the limitations noted, the results and recommendations associated with these reported data should be used for quality improvement purposes. More specifically, results should be utilized for guiding an overall public health infrastructure and performance improvement process for the board of health.

Presentation of results

The NPHPSP has attempted to present results - through a variety of figures and tables - in a user-friendly and clear manner. Results are presented in a Microsoft Word document, which allows users to easily copy and paste or edit the report for their own customized purposes. Original responses to all questions are also available.

For ease of use, many figures in tables use short titles to refer to Essential Services, model standards, and questions. If in doubt of the meaning, please refer to the full text in the assessment instruments.

Governing entities may choose to complete one optional questionnaire which asks about priority of each model standard to the board of health. Sites that submit responses for these questionnaires will see the results included as an additional component of their reports. Recipients of the priority results section may find that the scatter plot figures include data points that overlap. This is unavoidable when presenting results that represent similar data; in these cases, sites may find that the table listing of results will more clearly show the results found in each quadrant.

III. TIPS FOR INTERPRETING AND USING NPHPSP ASSESSMENT RESULTS

The use of these results by respondents to strengthen the public health system is the most important part of the performance improvement process that the NPHPSP is intended to promote. Report data may be used to identify strengths and weaknesses within the local public health system and pinpoint areas of performance that need improvement. The NPHPSP User Guide describes steps for using these results to develop and implement public health system performance improvement plans. Implementation of these plans is critical to achieving a higher performing board of health and local public health system. Suggested steps in developing such improvement plans

are:

1. Organize Participation for Performance Improvement
2. Prioritize Areas for Action
3. Explore "Root Causes" of Performance Problems
4. Develop and Implement Improvement Plans
5. Regularly Monitor and Report Progress

Refer to the User Guide section, "After We Complete the Assessment, What Next?" for details on the above steps.

The assessment results can drive improvement planning within the board of health and local health department, as well as within the broader public health system. In addition, coordinated use of the Local Instrument with the Governance Instrument or state-wide use of the Governance or Local Instruments can lead to more successful and comprehensive improvement plans to address more systemic statewide issues.

The following tips may be helpful when initially reviewing the results, or preparing to present the results to the full board of health or other performance improvement stakeholders.

Examine performance scores

First, sites should take a look at the overall or composite performance scores for Essential Services and model standards. These scores are presented visually in order by Essential Service (Figure 1) and in ascending order (Figure 2). Additionally, Figure 3 uses color designations to indicate performance level categories. Examination of these scores can immediately give a sense of the local board of health's greatest strengths and weaknesses.

Review the range of scores within each Essential Service/model standard

The Essential Service / model standard score is an average of the stem question scores for that standard. If there is great range or difference in scores, focusing attention on the questions with the lower scores will help to identify where performance inconsistency or weakness may be. Some figures, such as the bar charts in Figure 4, provide "range bars" which indicate the variation in scores. Looking for long range bars will help to easily identify these opportunities.

Also, boards of health should refer back to the original question responses to determine where weaknesses or inconsistencies in performance may be occurring. By examining the assessment questions, including the subquestions and discussion toolbox items, participants will be reminded of particular areas of concern that may most need attention.

Consider the context

The NPHPSP User Guide and other technical assistance resources strongly encourage responding jurisdictions to gather and record qualitative input from participants throughout the assessment process. Such information can include insights that shaped group responses, gaps that were uncovered, solutions to identified problems, and impressions or early ideas for improving system performance. This information should have emerged from the general discussion of the model standards and assessment questions, as well as the responses to discussion toolbox topics.

The results viewed in this report should be considered within the context of this qualitative information, as well as with other information. The assessment report, by itself, is not intended to be the sole "roadmap" to answer the question of what a local board of health's or local public health system's performance improvement priorities should be. The original purpose of the assessment, current issues being addressed by the community, and the needs and interests for all stakeholders should be considered.

Some sites have used a process such as Mobilizing for Action through Planning and Partnerships (MAPP) to address their NPHPSP Local Public Health System Assessment data within the context of other community issues. In the MAPP process, users consider the NPHPSP results in addition to three other assessments - community health status, community themes and strengths, and forces of change - before determining strategic issues, setting priorities, and developing action plans. See "Resources for Next Steps" for more about MAPP.

Use the optional priority rating questionnaire results



Sites may choose to complete an optional questionnaire which asks about priority of each model standard to the board of health. This supplemental priority questionnaire, should guide sites in considering their performance scores in relationship to their own board's priorities. The use of this questionnaire can guide sites in targeting their limited attention and resources to areas of high priority but low performance. This information should serve to catalyze or strengthen the performance improvement and board education activities resulting from the assessment process.

IV. FINAL REMARKS

The challenge of preventing illness and improving health is ongoing and complex. The ability to meet this challenge rests on the capacity and performance of public health systems and public health governing entities. Through well equipped, high-performing public health systems, this challenge can be addressed. Public health performance standards are intended to guide the development of stronger boards of health and public health systems capable of improving the health of populations. The development of high-performing public health systems will increase the likelihood that all citizens have access to a defined optimal level of public health services. Through periodic assessment guided by model performance standards, public health leaders can improve collaboration and integration among the many components of a public health system, and more effectively and efficiently use resources while improving health intervention services.



B. Performance Assessment Instrument Results

I. How well did the system perform the ten Essential Public Health Services (EPHS)?

Table 1: Summary of performance scores by Essential Public Health Service (EPHS)

EPHS		Score
1	Monitor Health Status To Identify Community Health Problems	48
2	Diagnose And Investigate Health Problems and Health Hazards	83
3	Inform, Educate, And Empower People about Health Issues	63
4	Mobilize Community Partnerships to Identify and Solve Health Problems	63
5	Develop Policies and Plans that Support Individual and Community Health Efforts	55
6	Enforce Laws and Regulations that Protect Health and Ensure Safety	81
7	Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	81
8	Assure a Competent Public and Personal Health Care Workforce	74
9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	43
10	Research for New Insights and Innovative Solutions to Health Problems	44
Overall Performance Score		64

Figure 1: Summary of EPHS performance scores and overall score (with range)

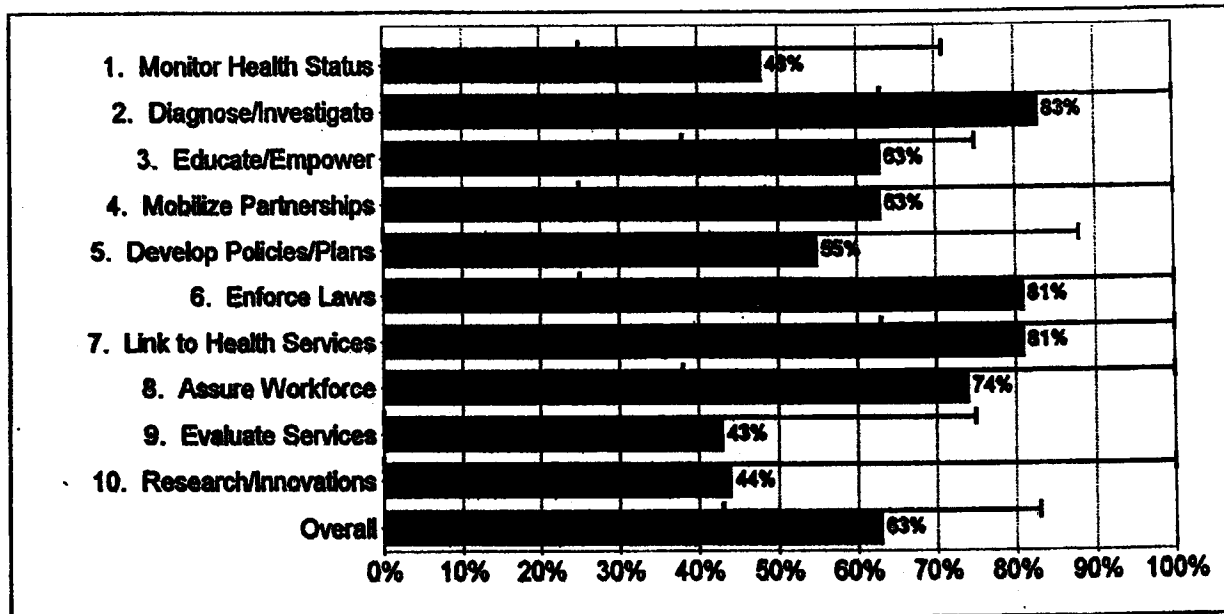


Table 1 (above) provides a quick overview of the system's performance in each of the 10 Essential Public Health Services (EPHS). Each EPHS score is a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of 0% (absolutely no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels).

Figure 1 (above) displays performance scores for each Essential Service and an overall score for the average performance level for all 10 Essential Services. The range bars show the minimum and maximum value of responses within the Essential Service and overall score. Areas of wide range may warrant a closer look in Figure 4 or the raw data.



Figure 2: Rank ordered performance scores for each Essential Service

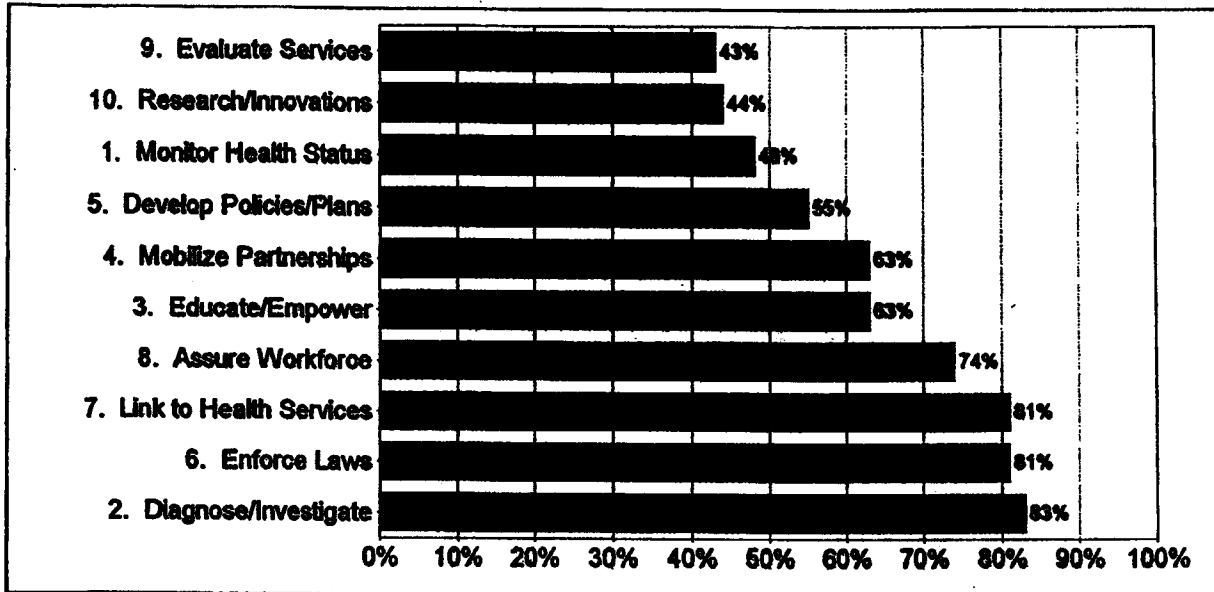


Figure 3: Rank ordered performance scores for each Essential Service, by level of activity

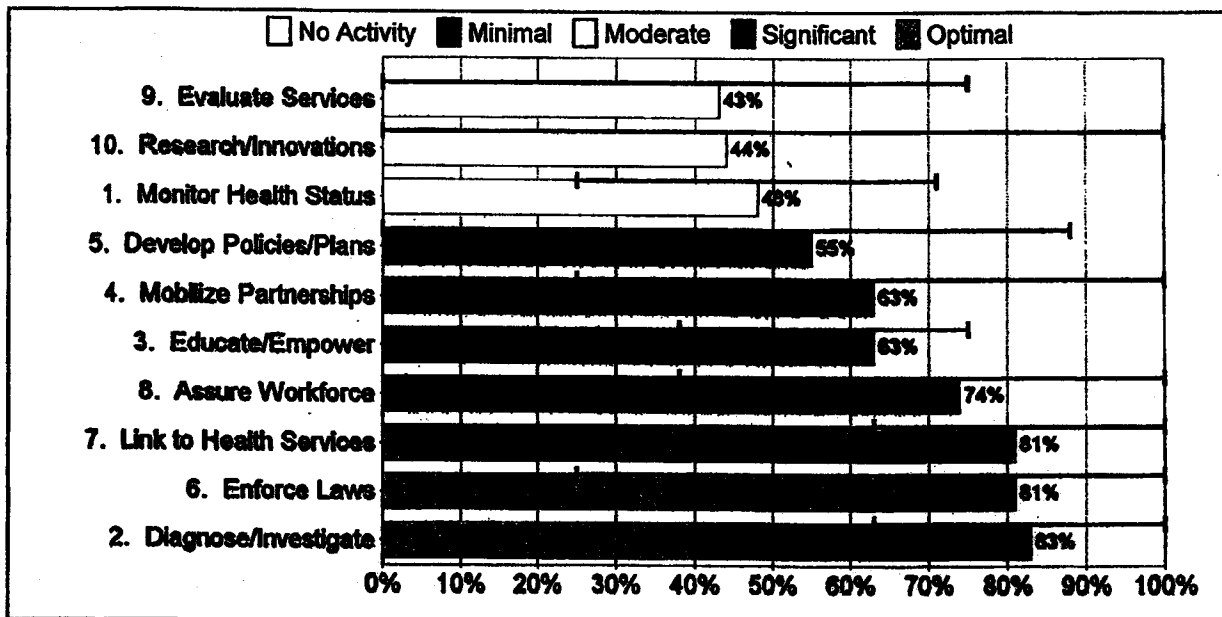


Figure 2: (above) displays each composite score from low to high, allowing easy identification of service domains where performance is relatively strong or weak.

Figure 3: (above) provides a composite picture of the previous two graphs. The range lines show the range of responses within an Essential Service. The color coded bars make it easier to identify which of the Essential Services fall in the five categories of performance activity.

Figure 4: (next page) shows scores for each model standard. Sites can use these graphs to pinpoint specific activities within the Essential Service that may need a closer look. Note these scores also have range bars, showing sub-areas that comprise the model standard.



II. How well did the board perform on specific areas of each Essential Service?

Figure 4: Performance scores for questions within each model standard/Essential Service

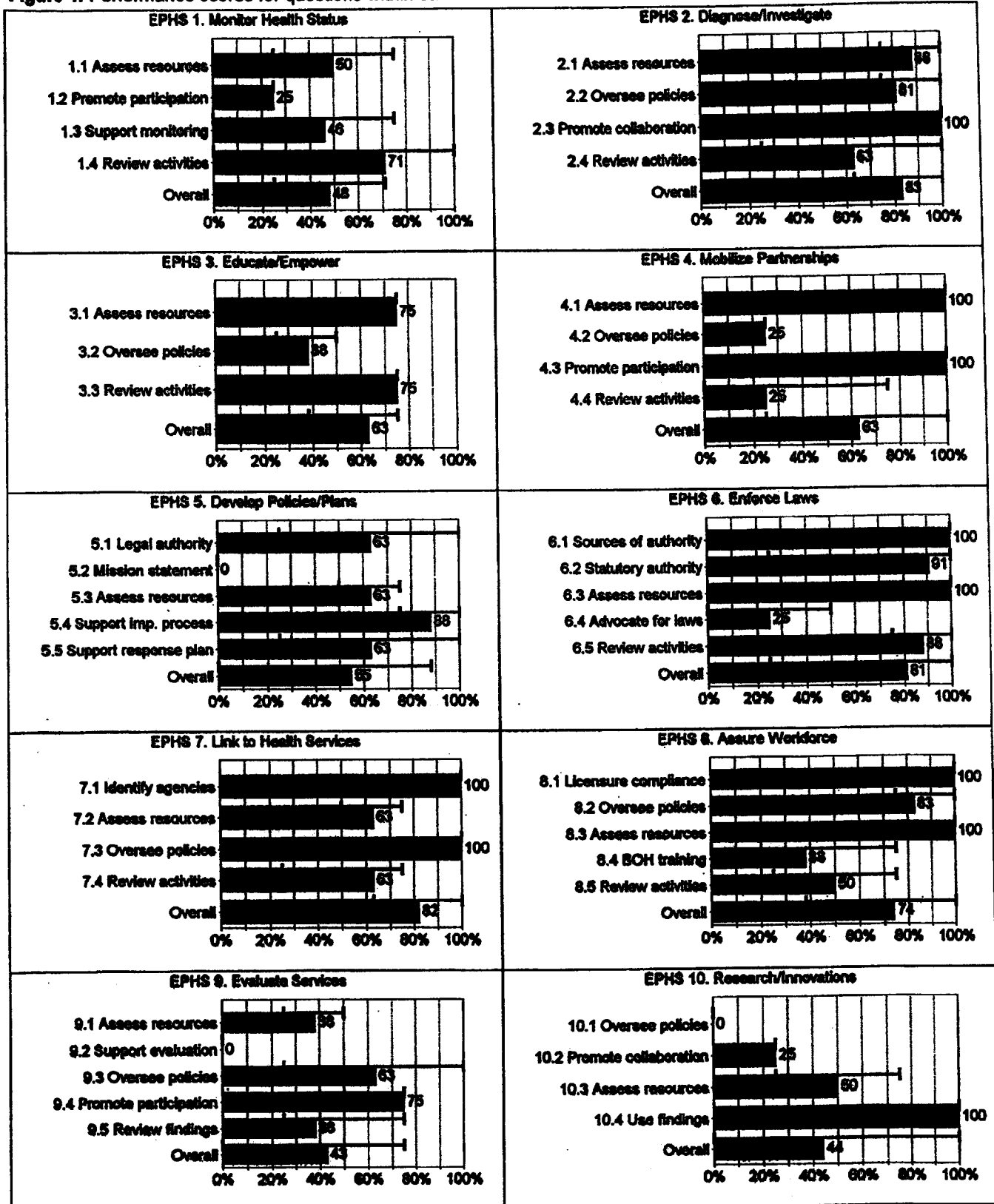




Table 2: Summary of performance scores by Essential Public Health Service (EPHS) and stem question

Essential Public Health Service	Score
EPHS 1. Monitor Health Status To Identify Community Health Problems	48
1.1 Assessment of resources for community health status monitoring	50
1.2 Promotion of community participation in collecting, analyzing, and disseminating community health status data	25
1.3 Support activities for effective health status monitoring	46
1.4 Review of health status monitoring activities	71
EPHS 2. Diagnose And Investigate Health Problems and Health Hazards	83
2.1 Assessment of resources for diagnosis and investigation of health threats	88
2.2 Policies that support diagnosis and investigation of health threats	81
2.3 Promote collaboration regarding issues of diagnosis and investigation of health threats	100
2.4 Review of laboratory services, infectious disease epidemiologic programs, and public health surveillance and response capacity	63
EPHS 3. Inform, Educate, And Empower People about Health Issues	63
3.1 Assessment of resources for community health education and promotion programs	75
3.2 Policies in support of health education and promotion programs	38
3.3 Review of public health education and promotion programs	75
EPHS 4. Mobilize Community Partnerships to Identify and Solve Health Problems	63
4.1 Assessment of resources for constituency development and partnership building	100
4.2 Policies in support of public health constituency development or partnership building	25
4.3 Recognition / encouragement of community participation	100
4.4 Review of public health constituency development and partnership building activities	25
EPHS 5. Develop Policies and Plans that Support Individual and Community Health Efforts	55
5.1 Documentation of legal authority	63
5.2 Mission statement	0
5.3 Assessment of resources and organizational support for public health plans and policies	63
5.4 Support of a community health improvement process	88
5.5 Support establishment of all-hazards emergency response plan	63
EPHS 6. Enforce Laws and Regulations that Protect Health and Ensure Safety	81
6.1 Know source(s) of authority regarding laws, rules, and regulations	100
6.2 Statutory authority to enact laws, rules, and regulations	91
6.3 Assessment of resources for inspection and enforcement activities	100
6.4 Advocacy for laws and regulations that protect health and ensure safety	25
6.5 Review of laws, rules, and regulations designed to protect health	88



Essential Public Health Service	Score
EPHS 7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	81
7.1 Identification of responsible agencies for coordination, outreach and linkage	100
7.2 Assessment of resources to facilitate access to services	63
7.3 Policies supporting resources for outreach and linkage to personal health services	100
7.4 Review of outreach efforts and linkage to personal health services	63
EPHS 8. Assure a Competent Public and Personal Health Care Workforce	74
8.1 Compliance with licensure and credentialing requirements	100
8.2 Policies supporting public health workforce	82
8.3 Assessment of resources for workforce training, leadership development, or continuing education	100
8.4 Access to continuing training and education for board members	38
8.5 Review efforts to strengthen the public health workforce	50
EPHS 9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	43
9.1 Assessment for resources to support evaluation	38
9.2 Evaluation plan for personal and population-based services	0
9.3 Policies supporting evaluation activities	63
9.4 Promote participation in evaluation activities	75
9.5 Review evaluation findings	38
EPHS 10. Research for New Insights and Innovative Solutions to Health Problems	44
10.1 Policies to foster and reward innovation	0
10.2 Encourage collaboration for community-based research	25
10.3 Assessment of resources for research and identification of best practices	50
10.4 Encourage use of research findings and best practices	100



III. Overall, how well is the board achieving optimal activity levels?

Figure 5: Percentage of Essential Services scored in each level of activity

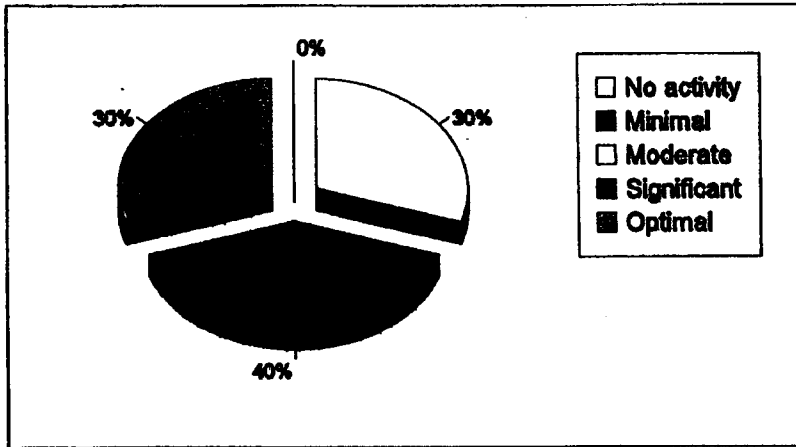


Figure 5 displays the percentage of the system's Essential Services (or model standards) scores that fall within the five activity categories. This chart provides the site with a high level snapshot of the information found in Figure 3.

Figure 6: Percentage of all questions scored in each level of activity

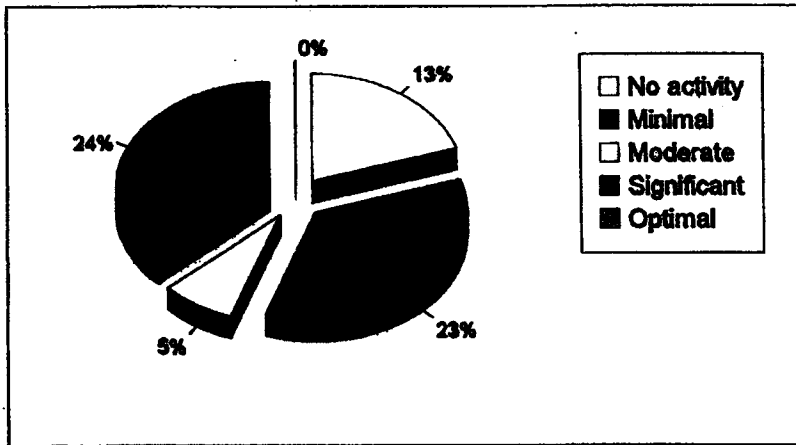


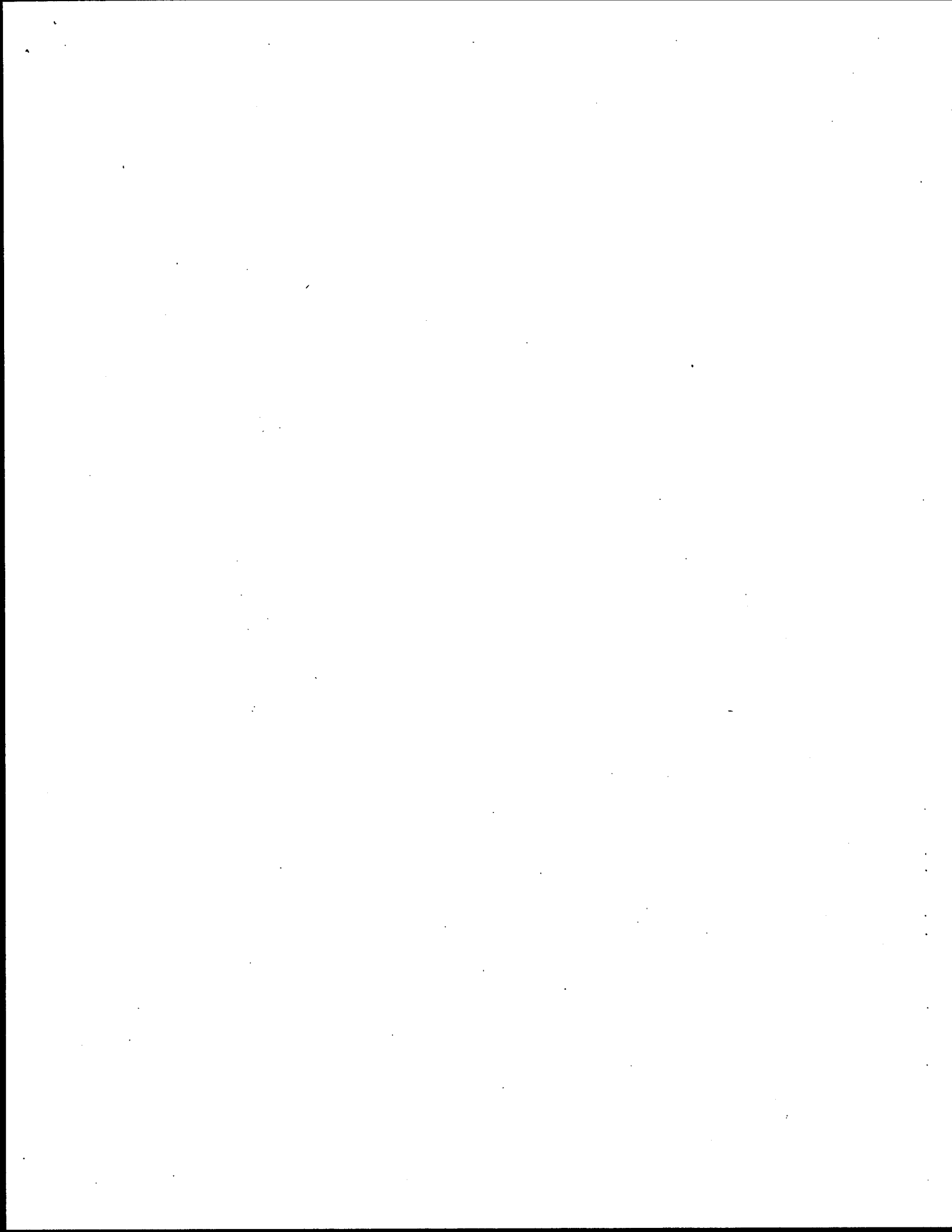
Figure 6 displays the percentage of all scored questions that fall within the five activity categories. This breakdown provides a closer snapshot of the system's performance, showing variation that may be masked by the scores in Figure 5.



APPENDIX: RESOURCES FOR NEXT STEPS

The NPHPSP offers a variety of information, technical assistance, and training resources to assist in quality improvement activities. Descriptions of these resources are provided below. Other resources and websites that may be of particular interest to NPHPSP users are also noted below.

- **Technical Assistance and Consultation** - NPHPSP partners are available for phone and email consultation to state and localities as they plan for and conduct NPHPSP assessment and performance improvement activities. Contact 1-800-747-7649 or phpsp@cdc.gov.
- **NPHPSP User Guide** - The NPHPSP User Guide section, "After We Complete the Assessment, What Next?" describes five essential steps in a performance improvement process following the use of the NPHPSP assessment instruments. The NPHPSP User Guide may be found on the NPHPSP website (www.cdc.gov/od/ocphp/nphpsp/).
- **NPHPSP Online Tool Kit** - Additional resources that may be found on, or are linked to, the NPHPSP website (www.cdc.gov/od/ocphp/nphpsp/) under the "Post Assessment/ Performance Improvement" link include sample performance improvement plans, quality improvement and priority-setting tools, and other technical assistance documents and links.
- **NPHPSP Online Resource Center** - Designed specifically for NPHPSP users, the Public Health Foundation's online resource center (www.phf.org/nphpsp) for public health systems performance improvement allows users to search for State, Local, and Governance resources by model standard, essential public health service, and keyword. Alternately, users may read or print the resource guides available on this site.
- **NPHPSP Monthly User Calls** - These calls feature speakers and dialogue on topic of interest to users. They also provide an opportunity for people from around the country to learn from each other about various approaches to the NPHPSP assessment and performance improvement process. Calls occur on the third Tuesday of each month, 2:00 - 3:00 ET. Contact phpsp@cdc.gov to be added to the email notification list for the call.
- **Annual Training Workshop** - Individuals responsible for coordinating performance assessment and improvement activities may attend an annual two-day workshop held in the spring of each year. Visit the NPHPSP website (www.cdc.gov/od/ocphp/nphpsp/) for more information.
- **Improving Performance Newsletter and the Public Health Infrastructure Resource Center at the Public Health Foundation** - This website (www.phf.org/performance) presents tools and resources that can help organizations streamline efforts and get better results. A five minute orientation presentation provides an orientation on how to access quality improvement resources on the site. The website also includes information about the *Improving Performance* Newsletter, which contains lessons from the field, resources, and tips designed to help NPHPSP users with their performance management efforts. Read past issues or sign up for future issues at: www.phf.org/performance.
- **Mobilizing for Action through Planning and Partnerships (MAPP)** - MAPP has proven to be a particularly helpful tool for sites engaged in community-based health improvement planning. Systems that have just completed the NPHPSP may consider using the MAPP process as a way to launch their performance improvement efforts. Go to www.naccho.org/topics/infrastructure/MAPP to link directly to the MAPP website.



This report intends to provide information gathered during the assessment that is not quantified in the Final Report but may inform board of health action toward identifying priorities as well as performance improvement or quality improvement activities. Model Standards are currently in numerical order and should be prioritized by the BOH.

The Carson City Board of Health completed the NPHPSP Governance Assessment on June 17, 2010 during a 5-hour meeting. Thirteen individuals participated in the process; six board of health members voted.

The following list is not exhaustive, and does not identify all needed improvement areas. Only issues discussed during the assessment process and those identified by the facilitator are recorded. Further discussions should be held by participants in order to identify, prioritize, and engage in a quality improvement process. The NPHPSP Report should be consulted for summative results along with this Supplemental Report while identifying priorities. Please refer to the document "NVO002_ReportOfResults_772010" for further instruction.

Governance Model Standard 1: Oversight for Community Health Status Monitoring

- ❖ **1.2: As a BOH, promote broad-based participation among individuals and organizations active in collecting, analyzing, and disseminating community health status data.**
 - **The BOH identified: having knowledge of this activity will improve the board's ability to promote participation.**
 - **Suggested Recommendation: Work with HD to obtain Community Health Status Data and/or support HD in collecting data if it is currently unavailable.**

- ❖ **1.3.1: As a BOH, support the establishment and/or adherence to standards or guidelines for the local health department's role in data collection, sharing, and reporting.**
 - **The BOH identified: they can work with the HD to identify what currently exists concerning data as well as where additional support is needed.**
 - **Suggested Recommendation: Add an agenda item to regularly scheduled meetings: "HD report."**

- ❖ **1.4.2: Review and update, as appropriate, policies describing the frequency or quality of community health status data collections.**
 - **The facilitator identified: an opportunity to update policies.**
 - **Suggested Recommendation: Create a "Policies and Procedures" document that will guide several areas needing policy update/creation. Work with the HD to update data collection policies.**

- ❖ **1.4.3: Develop a written plan for the continuous improvement of community health monitoring efforts.**
 - **The BOH identified: an opportunity to create written plans and policies.**
 - **Suggested Recommendation: Create a written plan.**

Governance Model Standard 2: Oversight for Public Health Surveillance and Response

- ❖ **2.1: The BOH assesses the availability of resources for diagnosis and investigation of health threats in the community.**
 - **The facilitator identified: a need to increase BOH awareness of HD resources, such as the availability of epidemiological, surveillance, and lab, as well as financial, personnel, and technological resources.**
 - **Suggested recommendation: Add an agenda item to regularly scheduled meetings: "HD report," identify available resources and resource needs.**

- ❖ **2.4.1: The BOH issues written reports on the current status and needed improvements in these services, programs, and capacities.**
 - **The BOH identified: an opportunity to create the written report.**
 - **The BOH identified: an opportunity to provide the State BOH with this written report.**
 - **Suggested recommendation: Create a policy for written reports by recording the steps taken to create a written report on the current status and needed improvements in HD services, programs, and capacities. Present report to State BOH and encourage the other Local BOH to create similar reports.**

Governance Model Standard 3: Inform, Educate, and Empower People about Health Issues

- ❖ **3.1: The BOH assesses the availability of national, state, or local resources required for community health education and promotion programs.**
 - **The facilitator identified: an opportunity to better coordinate activities.**
 - **Suggested recommendation: Create a visual representation of current health education and promotion programs and identify ownership of each; Identify where coordination can improve. Share the final product with the community.**

- ❖ **3.2: The BOH establishes and oversees the implementation of policies in support of health education and promotion programs.**
 - **The BOH identified: an opportunity to create written policies in order to create program and personnel succession planning.**
 - **Suggested recommendation: In tandem with (3.1) suggested recommendation, have each education and promotion program identify, in writing, program fundamentals; work with the HD to compile results into a succinct policy.**

- ❖ **3.2.1: The BOH oversees the implementation of policies or guidelines for health education and promotion programs.**
 - **The BOH identified: an opportunity for the HD to share information.**
 - **Suggested recommendation: Include in additional agenda item "HD report" during regularly scheduled meetings.**

Governance Model Standard 4: Mobilize Community Partnerships to Identify and Solve Health Problems

- ❖ 4.2: The BOH establishes and oversees the implementation of policies in support of public health constituency development or partnership building.
 - The BOH identified: this is completed through partnerships; the BOH should discuss if they should also have a role in this.
 - Suggested recommendation: Place on upcoming BOH meeting agenda.

- ❖ 4.4: The BOH periodically reviews (i.e., every 1-3 years) public health constituency development and partnership building activities.
 - The facilitator identified: an opportunity to review the effectiveness of partnership participation in solving health problems.
 - Suggested recommendation: Place on upcoming BOH meeting agenda.

Governance Model Standard 5: Develop Policies and Plans that Support Individual and Community Health Efforts

- ❖ **5.2: The BOH has a mission statement or other similar strategic planning statement (or other guidance appropriate for overseeing local health department operations).**
 - **The BOH identified: an opportunity to create a vision statement, mission statement, goals and objectives, and strategic plan for the BOH.**
 - **The facilitator identified: an opportunity for the BOH to annually review any documents that are created to guide the BOH.**
 - **Suggested recommendation: Create BOH documents listed above and establish review/update guidelines.**

- ❖ **5.3: The BOH assesses the availability of adequate resources and organizational support necessary to develop public health plans and policies.**
 - **The facilitator identified: several conflicting opinions on this statement; should re-evaluate: as a BOH, how well does the BOH assess the availability of financial resources, personnel resources, and technological resources.**
 - **Suggested recommendation: The BOH should revisit 5.3 in the Governance tool for further discussion.**

- ❖ **5.5.1: The BOH periodically reviews and updates, as appropriate, the all-hazards emergency response plan.**
 - **The BOH identified: that while this was approved by BOH (2005/2006), it has not been reviewed or updated; thus, presenting an opportunity.**
 - **Suggested recommendation: Review the all-hazards emergency response plan and identify how often this plan will be reviewed in the future.**

Governance Model Standard 6: Oversight of Enforcement of Public Health Laws and Regulations

- ❖ **6.2: The BOH has the statutory authority to enact laws, rules, and regulations.**
 - **The facilitator identified: a question exists as to what authority the BOH has.**
 - **Suggested recommendation: The BOH should look at Nevada State Statutes and at own by-laws to clearly identify statutory authority and ensure compliance with state laws.**

- ❖ **6.4: The BOH routinely advocates for laws and regulations that protect health and ensure safety.**
 - **The BOH identified: an opportunity exists to expand advocacy efforts.**
 - **Suggested recommendation: The BOH should advocate for good public health governance and health and safety promotion at the state and federal levels.**

- ❖ **6.4.1: The BOH adopts written resolutions to advocate for laws and regulations that protect health and ensure safety.**
 - **The BOH identified: an opportunity to create a written resolution.**
 - **Suggested Recommendation: Create a "Policies and Procedures" document; adopts written resolutions on advocacy.**

Governance Model Standard 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care When Otherwise Unavailable

- ❖ **7.2: The BOH assesses the availability of resources necessary to facilitate access to needed services for the entire community.**
 - **The facilitator identified: the HD completes this currently, not the board of health.**
 - **Suggested recommendation: The BOH and HD should identify which entity should take ownership of this; information should be readily shared on availability of resources and needs.**

- ❖ **7.4: The BOH periodically reviews (i.e., every 1-3 years) community outreach efforts and linkage to personal health services?**
 - **The facilitator identified: the HD completes this currently, not the board of health.**
 - **Suggested recommendations: The BOH should also periodically review community outreach efforts and linkage to personal health services.**

- ❖ **7.4.2: The BOH considers the impact of community outreach efforts on populations most in need within the community.**
 - **The BOH identified: the BOH does play a small role in this process, but an opportunity exists to become more engaged.**
 - **Suggested recommendation: the BOH can become more engaged with increased knowledge that would result from periodically review community outreach efforts and linkage to personal health services.**

Governance Model Standard 8: Oversight of Public Health Workforce Issues

- ❖ **8.1: The BOH assures compliance with licensure and credentialing requirements for its public health workforce.**
 - **The facilitator identified: the HD does this.**
 - **Suggested recommendation: the HD can provide annual reports on licensure and credentialing requirements at a BOH meeting.**

- ❖ **8.2: The BOH establishes and oversees the implementation of policies supporting its public health workforce.**
 - **The BOH identified: an opportunity for written policies.**
 - **Suggested recommendation: Create a "Policies and Procedures" document and adopt written policies on supporting the public health workforce.**

- ❖ **8.4.1: The BOH routinely supports the orientation of new members of the governing body.**
 - **The facilitator identified: NALBOH has materials for orientation.**
 - **Suggested recommendation: Work with NALBOH to establish a realistic education and training plan for the BOH.**
 - **Suggested recommendation: Ensure that all new board members receive a copy of the by-laws and an additional HD update.**

- ❖ **8.4.2: The orientation and/or training include information on the core functions of public health.**
 - **The facilitator identified: NALBOH has training materials on the core functions.**
 - **Suggested recommendation: Work with NALBOH to establish a realistic education and training plan for the BOH.**
 - **Suggested recommendation: Annually review the core functions of public health with the BOH and invite all new HD employees.**

- ❖ **8.4.3: The orientation and/or training include information in governance responsibilities.**
 - **The facilitator identified: NALBOH can assist the BOH in preparing board specific responsibilities.**
 - **Suggested recommendation: Work with NALBOH to establish a realistic education and training plan for the BOH.**
 - **Suggested recommendation: Maintain a current copy of all relevant Nevada State Statutes, BOH by-laws, and develop and current policy or resolution documents to share with all new board members.**

- ❖ **8.4.4: Each board member receives written orientation or training materials.**
 - **The facilitator identified: NALBOH has some written materials and can assist the board in preparing site specific materials.**
 - **Suggested recommendation: Work with NALBOH to establish a realistic education and training plan for the BOH.**
 - **Suggested recommendation: Identify and record materials from 8.2; 8.4.1; 8.4.2; and 8.4.3 as a first step toward completion.**

- ❖ **8.5: The BOH reviews efforts to strengthen its public health workforce.**
 - **The BOH identified: a need for succession planning.**
 - **Suggested recommendation: Work with NALBOH to establish a realistic education and training plan for the BOH.**

Governance Model Standard 9: Oversight and Evaluation for Personal and Population-based Health Services

- ❖ **9.3: The BOH establishes and oversees the implementation of policies supporting evaluation activities.**
 - **The facilitator identified: the BOH has taken the first step toward this by using the NPHPSP Governance Assessment, but should identify how evaluation activities will continue in the future.**
 - **Suggested recommendation: Continue to assist the HD in preparing for accreditation and moving through the MAPP process.**

- ❖ **9.5: The BOH reviews the findings of the evaluations.**
 - **The BOH identified: a need to determine if this should be the BOH role.**
 - **Suggested recommendation: Place this item on agenda for discussion at BOH meeting.**

- ❖ **9.5.1: The BOH recommends changes based on evaluation results.**
 - **The BOH identified: if reviewing finding of evaluation is BOH role, recommendations should also be made by the BOH.**
 - **Suggested recommendation: Include all ramifications of the BOH taking responsibility of reviewing findings of the evaluations in discussion.**

- ❖ **9.5.2: The BOH uses the findings in the development of their strategic and operational plans.**
 - **The facilitator identified: the BOH does not currently have a strategic plan, but evaluation findings should be used in the development of such plans when created.**
 - **Suggested recommendation: Use evaluation findings in the development of a strategic plan regardless of which entity claims final ownership.**

Governance Model Standard 10: Oversight of Public Health Innovation and Research

- ❖ **10.1: The BOH establishes and oversees the implementation of policies designed to foster and reward innovation.**
 - **The BOH identified: the HD does this, not the BOH.**

- ❖ **10.3: The BOH assesses the availability of resources for research and identification of best practices in its jurisdiction.**
 - **The BOH identified: that while the BOH does advocate for changes in resource allocation as appropriate to support research, it does not assess the availability of resources for research and identification of best practices in its jurisdiction.**
 - **Suggested recommendation: Work with the HD to understand and assess the availability of resources for research and identify best practices in your community by engaging in key informant interviews.**

Essential Services most useful for the BOH

ES (1) and (9) were identified as most useful because the board felt they explored current weaknesses.

ES (2) was identified as most useful because the board felt it explored current strengths.

Next step: Prioritize Model Standards for improvement planning

Prioritization can occur by the BOH in several ways.

The Worksheet found in "Appendix F" in the NPHPSP User Guide is one method that can be used by the BOH to identify priorities.

Please contact Marita Sommer at marita@nalboh.org or (202) 218-4413 for any questions.