

PUBLIC HEALTH SYSTEMS PERFORMANCE IMPROVEMENT  
THROUGH QUALITY IMPROVEMENT LEARNING TEAMS

REQUEST FOR PROPOSALS

July 8, 2008

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**Introduction & Background**

In its 2002 report *The Future of the Public's Health in the 21st Century*, the Institute of Medicine recognized several areas of action and change including strengthening the public health infrastructure, building partnerships, and emphasizing evidence. More recently, attention has focused on linking public health processes and health outcomes. New Hampshire Division of Public Health Services Bureau of Policy and Performance Management (DPHS) and the Community Health Institute (CHI) have been awarded a three-year grant to implement projects that will help address specific public health capacity and outcome targets.

New Hampshire (NH) is one of sixteen states selected through a competitive review to participate in the Robert Wood Johnson Foundation (RWJF)-funded Multistate Learning Collaborative (MLC). The purpose of the MLC is to lead a national initiative to improve the performance of public health systems through the use of quality improvement techniques. This initiative, MLC-3, builds on significant public health capacity and performance assessment in NH to date, including participation in the Turning Point Initiative, Round 2 of the RWJF-funded Multistate Learning Collaborative, and the development of the NH Public Health Improvement Action Plan (PHIAP) initiative. In addition, it dovetails with existing initiatives, such as the NH Public Health Regionalization and the NH Citizens Health Initiatives. The PHIAP, derived from a comprehensive collaborative process using the National Public Health Performance Standards (NPHPSP) State Public Health System Assessment, identified areas of strength as well as opportunities for improvement in public health that includes health status as well as infrastructure. The overall mission of New Hampshire's performance improvement program is to promote and protect the public's health by active measurement and continuous quality improvement of public health practice.

The MLC-3 initiative brings state and local public health networks together with other stakeholders to improve public health services and the health of their community by implementing quality improvement practices.

**Focus of the Application**

The CHI, in partnership with the NH DPHS, is seeking proposals from organizations in NH that are interested in applying performance improvement techniques using collaborative quality improvement learning teams (QUILTs) to improve public health systems and health outcomes linked to these systems. This work will include assessment of public health system capacity followed by the planning and implementation of quality improvement activities to address one or two specific evidence-based priority targets. Priority targets will be drawn from the national MLC-3 public health improvement capacity and health status targets, while considering the NH Citizens Health Initiative health capacity priorities, and the strategic objectives of the NH Public Health Improvement Services Council strategic capacity and health priorities (details of each of these sets of targets and priorities are available in the attachments to this document).

Three QUILTs will be selected for this first round of quality improvement activities, which will begin in September 2008 and continue through November 2009. Selected QUILTs will be comprised of organizations that work together on a regular basis to assure the delivery of the essential public health services within a public health region. Members of each QUILT will assess its regional public health infrastructure capacity at the local level using an adapted version of the National Association of City and County Health Officials self-assessment tool<sup>1</sup>. Based on this capacity assessment and prior community health assessments, each QUILT will engage in performance improvement processes using the Institute for Healthcare (IHI) Model for Improvement<sup>2</sup>. The IHI Model for Improvement employs the Plan-Do-Study-Act (PDSA) approach and includes a process of pre-work, learning, and action periods to effect change. The three selected QUILTs will communicate regularly and meet every six months to develop performance improvement strategies, and share experiences and knowledge gained through implementation of the PDSA cycle.

### **Conditions of Participation**

1. QUILTs will include a lead public health entity and other partners engaged in community and public health activities committed to:
  - 1.1. Working with state and local community agencies on quality improvement and performance management activities
    - 1.1.1. Assessing local public health capacity using the NACCHO self-assessment tool (applicants with prior experience with the NACCHO self assessment tool will be in an advantaged position).
    - 1.1.2. Linking public health outcomes and infrastructure targets for improvement.
    - 1.1.3. Engaging in a two-year process that includes
      - 1.1.3.1. Performance improvement activities in year 1, and
      - 1.1.3.2. Mentorship of a second cohort of QUILTs (beginning in January 2010 and continuing through March 2011).
      - 1.1.3.3. Monthly conference calls, and participation at mid- and final sessions with two other QUILTs.
      - 1.1.3.4. Sharing findings and lessons learned through participation in national meetings.
2. QUILTs will be able to demonstrate that they have previously conducted community health assessments to inform their selection of public health outcome targets.

### **Scope of Services**

1. Each QUILT will convene regional stakeholders involved in assuring the delivery of public health services as described by the Ten Essential Health Services (Attachment A).
  - 1.1. Work with NH DPHS and the CHI to identify technical assistance and training needs for assessing the capacity of local public health infrastructure to meet evidence-based local public health needs.
  - 1.2. Work with NH DPHS and the CHI to identify technical assistance and training needs for engaging in performance improvement processes addressing identified evidence-based local public health capacity and health outcome targets.

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<sup>1</sup> The tool is available at [http://www.naccho.org/topics/infrastructure/documents/Self-AssessmentInteractive\\_000.pdf](http://www.naccho.org/topics/infrastructure/documents/Self-AssessmentInteractive_000.pdf)

<sup>2</sup> For more information, see <http://www.ihl.org/IHI/Topics/Improvement/ImprovementMethods/HowToImprove/>.

2. Conduct a local public health capacity assessment.
  - 2.1. Work with NH DPHS and the CHI to convene identified and committed partners to complete an adapted version of the NACCHO Self-Assessment Tool.
3. Engage in Quality Improvement Activities
  - 3.1. Attend and participate in a planning and educational kick-off meeting in September to finalize public health system capacity and health outcome targets and begin development of a PDSA workplan
  - 3.2. Reassess and develop the PDSA workplan every three months
  - 3.3. Meet with other QUILTs every six months in a facilitated meeting to share experience and knowledge gained through implementation of quality improvement strategies.
  - 3.4. Enter performance measures in a web-based application
4. Disseminate findings and experiences with the greater public health community through such venues as the Improving the Public's Health website, bi-monthly newsletter, storyboards at New Hampshire Public Health Association meetings, University of New Hampshire Public Health Program Grand Rounds, or national venues such as American Public Health Association, Association of State and Territorial Health Officials, or NACCHO, or MLC meetings.

### **Eligibility**

Any local governmental entity, non-profit organization, or coalition of organizations already engaged in efforts to plan and implement improved delivery of public health services at the regional or community level in New Hampshire is eligible to apply for funding.

1. Applicants should:
  - 1.1. Demonstrate a commitment to collaborate to improve public health system capacity and health status.
  - 1.2. Have a working knowledge of the ten essential public health services (see Attachment A).
  - 1.3. Have a working knowledge of the NACCHO Operational Definition of a local health department (see Attachment B),
  - 1.4. Have identified health status targets informed by community assessment findings that are in alignment with the MLC-3 Public Health Quality Improvement Capacity and Health Status Targets (Attachment C), the strategic objectives of the NH Public Health Improvement Services Council and the health capacity priorities outlined by the NH Citizen Health Initiative (Attachment D).

### **Availability and Duration of Funds**

Selected organizations will receive grant awards of \$10,000 for participation over a 15 month period of performance improvement activities. The funds may be used to support staff salary and benefits, travel, supplies, and other direct costs. Grant funds may not be used for lobbying or to directly subsidize individuals for the cost of health care. Selected organizations must submit a report of progress via a web-based system on a quarterly basis and lessons learned upon completion of the planning and assessment process. Additional \$2000 will be provided each QUILT to support continued participation in the learning collaborative through sharing information and lessons learned with the second cohort of QUILTs (January 2009-March 2011).

### **Selection Committee**

An objective review committee composed of State Health Department, CHI, and other representatives of the state-level public health system will review applications.

## **Format of the Application**

The application narrative should provide a concise and complete description of the submitting organizational entity, associated regional partners, assessment processes contributing to three proposed capacity development and health status targets, and potential quality improvement strategies. The narrative portion of the grant should not exceed 4 pages and should be organized as follows:

### **I. Table of Contents**

### **II. Description of the Submitting Organizational Entity (15 points)**

- Describe the organization that will serve as the primary agent responsible for accomplishing the scope of work. If different, describe the organization that will serve as fiscal agent.
- Describe the qualifications and roles of key project staff. Please attach resumes of key project personnel.

### **III. Description of the QUILT Partnership (45 points)**

- Identify the community or region that will be covered. (Multiple applications from the same geographic area will not be considered).
- Briefly describe the existing community and public health infrastructure and its capacity to carry out the ten essential services (Refer to Attachment A) including past collaborative efforts to assess and improve the public health infrastructure and health outcomes
- Describe how a local team of collaborating organizations will be engaged in the MLC-3 project and the performance improvement process. How will they work together to support of the work of the QUILT? Are there particular areas of technical expertise, such as knowledge or experience in performance improvement activities?
- **Include letters of support for this project from all collaborating organizations that describe specifically how they will participate in implementing or sustaining the project**

### **IV. Description of the Potential Public Health Improvement Capacity and Health Status Target Areas (35 points)**

- Identify and rank three potential target areas for improvement. Please use the Ranking Sheet (Appendix B), and include this in the submitted proposal. The three potential targets should include at least one capacity and one health status target. The potential subtargets are included only as a way to think about the target areas. Provide a brief rationale for the selection of these target areas, a description of how capacity and health status targets are linked to one another. QUILTs will focus on one or two target areas that will be determined through review of applications by the selection committee.
- Describe how application of a PDSA process might have an impact on these targets. What data sources are currently available to measure progress? [These potential interventions will be non-binding as the actual interventions will be based on QUILT process assessments].
- *Note:* Applicants should refer to the 10 Essential Services of Public Health (Attachment A) as an aid for conceptualizing the local public health system. Attachment B outlines MLC-3 target areas for capacity and health outcomes improvement. Attachment C provides the NACCHO Operational Definition of a local health department, and Attachment D outlines the six strategic priorities of the NH Performance Improvement Action Plan and the four public health capacity priorities identified by the NH Citizens Health Initiative.

## V. Budget and Budget Narrative (5 Points)

- Include an itemized budget and a budget narrative. Identify in-kind and other direct sources of funding available to support the capacity assessment and performance improvement process.

### Program Support

Technical assistance will be available through the NH DPHS and the CHI. DPHS and CHI will be responsible for providing guidance on application of quality improvement processes and for convening the QUILTs for sharing information on strategies, progress and challenges. Program support staff can help clarify respective roles of state and local public health professionals, assist in the capacity and needs assessment processes and quality improvement activities (including facilitation and analytic support), and share resources and experiences, as requested. A question and answer session for applicants will be held at the Community Health Institute from 10-11:30 AM on Wednesday July 16, 2008. If you plan to attend this session, please RSVP to Lea Ayers LaFave at [lea\\_ayers-lafave@jsi.com](mailto:lea_ayers-lafave@jsi.com) by July 14<sup>th</sup>, 2008.

### Proposal Instructions

1. The completed proposal must include the enclosed Cover Sheet and all the sections included in the Format of the Application. The budget should be prepared according to the sample budget format contained in these materials. If any portion of the application is received after the due date and time, it will not be reviewed.
2. The proposal must be typed on 8 ½" by 11" size pages, with one-inch margins and not less than 11 point font.
3. The pages must be numbered consecutively from the cover sheet to the last page of the proposal. A six page limitation has been established for the proposal narrative (not including the budget and budget narrative).
4. Faxed copies will not be accepted.
5. The application should be mailed or hand delivered to:  
  
Community Health Institute/JSI  
501 South Street, 2<sup>nd</sup> Floor  
Bow, NH 03304  
Attn: Lea Ayers LaFave, PhD, RN
6. A complete, signed proposal and five (5) copies should be received by 5 PM on Monday August 4th, 2008. All applications must have a return address.

### Inquiries

Potential applicants are encouraged to contact program staff with questions. Questions should be submitted in writing and addressed to:

Lea Ayers LaFave, PhD, RN  
Senior Project Director  
Community Health Institute/JSI  
603-573-3335  
email: [lea\\_ayers-lafave@jsi.com](mailto:lea_ayers-lafave@jsi.com)

**PUBLIC HEALTH SYSTEMS PERFORMANCE IMPROVEMENT  
THROUGH QUALITY IMPROVEMENT LEARNING TEAMS**

**GRANT APPLICATION COVER SHEET**

**Project Title:**

**Applicant Organization:**

Federal Tax Identification Number:

Address:

City/State/Zip:

Phone Number:

Fax:

**Name of authorized official: (please print)**

**Signature of authorized official:**

Title:

**Project Director or contact person:**

Name:

Title:

Address:

Phone:

Fax:

E-mail:

**Financial Officer:**

Name:

Title:

Address:

Phone:

Fax:

E-mail:

**Total Funds Requested:**

PUBLIC HEALTH SYSTEMS PERFORMANCE IMPROVEMENT  
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**BUDGET FORM**

Applicant Organization:

Budget Period:

**PERSONNEL**

Name	Position	Base Salary	% Time	Total	Grant Support	Other Support
<b>SUBTOTAL</b>						
Fringe Benefits (at ____ %)						
<b>SUBTOTAL</b>						

**OTHER DIRECT COSTS**

Travel		
Supplies		
Telephone/Communications		
Postage & Shipping		
Copying & Printing		
Meeting expenses		
Other:		
Other:		
<b>SUBTOTAL</b>		

<b>INDIRECT COSTS</b> (at _____ %)		
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<b>EQUIPMENT:</b>		
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<b>CONTRACTUAL</b>		
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<b>TOTAL</b>		
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**Attachment A**  
***The Ten Essential Services***  
Excerpted from  
***The Essential Services of Public Health***

*James A. Harrell, Office of Disease Prevention and Health Promotion, Washington, D.C.*  
*Edward L. Baker, MD, MPH, Centers for Disease Control and Prevention, Atlanta, Georgia*  
and the *Essential Services Work Group* ([1](#))

**What Public Health Does (The Purpose of Public Health)**

The fundamental obligation of agencies responsible for population-based health is to:

- Prevent epidemics and the spread of disease
- Protect against environmental hazards
- Prevent injuries
- Promote and encourage healthy behaviors and mental health
- Respond to disasters and assist communities in recovery
- Assure the quality and accessibility of health services

These responsibilities describe and define the function of public health in *assuring* the availability of quality health services. Both distinct from and encompassing clinical services, public health's role is to assure the conditions necessary for people to live healthy lives, through community-wide prevention and protection programs.

**How Public Health Serves (The Practice of Public Health)**

Public health serves communities and individuals within them by providing an array of essential services. Many of these services are invisible to the public. Typically, the public only becomes aware of the need for public health services when a problem develops (e.g., an epidemic occurs). The *practice* of public health becomes the list of "essential services."

*Monitor health status to identify and solve community health problems:* This service includes accurate diagnosis of the community's health status; identification of threats to health and assessment of health service needs; timely collection, analysis, and publication of information on access, utilization, costs, and outcomes of personal health services; attention to the vital statistics and health status of specific-groups that are at higher risk than the total population; and collaboration to manage integrated information systems with private providers and health benefit plans.

*Diagnose and investigate health problems and health hazards in the community:* This service includes epidemiologic identification of emerging health threats; public health laboratory capability using modern technology to conduct rapid screening and high volume testing; active infectious disease epidemiology programs; and technical capacity for epidemiologic investigation of disease outbreaks and patterns of chronic disease and injury.

*Inform, educate, and empower people about health issues:* This service involves social marketing and targeted media public communication; providing accessible health information resources at community levels; active collaboration with personal health care

providers to reinforce health promotion messages and programs; and joint health education programs with schools, churches, and worksites.

*Mobilize community partnerships and action to identify and solve health problems:* This service involves convening and facilitating community groups and associations, including those not typically considered to be health-related, in undertaking defined preventive, screening, rehabilitation, and support programs; and skilled coalition-building ability in order to draw upon the full range of potential human and material resources in the cause of community health.

*Develop policies and plans that support individual and community health efforts:* This service requires leadership development at all levels of public health; systematic community-level and state-level planning for health improvement in all jurisdictions; development and tracking of measurable health objectives as a part of continuous quality improvement strategies; joint evaluation with the medical health care system to define consistent policy regarding prevention and treatment services; and development of codes, regulations and legislation to guide the practice of public health.

*Enforce laws and regulations that protect health and ensure safety:* This service involves full enforcement of sanitary codes, especially in the food industry; full protection of drinking water supplies; enforcement of clean air standards; timely follow-up of hazards, preventable injuries, and exposure-related diseases identified in occupational and community settings; monitoring quality of medical services (e.g. laboratory, nursing homes, and home health care); and timely review of new drug, biologic, and medical device applications.

*Link people to needed personal health services and assure the provision of health care when otherwise unavailable:* This service (often referred to as "outreach" or "enabling" services) includes assuring effective entry for socially disadvantaged people into a coordinated system of clinical care; culturally and linguistically appropriate materials and staff to assure linkage to services for special population groups; ongoing "care management"; transportation services; targeted health information to high risk population groups; and technical assistance for effective worksite health promotion/disease prevention programs.

*Assure a competent public and personal health care workforce:* This service includes education and training for personnel to meet the needs for public and personal health service; efficient processes for licensure of professionals and certification of facilities with regular verification and inspection follow-up; adoption of continuous quality improvement and life-long learning within all licensure and certification programs; active partnerships with professional training programs to assure community-relevant learning experiences for all students; and continuing education in management and leadership development programs for those charged with administrative/executive roles.

*Evaluate effectiveness, accessibility, and quality of personal and population-based health services:* This service calls for ongoing evaluation of health programs, based on analysis of health status and service utilization data, to assess program effectiveness and to provide information necessary for allocating resources and reshaping programs.

*Research for new insights and innovative solutions to health problems:* This service includes continuous linkage with appropriate institutions of higher learning and research and an internal capacity to mount timely epidemiologic and economic analyses and conduct needed health services research.

### *Conclusion*

The essential services of public health must be provided to communities through the United States as a part of health system reform. Effectively provided, these services will reduce the substantial burden of preventable illness and injury. Further, costly medical services needed to treat preventable conditions are avoided. Prevention is not only cost-effective; it is fundamental to assuring quality of life for all Americans. While no definition of public health's essential role in our nation's health system will ever be final, this statement of essential services can be used by the field as a tool for moving forward with greater clarity of purpose in a time of challenging changes.

### *Notes*

(1) Members of the *Essential Services Work Group* included representatives from the Association of State and Territorial Health Officials, National Association of County and City Health Officials, Institute of Medicine (National Academy of Sciences), Association of Schools of Public Health, Public Health Foundation, National Association of State Alcohol & Drug Abuse Directors, National Association of State Mental Health Program Directors, and Public Health Service.

### *References*

Baker, E.L., Melton, R.J., Strange, P.V., Fields, M.L., Koplan, J.P., Guerra, F.A., & Satcher, D. (1994). Health reform and the health of the public: Forging community health partnerships. *JAMA*, 272(16), 1276-1282.

Institute of Medicine (1988). *The Future of Public Health*. Washington, DC: National Academy Press.

*Blueprint for a Healthy Community* (1994). Washington, DC: National Association of County Health Officials.

Roper, W.L., Baker, E.L., Dyal, W.W., & Nicola, R.M. (1992). Strengthening the public health system. *Public Health Reports*, 107(6), 609-615.

*Core Public Health Functions: A Progress Report from the Washington State Core Government Public Health Functions Task Force* (January, 1993). Olympia, WA: Washington Department of Health.

**Attachment B**

**RANKING SHEET FOR MLC-3 PUBLIC HEALTH IMPROVEMENT CAPACITY AND HEALTH STATUS TARGET AREAS**

<b>RANK</b>	<b>TARGET AREA</b>	<b>POTENTIAL SUB-TARGETS FOR THE TARGET AREA</b>
_____	<i>Capacity: Culturally appropriate services</i>	<ul style="list-style-type: none"> <li>▪ Accurate and current information is available in formats that are culturally appropriate, linguistically relevant, and accessible to the target populations</li> <li>▪ The health department provides health education services in the language used by and within the context of the target population (Operational Definition)</li> <li>▪ Procedures are in place for communicating with groups and individuals about disasters and emergencies following established standards</li> <li>▪ The health department provides targeted, culturally appropriate information to assist individuals understand what decisions they can make to be healthy</li> </ul>
_____	<i>Capacity: Health Improvement Planning</i>	<ul style="list-style-type: none"> <li>▪ A health department led community health improvement planning process convenes partners and facilitates collaboration resulting in an improvement plan including health objectives and improvement strategies (State NPHPS)</li> <li>▪ A community health improvement plan is developed with partners which complements the statewide health plan (modified from HP 2010)</li> </ul>
_____	<i>Capacity: Assure Competent Workforce</i>	<ul style="list-style-type: none"> <li>▪ The workforce is assessed to determine its abilities to deliver population-based services, and a workforce development plan is crafted (State NPHPS)</li> <li>▪ Increase the proportion of public health departments that incorporate specific competencies into personnel systems (HP 2010)</li> </ul>
_____	<i>Status: Reduce preventable risk factors that predispose to chronic disease</i>	<ul style="list-style-type: none"> <li>▪ Increase the percentage of adults 18 years of age and older who engage in 30 minutes of moderate physical activity 5 or more days each week (HP 2010)</li> <li>▪ Increase the percentage of adolescents in grades 9-12 who engaged in 20 minutes of vigorous physical activity 3 or more days each week (HP 2010)</li> <li>▪ Reduce the percentage of adults age 18 or older who have BMI greater than 25</li> <li>▪ Reduce the percentage of obese adults aged 20 or older (HP 2010)</li> <li>▪ Reduce the percentage of overweight or obese children and adolescents aged 6-19 (HP 2010)</li> </ul>
_____	<i>Status: Reduce the burden of tobacco related illness</i>	<ul style="list-style-type: none"> <li>▪ Reduce the percentage of adults age 18 or older who smoked at least 100 cigarettes in their lifetime, and are current smokers (HP 2010)</li> <li>▪ Percent of adolescents in grades 9-12 who smoked one or more cigarettes in the past month (HP 2010)</li> <li>▪ Reduce the percentage of the population exposed to secondhand smoke (HP 2010)</li> </ul>
_____	<i>Status: Reduce the burden of alcohol related disease and injury</i>	<ul style="list-style-type: none"> <li>▪ Reduce the percentage of adults 18 years and older who reported binge drinking in the past 30 days (HP 2010)</li> <li>▪ Reduce the percentage of adolescents aged 12-17 who reported drinking in the past 30 days (HP 2010)</li> </ul>

## **Attachment C**

### **OPERATIONAL DEFINITION OF A PUBLIC HEALTH DEPARTMENT**

Governmental public health departments are responsible for creating and maintaining conditions that keep people healthy. At the local level, the governmental public health presence, or “local health department,” can take many forms. Furthermore, each community has a unique “public health system” comprising individuals and public and private entities that are engaged in activities that affect the public’s health. Regardless of its governance or structure, regardless of where specific authorities are vested or where particular services are delivered, everyone, no matter where they live, should reasonably expect the local health department to meet certain standards.

#### **A FUNCTIONAL LOCAL HEALTH DEPARTMENT:**

- Understands the specific health issues confronting the community, and how physical, behavioral, environmental, social, and economic conditions affect them.
- Investigates health problems and health threats.
- Prevents, minimizes, and contains adverse health effects from communicable diseases, disease outbreaks from unsafe food and water, chronic diseases, environmental hazards, injuries, and risky health behaviors.
- Leads planning and response activities for public health emergencies.
- Collaborates with other local responders and with state and federal agencies to intervene in other emergencies with public health significance (e.g., natural disasters).
- Implements health promotion programs.
- Engages the community to address public health issues.
- Develops partnerships with public and private healthcare providers and institutions, community-based organizations, and other government agencies (e.g., housing authority, criminal justice, education) engaged in services that affect health to collectively identify, alleviate, and act on the sources of public health problems.
- Coordinates the public health system’s efforts in an intentional, non-competitive, and non-duplicative manner.
- Addresses health disparities.
- Serves as an essential resource for local governing bodies and policymakers on up-to-date public health laws and policies.
- Provides science-based, timely, and culturally competent health information and health alerts to the media and to the community.
- Provides its expertise to others who treat or address issues of public health significance.
- Ensures compliance with public health laws and ordinances, using enforcement authority when appropriate.
- Employs well-trained staff members who have the necessary resources to implement best practices and evidence-based programs and interventions.
- Facilitates research efforts, when approached by researchers, that benefit the community.
- Uses and contributes to the evidence base of public health.
- Strategically plans its services and activities, evaluates performance and outcomes, and makes adjustments as needed to continually improve its effectiveness, enhance the community’s health status, and meet the community’s expectations.

National Association of County and City Health Officials  
1100 17th Street, NW Second Floor Washington, DC 20036  
[www.naccho.org](http://www.naccho.org)

## Attachment D

### NEW HAMPSHIRE PUBLIC HEALTH STRATEGIC AND HEALTH CAPACITY PRIORITIES

#### I. New Hampshire Public Health Improvement Action Plan 2008 STRATEGIC PRIORITIES 2006-2009

1. Inform, educate and empower people about health issues
2. Monitor health status to identify and solve community health problems
3. Mobilize community partnerships and actions to identify and solve health problems
4. Develop policies and plans that support individual and community health efforts
5. Develop a communication plan to convey the importance and value of public health
6. Develop a plan to assure a competent public health workforce

Ascheim, J.H. (2008). *New Hampshire public health improvement action plan 2008*. New Hampshire Department of Health and Human Services, Division of Public Health Services, Bureau of Policy and Performance Management.

Available on the *Improving the Public's Health in New Hampshire* website:  
[www.dhhs.nh.gov/DHHS/DPHS/iphnh.htm](http://www.dhhs.nh.gov/DHHS/DPHS/iphnh.htm)

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#### II. NH Citizens Health Initiative: Health Capacity Priorities

- Tobacco
- Nutrition
- Physical Activity
- Alcohol

New Hampshire Citizen's Health Initiative Health Promotion and Disease Prevention Policy Team (2007). *A pound of prevention*. Stepping Up to the Future, New Hampshire Citizen's Health Initiative. Available at [www.steppingupnh.org](http://www.steppingupnh.org)