

# Local Public Health System Performance Assessment

Results of December 14, 2010 Meeting



Protecting You and Your Environment

Prepared for the Eastern Shore Health District

by

Patti G. Kiger, M.Ed., Ph.D., candidate

Eastern Virginia Medical School

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Multi-sector collaboration is thus defined as a voluntary strategic alliance of public, private, and nonprofit organizations to enhance each other's capacity to achieve a common purpose by sharing risks, responsibilities, resources and rewards. To accomplish this, the LPHS should: a) establish community partnerships and strategic alliances to assure a comprehensive approach to improving the community; b) assure the establishment of a broad-based community health improvement committee; c) assess the effectiveness of community partnerships and strategic alliances in improving community health. (*Essential Health Service IV.2*)

The community health improvement process involves an ongoing collaborate community-wide effort by the LPHS to identify, analyze, and address health problems; assess applicable data; inventory community health assets and resources; identify community perceptions; develop and implement coordinated strategies; develop measurable health objectives and indicators; identify accountable entities; and cultivate community "ownership" of the entire process. The community health improvement process provides the opportunity to develop a community-owned plan that will lead to a healthier community. (*Essential Health Service V.3*)

# Community Participants

Kenny Annis, Eastern Shore Growers

Margaret Bennett, Eastern Shore Community College Nursing Program

Jimmy Bundick, Bundick Well & Pump Co.

Vanessa Cousineau, Eastern Shore Area Agency on Aging- Community Action Agency

Anne Crabbe, Eastern Shore Rural Health System

Maj. David Doughty, Northampton County Sheriff's Office

Jeanette Edwards, Eastern Shore Rural Health System

Sandra Fox, The Inn & Garden Cafe

Maj. Todd Godwin, Accomack County Sheriff's Office

Bill Hall, Accomack County Public Schools

Jean Hungville, Eastern Shore of Virginia Chamber of Commerce

Marlyn Kellam, Northampton County VA Cooperative Extension Office

Patti Kiger, Eastern Virginia Medical School

Kathy Lewis, Accomack County Public Schools

Bonnie Nordstrom, Eastern Shore Community College Nursing Program

Mary Esther Parker, Accomack County Department of Social Services

Linda Pruitt, Eastern Shore Community College Nursing Program

Sharon Sanderson, Eastern Shore Community Services Board

Nancy Stern, Eastern Shore Rural Health System

Lt. Todd Wessells, Accomack County Sheriff's Office

Joe Zager, Riverside Shore Memorial Hospital

# Eastern Shore Health District

## Facilitators

Michael L. Margolius, M.D., MPH  
District Director

Group 1  
(Essential Public Health Services I – III)

Joni White  
Ann Lawson  
Wendy Hernandez

Group 2  
(Essential Public Health Services IV – VI)

Jennifer Justis  
Koren Rideout  
James Davis

Group 3  
(Essential Public Health Services VII – X)

Ellen Archer  
Chris Taylor  
Kent Lilliston  
Scott Chandler

# Introduction

**Mobilizing for Action through Planning and Partnerships (MAPP)** is a community-driven strategic approach to community health improvement. It is a tool that helps communities improve health and quality of life through community-wide strategic planning. Using MAPP, communities seek to achieve optimal health by identifying and using their resources wisely, taking into account their unique circumstances and needs, and forming effective partnerships for strategic action.

MAPP defines the **local public health system (LPHS)** as all the entities that collectively address local public health. It includes a complex network of agencies and organizations, government, private and non-profit. While the local public health department plays a leading role in the MAPP process, LPHS participation provides an opportunity to network and reinforce community partnerships, eliminate competition and enhance collaboration, provide recognition and credibility, access to appropriate and current data, and an improved focus on community priorities.

The **Ten Essential Public Health Services** provides the fundamental framework for the national public health performance standards program and describes public health activities that should be undertaken in all communities. They were drafted in 1994 by the Core Public Health Functions Steering Committee that included representatives from the US Public Health Service agencies and other major public health organizations.

The *Local Public Health System Assessment* is one of **four MAPP assessments** used to gather information to drive identification of strategic issues. It measures the capacity of the local public health system to conduct essential public health services. The other three assessments include: *The Community Themes and Strengths Assessment*, which identifies themes that interest and engage the community, perceptions about quality of life, and community assets; *The Community Health Status Assessment*, that analyzes data about health status, quality of life, and risk factors in the community; and *The Forces of Change Assessment*, which identifies forces that are occurring or will occur that will affect the community or the local public health system.

This report highlights outcomes from the first LPHS meeting hosted by the Eastern Shore Health District (ESHD) and Eastern Shore Healthy Communities, an ACHIEVE coalition, held on December 14, 2010, in Melfa, VA, at the Eastern Shore Community College. The meeting initiated LPHS participation in the MAPP process.

Dr. Michael Margolius, ESHD Director, facilitated the meeting, beginning the event with a presentation overview of the MAPP process. Each attendee was assigned to a small group for further discussion of the Local Public Health System Performance Assessment (LPHSPA) Instrument, version 2.0., according to the attendee's area of expertise. Likewise, ESHD staff, selected for their expertise, led small group discussions, each small group taking three or four LPHSPA Essential Services Sections. To ease community members into a discussion of the Essential Services with which they may have been unfamiliar, some ESHD facilitators began

their sessions with a human story related to the service to demonstrate how that service works within the Eastern Shore community.

Selection of the small group approach allowed an already overburdened LPHS to review a portion of all 10 Essential Services within one half-day meeting. What participants missed by not having the opportunity to review and provide input on all 10 Essential Services will be made up by the ability to review, edit and submit comments on this report before and during upcoming meetings.

The concept of a LPHS was at first unfamiliar to attending stakeholders. Because they do not meet regularly as a body, their interaction required some initial “warm up.” Once engaged, stakeholders had much to say. While stakeholding members of the LPHS communicate as needed with one another, no formal communication process is in place to insure the 10 Essential Public Health Services are in place and maintained. A key recommendation from this meeting was the need for a formalized coalition or board to represent the LPHS.

What follows is: 1) a summarized version of the 10 Essential Public Health Services and an assessment of current performance (pages 6-10); 2) an expanded version of the 10 Essential Public Health Services, defined performance standards, the assessment of current performance, and summarized comments captured in each of the group discussions (pages 11- 41); and 3) concluding remarks (page 42).

# Summary

## 10 Essential Public Health Services

### Local Public Health System Performance

#### I. Monitor health status to identify community health problems (pages 12-14).

- *Population-Based Community Health Profile.* To date, the Eastern Shore LPHS has not conducted an official community health assessment.
- *Current Technology to Manage and Communicate Population Health Data.* The Eastern Shore LPHS does not currently use state-of-the-art technology to collect, manage, integrate, and display health profile databases. While the counties have geo-coded data ability, this has not been used for population health data collection. Since no health assessment has been conducted, data is not trended by relevant categories (i.e. race, gender, age group).
- *Maintenance of Population Health Registries.* Currently the Eastern Shore LPHS has access to local statistics through internal mechanisms, plus Virginia Department of Health links (WebVISION, CDC Vital Statistics), and the Eastern Shore Healthy Communities coalition has prepared and made available a report on Eastern Shore specific data related to obesity, tobacco use and chronic disease. Riverside Shore Memorial Hospital maintains the cancer registry. All providers have access to these reports and registries. School and day care absenteeism and disease reporting is done manually and sent to VDH for surveillance and tracking. CDC alerts localities of important disease patterns.

#### II. Diagnose and investigate health problems and health hazards in the community (pages 15-17).

- *Identification and Surveillance of Health Threats.* Currently, the Eastern Shore LPHS participates in several surveillance systems designed to monitor health problems and identify health threats. These systems are integrated with national and state surveillance systems and compliant with national and state health information exchange guidelines. Community health professionals submit reportable disease information, though not in a timely manner. The LPHS has resources to support health problem and health hazard surveillance and investigation activities, though it does not currently have access to geographic information systems, database analysis, and graphics presentation software. The LPHS has limited access to Masters or Doctoral level epidemiologists and/or statisticians (only through limited VDH resources) to assess, investigate and analyze public health threats and health hazards.
- *Investigation and Response to Public Health Threats and Emergencies.* Within the Eastern Shore LPHS, protocols are in place for implementing a program of case finding, contact tracing, source identification, and containment for communicable diseases and toxic exposures. Current epidemiological case investigation protocols guide immediate investigations of public health emergencies. The ESHD has an “Emergency Response Coordinator” (Emergency Planner) and teams of emergency response professionals maintain training to rapidly respond to natural and intentional disasters. Public health emergency response teams conduct post-incident evaluations to improve effectiveness. More timely and prompt reporting is required for faster investigation and to prevent spread of problem or disease throughout the community. Also, communication gaps related to computer and language literacy of a large elderly population and individuals with limited English proficiency (LEP) must be addressed.
- *Laboratory Support for Investigation of Health Threats.* Currently the ESHD maintains ready access to a laboratory capable of meeting routine diagnostic and surveillance needs. It has ready access to laboratory services to support investigations of public health threats, hazards, and emergencies, both regular laboratory services and microbiology services, within four hours of notification. Labs used by ESHD are licensed. Protocols for handling laboratory samples are established and maintained.

### **III. Inform, educate, and empower individuals and communities about health issues (pages 18-20).**

- *Health Education and Promotion.* Currently, the LPHS provides the general public, policymakers, and public and private stakeholders with information on community health, though community agencies and services should be more visible by concentrating on marketing services. While some information on community health status is provided, more information is needed. Current MAPP endeavors are bringing to light health needs. The LPHS plans and conducts a myriad of health education and/or health promotion campaigns, many tailored for high-risk populations. More can be done in this area to reach populations of high risk and in specific settings (like migrant, ethnic, and indigent populations) and to evaluate efforts. Many LPHS organizations work together to plan, conduct, and implement health education and promotion activities (for example, all members of the LPHS are represented in the Eastern Shore Healthy Communities coalition, which focuses on chronic disease prevention). LPHS entities work with community advocates and local media outlets to publicize health promotion activities. However, participants agreed that more can be accomplished with this standard.
- *Health Communication.* Many LPHS organizations have developed health communication plans, but often don't work collaboratively to link these plans. Many LPHS organizations establish and use relationships with media, but guidelines are not in place for sharing information among stakeholders. Many organizations within the LPHS have designated individuals, such as public information officers, to provide important health information and answers to public and media inquiries.
- *Risk Communication.* The Eastern Shore LPHS has extensive emergency communication plans that can be adapted to different types of emergencies (i.e., disease outbreaks, natural disasters, bioterrorism). The LPHS has resources to ensure rapid communication responses; provides crisis and emergency communications training for new and current staff; and has policies and procedures in place to ensure rapid mobile response by public information officers.

### **IV. Mobilize community partnerships to identify and solve health problems (pages 21-23).**

- *Constituency Development.* Currently the LPHS does not have a uniform process for identifying key constituents or stakeholders. Individual agencies identify their own specific stakeholders unique to their own strategic plan. Multiple directories exist through the multiple agencies that comprise the LPHS. Each agency is responsible for updating their directory. The Emergency Operation Plans for the counties are closest to having a comprehensive directory. Members within the LPHS use various communication strategies to strengthen linkages among other health organizations and to provide current information about public health services and issues. For example, the Eastern Shore Health District issues information, which is further distributed by other agencies. The public schools are beginning to use social media to disperse information on school closings. Chincoteague and Northampton County have phone alert systems (like Reverse 911) to alert citizens.
- *Community Partnerships.* The LPHS has established community health partnerships to maximize public health improvement activities, for example, Eastern Shore Healthy Communities (ACHIEVE coalition), Eastern Shore Rural Health System's Health Services Retreat, CERT, Citizens Outreach programs, senior citizens call-in programs, Migrant Church Council, DUI, DARE, School Resource Officers, School Health Advisory Board, Safe Kids Coalition, Point of Dispensing sites, Citizens Corps Council, Coalition for Domestic Violence, and other medical-related board and health-care provider meetings. Many of these have broad-based community health improvement functions, but there is not one broad-based community health improvement committee. These partnerships generally assess their effectiveness by attendance, participation and meeting goals.

### **V. Develop policies and plans that support individual and community health efforts (pages 24-27).**

- *Governmental Presence at the Local Level.* The Eastern Shore Health District, comprised of the Accomack and Northampton County Health Departments, serves as the local division of the Virginia Department of Health and is defined as the local public health entity. The LPHS is comprised of all organizations that contribute to the public's health. Each organization or agency with the LPHS contributes to assuring the delivery of the 10 Essential Public Health Services to the community, but this effort is not coordinated. Because no "LPHS" mentality exists, the LPHS does not focus on assuring the availability of adequate resources for the Eastern Shore Health District's contribution to the provision of the Essential Public Health Services. The size and scope of the community allows the ability to work together. Good communication exists among local agencies, and some

agencies have good direct contacts at the state level (Virginia Department of Health [VDH]) through specific programs or divisions. Many agencies and organizations have coordinated directly with ESHD, for example, Eastern Shore Rural Health System, Inc., Riverside Shore Memorial Hospital, the Sheriff's Offices, and local school systems.

- *Public Health Policy Development.* The Eastern Shore LPHS contributes to the development of policy by facilitating community involvement and engaging in activities that inform the process. They do this through organizations like the Eastern Shore Healthy Communities (ACHIEVE coalition), through emergency exercises by implementing lessons learned into the plans, and through health fairs. The LPHS also alerts policymakers and the public of potential public health impacts from in-place or proposed policies. For example, citizens were well advised about the impact, especially on health, of the Chesapeake Bay Act. Also, the county attorney provides updates on potential policy impacts on county government, for example. While it is advised that the LPHS review existing policies every three to five years, this is not done systematically by the LPHS at present.
- *Community Health Improvement Process and Strategic Planning.* The current Eastern Shore MAPP process is a demonstration of the LPHS's attempt to gather information from community health assessments as well as community resident perceptions. However, because the LPHS is not an "organized" entity, it does not develop strategies to achieve community health improvement objectives and identify accountable entities to achieve these strategies. Organizations within the LPHS come together on an "as needed" basis but not regularly as a public health system. Strategic planning is conducted individually by each agency. The MAPP process is an attempt to coordinate strategies for the benefit of the LPHS.
- *Plans for Public Health Emergencies.* The Eastern Shore LPHS has a task force to develop and maintain emergency preparedness and response plans. The plan describes public health disasters and emergencies that may trigger a public response, describes organizational responsibilities, establishes standard operating procedures and clearly outlines alert and evacuation protocols. The plan is tested through staging or one or more "mock events" and the plan is revised at least every two years.

#### **VI. Enforce laws and regulations that protect health and ensure safety (pages 28 – 30).**

- *Review and Evaluation of Laws, Regulations and Ordinances.* Because the Eastern Shore LPHS is not an organized entity, it does not review existing federal, state, and local laws, regulations and ordinances relevant to public health in the community, including laws, regulations, and ordinances addressing environmental quality and health-related behavior. However, individual organizations conduct these reviews as laws, regulations and ordinances become relevant to their own organization. More can be done to insure that the LPHS has a consistent understanding of laws, regulations and ordinances that impact them as a singular entity.
- *Involvement in the Improvement of Laws, Regulations, and Ordinances.* Having identified local public health issues that may not be adequately addressed through existing laws, regulations, and ordinances, ideally, and in the future, it is hoped that the LPHS collectively will participate actively in the modification of existing laws, regulations and ordinances and the formation of new laws, regulations, and ordinances designed to assure and improve the public's health. At the MAPP meeting, it was suggested that regulations governing restaurants and other food establishments are not adequately communicated and that more can be done to insure that citizens and citizen groups are well informed of applicable laws, regulations and ordinances.
- *Enforcement of Laws, Regulations, and Ordinances.* Within the Eastern Shore LPHS, the Accomack and Northampton County Health Departments have the authority to enforce laws, regulations, or ordinances related to the public's health. They are empowered through laws and regulations to implement the necessary community interventions in the event of a public health emergency. The Health Departments assure that all enforcement activities are conducted in accordance with applicable laws, regulations, and ordinances. They regularly assess the compliance of Eastern Shore institutions and businesses (e.g., schools, food establishments, day care facilities) with laws, regulations, and ordinances designed to ensure the public's health. The local Health Departments act as proxy for the LPHS in this regard.

**VII. Link people to needed personal health services and assure the provision of health care when otherwise unavailable** (pages 31-32).

- *Identification of Personal Health Service Needs of Populations.* The Eastern Shore LPHS has identified the following populations that encounter barriers to personal health services: elderly, migrant workers, the uninsured, and the poor. In addition, the following barriers contribute to these populations not receiving services: a lack of health care providers (limits access), multiple languages spoken on the Eastern Shore (requires multi-lingual staff); and limited transportation (population cannot keep health appointments).
- *Assuring the Linkage of People to Personal Health Services.* Links within the Eastern Shore LPHS are established on an ad hoc basis and some links are not well addressed at all. For example, Star Transit (bus) is the only mass transit service available and is inadequate to meet current population transportation needs. The LPHS is comprised of multiple organizations that do not share data, budget, staffing or goals. Therefore, collaboration happens as needed, but parts of the system are missing, and generally no one has a clear awareness of all agencies or how individuals navigate between them.

**VIII. Assure a competent public and personal health care workforce** (page 33 - 36).

- *Workforce Assessment, Planning, and Development.* During the first MAPP LPHS meeting, the following were identified as gaps in service on the Eastern Shore: extended family support, elderly day care, access to specialist medical providers, pain management, and an expanded need for all inclusive care of the elderly (using PACE or similar models). These service gaps impact both the capacity and training needs of the public health workforce to address these growing issues. In addition, it was noted that on the Shore, few careers exist that pay enough to support a family. Not all families have access to computers and are thus unable to access on-line health resources. Also, because of the long and narrow shape of the Eastern Shore, geography often inhibits the ability of people to get care. The migrant community is important to economic development and excellent progress and improvement has been made in accommodating this sector of the population, but language issues still create barriers to health. The Eastern Shore's capacity to serve the mental health issues of its population is impaired by access issues, waiting lists, and providers that cannot always meet the needs of clients. Finally, the Eastern Shore is beginning to experience serious gang issues, including drug problems that must be addressed by the LPHS workforce.
- *Public Health Workforce Standards.* The Eastern Shore LPHS is aware of and in compliance with guidelines and/or licensure and certification requirements for personnel, use job standards and position descriptions that incorporate competency and performance expectations, and evaluate their personnel. In particular the Eastern Shore Health District develops written job standards and position descriptions for all personnel and conducts annual performance evaluations of their employees. All organizations within the LPHS develop and maintain standards for their health workers. In a rural area, where staff recruitment continues to challenge agencies, nurses and nurse practitioners are used widely. Physician assistants could be used more widely but they require on-site physician supervision; this is a statewide work-force issue.
- *Life-Long Learning Through Continuing Education, Training, and Mentoring.* Educational opportunities are available within individual Eastern Shore LPHS organizations, though most LPHS organizations are challenged by budget cuts. Questions of whether to hold trainings during work hours versus non-work hours, whether to hold trainings the LPHS needs versus what staff request also exist. Also, due to shortage of staff, time constraints are a factor. The Eastern Shore Health District has VDH-sponsored statewide training available to them, much of which is provided on-line.
- *Public Health Leadership Development.* Eastern Shore LPHS organizations promote the development of leadership skills. Leadership-training opportunities exist in the following places: TRAIN Virginia, Commonwealth of Virginia Knowledge Center, Eastern Shore Community College, and on-line classes. Collaborative leadership, developed through the creation of a shared vision and participatory decision-making, is practiced through many coalitions. Coalition involvement also provides opportunities for individuals or organizations to share their expertise or experience. Recruiting and retaining new leaders representative of the Eastern Shore's population diversity remains a challenge that is often experienced in rural areas.

**IX. Evaluate effectiveness, accessibility, and quality of personal and population-based health services (pages 37–39).**

- *Evaluation of Population-Based Health Services.* Eastern Shore Healthy Communities (ACHIEVE coalition) and the Eastern Shore Health District have provided data on overweight and obesity rates and related chronic disease rates using state-level data as a reference point and the Eastern Shore Health District released the County Health Rankings Data. However, no regular evaluation of population-based health services exists; nor does an assessment of community satisfaction with population-based services and programs. The MAPP process will identify gaps in provision of population-based health services and these findings will be used to create a public health strategic plan and they will be available to use in strategic and operational plans of LPHS organizations to improve services and programs.
- *Evaluation of Personal Health Services.* It is unclear the degree to which the Eastern Shore LPHS regularly evaluates the accessibility, quality, and effectiveness of personal health services or if this is done against established standards. This is not done comprehensively within the Eastern Shore Health District, although a few programs are evaluated relative to program goals and objectives.
- *Evaluation of the Local Public Health System.* The MAPP process has assisted the Eastern Shore Health District in identifying LPHS organizations. The 10 Essential Public Health Services, as outlined in the “Local Public Health Service Performance Assessment Instrument” establishes evaluation criteria against which to evaluate the comprehensiveness of LPHS activities, communication effectiveness, coordination, and linkages.

**X. Research for New Insights and Innovative Solutions to Health Problems (pages 40–41).**

- *Fostering Innovation.* The Eastern Shore LPHS fosters innovation to strengthen public health practice. Innovations currently practiced on the Eastern Shore include the Program for All-Inclusive Care of the Elderly (PACE), a Medicare-reimbursed program for seniors who have a safe home environment that keeps them out of hospitals and nursing homes by providing care and therapies in one central location and transportation to and from the location; dental care delivered in Eastern Shore Rural Health offices; Eastern Shore Healthy Communities coalition, which approaches obesity, tobacco and chronic disease prevention using a policy, systems and environmental change approach.
- *Linkage with Institutions of Higher Learning and/or Research.* Many members of the Eastern Shore LPHS have established relationships with Eastern Virginia Medical School. The Eastern Shore Health District has established consulting relationships with EVMS and they have provided training experiences for the Masters of Public Health and the Pediatric Public Health Certificate programs. The Eastern Shore Healthy Communities (ACHIEVE Coalition) is working towards grant funding for community-based participatory research activities.
- *Capacity to Initiate or Participate in Research.* While organizations within the Eastern Shore LPHS may have the capacity to initiate or participate in research, they currently do not conduct research. Eastern Shore Healthy Communities is in the process of planning community-based participatory research that will include Eastern Shore LPHS organizations.

# Model Public Health Standards, *Local Public Health System Performance Assessment,* and a Summary of Comments

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## I. Monitor health status to identify community health problems.

1. Population-Based Community Health Profile (CHP). The community health profile is a common set of measures for the community to prioritize the health issues that will be addressed through strategic planning and action, to allocate and align resources, and to monitor population-based health status improvement over time. To accomplish this service, the LPHS should conduct regular assessments to monitor progress towards health-related objectives; compiles and periodically updates a community health profile using community health assessment data; and promotes community-wide use of the community health profile and/or assessment data and assures that this information can easily be accessed by the community.

*To date, the Eastern Shore LPHS has not conducted an official community health assessment.*

2. Current Technology to Manage and Communicate Population Health Data. Population health data should ideally be presented in formats that allow for clear communication and interpretation by end users. Such formats include graphed trend data that allow for comparisons over time by relevant variables such as gender, race, and geographic designation. To accomplish this, the LPHS would use: state-of-the-art technology to collect, manage, integrate, and display health profile databases; would have access to geocoded data for geographic analysis; and would use computer-generated graphics to identify trends and/or compare data by relevant categories (i.e., race, gender, age group).

*The Eastern Shore LPHS does not currently use state-of-the-art technology to collect, manage, integrate, and display health profile databases. While the counties have geo-coded data ability, this has not been used for population health data collection. Since no health assessment has been conducted, data is not trended by relevant categories (i.e. race, gender, age group).*

3. Maintenance of Population Health Registries. Population health registries track events such as disease patterns and preventive health services delivery (i.e., cancer registries facilitate tracking of cancer incidence, cancer stage at diagnosis, treatment patterns, and survival probability; vaccine registries provide the real time status of vaccine coverage for specified age groups in the community). Ideally, the LPHS creates and supports systems to assure accurate and timely reporting by providers. To accomplish this, the LPHS should maintain and regularly contribute to population health registries, using established criteria to report identified health events; and should use information from one or more population health registries.

*Currently the Eastern Shore LPHS has access to local statistics through internal mechanisms, plus Virginia Department of Health (VDH) links (i.e., WebVISION, CDC Vital Statistics), and the Eastern Shore Healthy Communities coalition has prepared and made available a report on Eastern Shore specific data related to obesity, tobacco use and chronic disease. Riverside Shore Memorial Hospital maintains the cancer registry. All providers have access to these reports and registries. School and day care absenteeism and disease reporting is done manually and sent to VDH for surveillance and tracking. CDC alerts localities of important disease patterns.*

## Comments

### *The Community Health Profile*

Discussion of community relationships and partnerships are strong, but even with best effort to address high-risk situations as a priority with usually good results, some people still fall “through the cracks.” Transportation and lack of immediate appointment availability complicates patient care.

Community (patients) needs and health status is more complicated when presenting for care. Needs to be addressed include accessibility to rapid appointments for students as well as timing of appointments that conflict with school, and transportation issues in general.

Language barriers remain an issue with providers (private offices) that lack access to translators and interpreters. Schools (Accomack and Northampton County), Riverside Shore Memorial Hospital (RSMH), Eastern Shore Health District (ESHD) and Eastern Shore Rural Health (ESRH) have limitations on translated materials, such as Creole, and problems exist in general with the variety of languages spoken on the Shore.

Accomack County School System maintains strong relationships with community providers. Communications and use of public health services is a strong resource.

ESRH has good relationship with community due to common goal of providing quality care and service.

ESRH depends on ESHD to update them (providers) of any changes or updates in regulations or guidelines. Communication should include new guidelines for clinics and any new programs. There is always new staff that needs update/training on available services in the community as well as referral sites.

ESRH quarterly Health Services Retreat provides a forum for agencies to network and receive updates.

Communication could be better for flow of care. Agencies may know what and where services are available but clients or the public may not know where to access services. Resources are being downsized or eliminated while workload increases on remaining staff. Barriers also include no access to patient via phone (no minutes on phone, changed or disconnected numbers).

### *Population Health Data*

Community is “data rich” but “information poor.” Not everyone can access the data (share data). Riverside Shore Memorial is moving toward “universal” health record that keeps information together based on best practices and helps in continuity of care. This decreases service duplication. Some

examples given were: electronic records, clinical portal, and immunization database program. Databases are very secure and information flow is regulated as required by the Health Information Portability and Accountability Act (HIPPA), which protects accessing these data by other than direct providers.

The group named 2010 County Rankings, CDC data/statistics, and Virginia.gov web site as available data sites. Some limitations to access data were expressed regarding immunizations and the program to link private providers linked to the state system is of interest.

#### *Population Health Registries*

ESHD has local statistics through internal resources, plus state links such as Web Vision and CDC Vital Statistics.

RSMH has cancer registry. All providers are able to access the same information.

School and daycare tracking of disease/illness patterns are done manually and sent to ESHD for surveillance and tracking. CDC and Epidemiology reporting and sharing of information helps alert local providers of any changes in patterns, such as increase in influenza activity.

## II. Diagnose and investigate health problems and health hazards in the community.

1. Identification and Surveillance of Health Threats. The LPHS ideally designs and maintains surveillance systems to monitor health events, identify changes or patterns, and investigate underlying causes or factors. Epidemiological and behavioral science techniques are used to collect data to identify risk factors for health threats. To accomplish this, the LPHS: a) participates in integrated state, local and national surveillance system(s) that identify and analyzes health problems and threats; b) collects timely reportable disease information from community health professionals who submit information on possible disease outbreaks; and c) utilizes human and technological resources to support surveillance and investigation activities, including state-of-the-art information technology and communication systems, as well as Masters and/or Doctoral level statistical and epidemiological expertise to assess, investigate, and analyze health threats and health hazards.

*Currently, the Eastern Shore LPHS participates in several surveillance systems designed to monitor health problems and identify health threats. These systems are integrated with national and state surveillance systems and compliant with national and state health information exchange guidelines. Community health professionals submit reportable disease information, though not in a timely manner. The LPHS has resources to support health problem and health hazard surveillance and investigation activities, though it does not currently have access to geographic information systems, database analysis, and graphics presentation software. The LPHS has limited access to Masters or Doctoral level epidemiologists and/or statisticians (only through limited VDH resources) to assess, investigate and analyze public health threats and health hazards.*

2. Investigation and Responses to Public Health Threats and Emergencies. Local public health systems must have capacity to respond rapidly and effectively to investigate public health threats and emergencies which involve communicable disease outbreaks or chemical, biological, radiological, nuclear, explosive or environmental incidents. In order to have the capacity to investigate and respond to public health emergencies, the LPHS would: a) Maintain written protocols to implement a program of case finding, contact tracing and source identification, and containment for communicable diseases or toxic exposures; b) develop written protocols for the immediate investigation of public health threats and emergencies including natural and intentional disaster; c) designate an Emergency Response Coordinator; d) identify personnel with the technical expertise to rapidly respond to potential biological, chemical, or radiological public health emergencies; and e) evaluate incidents for effectiveness and opportunities for improvement.

*Within the Eastern Shore LPHS protocols are in place for implementing a program of case finding, contact tracing, source identification, and containment for communicable diseases and toxic exposures. Current epidemiological case investigation protocols guide immediate*

*investigations of public health emergencies. The ESHD has an “Emergency Response Coordinator” (Emergency Planner) and teams of emergency response professionals maintain training to rapidly respond to natural and intentional disasters. Public health emergency response teams conduct post-incident evaluations to improve effectiveness. More timely and prompt reporting is required for faster investigation and to prevent spread of problem or disease throughout the community. Also, communication gaps related to computer and language literacy of large elderly population and individuals with limited English proficiency (LEP) must be addressed.*

**3. Laboratory Support for Investigation of Health Threats.** Laboratory support is defined as the ability to produce timely and accurate laboratory results for diagnostic and investigative public health concerns. The actual testing may be performed outside the traditional public health system, however, public health retains the responsibility for ensuring that proper testing and timely results are available to the community. In order to accomplish this standard, the LPHS must: a) maintain ready access to laboratories capable of meeting routine diagnostic and surveillance needs; b) maintain ready access (24 hours-per-day/7 days-per-week) to laboratories capable of supporting investigations of public health threats, hazards, and emergencies; c) confirm that laboratories are in compliance with regulations and standards through credentialing and licensing agencies; and d) maintain guidelines or protocols to address the handling of laboratory samples, which describe procedures for storing, collecting, labeling, transporting, and delivering laboratory samples, and for determining the chain of custody regarding handling these samples, as well as reporting findings.

*Currently the ESHD maintains ready access to a laboratory capable of meeting routine diagnostic and surveillance needs. It has ready access to laboratory services to support investigations of public health threats, hazards, and emergencies, both regular laboratory services and microbiology services, within four hours of notification. Labs used by ESHD are licensed. Protocols for handling laboratory samples are established and maintained.*

## Comments

### *Surveillance of Health Threats*

Local schools, day care facilities, physicians and hospitals routinely report health events to the local health department (Accomack or Northampton). In response, ESHD issues alerts regarding outbreaks or threats, provides information and education regarding care and prevention (i.e. hand washing) to private providers, hospitals, schools and college. Daily surveillance with schools and daycares has been successful for prevention and treatment of outbreaks and events. ESRH reviews disease occurrence at each location and determines needs regarding isolated events versus more widespread. Patients are triaged by phone if communicable disease risk is determined unless the assessment reveals a necessity for an office visit.

National Electronic Disease Surveillance System (NEDSS) and Virginia Reportable Disease list are issued by ESHD (either by fax, phone, or mail). A Shore Portal Database is maintained within the ESHD, which allows outbreak reporting and the issuing of school daily reports.

*Investigation and Responses to Public Health Threats and Emergencies*

Communication is essential. Timely and prompt reporting promotes prompt investigations, which captures the best recall of essential and relevant information.

Community needs to know more about available resources, for example lack of computer literacy provides barrier to large elderly population and those with limited English proficiency.

*Laboratory Support*

ESHD uses Division of Consolidated Laboratory Services (DCLS) to test biological agents, chemical, bacteriology, virology, water analysis and more. CDC lab performs further testing as needed. Lab reporting is accurate and timely but delays exist if system is overloaded, as during an outbreak.

Training includes annual multi-agency and volunteer emergency preparedness community drills that include multiple partners, for example, local agencies, CERT, and MRC volunteers.

### III. Inform, educate, and empower individuals and communities about health issues.

**1. Health Education Promotion.** The LPHS actively creates, communicates, and delivers health information and health interventions using customer-centered and science-based strategies to protect and promote the health of diverse populations. It supports its health improvement objectives and responds to public health issues with health education and health promotion initiatives that are based on the best available scientific evidence of effectiveness in helping people make healthy choices throughout their lives. Strong working relations include numerous agencies that are actively engaged in promoting and implementing these activities. To accomplish this standard, the LPHS: a) provides the public, policymakers, and stakeholders with information on community health status and health needs in the community, as well as information on policies and programs that can improve community health; b) plans, conducts, and evaluates targeted health education and health promotion activities to develop and enhance knowledge and attitudes and assist in lowering risk or challenging negative behaviors; and c) works with other entities within the system on health education and health promotion activities that facilitate healthy living in healthy communities.

*Currently, the LPHS provides the general public, policymakers, and public and private stakeholders with information on community health, though community agencies and services should be more visible by concentrating on marketing services. While some information on community health status is provided, more information is needed. Current MAPP endeavors are bringing to light health needs. The LPHS plans and conducts a myriad of health education and/or health promotion campaigns, many tailored for high risk populations. More can be done in this area to reach populations of high risk and in specific settings (like migrant, ethnic, and indigent populations) and to evaluate efforts. Many LPHS organizations work together to plan, conduct, and implement health education and promotion activities (for example, all members of the LPHS are represented in the Eastern Shore Healthy Communities coalition, which focuses on chronic disease prevention). LPHS entities work with community advocates and local media outlets to publicize health promotion activities. However, participants agree that more can be accomplished with this standard.*

**2. Health Communication.** Health communication encompasses the use of multiple communication strategies to inform and influence individual and community decisions that enhance health. Health communication includes activities related to media campaigns, social marketing, entertainment education, and interactive health communication. Health communication serves to raise awareness of health risks and solutions, support adoption of healthy behavior, and create advocacy for health policies and programs that empower people to adopt healthy lifestyles. To accomplish this, the LPHS: a) develops health communication plans addressing media and public relations, as well as guidelines for sharing

information among stakeholders; b) utilizes relationships with media channels (e.g., print, radio, television, internet) to share health information with general and targeted audiences; c) identifies and trains spokespersons on public health issues.

*Many LPHS organizations have developed health communication plans, but often don't work collaboratively to link these plans. Many LPHS organizations establish and use relationships with media, but guidelines are not formally in place for sharing information among stakeholders. Many organizations within the LPHS have designated individuals, such as public information officers, to provide important health information and answers to public and media inquiries.*

**3. Risk Communication.** Risk communication is the provision of information by public health professionals to allow individuals, stakeholders, or an entire community to make the best possible decisions about their well-being in times of crisis or emergency. Risk communication includes pre-event, event and post-event communication planning. The LPHS identifies and analyzes potential risks in order to develop strategic plans for public, media, partner, and stakeholder communication during public health emergencies, including terrorism. To accomplish this, the LPHS: a) develops an emergency communications plan to effectively create and disseminate materials for each stage of a crisis according to recognized theories and methods; b) ensures adequate resources to enable a rapid emergency communications response; c) provides crisis and emergency communications training for employees and establishes protocols for the dissemination of public information and instructions during a public health emergency; and d) maintains current, accurate 24 hours-per-day, 7 days-per-week contact information and collaborative relations with news media, public information officers (PIOs) and partners.

*The Eastern Shore LPHS has extensive emergency communication plans that can be adapted to different types of emergencies (i.e., disease outbreaks, natural disasters, bioterrorism). The LPHS has resources to ensure rapid communication responses; provides crisis and emergency communications training for new and current staff; and has policies and procedures in place to ensure rapid mobile response by public information officers.*

## Comments

### *Health Education and Promotion*

LPHS communicates health education opportunities through public service announcements, newspaper, outdoor signs, and at min-health fairs.

The VDH website offers health education and promotion opportunities and the Eastern Shore LPHS entities advertise their health education opportunities and works together on and in exercises, like drive-through flu clinics, local emergency preparedness drills.

RSMH has informative newsletter targeted to community. Other community agencies and services should make an effort to highlight their services (for example, not everyone knows about ESHD services). With more marketing will come less duplication of services and care fragmentation and splitting of groups.

If community leaders are not aware of the services provided, services may get cut due to budget decisions.

We need to survey the community to find out the best way to communicate information and provide education. Also fact sheets, brochures, and other communications need to be targeted to audience level of understanding.

Teaching prevention is important and worksite wellness should be emphasized.

### *Health Communication*

Regarding health communication, some information is not updated and does not have the most current resources listed. And some agencies and community leaders are not aware of services available or offered by other community agencies. Some sort of orientation for new staff members that would acquaint them with community services and referral opportunities would help facilitate awareness of community resources.

Using one teachable moment a day for one person can help communicate an educational message, such as an opportunity to ask about car seats, smoke detectors, medication compliance and side effects. Providing resources to patients and text messages if applicable (i.e. Text4Baby). Worksite wellness programs are effective.

### *Risk Communication*

Radio appears to be the most effective means of reliable communication. College does mass texting. Other options would include e-mail to organizations/groups without duplicating services.

Accessibility and marketing are needed to alert people on where to get reliable relevant education or information that they can use. Reverse 911 communications may be an option.

## IV. Mobilize community partnerships to identify and solve health problems.

**1. Constituency Development.** Constituents of the LPHS include all persons and organizations that directly contribute to or benefit from public health. They may include members of the public served by the LPHS, the governmental bodies it represents, and other health, environmental, and non-health-related organizations in the community. Constituency development is the process of establishing collaborative relationships among the LPHS and all current and potential stakeholders. As part of constituency development activities, the LPHS develops and operationalizes a communications strategy designed to educate the community about the benefits of public health and the role of the LPHS in improving community health. The LPHS operationalizes the communications strategy through formal and informal community networks which may include businesses, schools, healthcare organizations, the faith community, and community associations. For effective constituency development, the LPHS: a) has a process to identify key constituents for population-based health in general and for specific health concerns (e.g., a particular health theme, disease, risk factor, life stage need); b) encourages the participation of its constituents in community health activities, such as identifying community issues and themes and engaging in volunteer public health activities; c) establishes and maintains a comprehensive directory of community organizations; and d) uses broad-based communication strategies to strengthen linkages among LPHS organizations and to provide current information about public health services and issues.

*Currently the LPHS does not have a uniform process for identifying key constituents or stakeholders. Individual agencies identify their own specific stakeholders unique to their own strategic plan. Multiple directories exist through the multiple agencies that comprise the LPHS. Each agency is responsible for updating their directory. The Emergency Operation Plans for the counties are closest to having a comprehensive directory. Members within the LPHS use various communication strategies to strengthen linkages among other health organizations and to provide current information about public health services and issues. For example, the Eastern Shore Health District issues information, which is further distributed by other agencies. The public schools are beginning to use social media to disperse information on school closings. Chincoteague and Northampton County have phone alert systems (like Reverse 911) to alert citizens.*

**2. Community Partnerships.** Community partnerships and strategic alliances describe a continuum of relationships that foster the sharing of resources and accountability in undertaking community health improvement. Public health departments may convene or facilitate the collaborative process. The multiple levels of relationships among public, private, or nonprofit institutions have been described as 1) *networking*, exchanging information for mutual benefit; 2) *coordination*, exchanging information and altering activities for mutual benefit and to achieve a common purpose; 3) *cooperation*, exchanging information, altering activities, and sharing resources for mutual benefit and to achieve a

common purpose; and 4) *collaboration*, exchanging information, altering activities, sharing resources, and enhancing the capacity of another for mutual benefit and to achieve a common purpose. Multi-sector collaboration is thus defined as a voluntary strategic alliance of public, private, and nonprofit organizations to enhance each other's capacity to achieve a common purpose by sharing risks, responsibilities, resources and rewards. To accomplish this, the LPHS should a) establish community partnerships and strategic alliances to assure a comprehensive approach to improving the community; b) assure the establishment of a broad-based community health improvement committee; c) assess the effectiveness of community partnerships and strategic alliances in improving community health.

*The LPHS has established community health partnerships to maximize public health improvement activities, for example, Eastern Shore Healthy Communities (ACHIEVE coalition), Eastern Shore Rural Health's Health Services Retreat, CERT, Citizens Outreach programs, senior citizens call-in programs, Migrant Church Council, DUI, DARE, School Resource Officers, School Health Advisory Board, Safe Kids Coalition, Point of Dispensing sites, Citizens Corps Council, Coalition for Domestic Violence, and other medical-related board and health-care provider meetings. Many of these have broad-based community health improvement functions, but there is not one broad-based community health improvement committee. These partnerships generally assess their effectiveness by attendance, participation and meeting goals.*

## Comments

### *Constituency Development*

Agencies have their own agency-specific strategic plan. They identify stakeholders by pulling in people with needed expertise. Health information can be obtained through electronic medical records. We don't have a comprehensive list of organizations or agencies.

Agencies have their own directories and update them. This is not done at the LPHS level. The Emergency Operations Plans for the counties maintain directories and these are closest to a comprehensive directory. There is a referral directory through Rural Health and there are also directories through the Migrant Farm Workers Service Council and Eastern Shore Disaster Preparedness.

The Health Department issues information and other agencies distribute it further if necessary. Social networking for information dissemination in the future was discussed, including Facebook and Twitter. Facebook was used to send info on school closures today to radio stations according to Bill Hall, Accomack County Schools. Chincoteague has a phone alerting system and Northampton does as well (like Reverse 911) to alert citizens.

In the future, partner with law enforcement and other community groups to improve collaborative relationships and educate the community as a public health system. Do more workplace education and health fairs in the private sector as well. Continue to offer Citizen Police Academy and CERT classes but bring in other partners. Provide health tips to media and reach out to faith-based community. Need to partner more.

### *Community Partnerships*

The LPHS has established partnerships, for example, Eastern Shore Healthy Communities (ACHIEVE coalition), Health Services Retreat (Rural Health) where all agencies come together to talk about the programs and services offered on the Eastern Shore. CERT, Citizens Outreach programs, senior citizens

call-in programs, Community-wide Migrant critique through the Migrant Church Council, DUI, DARE, School Resource Officers, School Health Advisory Board, Safe Kids Coalition, Point of Dispensing sites.

Broad-based community health improvement committee/coalitions include Eastern Shore Healthy Communities (ACHIEVE coalition), Citizen Corps Council, Coalition for Domestic Violence, Safe Kids Coalition, and also medical board meetings and healthcare provider meetings within agencies.

Assessing effectiveness of these alliances is done through attendance and participation in coalition meetings and if goals are met.

In the future, to strengthen these partnerships and focus on health improvement, the LPHS can include more community partners in projects, publish and broadcast services provided by agencies, and create a calendar of events (possibly partner with the Chamber to do this). We also recommend establishing a community board of health. Also, have social events like golf tournaments or health walks.

## V. Develop policies and plans that support individual and community health efforts.

**1. Government Presence at the Local Level.** Every community must be served by a governmental public health entity. As the line of first defense, local governmental public health entities play a vital role in ensuring the safety, health, and well-being of communities. The governmental public health entity works in partnership with the community to assure the development and maintenance of a flexible and dynamic public health system that provides the Essential Public Health Services. In doing this, the local governmental public health entity coordinates or assures the provision of quality public health services. Typically, the local health department (LHD) or local branch of the state health agency serves as the local governmental public health entity. To accomplish this, the LPHS should: a) include a local governmental public health entity to assure the delivery of the Essential Public Health Services to the community; b) assure the availability of adequate resources for the local health department's contributions to the provision of Essential Public Health Services; c) maintain an appropriate relationship with its local governing entity (e.g., local board of health, county commission, state health agency); and d) coordinate with the state public health system.

*The Eastern Shore Health District, comprised of the Accomack and Northampton County Health Departments, serves as the local division of the Virginia Department of Health and is defined as the local public health entity. The LPHS is comprised of all organizations that contribute to the public's health. Each organization or agency with the LPHS contributes to assuring the delivery of the 10 Essential Public Health Services to the community, but this effort is not coordinated. Because no "LPHS" mentality exists, the local public health system does not focus on assuring the availability of adequate resources for the Eastern Shore Health District's contribution to the provision of the Essential Public Health Services. The size and scope of the community allows the ability to work together. Good communication exists among local agencies, and some agencies have good direct contacts at the state level (Virginia Department of Health [VDH]) through specific programs or divisions. Many agencies and organizations have coordinated directly with ESHD, for example, Eastern Shore Rural Health System, Inc., Riverside Shore Memorial Hospital, the Sheriff's Offices, and local school systems.*

**2. Policy Development.** As used in this instrument, the phrase "policy development" involves the means by which problems identification, technical knowledge of possible solutions, and societal values join to set a course of action (IOM, 1988). Policy development is not synonymous with the development of laws, rules, and regulations (which are the focus of Essential Service #6). Laws, rules, and regulations may be adopted as tools to implement policy, but good policies must precede good legislation. Policy development is a process that enables informed decisions to be made concerning issues related to the public's health. To assure effective public health policy, the LPHS: a) contributes to the development and/or modification of public health policy by facilitating community involvement and engaging in activities that inform the policy development process; b) alerts policymakers and the public of potential public

health impacts (both intended and unintended) from current and proposed policies; and c) reviews existing policies at least every three to five years.

*The Eastern Shore LPHS contributes to the development of policy by facilitating community involvement and engaging in activities that inform the process. They do this through organizations like the Eastern Shore Healthy Communities (ACHIEVE coalition), through emergency exercises by implementing lessons learned into the plans, and through health fairs. The LPHS also alerts policymakers and the public of potential public health impacts from in-place or proposed policies. For example, citizens were well advised about the impact, especially on health, of the Chesapeake Bay Act. Also, the county attorney provides updates on potential policy impacts on county government. While it is advised that the LPHS review existing policies every three to five years, this is not done systematically by the LPHS at present.*

**3. Community Health Improvement Process and Strategic Planning.** Community health improvement includes traditional public health, environmental health, and health services categories, as well as business, economic, housing, land use, health equity and other community issues affecting the public's health. The community health improvement process involves an ongoing collaborate community-wide effort by the LPHS to identify, analyze, and address health problems; assess applicable data; inventory community health assets and resources; identify community perceptions; develop and implement coordinated strategies; develop measurable health objectives and indicators; identify accountable entities; and cultivate community "ownership" of the entire process. The community health improvement process provides the opportunity to develop a community-owned plan that will lead to a healthier community.

The community health improvement process is further strengthened by the organizational strategic planning activities of LPHS members, including the local health department. To effectively leverage community resources and optimize outcomes, organizations within the LPHS make efforts to review and align their organizational strategic plans with the community health overall improvement process. To accomplish this, the LPHS: a) establishes a community health improvement process, which includes broad-based participation and uses information from community health assessments as well as perceptions of community residents; b) develops strategies to achieve community health improvement objectives and identifies accountable entities to achieve each strategy; and because the activities of the local health department should be focused on community public health needs and issues, specific attention is given to this organization's strategic plan. The local health department: d) conducts organizational strategic planning activities and reviews its organizational strategic plan to determine how it can best be aligned with the community health improvement process.

*The current Eastern Shore MAPP process is a demonstration of the LPHS's attempt to gather information from community health assessments as well as community resident perceptions.*

*However, because the LPHS is not an “organized” entity, it does not develop strategies to achieve community health improvement objectives and identify accountable entities to achieve these strategies. Organizations within the LPHS come together on an “as needed” basis but not regularly as a public health system. Strategic planning is conducted individually by each agency. The MAPP process is an attempt to coordinate strategies for the benefit of the LPHS.*

4. Plan for Public Health Emergencies. An “All-Hazards” emergency preparedness and response plan describes the roles, functions and responsibilities of LPHS and other entities in the event of one or more types of public health emergencies. LPHS entities, including the local health department, emergency management, law enforcement, fire departments, health care providers, and other partners work collaboratively to formulate emergency response plans and procedures. Careful planning and mobilization of resources and partners prior to an event is crucial to a prompt and effective response. The plan should create an all-hazards response infrastructure, in that it outlines the capacity of the LPHS to respond to all public health emergencies (including natural and intentional incidents and disasters), while taking into account the unique and complex challenges presented by chemical, biological, radiological, nuclear and explosive incidents. These plans describe community interventions necessary to prevent, monitor and control the incident. In order to plan for public health emergencies, the LPHS should a) establish a task force to develop and maintain emergency preparedness and response plans; b) develop a plan that defines public health disasters and emergencies that might trigger implementation of the LPHS emergency response plan, describes organizational responsibilities, and establishes standard operating procedures and clearly outline alert and evacuation protocols; and c) test the plan through by staging one or more “mock events” and revise the plan as necessary at least every two years.

*The Eastern Shore LPHS has a task force to develop and maintain emergency preparedness and response plans. The plan describes public health disasters and emergencies that may trigger a public response, describes organizational responsibilities, establishes standard operating procedures and clearly outlines alert and evacuation protocols. The plan is tested through staging or one or more “mock events” and the plan is revised at least every two years.*

## Comments

### *Government Presence at the Local Level*

As there is no overall LPHS organization, the “system” does not assure the delivery of the Essential Public Health Services to the Community. However, each agency contributes to parts of the Essential Public Health. Coordination needs to be improved.

Regarding assuring the availability of adequate resources to the local health department for their contributions to the provisions of Essential Public Health Services, currently agencies do not think in “LPHS” mentality. Size and scope of community helps with working together.

Good communications exist among local agencies and some agencies have good direct contacts at the state level (Virginia Department of Health [VDH]) and/or through the Eastern Shore Health District.

The LPHS coordinates with VDH as the state level. Rural Health, Sheriffs’ Offices and restaurants all indicated that they have coordinated with VDH at the state level. It was stated that Tysons, Perdue,

aquaculture, tourist establishments, beaches and small business, women and minority vendors all coordinate with VDH at the state level.

In the future, to assure availability of adequate resources to provide the Essential Public Health Services, the LPHS can network and have a local COMMUNITY Board of Health.

#### *Policy Development*

The LPHS facilitates community involvement and engages in activities that inform the policy making process through Eastern Shore Healthy Communities, emergency exercises (by implementing lessons learned into the plans), and health fairs.

The local public health system alerts policymakers and the public of potential public health impacts from current and/or proposed policies. An example is the Chesapeake Bay Act for all of Accomack County. Policymakers were advised of the effect to citizens and citizens were also educated about the health impacts. This was well communicated. If a policy is going to affect the Sheriffs Office through staffing, they are asked about what the effects would be by the County Attorney. Rural Health can have input on policy as it develops by attending Congressional meetings in Washington, DC and Richmond.

The LPHS does not review existing policies every three years.

To improve the policy-making process, the LPHS can establish a community board of health that would be a recommending body to policymakers.

#### *Community Health Improvement and Strategic Planning*

The LPHS is beginning to gather information from community health assessments as well as perceptions of community residents. The MAPP process, and this meeting today is an example.

We are not sure that the LPHS develops strategies to achieve community health improvement objectives or identifies accountable entities to achieve these strategies. Do other organizations do this? Everyone is brought together on an “as needed” basis but does not meet regularly as a public health system. This is done with each agency.

Agency and organization-specific planning is conducted within the LPHS, but the LPHS in the past has not conducted strategic planning.

The LPHS can improve community health and strategic planning efforts in the future through adding a Community Board of Health and having additional meetings like today.

#### *Plan for Public Health Emergencies*

The LPHS has a local task for/coalition developed to maintain emergency preparedness and response plans. A plan exists that defines public health disasters, describes responsibilities, establishes standard operating policies (SOPs) and clearly outlines alert and evacuation procedures and it is tested through “mock events” and revised at least every two years.

The LPHS can improve public health preparedness and response planning in the future by participating in Eastern Shore Disaster Preparedness Coalition meetings and reviewing plans.

## **VI. Enforce laws and regulations that protect health and ensure safety.**

1. Review and Evaluation of Laws, Regulations and Ordinances. The LPHS reviews existing federal, state, and local laws, regulations, and ordinances relevant to public health in the community, including laws, regulations, and ordinances addressing environmental quality and health-related behavior. The review focuses on the authority established for laws, regulations, and ordinances as well as the impact of existing laws, regulations, and ordinances on the health of the community. The review also assesses compliance, opinions of constituents and whether laws, regulations, and ordinances require updating. In order to accomplish this, the LPHS: a) identifies public health issues that can only be addressed through laws, regulations, or ordinances; b) is knowledgeable about current federal, state, and local laws, regulations, and ordinances that protect the public's health; c) reviews public health laws, regulations, and ordinances at least once every five years; d) has access to legal council for assistance in the review of laws, regulations, and ordinances.

*Because the Eastern Shore LPHS is not an organized entity, it does not review existing federal, state, and local laws, regulations and ordinances relevant to public health in the community, including laws, regulations, and ordinances addressing environmental quality and health-related behavior. However, individual organizations conduct these reviews as laws, regulations and ordinances become relevant to their own organization. More can be done to insure that the LPHS has a consistent understanding of laws, regulations and ordinances that impact them as a singular entity.*

2. Involvement in the Improvement of Laws, Regulations and Ordinances. Having identified local public health issues that are not adequately being addressed through existing laws, regulations, and ordinances, the LPHS participates actively in the modification of existing laws, regulations, and ordinances and the formulation of new laws, regulations, and ordinances designed to assure and improve the public's health. This participation includes the drafting of proposed legislation and regulations, involvement in public hearings, and periodic communication with legislators and regulatory officials. In order to accomplish this, the LPHS: a) identifies local public health issues that are not adequately addressed through existing laws, regulations, and ordinances; b) participates in the modification of existing laws, regulations, and ordinances and/or the formulation of new laws, regulations, and ordinances designed to assure and improve the public's health; and c) provides technical assistance for drafting proposed legislation, regulations, and ordinances.

*Having identified local public health issues that may not be adequately addressed through existing laws, regulations, and ordinances, ideally, and in the future, it is hoped that the LPHS collectively will participate actively in the modification of existing laws, regulations and ordinances and the formation of new laws, regulations, and ordinances designed to assure and improve the public's health. At the MAPP meeting, it was suggested that regulations governing restaurants and other food establishments are not adequately communicated and that more can be done to insure that citizens and citizen groups are well informed of applicable laws, regulations and ordinances.*

**3. Enforcement of Laws, Regulations and Ordinances.** The LPHS recognizes the unique role of the government to enforce public health laws, regulations, and ordinances. The authority of the governmental organizations within the LPHS to enforce public health laws, regulations, and ordinances varies from state to state and between jurisdictions within states. In many communities, the local health department exercises regulatory enforcement that is delegated or contracted to it by federal, state, county, or municipal government entities. In other communities, enforcement authority may be retained by the state or delegated to one or more private entities whose authority may cross local jurisdictional boundaries. To enforce laws, regulations and ordinances, the LPHS: a) identifies organizations within the LPHS that have authority to enforce public health laws, regulations, or ordinances; b) assures that a local governmental public health entity is appropriately empowered through laws and regulations to act in public health emergencies and implement necessary community interventions; c) assures that all enforcement activities are conducted in accordance with laws, regulations, and ordinances; d) informs and educates individuals and organizations of the meaning and purpose of public health laws, regulations, and ordinances with which they are required to comply; and e) evaluates the compliance of regulated organizations and entities.

*Within the Eastern Shore LPHS, the Accomack and Northampton County Health Departments have the authority to enforce laws, regulations, or ordinances related to the public's health. They are empowered through laws and regulations to implement the necessary community interventions in the event of a public health emergency. The Health Departments assure that all enforcement activities are conducted in accordance with applicable laws, regulations, and ordinances. They regularly assess the compliance of community institutions and businesses (e.g., schools, food establishments, day care facilities) with laws, regulations, and ordinances designed to ensure the public's health. The local Health Departments act as proxy for the LPHS in this regard.*

## Comments

### *Review and Evaluation of Laws, Regulations, and Ordinances*

The LPHS, through the Eastern Shore Health Departments, identifies public health issues that can only be addressed through laws, regulations or ordinances, for example, animal control regulations.

Member organizations within the Eastern Shore LPHS are knowledgeable about current federal, state and local laws and ordinances that protect the public's health.

The Eastern Shore LPHS keeps abreast of new regulations through the Internet. It is not clear whether all organizations review ordinances at least every five years.

In the future, suggestions to improve this measure include group email/distribution lists and more communication allowed between agencies.

*Involvement in the Improvement of Laws, Regulations and Ordinances*

Some restaurant and food regulations are not adequately communicated.

To improve public education and perception about public health laws, regulations, and ordinances, it is suggested that we partner with more community groups and agencies to educate the public and also issue additional media releases.

## **VII. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.**

1. Identification of Personal Health Service Needs of Populations. The LPHS identifies populations who may encounter barriers to personal health services. Identified barriers may be due to age, lack of education, poverty, culture, race, language, religion, national origin, physical and/or mental disability, or lack of health insurance. In order to ensure equitable access to personal health services, the LPHS has defined and agreed upon roles and responsibilities for the local governmental public health entity, hospitals, managed care plans, and other community health care providers in relation to providing these services. To accomplish this, the LPHS: a) identifies populations in the community who may experience barriers to the receipt of personal health services; b) define personal health service needs for the general population and for those populations who may experience barriers to personal health services. This includes defining specific preventive, curative, and rehabilitative health service needs for the jurisdiction; and c) assesses the extent to which personal health services in the jurisdiction are available and utilized by populations who may encounter barriers to care.

*The Eastern Shore LPHS has identified the following populations that encounter barriers to personal health services: elderly, migrant workers, the uninsured, and the poor. In addition, the following barriers contribute to these populations not receiving services: a lack of health care providers (limits access), multiple languages spoken on the Eastern Shore creates (requires multi-lingual staff), and limited transportation (population can not keep health appointments).*

2. Assuring the Linkage of People to Personal Health Services. The LPHS supports and coordinates partnerships and referral mechanisms among the community's public health, primary care, oral health, social services, and mental health systems to optimize access to needed personal health services. The LPHS seeks to create innovative partnerships with organizations such as libraries, parenting centers, and service organizations, that will help to enhance the effectiveness of LPHS personal health services. To accomplish this, the LPHS: a) links populations to personal health services, including populations who may encounter barriers to care; b) provides assistance in accessing personal health services in a manner that recognizes the diverse needs of underserved populations; c) enrolls eligible beneficiaries in state Medicaid or Medical and Prescription Assistance Programs; and d) coordinates the delivery of personal health and social services to optimize access.

*Links within the Eastern Shore LPHS are established on an ad hoc basis and some links are not well addressed at all. For example, Star Transit (bus) is the only mass transit service available and is inadequate to meet current population transportation needs. The LPHS is comprised of multiple organizations that do not share data, budget, staffing or goals. Therefore, collaboration happens as needed, but parts of the system are missing, and generally no one has a clear awareness of all agencies or how individuals navigate between them.*

## Comments

### *Identification of Personal Health Service Needs of Populations*

Needs include increased access to providers and that requires additional providers.

Multiple language access and the need for additional bilingual staff. Perhaps this can be addressed by working with community college, nursing staff and business schools.

Language lines are expensive and translation services are needed.

Transportation is a barrier and is expensive. The Eastern Shore is spread out and people cannot get to appointments.

### *Assuring the Linkage of People to Personal Health Services*

We need to expand the Star Transit System to address transportation barriers.

Improve inter/intra organizational collaboration: between agencies; database agency wide; lack of understanding by clients; budget barriers; and missing a piece of the system.

Improve understanding between agencies and especially understand how people learn and understand the process.

## **VIII. Assure a competent public and personal health care workforce.**

1. **Workforce Assessment, Planning, and Development.** Workforce assessment is the process of determining the competencies, skills, and knowledge; categories and number of personnel; and training needed to achieve public health and personal health goals. It is a community process that includes the identification of those available to contribute to the provision of the Essential Public Health Services and the particular strengths and assets that each brings. Workforce assessment includes the projection of optimal numbers and types of personnel and the formulation of plans to address identified workforce shortfalls or gaps. To accomplish this, organizations within the LPHS: a) establish a collaborative process to periodically determine the competencies, composition, and size of the public and personal health workforce that provides the Essential Public Health Services; b) identify and address gaps in the public and personal health workforce, ideally using information from the assessment; and c) distribute information from the workforce assessment to community organizations, including governing bodies and public and private agencies, for use in their strategic and operational plans.

*During the first MAPP LPHS meeting, the following were identified as gaps in service on the Eastern Shore: extended family support, elderly day care, access to specialist medical providers, pain management, and an expanded need for all inclusive care of the elderly (using PACE or similar models). These service gaps impact both the capacity and training needs of the public health workforce to address these growing issues. In addition, it was noted that on the Shore, few careers exist that pay enough to support a family. Not all families have access to computers and are thus unable to access on-line health resources. Also, because of the long and narrow shape of the Eastern Shore, geography often inhibits the ability of people to get care. The migrant community is important to economic development and excellent progress and improvement has been made in accommodating this sector of the population, but language issues still create barriers to health. The Eastern Shore's capacity to serve the mental health issues of its population is impaired by access issues, waiting lists, and providers that cannot always meet the needs of clients. Finally, the Eastern Shore is beginning to experience serious gang issues, including drug problems that must be addressed by the LPHS workforce.*

2. **Public health workforce standards.** Organizations within the LPHS develop and maintain public health workforce standards for individuals who deliver and/or contribute to the Essential Public Health Services. Public health workforce qualifications include certifications, licenses, and education required by law or established by local, state, or federal policy guidelines. In addition, core and specific competencies that are needed to provide the Essential Public Health Services are incorporated into personnel systems. These standards are linked to job performance through clearly written position descriptions and regular performance evaluations. To accomplish this, organizations within the LPHS: a) are aware of and in compliance with guidelines and/or licensure/certification requirements for personnel

contributing to the Essential Public Health Services; b) periodically develop, use, and review job standards and position descriptions that incorporate specific competency and performance expectations; c) evaluate members of the public health workforce on their demonstration of core public health competencies and those competencies specific to a work function or setting and encourage staff to respond to evaluations and performance goal adjustments by taking advantage of continuing education and training opportunities. Workforce standards are essential for each organization within the LPHS, but are particularly important for the local health department (LHD) where a large concentration of public health professionals exists. To fulfill these important obligations the LHD: a) develops written job standards and/or position descriptions for all LHD personnel; and b) conducts annual performance evaluations of personnel within the LHD.

*The Eastern Shore LPHS is aware of and in compliance with guidelines and/or licensure and certification requirements for personnel, use job standards and position descriptions that incorporate competency and performance expectations, and evaluate their personnel. In particular the Eastern Shore Health District develops written job standards and position descriptions for all personnel and conducts annual performance evaluations of their employees. All organizations within the LPHS develop and maintain standards for their health workers. In a rural area, where staff recruitment continues to challenge agencies, nurses and nurse practitioners are used widely. Physician assistants could be used more widely used but they need supervision and this is a statewide work-force issue.*

### 3. Life-Long Learning Through Continuing Education, Training and Mentoring.

Continuing education and training include formal and informal educational opportunities. This may include distance learning, workshops, seminars, national and regional conferences, and other activities intended to strengthen the professional knowledge and skills of employees contributing to the provision of the Essential Public Health Services. Experienced mentors and coaches are available to less experienced staff to provide advice and assist with skill development and other needed career resources. Opportunities are available for staff to work with academic and research institutions, particularly those connected with schools of public health, public administration, and population health disciplines. Through these academic linkages, the public health workforce, faculty, and students are provided with opportunities for relevant interaction, which enriches both settings. To accomplish this, organizations within the LPHS: a) identify education and training needs and encourage opportunities for workforce development; b) provide opportunities to develop core public health competencies; and c) provide incentives for public health workforce to pursue education and training.

*Educational opportunities are available within individual Eastern Shore LPHS organizations, though most LPHS organizations are challenged by budget cuts. Questions of whether to hold trainings during work hours versus non-work hours, whether to hold trainings the LPHS needs versus what staff request also exist. Also, due to shortage of staff, time constraints are a factor.*

*The Eastern Shore Health District has VDH-sponsored statewide training available to them, much of which is offered on-line.*

4. **Public Health Leadership Development.** LPHS leadership is demonstrated by both individuals and organizations that are committed to improving the health of the community. Leaders play a vital role in assuring the creation of a public health system, the implementation of the Essential Public Health Services, and the creation and achievement of a shared vision of community health and well-being. LPHS leadership may be provided by the local governmental public health entity, may emerge from the public and private sectors or the community, or may be shared by multiple stakeholders. The LPHS encourages the development of leadership capacity that is inclusive, representative of community diversity, and respectful of the community's perspective. To accomplish this, the organizations within the LPHS: a) provide formal (e.g., educational programs, leadership institutes) and informal (e.g., coaching, mentoring) opportunities for leadership development for employees at all organizational levels; b) promote collaborative leadership through the creation of a public health system with a shared vision and participatory decision-making; c) assure that organizations and/or individuals have opportunities to provide leadership in areas where their expertise or experience can provide insight, direction, or resources; and d) provide opportunities for development of diverse community leadership to assure sustainability of public health initiatives.

*Eastern Shore LPHS organizations promote the development of leadership skills. Leadership-training opportunities exist in the following places: TRAIN Virginia, Commonwealth of Virginia Knowledge Center, Eastern Shore Community College and on-line classes. Collaborative leadership, developed through the creation of a shared vision and participatory decision-making, is practiced through many coalitions. Coalition involvement also provides leadership opportunities for individuals or organizations. It also allows leaders to share their expertise or provide insight, direction or resources. Recruiting and retaining new leaders representative of the Eastern Shore's population diversity remains a challenge that is often experienced in rural areas.*

## Comments

### *Workforce Assessment, Planning, and Development*

Gaps in services include: lack of extended family support, day care for elderly, child day care, access to specialists, pain management and misuse of prescription drugs.

Other gaps discussed include PACE, careers that support a family, access to online services, which are non-existent on the Eastern Shore; geographical issues, access to services; no central office.

Regarding the migrant communities: excellent progress and improvement has been made but language issues still exist. This is a community that is more family oriented and they are tied to economic development.

Capacity for dealing with mental health is challenged. Little access is available, even short-term. Waiting lists exist and providers are "not helpful."

We have a gang issue and this has created drug problems.

*Public Health Workforce Standards*

“Change improved to change.” Nurses and nurse practitioners are used more widely; increased restrictions; quality versus regulations.

Standards for Physician Assistants; expectations; supervision; work force issue; statewide issue.

*Life-Long Learning Through Continuing Education, Training, and Mentoring*

Organizations are challenge by budget cuts.

Should training occur during work hours versus non-work hours?

Training needs versus wants.

Timing factors.

Statewide training

*Public Health Leadership Development*

Opportunities exist in the following places: TRAIN Virginia, Knowledge Center, Community College, On-line classes.

## **IX. Evaluate effectiveness, accessibility, and quality of personal and population-based services.**

1. **Evaluation of Population-Based Health Services.** The LPHS regularly evaluates the accessibility, quality, and effectiveness of population-based health services (e.g. injury prevention, physical activity, immunizations) and progress towards program goals. They also establish performance criteria, or use externally established performance criteria (e.g. Healthy People 2010 objectives of The Guide to Community Preventive Services) to evaluate specific indicators for population-based services. The evaluation of population-based health services is built on the analysis of health status, service utilization, and community satisfaction data to assess program effectiveness and to provide information to allocate resources and reshape programs. To accomplish this, the LPHS: a) evaluates population-based health services against established criteria for performance, including the extent to which program goals are achieved for these services; b) assesses community satisfaction with population-based services and programs through a broad-based process, which includes residents who are representative of the community and groups at increased risk of negative health outcomes; c) identifies gaps in provision of population-based health services; and d) uses evaluation findings to modify the strategic and operational plans of LPHS organizations to improve services and programs.

*Eastern Shore Healthy Communities (ACHIEVE coalition) and the Eastern Shore Health District have provided data on overweight and obesity rates and related chronic disease rates using state-level data as a reference point and the Eastern Shore Health District released the County Health Rankings Data. However, no regular evaluation of population-based health services exists; nor does an assessment of community satisfaction with population-based services and programs. The MAPP process will identify gaps in provision of population-based health services and these findings will be used to create a public health strategic plan and they will be available to use in strategic and operational plans of LPHS organizations to improve services and programs.*

2. **Evaluation of Personal Health Services.** The LPHS regularly evaluates the accessibility, quality, and effectiveness of personal health services, ranging from prevention services to acute care to hospice care. Special attention is given to the ability of community providers to deliver services across life stages and population groups. An important component of the evaluation is a survey of client satisfaction. The clients surveyed should be representative of all actual and potential users of the system. The survey should address satisfaction with access to the system by populations with barriers to personal health services, usability of the system by all clients, and inclusiveness of services. To accomplish this, organizations within the LPHS a) evaluate the accessibility, quality, and effectiveness of personal health services; b) evaluate personal health services against established standards; c) assess the satisfaction of clients (including those at

increased risk of negative health outcomes); d) use information technology to assure quality of personal health services and communication among providers; and e) use evaluation findings to modify their strategic and operational plans and to improve services and programs.

*It is unclear the degree to which the Eastern Shore LPHS regularly evaluates the accessibility, quality, and effectiveness of personal health services or if this is done against established standards. This is not done comprehensively within the Eastern Shore Health Departments District, although a few programs are evaluated relative to program goals and objectives.*

**3. Evaluation of the Local Public Health System.** A local public health system includes all public, private, and voluntary entities, as well as individuals and informal associations that contribute to the delivery of the Essential Public Health Services within a jurisdiction. An evaluation of the LPHS would focus primarily on the performance of the LPHS as a whole. The local governmental public health entity would take a lead role in convening a collaborative evaluation process. Organizations engaged in the evaluation process would use established criteria to assess LPHS activities, goal achievement, and any quality lapses. Community perceptions are vital to the evaluation and the findings would be used regularly to inform the community health improvement process and to provide services and programs. To accomplish this, the LPHS: a) identifies community organizations or entities that contribute to the delivery of the Essential Public Health Services; b) evaluates the comprehensiveness of LPHS activities against established criteria at least every five years and ensures that all organizations within the LPHS contribute to the evaluation process; c) assesses the effectiveness of communication, coordination, and linkage among LPHS entities; and d) uses information from the evaluation process to refine existing community health programs, to establish new ones, and to redirect resources as needed to accomplish LPHS goals.

*The MAPP process has assisted the Eastern Shore Health District in identifying LPHS organizations. The 10 Essential Public Health Services, as outlined in the “Local Public Health Service Performance Assessment Instrument” establishes evaluation criteria against which to evaluate the comprehensiveness of LPHS activities, communication effectiveness, coordination, and linkages.*

## Comments

### *Evaluation of population-based services & Evaluation of Personal Health Services*

Community organizational leaders responded to this model standard with more questions than suggestions. How would this data be gathered and should private organizations share their quality data with other organizations? What organization would be responsible for collecting this combined data? Who would conduct the system analysis and who would pay for this? Perhaps each agency should take care of this responsibility themselves. They said that grants would be needed to develop a combined data system, share information to measure the effectiveness of outcomes and quality of life. Finally,

they suggested that we develop a Task Force and develop a comprehensive health plan, Eastern Shore-wide.

*Evaluation of the Local Public Health System*

A framework list of issues is needed for this evaluation to take place. In addition, agencies would need to be willing to work together. This would require an Eastern Shore combined effort within the system.

## **X. Research for new insights and innovative solutions to health problems.**

1. **Fostering Innovation.** Organizations within the LPHS foster innovation to strengthen public health practice. Innovation includes practical field-based efforts to foster change in public health practice as well as academic efforts to encourage new directions in scientific research. To accomplish this, organizations within the LPHS: a) enable staff to identify new solutions to health problems in the community by providing the time and resources for staff to pilot test or conduct studies to determine the feasibility of implementing new ideas; b) propose public health issues to organizations that do research for inclusion in their research agendas; c) research and monitor best practice information from other agencies and organizations at the local, state, and national level; and d) encourage community participation in research development and implementation (e.g., identifying research priorities, designing studies, preparing related communications for the general public).

*The Eastern Shore LPHS fosters innovation to strengthen public health practice. Innovations currently practiced on the Eastern Shore include the Program for All-Inclusive Care of the Elderly (PACE), a Medicare-reimbursed program for seniors who have a safe home environment that keeps them out of hospitals and nursing homes by providing care and therapies in one central location and transportation to and from the location; dental care delivered in Eastern Shore Rural Health offices; Eastern Shore Healthy Communities coalition, which approaches obesity, tobacco and chronic disease prevention using a policy, systems and environmental change approach.*

2. **Linkage with Institutions of Higher Learning and/or Research.** The LPHS establishes a wide range of relationships with institutions of higher learning and/or research organizations, including patterns of mutual consultation, and formal and informal affiliation. Such relationships can occur with schools of public health as well as with schools and departments of medicine, nursing, pharmacy, allied health, business and environmental sciences. The LPHS establishes linkages with other research organizations, such as federal and state agencies, associations, private research organizations and research departments or divisions of business firms. The LPHS links with one or more institutions of higher learning and/or research organizations to co-sponsor continuing education programs. To accomplish this, the LPHS: a) develops relationships with these institutions that range from patterns of consultation to formal and informal affiliations; b) partners with institutions of higher learning or research to conduct research activities related to the public's health, including community-based participatory research; c) encourages collaboration between the academic/research and practice communities, including field training experiences and continuing education opportunities.

*Many members of the Eastern Shore LPHS have established relationships with Eastern Virginia Medical School. The Eastern Shore Health District has established consulting relationships with EVMS and they have provided training experiences for the Masters of Public Health and the Pediatric Public Health Certificate programs. The Eastern Shore Healthy Communities (ACHIEVE Coalition) is working towards grant funding for community-based participatory research activities.*

3. Capacity to Initiate or Participate in Research. Organizations within the LPHS initiate and/or participate in research that contributes to epidemiological and health policy analyses and improved health system performance. Health systems research encompasses both population-based and personal health care services research. This research includes the examination of factors related to the efficient and effective implementation of the Essential Public Health Services (public health systems research) as well as the study of variables that influence health care quality and service delivery (health services research).

*While organizations within the Eastern Shore LPHS have the capacity to initiate or participate in research, they currently do not conduct research. Eastern Shore Healthy Communities is in the process of planning community-based participatory research that will include Eastern Shore LPHS organizations.*

## Comments

### *Fostering Innovation*

Foster innovative practices on the Eastern Shore that focuses on diseases specific to the Eastern Shore; any means to overcome travel-related access issues to care; and a way to improve specialty care within the Eastern Shore geography (i.e. telemedicine).

### *Linkage with Institutions of Higher Learning and/or Research Capacity to Initiate or Participate in Research*

## Conclusion

Initial comparisons of the Eastern Shore LPHS against the Ten Essential Public Health Services, as defined in the Local Public Health System Performance Assessment Instrument, Version 2.0, has benefitted the Eastern Shore Community in multiple ways. We have begun to identify members of the LPHS, many were invited to attend a meeting to discuss what membership in this system means, and most accepted the invitation and contributed to the conversation. We have introduced the Ten Essential Public Health Services as a standard against which to measure our performance, and we have begun to measure that performance.

We have also learned a great deal about what is happening within the LPHS and what more we can accomplish together working as a system. Acknowledgement of this important network may begin to reinforce community partnerships, eliminate competition and enhance collaboration and open doors to sharing, using and evaluating important data that may improve the performance of the whole.

It is important to understand that the results of this assessment represent the opinions, observations and contributions of a defined set of individuals and organizations that gathered at one point in time to share information. It is not a perfect collection of data. As the MAPP process moves forward, a clearer and more comprehensive understanding of the assets, challenges, services, and interconnections within the LPHS will be achieved. It is hoped that this process will also serve to improve the LPHS in ways perhaps not yet envisioned.

The Eastern Shore Health District expresses sincere gratitude to all who participated. We look forward to working with those who will continue to contribute to the improvement of the information collected in this evaluation tool, as we work towards a shared the vision for an improved local public health system for all members of the Eastern Shore community.