

NATIONAL PUBLIC HEALTH **PERFORMANCE** STANDARDS 2017

Henrico, Virginia

Local Public Health Assessment Data Sheets and Report

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The findings and conclusions stemming from the use of NPHPS tools are those of the end users. They are not provided or endorsed by the Centers for Disease Control and Prevention, nor do they represent CDC’s views or policies.

Introduction

The National Public Health Performance Standards (NPHPS) was developed collaboratively by the program’s national partner organizations. The NPHPS partner organizations include: Centers for Disease Control and Prevention (CDC); American Public Health Association (APHA); Association of State and Territorial Health Officials (ASTHO); National Association of County and City Health Officials (NACCHO); National Association of Local Boards of Health (NALBOH); National Network of Public Health Institutes (NNPHI); and then Public Health Foundation (PHF).

The NPHPS is a partnership effort to improve the practice of public health and the performance of public health systems. The NPHPS assessment instruments guide state and local jurisdictions in evaluating their current performance against a set of optimal standards. Through these assessments, responding sites can consider the activities of all public health system partners, thus addressing the activities of all public, private and voluntary entities that contribute to public health within the community.

The LPHSA assessment help us answer questions such as "What are the components, activities, competencies, and capacities of our public health system?" and "How well are the ten Essential Public Health Services being provided in our system?" The dialogue that occurs in the process of answering the questions in the assessment instrument help identify strengths and weaknesses, determine opportunities for immediate improvements, and establish priorities for long term investments for improving the public health system.

The NPHPS Local Public Health System Assessment Report is designed to help health departments and public health system partners create a snapshot of where they are relative to the National Public Health Performance Standards and to progressively move toward refining and improving outcomes for performance across the public health system.



Figure 1. The 10 Essential Public Health Services and how they relate to the Three Core Functions of Public Health.

The self-assessment is structured around the Model Standards for each of the ten Essential Public Health Services. Altogether, for the local assessment, 30 Model Standards serve as quality indicators that are organized into the ten essential public health service areas in the instrument and address the three core functions of public health.

The primary purpose of the NPHPS Local Public Health System Assessment Report is to promote continuous improvement that will result in positive outcomes for system performance. This report is designed to facilitate communication and sharing among and within programs, partners, and organizations, based on a common understanding of how a high performing and effective public health system can operate. This shared frame of reference will help build commitment and focus for setting priorities and improving public health system performance. Outcomes for performance include delivery of all ten essential public health services at optimal levels.

Overview

The Henrico County Health Department alongside several community partners came together to conduct the Local Public Health System Assessment (LPHSA), as a component of NACCHO'S Mobilizing for Action through Planning and Partnerships (MAPP) framework, on July 26, 2017 at Richmond Memorial Health Foundation in Henrico, Virginia.

The group of near 50 participants reviewed and discussed each of the ten essential services and activities related to how each is occurring in Henrico County. The members scored each service category by consensus, utilizing the following quartile scoring methodology.

Table 1 below characterizes levels of activity for Essential Services and Model Standards. Using the responses to all of the assessment questions, a scoring process generates score for each Model Standard, Essential Service, and one overall assessment score.

Table 1. Summary of Assessment Response Options

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

Understanding Data Limitations

There are a number of limitations to the NPHPS assessment data due to self-report, wide variations in the breadth and knowledge of participants, the variety of assessment methods used, and differences in interpretation of assessment questions. Data and resultant information should not be interpreted to reflect the capacity or performance of any single agency or organization within the public health system or used for comparisons between jurisdictions or organizations. Use of NPHPS generated data and associated recommendations are limited to guiding an overall public health infrastructure and performance improvement process for the public health system as determined by organizations involved in the assessment.

All performance scores are an average; Model Standard scores are an average of the question scores within that Model Standard, Essential Service scores are an average of the Model Standard scores within that Essential Service and the overall assessment score is the average of the Essential Service scores. The responses to the questions within the assessment are based upon processes that utilize input from diverse system participants with different experiences and perspectives. The gathering of these inputs and the development of a response for each question incorporates an element of subjectivity. In addition, there are differences in knowledge about the public health system among assessment participants.

Results

Assessment results point to areas of relative strength and challenges for the county system. Henrico scored highest for capacity and performance in the following Essential Public Health Services (EPHS):

- EPHS 2: Diagnose and investigate health problems and health hazards in the community
- EPHS 6: Enforce laws and regulations that protect health and safety
- EPHS 7: Link people to personal health services and assure provision of health care when otherwise unavailable.

Lowest scores were recorded in the following areas:

- EPHS 4: Mobilize community partnerships to identify and solve health problems.
- EPHS 9: Evaluate effectiveness, accessibility and quality of personal and population-based health services.
- EPHS 10: Research for new insights and innovative solutions to health problems.

In addition to consensus scoring, documentation was captured of the conversations around strengths, weaknesses and opportunities for improvements. Gaps and available resources were also noted. Overall the following themes summarize repetitive comments throughout the assessment.

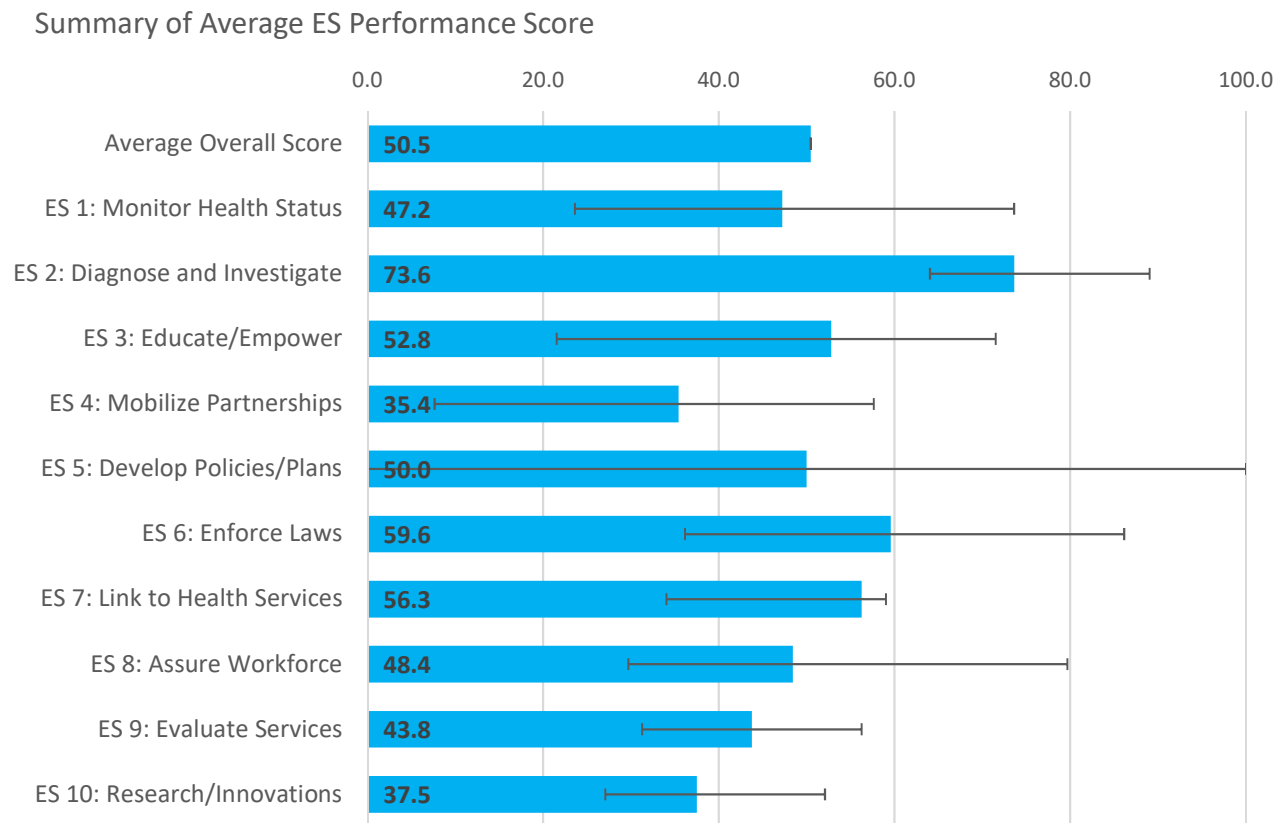
- Information Technology/Data sharing
- Staffing shortages
- Public sector limitations
- Broad-based collaboration
- Communication

- Private sector engagement
- Lack of Medical Home

Figure 2 displays the average score for each Essential Service, along with an overall average assessment score across all ten Essential Services. Examination of these scores can immediately give a sense of the local public health system's greatest strengths and weaknesses. Note the black bars that identify the range of reported performance score responses within each Essential Service.

Overall Scores for Each Essential Public Health Service

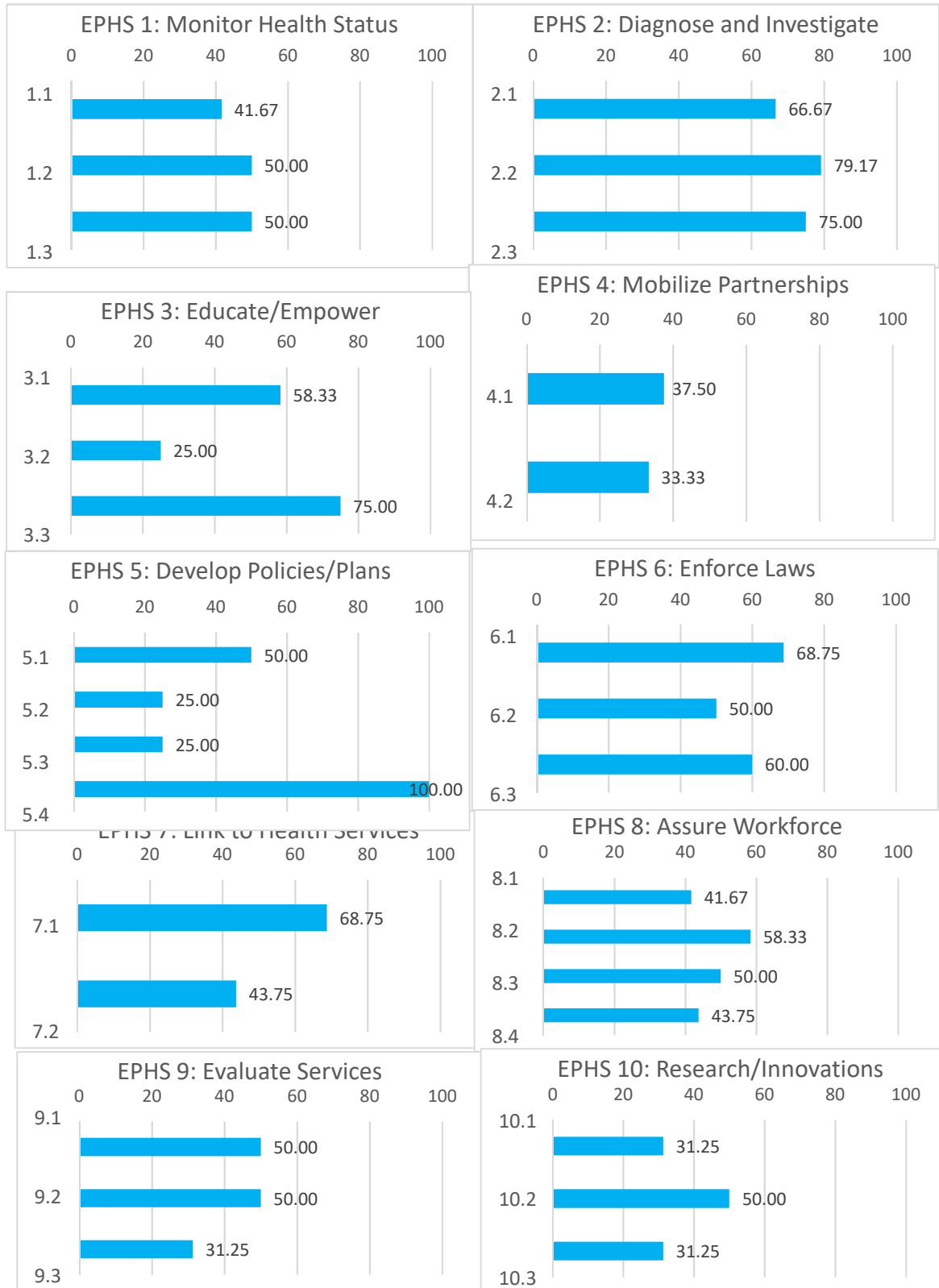
Figure 2. Summary of Average Essential Public Health Service Performance Scores



Performance Scores by Essential Public Health Service for Each Model Standard

Figure 3 and Table 2 on the following pages display the average performance score for each of the Model Standards and helps identify specific activities that contributed to high or low performance within each Essential Service.

Figure 3. Performance Scores by Essential Public Health Service for Each Model Standard



In Table 2 below, each score (performance and contribution scores) at the Essential Service level is a calculated average of the respective Model Standard scores within that Essential Service.

Table 2. Overall Performance, Priority, and Contribution Scores by Essential Public Health Service and Corresponding Model Standard

Model Standards by Essential Services	Performance Scores	Agency Contribution Scores
ES 1: Monitor Health Status	47.2	91.7
1.1 Community Health Assessment	41.7	100.0
1.2 Current Technology	50.0	75.0
1.3 Registries	50.0	100.0
ES 2: Diagnose and Investigate	73.6	100.0
2.1 Identification/Surveillance	66.7	100.0
2.2 Emergency Response	79.2	100.0
2.3 Laboratories	75.0	100.0
ES 3: Educate/Empower	52.8	75.0
3.1 Health Education/Promotion	58.3	75.0
3.2 Health Communication	25.0	75.0
3.3 Risk Communication	75.0	75.0
ES 4: Mobilize Partnerships	35.4	62.5
4.1 Constituency Development	37.5	50.0
4.2 Community Partnerships	33.3	75.0
ES 5: Develop Policies/Plans	50.0	62.5
5.1 Governmental Presence	50.0	75.0
5.2 Policy Development	25.0	25.0
5.3 CHIP/Strategic Planning	25.0	50.0
5.4 Emergency Plan	100.0	100.0
ES 6: Enforce Laws	59.6	33.3
6.1 Review Laws	68.8	25.0
6.2 Improve Laws	50.0	25.0
6.3 Enforce Laws	60.0	50.0
ES 7: Link to Health Services	56.3	75.0
7.1 Personal Health Service Needs	68.8	75.0
7.2 Assure Linkage	43.8	75.0
ES 8: Assure Workforce	48.4	50.0
8.1 Workforce Assessment	41.7	50.0
8.2 Workforce Standards	58.3	50.0
8.3 Continuing Education	50.0	50.0
8.4 Leadership Development	43.8	50.0
ES 9: Evaluate Services	43.8	58.3
9.1 Evaluation of Population Health	50.0	50.0
9.2 Evaluation of Personal Health	50.0	50.0
9.3 Evaluation of LPHS	31.3	75.0
ES 10: Research/Innovations	37.5	33.3
10.1 Foster Innovation	31.3	50.0
10.2 Academic Linkages	50.0	25.0
10.3 Research Capacity	31.3	25.0

Average Overall Score	50.5	64.2
Median Score	49.2	62.5

Performance Relative to Optimal Activity

Figures 4 and 5 display the proportion of performance measures that met specified thresholds of achievement for performance standards. The five threshold levels of achievement used in scoring these measures are shown in the legend below. For example, measures receiving a composite score of 76-100% were classified as meeting performance standards at the optimal level.

Figure 4. Percentage of the system's Essential Services scores that fall within the five activity categories. This chart provides a high-level snapshot of the information found in Figure 2, summarizing the composite performance measures for all 10 Essential Services.

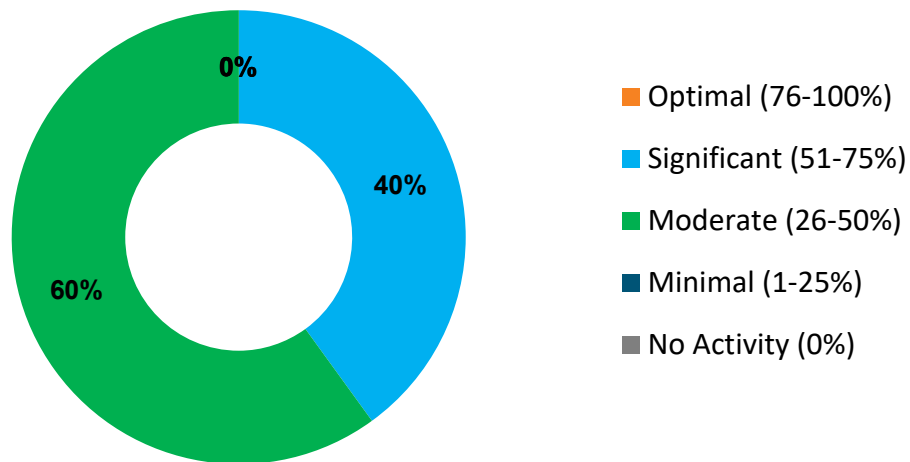
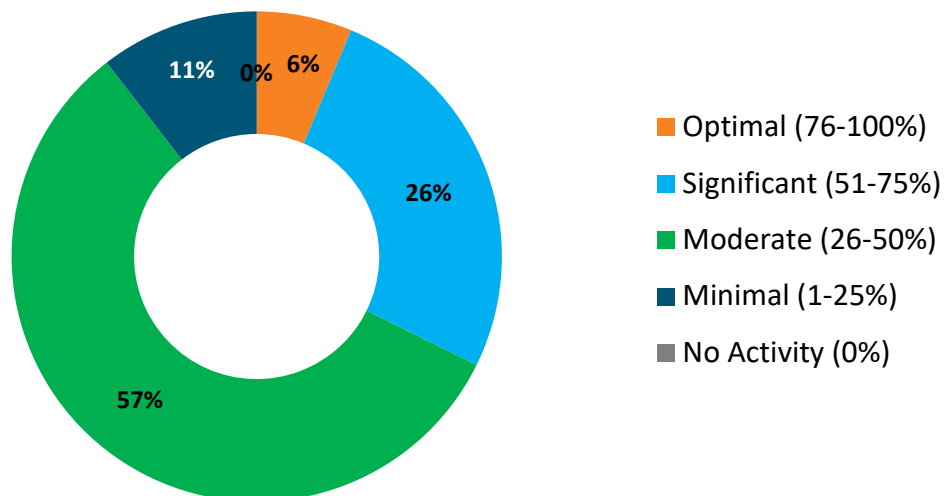


Figure 5. Percentage of the system's Model Standard scores that fall within the five activity categories. This chart provides a high-level snapshot of the information found in Figure 3, summarizing the composite measures for all 30 Model Standards.



Agency Contribution Questionnaire Section (Optional Survey)

Table 4 and Figure 8 on the following pages display Essential Service and Model Standard Scores arranged by Local Health Department (LHD) contribution and performance scores. Priority areas of improvement will be decided upon at a later date. Note – The percentage of LHD contribution score below is based on an average score given by 6 LHD staff who also participated in the LPHSA.

Table 4. Summary of Contribution and Performance Scores by Model Standard

Quadrant	Model Standard	LHD Contribution (%)	Performance Score (%)
Quadrant A	9.3 Evaluation of LPHS	75.0	31.3
Quadrant A	7.2 Assure Linkage	75.0	43.8
Quadrant A	5.1 Governmental Presence	75.0	50.0
Quadrant A	4.2 Community Partnerships	75.0	33.3
Quadrant A	3.2 Health Communication	75.0	25.0
Quadrant A	1.3 Registries	100.0	50.0
Quadrant A	1.2 Current Technology	75.0	50.0
Quadrant A	1.1 Community Health Assessment	100.0	41.7
Quadrant B	7.1 Personal Health Services Needs	75.0	68.8
Quadrant B	5.4 Emergency Plan	100.0	100.0
Quadrant B	3.3 Risk Communication	75.0	75.0
Quadrant B	3.1 Health Education/Promotion	75.0	58.3
Quadrant B	2.3 Laboratories	100.0	75.0
Quadrant B	2.2 Emergency Response	100.0	79.2
Quadrant B	2.1 Identification/Surveillance	100.0	66.7
Quadrant C	8.2 Workforce Standards	50.0	58.3
Quadrant C	6.3 Enforce Laws	50.0	60.0
Quadrant C	6.1 Review Laws	25.0	68.8
Quadrant D	10.3 Research Capacity	25.0	31.3
Quadrant D	10.2 Academic Linkages	25.0	50.0
Quadrant D	10.1 Foster Innovation	50.0	31.3
Quadrant D	9.2 Evaluation of Personal Health	50.0	50.0
Quadrant D	9.1 Evaluation of Population Health	50.0	50.0
Quadrant D	8.4 Leadership Development	50.0	43.8
Quadrant D	8.3 Continuing Education	50.0	50.0
Quadrant D	8.1 Workforce Assessment	50.0	41.7
Quadrant D	6.2 Improve Laws	25.0	50.0
Quadrant D	5.3 CHIP/Strategic Planning	50.0	25.0
Quadrant D	5.2 Policy Development	25.0	25.0
Quadrant D	4.1 Constituency Development	50.0	37.5

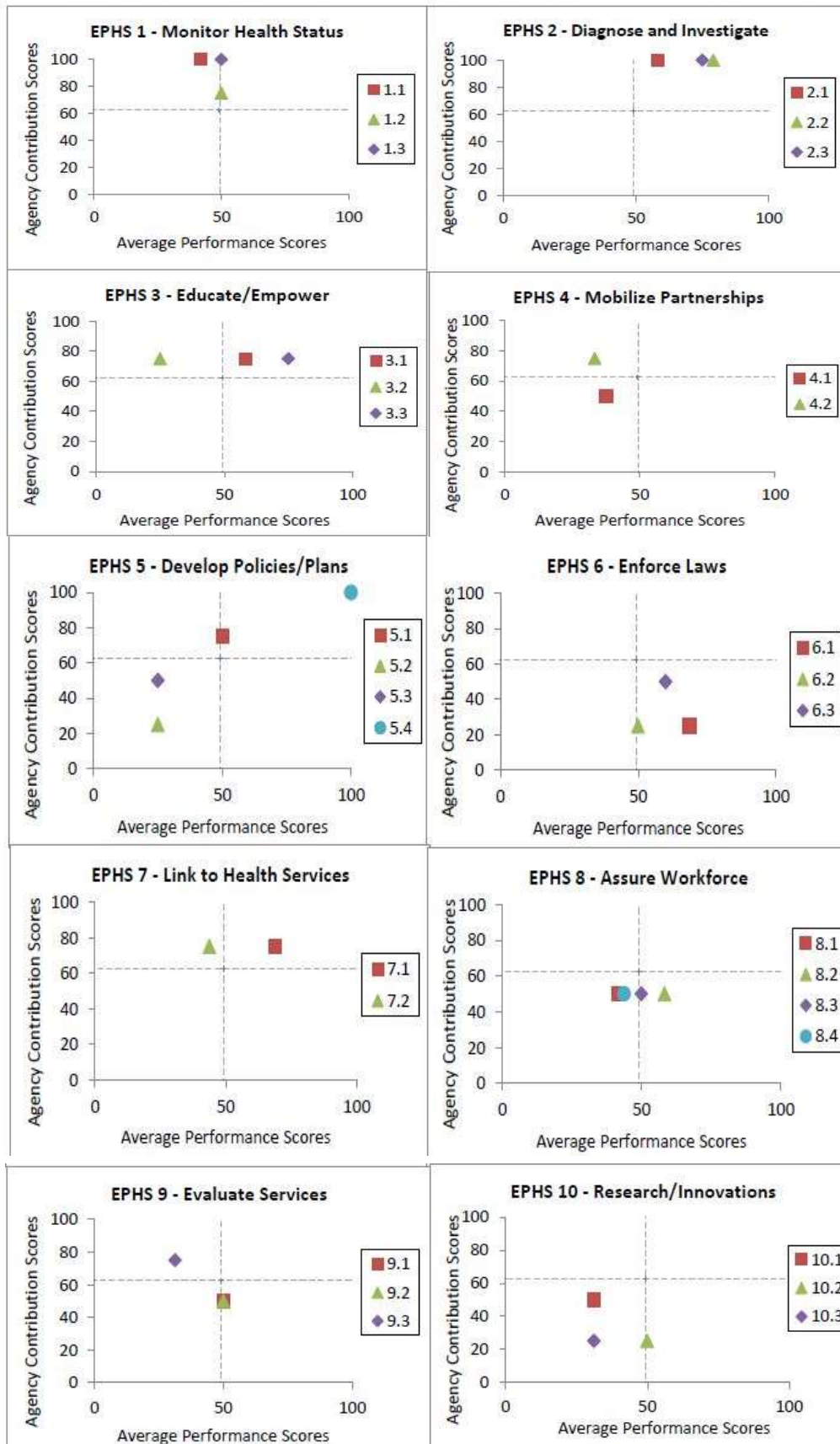
The above model standards have been grouped into quadrants based on results of a survey completed by health department staff on how much the health department contributes to that model standard, compared to the systems performance of that standard. *Preliminary results are included for this optional questionnaire and final data could be subject to change.* The same information is shown visually in Figure 8.

Quadrants are ordered as follows:

- A (High Contribution/Low Performance) – Activities may need increased attention.
- B (High Contribution/High Performance) – Activities are being done well, important to maintain efforts
- C (Low Contribution/High Performance) – Activities are being done well, consider reducing efforts

- D (Low Contribution/Low Performance) – Activities could be improved, may need little or no attention at this time.

Figure 8. Summary of Essential Public Health Service Performance Scores and Contribution Ratings



A special THANK YOU to our Local Public Health System partner organizations!

Henrico County Health Department

Bon Secours Richmond Health System

Henrico County Division of Fire

HCA Healthcare

Henrico County Planning Department

Connecting Hearts in Virginia

YMCA Greater Richmond

The Daily Planet

Fit4Kids

Henrico County Recreation and Parks

Henrico County Public Schools

United Way

The McShin Foundation

Church World Services

Henrico Area Mental Health & Developmental Services

Crossover Ministries

Department of Aging and Rehabilitative

Capital Region Collaborative

Henrico Department of Social Services

Henrico County Police Department

Henrico Department of Community

Revitalization

Safe Harbor

Institute for Public Health Innovation

Sports Backers

APPENDIX A: Individual Questions and Responses

Performance Scores

ESSENTIAL SERVICE 1: Monitor Health Status to Identify Community Health Problems		
1.1	Model Standard: Population-Based Community Health Assessment (CHA) At what level does the local public health system:	
1.1.1	Conduct regular community health assessments?	50
1.1.2	Continuously update the community health assessment with current information?	50
1.1.3	Promote the use of the community health assessment among community members and partners?	25
1.2	Model Standard: Current Technology to Manage and Communicate Population Health Data At what level does the local public health system:	
1.2.1	Use the best available technology and methods to display data on the public's health?	50
1.2.2	Analyze health data, including geographic information, to see where health problems exist?	50
1.2.3	Use computer software to create charts, graphs, and maps to display complex public health data (trends over time, sub-population analyses, etc.)?	50
1.3	Model Standard: Maintenance of Population Health Registries At what level does the local public health system:	
1.3.1	Collect data on specific health concerns to provide the data to population health registries in a timely manner, consistent with current standards?	50
1.3.2	Use information from population health registries in community health assessments or other analyses?	50
ESSENTIAL SERVICE 2: Diagnose and Investigate Health Problems and Health Hazards		
2.1	Model Standard: Identification and Surveillance of Health Threats At what level does the local public health system:	
2.1.1	Participate in a comprehensive surveillance system with national, state and local partners to identify, monitor, share information, and understand emerging health problems and threats?	75
2.1.2	Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies and emerging threats (natural and manmade)?	75
2.1.3	Assure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise?	50

2.2	Model Standard: Investigation and Response to Public Health Threats and Emergencies <i>At what level does the local public health system:</i>	
2.2.1	Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case finding, contact tracing, and source identification and containment?	75
2.2.2	Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?	75
2.2.3	Designate a jurisdictional Emergency Response Coordinator?	<u>100</u>
2.2.4	Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?	75
2.2.5	Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies?	75
2.2.6	Evaluate incidents for effectiveness and opportunities for improvement?	75
2.3	Model Standard: Laboratory Support for Investigation of Health Threats <i>At what level does the local public health system:</i>	
2.3.1	Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring?	50
2.3.2	Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?	75
2.3.3	Use only licensed or credentialed laboratories?	<u>100</u>
2.3.4	Maintain a written list of rules related to laboratories, for handling samples (collecting, labeling, storing, transporting, and delivering), for determining who is in charge of the samples at what point, and for reporting the results?	75
ESSENTIAL SERVICE 3: Inform, Educate, and Empower People about Health Issues		
3.1	Model Standard: Health Education and Promotion <i>At what level does the local public health system:</i>	
3.1.1	Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?	75
3.1.2	Coordinate health promotion and health education activities to reach individual, interpersonal, community, and societal levels?	50

3.1.3	Engage the community throughout the process of setting priorities, developing plans and implementing health education and health promotion activities?	50
3.2	Model Standard: Health Communication <i>At what level does the local public health system:</i>	
3.2.1	Develop health communication plans for relating to media and the public and for sharing information among LPHS organizations?	25
3.2.2	Use relationships with different media providers (e.g. print, radio, television, and the internet) to share health information, matching the message with the target audience?	25

3.2.3	Identify and train spokespersons on public health issues?	25
3.3	Model Standard: Risk Communication <i>At what level does the local public health system:</i>	
3.3.1	Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?	75
3.3.2	Make sure resources are available for a rapid emergency communication response?	75
3.3.3	Provide risk communication training for employees and volunteers?	75

ESSENTIAL SERVICE 4: Mobilize Community Partnerships to Identify and Solve Health Problems

4.1	Model Standard: Constituency Development <i>At what level does the local public health system:</i>	
4.1.1	Maintain a complete and current directory of community organizations?	50
4.1.2	Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?	25
4.1.3	Encourage constituents to participate in activities to improve community health?	50
4.1.4	Create forums for communication of public health issues?	25
4.2	Model Standard: Community Partnerships <i>At what level does the local public health system:</i>	
4.2.1	Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?	50
4.2.2	Establish a broad-based community health improvement committee?	25

4.2.3	Assess how well community partnerships and strategic alliances are working to improve community health?	25
ESSENTIAL SERVICE 5: Develop Policies and Plans that Support Individual and Community Health Efforts		
5.1	Model Standard: Governmental Presence at the Local Level <i>At what level does the local public health system:</i>	
5.1.1	Support the work of a local health department dedicated to the public health to make sure the essential public health services are provided?	75
5.1.2	See that the local health department is accredited through the national voluntary accreditation program?	0
5.1.3	Assure that the local health department has enough resources to do its part in providing essential public health services?	75
5.2	Model Standard: Public Health Policy Development <i>At what level does the local public health system:</i>	
5.2.1	Contribute to public health policies by engaging in activities that inform the policy development process?	25
5.2.2	Alert policymakers and the community of the possible public health impacts (both intended and unintended) from current and/or proposed policies?	25
5.2.3	Review existing policies at least every three to five years?	25
5.3	Model Standard: Community Health Improvement Process and Strategic Planning <i>At what level does the local public health system:</i>	
5.3.1	Establish a community health improvement process, with broad-based diverse participation, that uses information from both the community health assessment and the perceptions of community members?	25
5.3.2	Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?	25
5.3.3	Connect organizational strategic plans with the Community Health Improvement Plan?	25
5.4	Model Standard: Plan for Public Health Emergencies <i>At what level does the local public health system:</i>	
5.4.1	Support a workgroup to develop and maintain preparedness and response plans?	<u>100</u>

5.4.2	Develop a plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed?	100
5.4.3	Test the plan through regular drills and revise the plan as needed, at least every two years?	100
ESSENTIAL SERVICE 6: Enforce Laws and Regulations that Protect Health and Ensure Safety		
6.1	Model Standard: Review and Evaluation of Laws, Regulations, and Ordinances <i>At what level does the local public health system:</i>	
6.1.1	Identify public health issues that can be addressed through laws, regulations, or ordinances?	75
6.1.2	Stay up-to-date with current laws, regulations, and ordinances that prevent, promote, or protect public health on the federal, state, and local levels?	50
6.1.3	Review existing public health laws, regulations, and ordinances at least once every five years?	75
6.1.4	Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?	75
6.2	Model Standard: Involvement in the Improvement of Laws, Regulations, and Ordinances <i>At what level does the local public health system:</i>	
6.2.1	Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?	50
6.2.2	Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote the public health?	50
6.2.3	Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?	50
6.3	Model Standard: Enforcement of Laws, Regulations, and Ordinances <i>At what level does the local public health system:</i>	
6.3.1	Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?	50
6.3.2	Assure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies?	75
6.3.3	Assure that all enforcement activities related to public health codes are done within the law?	75
6.3.4	Educate individuals and organizations about relevant laws, regulations, and ordinances?	50

6.3.5	Evaluate how well local organizations comply with public health laws?	50
ESSENTIAL SERVICE 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable		
7.1	Model Standard: Identification of Personal Health Service Needs of Populations <i>At what level does the local public health system:</i>	
7.1.1	Identify groups of people in the community who have trouble accessing or connecting to personal health services?	75
7.1.2	Identify all personal health service needs and unmet needs throughout the community?	75
7.1.3	Defines partner roles and responsibilities to respond to the unmet needs of the community?	50
7.1.4	Understand the reasons that people do not get the care they need?	75
7.2	Model Standard: Assuring the Linkage of People to Personal Health Services <i>At what level does the local public health system:</i>	
7.2.1	Connect (or link) people to organizations that can provide the personal health services they may need?	50
7.2.2	Help people access personal health services, in a way that takes into account the unique needs of different populations?	50
7.2.3	Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs)?	50
7.2.4	Coordinate the delivery of personal health and social services so that everyone has access to the care they need?	25
ESSENTIAL SERVICE 8: Assure a Competent Public and Personal Health Care Workforce		

8.1	Model Standard: Workforce Assessment, Planning, and Development <i>At what level does the local public health system:</i>	
8.1.1	Set up a process and a schedule to track the numbers and types of LPHS jobs and the knowledge, skills, and abilities that they require whether those jobs are in the public or private sector?	50
8.1.2	Review the information from the workforce assessment and use it to find and address gaps in the local public health workforce?	50
8.1.3	Provide information from the workforce assessment to other community organizations and groups, including governing bodies and public and private agencies, for use in their organizational planning?	25
8.2	Model Standard: Public Health Workforce Standards <i>At what level does the local public health system:</i>	

8.2.1	Make sure that all members of the public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and meet the law?	75
8.2.2	Develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the essential public health services?	50
8.2.3	Base the hiring and performance review of members of the public health workforce in public health competencies?	50
8.3	Model Standard: Life-Long Learning through Continuing Education, Training, and Mentoring <i>At what level does the local public health system:</i>	
8.3.1	Identify education and training needs and encourage the workforce to participate in available education and training?	75
8.3.2	Provide ways for workers to develop core skills related to essential public health services?	50
8.3.3	Develop incentives for workforce training, such as tuition reimbursement, time off for class, and pay increases?	25
8.3.4	Create and support collaborations between organizations within the public health system for training and education?	50
8.3.5	Continually train the public health workforce to deliver services in a cultural competent manner and understand social determinants of health?	50
8.4	Model Standard: Public Health Leadership Development <i>At what level does the local public health system:</i>	
8.4.1	Provide access to formal and informal leadership development opportunities for employees at all organizational levels?	50
8.4.2	Create a shared vision of community health and the public health system, welcoming all leaders and community members to work together?	50
8.4.3	Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?	50
8.4.4	Provide opportunities for the development of leaders representative of the diversity within the community?	25
ESSENTIAL SERVICE 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services		

9.1	Model Standard: Evaluation of Population-Based Health Services <i>At what level does the local public health system:</i>	
9.1.1	Evaluate how well population-based health services are working, including whether the goals that were set for programs were achieved?	50
9.1.2	Assess whether community members, including those with a higher risk of having a health problem, are satisfied with the approaches to preventing disease, illness, and injury?	50
9.1.3	Identify gaps in the provision of population-based health services?	50
9.1.4	Use evaluation findings to improve plans and services?	50
9.2	Model Standard: Evaluation of Personal Health Services <i>At what level does the local public health system:</i>	
9.2.1	Evaluate the accessibility, quality, and effectiveness of personal health services?	50
9.2.2	Compare the quality of personal health services to established guidelines?	75
9.2.3	Measure satisfaction with personal health services?	50
9.2.4	Use technology, like the internet or electronic health records, to improve quality of care?	25
9.2.5	Use evaluation findings to improve services and program delivery?	50
9.3	Model Standard: Evaluation of the Local Public Health System <i>At what level does the local public health system:</i>	
9.3.1	Identify all public, private, and voluntary organizations that provide essential public health services?	50
9.3.2	Evaluate how well LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing to essential public health services?	25
9.3.3	Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?	25
9.3.4	Use results from the evaluation process to improve the LPHS?	25
ESSENTIAL SERVICE 10: Research for New Insights and Innovative Solutions to Health Problems		
10.1	Model Standard: Fostering Innovation <i>At what level does the local public health system:</i>	

10.1.1	Provide staff with the time and resources to pilot test or conduct studies to test new solutions to public health problems and see how well they actually work?	25
10.1.2	Suggest ideas about what currently needs to be studied in public health to organizations that do research?	25
10.1.3	Keep up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health?	50
10.1.4	Encourage community participation in research, including deciding what will be studied, conducting research, and in sharing results?	25
10.2	Model Standard: Linkage with Institutions of Higher Learning and/or Research <i>At what level does the local public health system:</i>	
10.2.1	Develop relationships with colleges, universities, or other research organizations, with a free flow of information, to create formal and informal arrangements to work together?	50
10.2.2	Partner with colleges, universities, or other research organizations to do public health research, including community-based participatory research?	50
10.2.3	Encourage colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education?	50
10.3	Model Standard: Capacity to Initiate or Participate in Research <i>At what level does the local public health system:</i>	
10.3.1	Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies?	50
10.3.2	Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?	25
10.3.3	Share findings with public health colleagues and the community broadly, through journals, websites, community meetings, etc.?	25
10.3.4	Evaluate public health systems research efforts throughout all stages of work from planning to impact on local public health practice?	25

APPENDIX B: Qualitative Assessment Data

Summary Notes

ESSENTIAL SERVICE 1: Monitor Health Status to Identify Community Health Problems			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
1.1	Model Standard: Population-Based Community Health Assessment (CHA)		
<ul style="list-style-type: none"> Bon Secours CHNA had been done twice; 3rd cycle will be 2019 	<ul style="list-style-type: none"> Do not know how to access completed CHA/CHIPs or data 		

1.2	Model Standard: Current Technology to Manage and Communicate Population Health Data		
<ul style="list-style-type: none"> VDH Data portal continuously being updated and revised so that community members can easily access and interpret for their own work Bon Secours, VCU, VDH, and Envera launched BeHealthyRVA data dashboard July 2017; county and census tract level CDC Tool 	<ul style="list-style-type: none"> Henrico County IT/websites are very slow to be updated/revised Lag in data Private sector data not accessible 	<ul style="list-style-type: none"> Combine/condense data sources from county assessments; pool efforts together; expand collaboration between public, private, and nonprofit stakeholders 	<ul style="list-style-type: none"> To perform CHA/CHIP cycle again in 3-5 years; this LPHSA was first attempt at reviewing the system as a whole and bringing different partners to the table

1.3	Model Standard: Maintenance of Population Health Registries		
<ul style="list-style-type: none"> • Youth Risk Behavioral Survey conducted yearly in Virginia • PRIDE Survey conducted in 2017 within Henrico County Public Schools • EX: Fire department recently conducted risk assessment for smoke detectors and fall risks (able to track those people who call in for falls the more vulnerable population due to falling (calls in). 90% of the time people have let the fire department in to do home checks 	<ul style="list-style-type: none"> • User friendly/accessible hospitalization data (illnesses found/contracted while in-patient) • Fire Department does not have readily available access to registries when in field • Lack of communication regarding data/awareness • Registries not accessible 	<ul style="list-style-type: none"> • Improve on collecting preventable measure data; in addition to BRFSS • Grant writers and applicants use data from registries often but greater community is not aware or unable to interpret • Educate community partners and members on the data that is available to them 	<ul style="list-style-type: none"> • Lessen gaps in registries, there is currently no way of knowing if certain populations are at risk for diabetes • Bridging the gap between community members and local public health system assessments and data □ strategic planning

ESSENTIAL SERVICE 2: Diagnose and Investigate Health Problems and Health Hazards			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
2.1	Model Standard: Identification and Surveillance of Health Threats		

<ul style="list-style-type: none"> • Fire Department has done a great job at identifying and monitoring health problems • Social Services has taken part in Opioid Epidemic response; also providing shelters to operate during hot weather • Too Smart 2 Start working with CVS focusing on 12-20 year olds to monitor opioid use/abuse • Collaborating: Zika and Ebola; multiple partners 			
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2.2	Model Standard: Investigation and Response to Public Health Threats and Emergencies		
<ul style="list-style-type: none"> • Planning Commission supports region for emergency response • Office of Emergency Management has dam prevention meetings, table top trainings, and active shooter demo at Short Pump mall once a year 			

<ul style="list-style-type: none"> • Hazmat responses 			
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2.3	Model Standard: Laboratory Support for Investigation of Health Threats		
<ul style="list-style-type: none"> • There is immediate access with DCLS, you may not get the report/response on the return. If it was critical there will be priority. • Private labs • Henrico hazmat labs • FBI resources 	<ul style="list-style-type: none"> • Public labs • Communication regarding lab resources. Reporting, etc. • DCLS understaffed/overworked • Toxicology reports in response to opioid overdoses 	<ul style="list-style-type: none"> • Non-traditional data in real time 	

ESSENTIAL SERVICE 3: Inform, Educate, and Empower People about Health Issues			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
3.1	Model Standard: Health Education and Promotion		
<ul style="list-style-type: none"> • DARS receives funding on aging- 3-year grant for chronic disease prevention (goal is to keep people out of the hospital, statewide) • Language lines • Lay health leaders 	<ul style="list-style-type: none"> • Competition among local providers due to same end goal • Education and promotion is a challenge for Dept. of Social Services 	<ul style="list-style-type: none"> • Educational materials and programs offered in different languages; including surveys – Arabic is continuously needed • Enhance coordination of activities on individual, interpersonal, community, and societal levels 	

<ul style="list-style-type: none"> • Crossover Ministries outreach classes • Geo mapping of tobacco retailers • Evidenced-based after school programs • Family match pilot program• Foster to adopt program- prevent kids from aging out of system, prevention from incarceration, drugs, and homelessness • Department of Fire conducts "After Fires" where they go out into neighborhoods and talk to residents about recent incidences • MHDS offers substance abuse prevention, after school programs, cigarette manufacturers education 			
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3.2	Model Standard: Health Communication		
<ul style="list-style-type: none"> • HCA advertises on Pandora and local news • VDH social media • BounceBackhc.org • Narcan administration being offered to different agencies/depts. • HCHD and MHDS offer volunteer training (CHW and MRC) 	<ul style="list-style-type: none"> • Communication plans on a govt. level (county and state) • HCHD and Area on Aging lacking social media presence (mainly due to lack of resources/funding) • Interpreters for different languages • Difficulty getting social media sites for govt. agencies; limited personnel and funding, resistance to mass communication 	<ul style="list-style-type: none"> • Reduce barriers, revamp policies and procedures when it comes to communication plans • Collaboration for those who can share messages • Expand use of volunteers and community “health champions” as trained spokesperson for promotion of public health information 	

3.3	Model Standard: Risk Communication		
<ul style="list-style-type: none"> • Heat Wave efforts from Dept. of Emergency Management and Social Services • Everbridge 			

ESSENTIAL SERVICE 4: Mobilize Community Partnerships to Identify and Solve Health Problems			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
4.1	Model Standard: Constituency Development		

<ul style="list-style-type: none"> • Zika and Opioid task force • Opioid Epidemic- A community forum • BounceBack Task Force within HCPS 	<ul style="list-style-type: none"> • Many directories are not updated and not online • Lack of community forums to communicate public health issues; address only “hot” topics 	<ul style="list-style-type: none"> • Create a workgroup for resource guides/communication • Expand use of social media, public health announcements on monthly bills for residents 	<ul style="list-style-type: none"> • Cross-sector collaboration and assessment efforts
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4.2	Model Standard: Community Partnerships		
<ul style="list-style-type: none"> • Support from Board of Directors around Heroin Task Force and Opioid epidemic • Fire Dept. working with HUD housing and policy to improve conditions • CERT (Community Emergency Response Team?); Survivor Day 	<ul style="list-style-type: none"> • Foster care agency lags in communication efforts to other organizations • Communication and awareness around what other agencies are doing (i.e. Geo mapping for tobacco retailers) • Lack of broad-based community health improvement committee 	<ul style="list-style-type: none"> • Establish a broad-based CHIP 	<ul style="list-style-type: none"> • Increase awareness/buy-in from other agencies. Need to connect the dots around all things that contribute to the health and well-being of Henrico residents • Reinforcement of smoking regulations all throughout the county • Need to talk about things from public health lens even when not directly working in it

ESSENTIAL SERVICE 5: Develop Policies and Plans that Support Individual and Community Health Efforts			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
5.1	Model Standard: Governmental Presence at the Local Level		

<ul style="list-style-type: none"> • HCHD and hospitals (infection prevention) reporting communicable diseases • Bon Secours could potentially be medical home for Henrico • VCU partnership with HCHD maternity clinic • VFHY provides trainings in conjunction with MHDS 	<ul style="list-style-type: none"> • HCHD is not accredited 	<ul style="list-style-type: none"> • Others to be involved in supporting 10 EPHS and accreditation efforts/process 	
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5.2	Model Standard: Public Health Policy Development		
<ul style="list-style-type: none"> • Harm reduction- needle exchange program • Public housing (i.e. Essex Village); support from HUD and police department 	<ul style="list-style-type: none"> • Local govt. limited by Board of Supervisors • Healthcare policy advocates seem to only be in private sector • Private sector needs to be at table more often 	<ul style="list-style-type: none"> • Identify how LPHS can further engage in policy advocating and development • Partner with private and public on public health issues (smoking) 	

5.3	Model Standard: Community Health Improvement Process and Strategic Planning		
			<ul style="list-style-type: none"> • Established CHA/CHIP to update and review plans frequently

5.4	Model Standard: Plan for Public Health Emergencies		
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<ul style="list-style-type: none"> • Henrico is a model standard for Emergency Preparedness 			
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ESSENTIAL SERVICE 6: Enforce Laws and Regulations that Protect Health and Ensure Safety

STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
6.1			
Model Standard: Review and Evaluation of Laws, Regulations, and Ordinances			
<ul style="list-style-type: none"> • Police Dept. has a hotel team making sure regulations are in place (i.e. occupancy); working with Environmental health staff • Central Virginia Legal Aid, Central offices (VDH, DBHDS) serves as resource for legal counsel 	<ul style="list-style-type: none"> • Holding community members accountable and getting what they need while also following policies 		<ul style="list-style-type: none"> • Staying up to date on laws and regs on all levels

6.2			
Model Standard: Involvement in the Improvement of Laws, Regulations, and Ordinances			
	<ul style="list-style-type: none"> • Barrier: privately owned housing units, govt. cannot just go in to help/fix, must be invited 	<ul style="list-style-type: none"> • Groups/orgs can advocate for tobacco policies 	<ul style="list-style-type: none"> • Local govt. resistant to change (i.e. tobacco leaf on County seal) • Strategic plan (building maintenance and activities that go on inside residences)

6.3			
Model Standard: Enforcement of Laws, Regulations, and Ordinances			

<ul style="list-style-type: none"> • Environmental health enforcing restaurant closings due to non-compliance 		<ul style="list-style-type: none"> • Identify organizations that should be enforcing • Educate community members on enforcing agencies; what agencies enforce what (i.e. planning dept. has to weigh in on conservation of land efforts) 	<ul style="list-style-type: none"> • Medical home for children for the first 90 days of school
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ESSENTIAL SERVICE 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable

STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
7.1	Model Standard: Identification of Personal Health Service Needs of Populations		
<ul style="list-style-type: none"> • HCHD does back to school physicals and immunizations • Crossover does both & MHDS does physicals for clients 	<ul style="list-style-type: none"> • Treating non-ER situations with Emergency services-leaving Fire Dept. with burden of being sole transportation 	<ul style="list-style-type: none"> • Enhance culturally competent workforce and materials • VCU partnering with schools to provide physicals 	<ul style="list-style-type: none"> • Medical homes for children and youth; partner with schools

7.2	Model Standard: Assuring the Linkage of People to Personal Health Services		
<ul style="list-style-type: none"> • Dentist office in New Bridge public school • HCHD (WIC) and Social Services assist people in signing up for benefits 	<ul style="list-style-type: none"> • Shifting the responsibility of daily stressors and personal habits/choices on the individual • Identifying resources for people not eligible for benefits (i.e. 40 yr old diabetics do not seek care until they end up in hospital) 	<ul style="list-style-type: none"> • Increase resources for people to get to Social Services and/or help complete applications; Spanish in particular 	

	<ul style="list-style-type: none"> Parents of school children have no medical home 		
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ESSENTIAL SERVICE 8: Assure a Competent Public and Personal Health Care Workforce

STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
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8.1	Model Standard: Workforce Assessment, Planning, and Development		
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<ul style="list-style-type: none"> Fire department did a workforce assessment recently, position directly to inclusive hiring practices; incentives Cultural competency training for employees (HCHD, MHDS) VCU offers free trainings and workshops SWOT analysis performed for Police Dept. by VCU Police Dept. has training for body cameras and bias 	<ul style="list-style-type: none"> Bon Secours will not pay for CE but will reimburse for tuition (check on this?) 	<ul style="list-style-type: none"> Include workforce development (HR, Coop extension, etc.) in CHA/CHIP efforts 	<ul style="list-style-type: none"> Strategic planning process has allowed people from cross-sectors come together and incidence command structure let people be a leader with peers that may not be in a leadership role. (health department)
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<p>around the equipment • New Horizons training for HCHD</p> <ul style="list-style-type: none"> • MHDS just recently did CHNA, currently working with schools, involve community coalitions, doing things now to address the substance abuse issue- marijuana is a problem with kids in Henrico and strategies are in place now to address that. 			
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8.2	Model Standard: Public Health Workforce Standards		

8.3	Model Standard: Life-Long Learning through Continuing Education, Training, and Mentoring		
<ul style="list-style-type: none"> • Fire Department and MHDS utilizing resources available • Social services offers pay increase for supervisor trainings • HCA and Bon Secours offers 		<ul style="list-style-type: none"> • Increase in cultural competency training; not just a one and done event 	

Tuition reimbursement			
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8.4	Model Standard: Public Health Leadership Development		
<ul style="list-style-type: none"> • County offers leadership training • Engaging nursing students in community health work • Incident Command Structure at HCHD allows staff to take on a leadership role outside of their daily duties 	<ul style="list-style-type: none"> • Understaffed 	<ul style="list-style-type: none"> • Include private and non-profits in leadership training • Career development across all sectors 	

ESSENTIAL SERVICE 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
9.1	Model Standard: Evaluation of Population-Based Health Services		

<ul style="list-style-type: none"> • Social Services has moved from mainly paper applications to doing a lot of interview processes over the phone; this has increased service consumers • Goals and strategies evaluate in established coalitions 			
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9.2	Model Standard: Evaluation of Personal Health Services		
<ul style="list-style-type: none"> • HCA Healthcare systems put a lot of effort into finding out how the patients are satisfied with hospital services • Community Service Board (CSB) received poor results from a recent survey which prompted them to form a community engagement group on how to work collaboratively in/with the community • Medicaid at the state level has IT to facilitate communication among providers 	<ul style="list-style-type: none"> • Hospital has no access to physician records (within their own walls), must call and request information to be faxed over (at least for Infection Prevention and Home care/discharge follow up) • County systems outdated 		

9.3	Model Standard: Evaluation of the Local Public Health System		

ESSENTIAL SERVICE 10: Research for New Insights and Innovative Solutions to Health Problems
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STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
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10.1	Model Standard: Fostering Innovation		
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<ul style="list-style-type: none"> • State required MHDS to go through a training on evaluation, conducting focus groups, conducted interviews, and program implementation 	<ul style="list-style-type: none"> • Lack of staff and time 		
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10.2	Model Standard: Linkage with Institutions of Higher Learning and/or Research		
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<ul style="list-style-type: none"> • HCPS partners with ECPI and hearing and vision company to provide physicals for school children • MHDS partners with VCU research center • Environmental Health partners with Va Tech for food inspection training and research 			
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<ul style="list-style-type: none"> • Fire Dept. encourages VU students and Tech students for ride-alongs and other activities 			
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<p>10.3</p>	<p>Model Standard: Capacity to Initiate or Participate in Research</p>		
<ul style="list-style-type: none"> • MHDS and HCPS had researchers conducting youth PRIDE survey 			

APPENDIX C: Additional Resources

General

Association of State and Territorial Health Officers (ASTHO)

<http://www.astho.org/>

CDC/Office of State, Tribal, Local, and Territorial Support (OSTLTS)

<http://www.cdc.gov/ostlts/programs/index.html>

Guide to Clinical Preventive Services

<http://www.ahrq.gov/clinic/pocketgd.htm>

Guide to Community Preventive Services

www.thecommunityguide.org

National Association of City and County Health Officers (NACCHO)

<http://www.naccho.org/topics/infrastructure/>

National Association of Local Boards of Health (NALBOH)

<http://www.nalboh.org>

Being an Effective Local Board of Health Member: Your Role in the Local Public Health System

<http://www.nalboh.org/pdffiles/LBOH%20Guide%20-%20Booklet%20Format%202008.pdf>

Public Health 101 Curriculum for governing entities

http://www.nalboh.org/pdffiles/Bd%20Gov%20pdfs/NALBOH_Public_Health101Curriculum.pdf

Accreditation

ASTHO's Accreditation and Performance Improvement resources

<http://astho.org/Programs/Accreditation-and-Performance/>

NACCHO Accreditation Preparation and Quality Improvement

<http://www.naccho.org/topics/infrastructure/accreditation/index.cfm>

Public Health Accreditation Board

www.phaboard.org

Health Assessment and Planning (CHIP/ SHIP)

Healthy People 2010 Toolkit:

Communicating Health Goals and Objectives

<http://www.healthypeople.gov/2010/state/toolkit/12Marketing2002.pdf>

[f Setting Health Priorities and Establishing Health Objectives](http://www.healthypeople.gov/2010/state/toolkit/09Priorities2002.pdf)

<http://www.healthypeople.gov/2010/state/toolkit/09Priorities2002.pdf>

Healthy People 2020:

www.healthypeople.gov

MAP-IT: A Guide To Using Healthy People 2020 in Your Community

<http://www.healthypeople.gov/2020/implementing/default.aspx>

Mobilizing for Action through Planning and Partnership:

<http://www.naccho.org/topics/infrastructure/map>

[p/](#) MAPP Clearinghouse

<http://www.naccho.org/topics/infrastructure/mapp/framework/clearinghouse/>

[e/](#) MAPP Framework

<http://www.naccho.org/topics/infrastructure/mapp/framework/index.cfm>

National Public Health Performance Standards Program

<http://www.cdc.gov/nphpsp/index.html>

Performance Management /Quality Improvement

American Society for Quality; Evaluation and Decision Making Tools: Multi-voting <http://asq.org/learn-about-quality/decision-making-tools/overview/overview.html>

Improving Health in the Community: A Role for Performance Monitoring

<http://www.nap.edu/catalog/5298.html>

National Network of Public Health Institutes Public Health Performance Improvement Toolkit

<http://nnphi.org/tools/public-health-performance-improvement-toolkit-2>

Public Health Foundation – Performance Management and Quality Improvement

<http://www.phf.org/focusareas/Pages/default.aspx>

Turning Point

<http://www.turningpointprogram.org/toolkit/content/silostosystems.htm>

US Department of Health and Human Services Public Health System, Finance, and Quality Program

<http://www.hhs.gov/ash/initiatives/quality/finance/forum.html>

Evaluation

CDC Framework for Program Evaluation in Public Health

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4811a1.htm>

Guide to Developing an Outcome Logic Model and Measurement Plan (United Way)

http://www.yourunitedway.org/media/Guide_for_Logic_Models_and_Measurements.pdf

National Resource for Evidence Based Programs and Practices

www.nrepp.samhsa.gov

W.K. Kellogg Foundation Evaluation Handbook <http://www.wkkf.org/knowledge-center/resources/2010/W-K-Kellogg-Foundation-Evaluation-Handbook.aspx>

W.K. Kellogg Foundation Logic Model Development Guide <http://www.wkkf.org/knowledge-center/resources/2006/02/WK-Kellogg-Foundation-Logic-Model-DevelopmentGuide.aspx>