Local Health Department Self-Assessment Tool (Rev.)[1]

Operational Definition of a Functional Local Health Department Capacity Assessment for Accreditation Preparation

The National Association of City and County Health Officials (NACCHO) Operational Definition of a Functional Local Health Department (LHD) defines what people in any community can reasonably expect from their local health department. The definition comprises standards, and was developed through an extensive vetting process with health officials, governing bodies, and elected officials at all three levels of government. Most significantly, the definition has been cited as the framework in the national accreditation program (Public Health Accreditation Board, or PHAB) that is currently under development. NACCHO's Operational Definition of a Functional Local Health Department Capacity Assessment for Accreditation Preparation (NACCHO self-assessment tool) is an agency self-assessment for LHDs to use in measuring themselves against the standards in the Operational Definition. It includes indicators—or measures—in use by LHDs across the country, and offers an idea of what indicators may be used in the national accreditation program. The tool is organized by the ten essential public health services, each with several standards that address specific focus areas. Each standard includes indicators that describe the requirements for meeting the standard and examples of corresponding supporting evidence.

The standard NACCHO self-assessment tool allows LHDs to measure themselves against the Operational Definition standards and subsequently identify areas of strength and areas for improvement. The standard NACCHO self-assessment tool was designed to reflect characteristics of traditional LHDs. However, throughout most of New Hampshire, non-governmental stakeholders perform key, and in some cases leading roles in local public health systems. A capacity assessment of New Hampshire's local public health systems requires additional information about the contributions of these interdependent contributors.

This modified version of the NACCHO self–assessment tool incorporates revisions designed to capture essential characteristics that are unique to New Hampshire's local public health systems. Revisions are aimed at capturing data that reflect all contributors (lead public health organization and regional partners) within a system with informal and formal linkages. Use of the modified tool will require a two-part process that includes three components: 1) self-assessment by the lead public health organization, 2) participation in a facilitated assessment process involving local public health system contributors to validate the lead organization[s] self assessment and to assess additional expertise across the local region, and 3) assessment of the New Hampshire state level (e.g., Division of Public Health Services, Department of Environmental Services, etc.) contribution to the capacity of the local public health system.

ASSESSMENT INSTRUCTIONS:

Part 1

The initial assessment will be conducted by the lead public health organization[2]. In communities with a local health department, the LHD is the lead organization. For the majority of regions around the State, local public health system partners will need to make a determination about which organization most closely fits the role of lead organization at the present time. For regions in more formative phases of

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[2] Lead public health organizations will most likely fall into one of three categories: 1) the local health department where one exists, 2) the main convener, or catalyst within established public health networks, or 3) the organization that comes closest to providing a significant set of the 10 Essential Public Health Services within a geographic region.

system development, there may be more than one lead public health organization. Where no single lead public health organization is evident, it may be necessary to identify several lead organizations in Part 1. If more than one public health organization contributes data as lead public health organizations, please note specifically which organizations' contributions are reflected in the score. Space is provided at the end of each standard section for comments.

Using the scale below, members of the lead organization will score **each indicator** based on their assessment of their organization's capacity and activities to fulfill the indicator. Participants in the assessment process should review the items listed as "Documents and/or Activities That Demonstrate the Indicators Have Been Met" (right hand column of the instrument). These examples provide a common definition of what is meant by an indicator that will ensure a shared understanding of what performing each indicator, and ultimately, each standard entails. This information provides a frame of reference to determine where on the scale the lead organization falls.

Scoring Matrix

Score	Description
0	**No capacity:** There is no capacity (planning, staff, and resources), activities, or documentation to fulfill the indicator
1	**Minimal capacity:** There is minimal capacity (planning, staff, and resources) but no activity or documentation to fulfill the indicator
2	**Moderate capacity:** There is moderate capacity (planning, staff, and resources) but only minimal activity and documentation to fulfill the indicator
3	**Significant capacity:** There is significant capacity (planning, staff, and resources) and a moderate amount of activity and documentation to fulfill the indicator
4	**Optimal capacity:** There is significant capacity (planning, staff, and resources) and significant to optimal activity and documentation to fulfill the indicator

The same scale in a more visual format:

	No Capacity	**Minimal Capacity**	**Moderate Capacity**	**Significant Capacity**	**Optimal Capacity**
Score	**0**	**1**	**2**	**3**	**4**
Capacity (Planning, Staffing, Resources)	None	Minimal	Moderate	Significant	Significant
Activity (when applicable)	None	None	Minimal	Moderate	Significant
Supporting Documentation	No documentation available		If asked to produce documentation, you could produce it.		

In scoring the lead organization, participants should

1) First, consider its capacity to meet an indicator. Capacity reflects any inputs, including planning, staffing and other resources. For any indicator, capacity may be none, minimal, moderate, or significant;
2) Second, consider the activity in which it engages that reflect how well that indicator is met. For any indicator, activity may be none, minimal, moderate, or significant. There may be indicators to which activity does not apply. In these cases, activity should not be included in the combined score.
3) Finally, question whether documentation could be produced to support the capacity and/or activity.

The combined assessments of these components (capacity, activity [when applicable], and documentation) yield the score that is entered for that indicator under the column headed "Score - Lead organization[s]". This score should reflect capacity and activities provided by staff as well as those provided through contracts and/or agreements with other entities.

In order to score a "2" or greater, the organization must be able to produce documentation to support the score. If no documentation exists, then the score can be no higher than "1". In other words, the final score can only be as high as the score of its lowest component (capacity, activity, or documentation). It may be useful to make documentation available for review by local public health system partners for key indicators where capacity is rated as significant or optimal.

Some Examples

When capacity and activity are both appropriate based on the "Documents and/or Activities that Demonstrate the Indicators Have Been Met" in the last column, the following scenarios are possible:

1) If the lead organization has moderate capacity, but minimal activity related to an indicator and can produce supporting documentation, then a score of "2" is entered for that indicator.
2) If the lead organization has significant capacity, but only minimal activity, and has supporting documentation, then a score of "2" is entered for that indicator.
3) If an organization has significant capacity, and can produce supporting documentation, but has engaged in no activity [when activity is applicable], then as score of "1" is entered.

On the other hand, in cases where activity is not applicable, the following scenarios are possible:

1) If the lead organization has significant capacity, but can produce no supporting documentation, then a score of "1" is entered for that indicator,
2) If the lead organization has significant capacity and can produce supporting documentation, then a score of "4" is entered.

Part 2

After the lead organization has conducted its self assessment, members of the regional public health system convene, and with the support of a meeting facilitator, consider **each standard** from three perspectives.

Perspective 1: Participants will review the organization's self-assessment and consider whether they concur with the capacities and activities identified through the lead organization's self assessment. If there is lack of agreement, participants will work this through collectively to gain consensus. One of the benefits of the NACCHO self-assessment tool is that the associated evidence will provide a common and objective measure across regional partners.

Perspective 2: Regional partners consider in the aggregate whether additional expertise or services exist within the local public health system that are not reflected in the lead public health organization's self-assessment. Participants will score the regional contribution to local public health capacity using the same scoring method as the lead organization. This score is entered in the first section at the end of each standard.

Perspective 3: Finally, after assessing the contributions of the lead public health organization and the regional partners to the local public health system for each standard, participants consider how the New Hampshire Division of Public Health Services, Division of Environmental Services (or other state agency) contributes to public health capacity at the local level. Assessment from this perspective requires a different scale. Using the scale below, regional partners will rate the adequacy of state planning, staffing, or other resources or activities applied directly at the regional level for each standard. Enter this score at the end of the section for each standard. This score refers only to those resources applied directly from the state to the region, and does not include resources or activities that are contracted by the state to regional entities.

Score	Description
0	Participants have insufficient information to rate the contribution of state resources to meeting this standard at the regional level
1	State planning, staff, or other resources or activities are insufficient to meet this standard at the regional level
2	State planning, staff, or other resources or activities are sufficient to meet this standard at the regional level

TOPIC AREAS:

Throughout the survey, there are multiple indicators that represent the same topic, listed under several essential services and standards. The "Topic" column allows health networks to categorize their strengths and weaknesses across standards. A general description for each of the topic areas is described in Appendix 1 on page 61.

ESSENTIAL SERVICE I: Monitor health status and understand health issues facing the community

STANDARD I-A Obtain and maintain data that provide information on the community's health (e.g., provider immunization rates; hospital discharge data; environmental health hazard, risk, and exposure data; community-specific data; number of uninsured; and indicators of health disparities such as high levels of poverty, lack of affordable housing, limited or no access to transportation, etc.).

FOCUS: DATA COLLECTION, PROCESSING and MAINTENANCE

Operational Definition Indicators	Score - Lead organization(s)	Topic	Documents and/or Activities That Demonstrate Indicators Have Been Met
1. LHD staff has expertise and training to collect, manage, integrate and display health-related data.		Data	▪ Assess competency level of staff that provide expertise in collection, management, integration, displaying, and reporting health related data. ▪ Provide names, degrees and training specific to data related activities.
2. LHD uses appropriate equipment and technology.		Data	▪ Written description of current computer equipment and technology including brands, model, years purchased.
3. LHD maintains and uses an information system(s) (e.g. email, shared electronic database files, intranet).		Data	▪ List internal communication methods and protocols for use e.g. e-mail, databases, files and intranet.
4. LHD has an electronic linkage with local and statewide databases.		Data	▪ List of databases used and protocols for data collection, analysis and reporting both internally and with external health care providers, state health department and others as appropriate.
5. An electronic disease reporting system exists between the LHD, health care providers, and others in the community who are potential disease reporters e.g. Schools, hospitals.		Data	▪ Has process and protocols for exchange of disease reporting information between the local health department, health care providers and other public health system partners. ▪ Current electronic and paper list of health care providers and other public health system partners who may be disease reporters, with contact information ▪ Log of data exchange (Date, time, type of data and with whom, any follow-up or feedback).
6. LHD collects, reviews, and analyzes comprehensive primary data (e.g. community surveys; disease reporting) and secondary data (state health department data; census data; hospital discharge data) from a variety of reliable sources.		Data	▪ Process/protocols in place for the collection, review and analysis of data from a variety of reliable sources.
7. LHD contributes to and/or maintains a registry (e.g. log of all known events of		Data	▪ Process/protocols for contributing to, or maintaining a registry. ▪ Log of contributions to registry i.e. name of registry, date, type of

certain type in the community such as immunization; violence; communicable disease.			information.

Comments regarding regional partners providing services for this focus area:

Using the same criteria as the lead organization, score the existence/availability of the regional contribution to local public health capacity for this standard.	
Please rate the adequacy of state planning, staffing, or other resources applied directly at the regional level for this standard: 0 = insufficient information to rate the contribution 1 = insufficient contribution 2 = sufficient contribution	

STANDARD I-B Develop relationships with local providers and others in the community who have information on reportable diseases and other conditions of public health interest and facilitate information exchange.

FOCUS: DISEASE REPORTING RELATIONSHIPS; MAKE DATA AND INFORMATION FLOW ROUTINE

Operational Definition Indicators

Operational Definition Indicators	Score - Lead organization(s)	Topic	Documents and/or Activities That Demonstrate Indicators Have Been Met
1. LHD staff can be contacted at all times.		Preparedness	▪ A written policy/procedure exists that describes that assures LHD staff can be contacted at all times.
2. Providers and other appropriate health care system partners are educated and trained in collecting and reporting data to the LHD.		Data	▪ Record of presentations, evidence of meetings held, conferences organized (e.g. agenda), and/or educational materials distributed to promote provider and other public health system partner to promote knowledge and disease reporting procedures.
3. LHD uses a quality improvement process between LHD and providers to make it easy for providers to report.		Quality Improvement	▪ Written quality improvement process available for evaluation of disease reporting between providers and the LHD. Results of evaluation shared and documentation that the process was improved, if needed, based on a quality improvement process.
4. Health care providers and other public health system partners receive reports and feedback on disease trends and clusters.		Communication	▪ Has process for organizing data to determine trends and clusters and for providing the information to health care providers and other public health partners. ▪ Log of distribution of reports, topics, to whom and any feedback.

Comments regarding regional partners providing services for this focus area:

Using the same criteria as the lead organization, score the existence/availability of the regional contribution to local public health capacity for this standard.

Please rate the adequacy of state planning, staffing, or other resources applied directly at the regional level for this standard:
0 = insufficient information to rate the contribution
1 = insufficient contribution
2 = sufficient contribution

STANDARD I-C Conduct or contribute expertise to periodic community health assessments

FOCUS: CONDUCT OR CONTRIBUTE EXPERTISE TO PERIODIC COMMUNITY HEALTH ASSESSMENTS

Operational Definition Indicators

Operational Definition Indicators	Score - Lead organization(s)	Topic	Documents and/or Activities That Demonstrate Indicators Have Been Met
1. LHD staff has the appropriate knowledge of standards and processes for conducting a community health assessment.		Community Health Assessment (CHA)	▪ Assess competency level of staff to assure someone on staff has appropriate knowledge of standards and process for conducting a community health assessment.
2. There are LHD staff who are trained in selecting a community health assessment model (e.g. APEX/PH, MAPP, etc.), organizing and conducting a community health assessment process.		CHA	▪ Documentation of appropriate training and knowledge for involved staff in selecting, organizing and conducting the community health assessment or evidence of plans for using outside consultants or public health partners. ▪ Process and protocols available for conducting a community health assessment.
3. LHD organizes community health data (e.g. mortality, disease prevalence, risk factors, and other data) for assessment purposes.		Data	▪ Guidelines are available for collection of secondary and primary data for assessment purposes. ▪ Data reports are available and updated as new data are available.
4. Broad participation of community stakeholders in the assessment process is secured.		Stakeholder Engagement	▪ Documentation of broad community stakeholder participation. This may include one or more of the following: List of stakeholders and contact information, shared data, minutes of planning meetings, education sessions regarding community health assessment.
5. A community health assessment process is conducted every five years.		CHA	▪ Completed community health assessment with a new assessment available every 5 years.

Comments regarding regional partners providing services for this focus area:

Using the same criteria as the lead organization, score the existence/availability of the regional contribution to local public health capacity for this standard.

Please rate the adequacy of state planning, staffing, or other resources applied directly at the regional level for this standard: 0 = insufficient information to rate the contribution 1 = insufficient contribution 2 = sufficient contribution	

STANDARD I-D Integrate data with health assessment and data collection efforts conducted by others in the public health system.

FOCUS: INTEGRATING DATA/DATA SHARING WITH COMMUNITY PARTNERS

Operational Definition Indicators

Operational Definition Indicators	Score - Lead organization(s)	Topic	Documents and/or Activities That Demonstrate Indicators Have Been Met
1. Data are shared with community partners and integrated into the community health assessment.		CHA	▪ Written protocol or process available and used for sharing data. ▪ LHD or other agency reports indicating diverse participation in assessment process.
2. LHD develops and maintains relationships with community and public health system partners.		Stakeholder Engagement	▪ Minutes demonstrating convening diverse groups in health assessment process.
3. Assessment processes by community agencies include the LHD and community partners as participants.		CHA	▪ Written documentation of participation in Community Health Assessments led by other groups.
4. Completed community health assessment is shared with health care providers, community partners, local, state and federal governance.		Communication	▪ Protocols for sharing community health assessment. ▪ Meeting minutes demonstrating that health data and community health assessments are shared.

Comments regarding regional partners providing services for this focus area:	
Using the same criteria as the lead organization, score the existence/availability of the regional contribution to local public health capacity for this standard.	
Please rate the adequacy of state planning, staffing, or other resources applied directly at the regional level for this standard: 0 = insufficient information to rate the contribution	

1 = insufficient contribution 2 = sufficient contribution	

STANDARD I-E Analyze data to identify trends, health problems, environmental health hazards, and social and economic conditions that adversely affect the public's health.

FOCUS: DATA ANALYSIS

Operational Definition Indicators

Operational Definition Indicators	Score - Lead organization(s)	Topic	Documents and/or Activities That Demonstrate Indicators Have Been Met
1. LHD analyzes and identifies patterns in data.		Data	▪ Internal process reflecting data analysis (e.g., policies and procedures.)
2. LHD draws inferences from data to identify trends over time, health problems, environmental health hazards, and social and economic conditions that adversely affect the public's health.		Data	▪ Reports and/or records of presentations that demonstrates a comprehensive understanding of the health status and health problems in the community.
3. LHD graphs and tables indicate whether the problems identified by the community health assessment are improving or worsening.		Data	▪ Ongoing data is placed in graphs and tables to determine whether problems identified in the community assessment are trending toward improvement or worsening.
4. Comparison of local data to other jurisdictions and/or the state or nation.		Data	▪ Graphs and tables are created to compare local health indicators to other local jurisdictions, state, and national health indicators.
5. LHD conducts a small area analysis using GIS.		Data	▪ Documentation such as asset maps of the community, Community Health Profile, GIS map detailing trends, and health problems etc are available for area analysis.
6. LHD makes data analysis usable to others.		Data	▪ Internal process reflecting data analysis (e.g., policies and procedures.)

Comments regarding regional partners providing services for this focus area:

Using the same criteria as the lead organization, score the existence/availability of the regional contribution to local public health capacity for this standard.

Please rate the adequacy of state planning, staffing, or other resources applied directly at the regional level for this standard: 0 = insufficient information to rate the contribution 1 = insufficient contribution 2 = sufficient contribution	

ESSENTIAL SERVICE II: Protect people from health problems and health hazards

STANDARD II-A Investigate health problems and environmental health hazards

FOCUS: ROUTINE OUTBREAK INVESTIGATIONS

Operational Definition Indicators

Operational Definition Indicators	Score - Lead organization(s)	Topic	Documents and/or Activities That Demonstrate Indicators Have Been Met
1. LHD has personnel on staff that can carry out an outbreak investigation.		Surveillance	▪ Assess competency level of staff that provide routine outbreak investigation and report competency level, any additional training received to increase competency level. ▪ Updated list of names, degrees/credentials of those providing outbreak investigation. Reviewed annually.
2. LHD has a surveillance system that triggers investigations.		Surveillance	▪ Written documentation of the type of surveillance system that is used to trigger investigations and criteria for initiation of an investigation.
3. Uses appropriate investigation techniques.		Surveillance	▪ Written protocols document the investigation process, including identifying information about the disease, case investigation steps, reporting requirements, contact and clinical management, use of emergency protocols, and the process for exercising legal authority for disease control. ▪ Information on leading industry in the community and any associated health risks. ▪ Information on local employment and related occupational risks ▪ Report showing review process of health problems and environmental health hazards. ▪ Electronic database is used with standardized case investigation protocols.

Comments regarding regional partners providing services for this focus area:

Using the same criteria as the lead organization, score the existence/availability of the regional contribution to local public health capacity for this standard.	
Please rate the adequacy of state planning, staffing, or other resources applied directly at the regional level for this standard: 0 = insufficient information to rate the contribution 1 = insufficient contribution 2 = sufficient contribution	

STANDARD II-B Prevent, minimize, and contain adverse health events and conditions resulting from communicable diseases; food, water, and vector-borne outbreaks; chronic diseases; environmental hazards; injuries; and health disparities.

FOCUS: ALLEVIATE HEALTH PROBLEMS AND ADVERSE HEALTH EVENTS

Operational Definition Indicators

Operational Definition Indicators	Score - Lead organization(s)	Topic	Documents and/or Activities That Demonstrate Indicators Have Been Met
1. LHD has enough staff trained to alleviate adverse health events and/or has access to the appropriate expertise (i.e. state epidemiologist).		Surveillance	▪ Assess competency level of staff responsible for alleviating adverse health events and report competency level and additional training received to meet competencies. ▪ Updated list of names, degrees/credentials of those providing outbreak investigation. Reviewed annually and when a change is made. ▪ A written process is available for minimizing and containing adverse health events.
2. LHD informs and educates the public about adverse health events, including information such as the nature of the situation, how to respond, and where to find resources.		Surveillance	▪ Protocols and process for educating the public about health risks, nature of the situation and where and how to respond. ▪ Log of education and sharing of information using the principles of risk communication.
3. LHD implements the established epidemiological protocol for mitigation (alleviation), including disease-specific procedures for alleviating an outbreak, such as providing prophylaxis, and conducting		Surveillance	▪ Copy of an electronic disease reporting form. ▪ Form available for internal quarterly self-assessment of investigation and reporting process. ▪ Policies, procedures, or a detailed flow chart that describes the roles and responsibilities for local response.

follow-up documentation and reporting.			▪ Log of disease reports not otherwise reported in an electronic form (e.g. well water, lead) with disposition of LHD activities to mitigate problem.
4. LHD conducts routine programs to protect the public from vaccine preventable conditions, such as pneumonia and influenza		Health Education	▪ Log of all education programs targeting preventable conditions. ▪ Records of administration clinics and immunization records.

Comments regarding regional partners providing services for this focus area:

Using the same criteria as the lead organization, score the existence/availability of the regional contribution to local public health capacity for this standard.	
Please rate the adequacy of state planning, staffing, or other resources applied directly at the regional level for this standard: 0 = insufficient information to rate the contribution 1 = insufficient contribution 2 = sufficient contribution	

STANDARD II-C Coordinate with other governmental agencies that investigate and respond to health problems, health disparities, or environmental health hazards.

FOCUS: WORKING WITH OTHER GOVERNMENTAL AGENCIES ON ROUTINE INVESTIGATION AND RESPONSE

Operational Definition Indicators

Operational Definition Indicators	Score - Lead organization(s)	Topic	Documents and/or Activities That Demonstrate Indicators Have Been Met
1. LHD assists other governmental agencies in responding to specific health problems and hazards.		Preparedness	▪ LHD has protocols established with other governmental agencies for mutual assistance in responding to specific health problems, hazards, or outbreaks.
2. LHD coordinates a planning committee including a diverse set of public health partners to investigate and respond to health problems.		Preparedness	▪ LHD identifies partners in advance and protocols are developed to engage partners during an event. ▪ LHD establishes a planning committee with diverse partners. ▪ Has guidelines and protocols to work with public health partners in response to health problems and environmental health hazards across the community. ▪ List of governmental agencies that investigate and respond to

			health problems and evidence of coordination, including meeting notes, agendas, logs of phone calls etc. ▪ Copies of memorandums of understandings with other governmental agencies.
3. LHD routinely communicates with other governmental agencies on health problems in the community.		Communication	▪ Written communication plan includes schedule and types of communication with governmental agencies.
4. LHD coordinates action with other governmental agencies.		Preparedness	▪ Guidelines for coordinating with other governmental agencies on public health issues.

Comments regarding regional partners providing services for this focus area:

Using the same criteria as the lead organization, score the existence/availability of the regional contribution to local public health capacity for this standard.	
Please rate the adequacy of state planning, staffing, or other resources applied directly at the regional level for this standard: 0 = insufficient information to rate the contribution 1 = insufficient contribution 2 = sufficient contribution	

STANDARD II- D Lead public health emergency planning, exercises, and response activities in the community in accordance with the National Incident Management System, and coordinate with other local, state and federal agencies.

FOCUS: TAKE LEAD IN EMERGENCIES THAT ARE PUBLIC HEALTH IN NATURE

Operational Definition Indicators

Operational Definition Indicators	Score - Lead organization(s)	Topic	Documents and/or Activities That Demonstrate Indicators Have Been Met
1. LHD staff demonstrate competency in preparing for and responding to public health emergencies.		Preparedness	▪ Assess competency level of staff to assure appropriate knowledge is available to prepare for and respond to public health emergencies.
2. Emergencies that trigger use of the response plan are defined.		Preparedness	▪ Copy of LHD response plan.
3. LHD develops a plan with emergency response partners that outlines responsibilities, communication networks, and evacuation procedures.		Preparedness	▪ Evidence of LHD preparedness meetings with other government agencies including planning meetings minutes, calendar of meetings, email exchanges, logs of phone calls etc., written plan.
4. LHD leads the annual testing of its emergency response plan, through the use of drills and exercises including coordination of public health response capacity with local, state, and federal agencies.		Preparedness	▪ Report of real event or exercise that evaluates policies, including meeting minutes from debriefing or After-Action Report.
5. LHD leads in an annual revision of its emergency response plan.		Preparedness	▪ Copy of revised emergency response plan (annual revisions).
6. LHD identifies volunteers and trains them.		Preparedness	▪ Contact list of volunteers and protocols for engagement.

Comments regarding regional partners providing services for this focus area:

Using the same criteria as the lead organization, score the existence/availability of the regional contribution to local public health capacity for this standard.

Please rate the adequacy of state planning, staffing, or other resources applied directly at the regional level for this standard:
0 = insufficient information to rate the contribution
1 = insufficient contribution
2 = sufficient contribution

STANDARD II-E Fully participate in planning, exercises, and response activities for other emergencies in the community that have public health implications, within the context of state and regional plans and in a manner consistent with the community's best public health interest.

FOCUS: PARTICIPATE WHEN OTHER AGENCIES ARE IN THE LEAD

Operational Definition Indicators

Operational Definition Indicators	Score - Lead organization(s)	Topic	Documents and/or Activities That Demonstrate Indicators Have Been Met
1. LHD has staff that is competent in assisting other agencies when emergencies are not directly related to public health.		Preparedness	▪ Documentation of LHD participation in partner planning for emergencies including planning meetings minutes, calendar of meetings, email exchanges, logs of phone calls etc. and protocols for participating in non- public health emergencies.
2. LHD staff attends preparedness planning meetings and exercises sponsored by other organizations (e.g. regional exercises, state planning groups, local emergency management drills, etc.)		Preparedness	▪ Invitation to participate in partner exercises or evidence of participation in emergency response when LHD was not in the lead (e.g. press release, newspaper story).
3. LHD participates in local, regional and state all- hazards response planning.		Preparedness	▪ Minutes from participation in local regional and state all-hazards response planning process.

Comments regarding regional partners providing services for this focus area:

Using the same criteria as the lead organization, score the existence/availability of the regional contribution to local public health capacity for this standard.	
Please rate the adequacy of state planning, staffing, or other resources applied directly at the regional level for this standard: 0 = insufficient information to rate the contribution 1 = insufficient contribution 2 = sufficient contribution	

STANDARD II- F Maintain access to laboratory and biostatistical expertise and capacity to help monitor community health status and diagnose and investigate public health problems and hazards.

FOCUS: ACCESS TO LAB AND BIOSTATS RESOURCES

Operational Definition Indicators

Operational Definition Indicators	Score - Lead organization(s)	Topic	Documents and/or Activities That Demonstrate Indicators Have Been Met
1. LHD has adequately trained staff to collect and handle clinical and environmental samples in an appropriate manner.		Laboratory	▪ Quarterly reports/assessments indicating that staffing requirements are met ▪ List of individuals fulfilling this capacity, job description for personnel (if applicable) or copy of consulting/contracting (if applicable).
2. LHD handles clinical and environmental laboratory samples appropriately, based on laboratory standards using state-wide laboratory protocol for reporting, collecting, handling and transporting laboratory specimens.		Laboratory	▪ LHD has current written protocols and/or guidelines for handling clinical and environmental laboratory samples based on standards including protocols for reporting, collecting, handling and transporting laboratory specimens.
3. LHD assesses the availability and maintains access to (including call-up protocols) epidemiological and statistical expertise, including consultations with appropriately trained epidemiologists.		Laboratory	▪ LHD has current contact list for available epidemiological expertise. ▪ LHD call-up protocol for biostatistical and epidemiological resources.
4. LHD has surge capacity including accessing available laboratory capacity when needed in response to an outbreak.		Laboratory	▪ LHD has written procedures for surge capacity, with descriptions of how expanded lab capacity is made readily available when needed for outbreak response. ▪ There is a current list of local and regional laboratories having the capacity to analyze specimens. ▪ Records, indicating appropriate requests for and response of monitoring, diagnosing and investigating health problems and hazards. ▪ Written protocols/procedures for access to state lab services.

Comments regarding regional partners providing services for this focus area:

Using the same criteria as the lead organization, score the existence/availability of the regional contribution to local public health capacity for this standard.

Please rate the adequacy of state planning, staffing, or other resources applied directly at the regional level for this standard: 0 = insufficient information to rate the contribution 1 = insufficient contribution 2 = sufficient contribution	

STANDARD II- G Maintain policies and technology required for urgent communications and electronic data exchange**.**

FOCUS: CAPACITY FOR EMERGENCY COMMUNICATIONS AND DATA EXCHANGE

Operational Definition Indicators

Operational Definition Indicators	Score - Lead organization(s)	Topic	Documents and/or Activities That Demonstrate Indicators Have Been Met
1. LHD has and maintains appropriate technology for 24/7 communications.		Communication	▪ Written policy describing data exchange/urgent communications, including protocol of 24/7 communications policies.
2. LHD maintains appropriate technology for electronic emergency communication and data exchange.		Communication	▪ Preparedness quarterly reports have checklist on emergency communication capacity. ▪ Update protocols and internal and external contact information at least annually and makes readily available to staff.
3. LHD uses multiple methods for dissemination of public health messages.		Communication	▪ Protocols and process for dissemination of public health messages.
4. LHD tests its emergency data exchange capabilities annually.		Communication	▪ Report from annual real event of exercise includes communication and data exchange protocols and evaluation report.
5. Uses After Action Plan to address effectiveness of the emergency activities and to make improvements.		Evaluation	▪ After Action Plan and evaluation components are a part of the emergency response plan.

Comments regarding regional partners providing services for this focus area:

Using the same criteria as the lead organization, score the existence/availability of the regional contribution to local public health capacity for this standard.	

Please rate the adequacy of state planning, staffing, or other resources applied directly at the regional level for this standard: 0 = insufficient information to rate the contribution 1 = insufficient contribution 2 = sufficient contribution	

ESSENTIAL SERVICE III: Give people information they need to make healthy choices.

STANDARD III-A Develop relationships with media to convey information of public health significance, correct misinformation about public health issues, and serve as an essential resource.

FOCUS: DEVELOP AND IMPLEMENT MEDIA STRATEGIES

Operational Definition Indicators

Operational Definition Indicators	Score - Lead organization(s)	Topic	Documents and/or Activities That Demonstrate Indicators Have Been Met
1. LHD develops and maintains a current database of local media partners and contact information.		Communication	▪ List of current media contacts.
2. LHD has staff competent in working with the media.		Communication	▪ Records of training sessions/education of staff for working with the media. ▪ LHD maintains a written protocol for communicating with the media.
3. Provide media with updates on public health events and issues.		Communication	▪ Log/Notes from calls and meetings with media representatives on current and emerging public health issues.
4. LHD has a media strategy that includes formal (press releases) and informal opportunities for communicating with the media and responding to media requests, along with routine communication to raise awareness of public health issues.		Communication	▪ Written media strategy.

Comments regarding regional partners providing services for this focus area:

Using the same criteria as the lead organization, score the existence/availability of the regional contribution to local public health capacity for this standard.

Please rate the adequacy of state planning, staffing, or other resources applied directly at the regional level for this standard:
0 = insufficient information to rate the contribution
1 = insufficient contribution
2 = sufficient contribution

STANDARD III-B Exchange information and data with individuals, community groups, other agencies, and the general public about physical, behavioral, environmental, social, economic, and other issues affecting the public's health.

FOCUS: GENERAL DATA AND INFORMATION EXCHANGE ON ISSUES AFFECTING POPULATION HEALTH

Operational Definition Indicators

Operational Definition Indicators	Score - Lead organization(s)	Topic	Documents and/or Activities That Demonstrate Indicators Have Been Met
1. LHD works within a network of stakeholders to gather and share data and information.		Communication	▪ Notes from meetings with community stakeholders (e.g. open forums, topical health issue meetings, such as infectious disease, preparedness MCH, etc.) demonstrating communication and exchange with key community partners (e.g. evidence that LHD staff presentation of report).
2. LHD continuously develops current information on health issues that affect the community.		Health Education	▪ LHD has protocols and/or strategies in place to guide the development of up to date information to communicate to the community. ▪ Log of health information shared with community and any evaluation outcomes.
3. Responds to requests for information in a timely manner.		Health Education	▪ LHD has a written protocol in place to respond to specific information requests. ▪ Log of response to requests for health information.
4. LHD uses principles of social marketing to understand the information needs of specific populations.		Health Education	▪ Process in place to assess the information needs of specific populations and also the type of information and venue to use in providing the information. ▪ Evaluation process in place to assess the outcome of the provision of information ▪ Log of information provided to specific populations.
5. The public knows how to obtain health data and information from the department.		Communication	▪ Communication plan includes educating the public in how to obtain data and information from the department, including - Multiple venues cited and used in the distribution of information - Topical communication (e.g. in blast faxes, health alerts, etc.) - LHD newsletters - LHD web site with tracking capabilities

Comments regarding regional partners providing services for this focus area:	
Using the same criteria as the lead organization, score the existence/availability of the regional contribution to local public health capacity for this standard.	
Please rate the adequacy of state planning, staffing, or other resources applied directly at the regional level for this standard: 0 = insufficient information to rate the contribution 1 = insufficient contribution 2 = sufficient contribution	

STANDARD III–C Provide targeted, culturally appropriate information to help individuals understand what decisions they can make to be healthy.

FOCUS: PROVIDE HEALTH INFORMATION TO INDIVIDUALS FOR BEHAVIOR CHANGE

Operational Definition Indicators

Operational Definition Indicators	Score - Lead organization(s)	Topic	Documents and/or Activities That Demonstrate Indicators Have Been Met
1. Accurate and current information is available and health education provided in formats that are culturally appropriate, linguistically relevant and accessible to target and special populations.		Culturally Appropriate Health Education	▪ Publications of health information in different languages represented in the community including brochures, hand-outs etc. ▪ Examples of programs designed to meet the needs of specific populations, i.e. teen, elderly, ethnic groups. ▪ Evidence of use of local media for health messages including press release, health story.
2. LHD staff demonstrates capacity to develop materials and conduct education campaigns designed to improve health behaviors.		Health Education	▪ Evidence of cultural competency training provided for LHD staff and contractors, including copy of training, schedule of training, agenda, attendance, or evaluation.
3. LHD uses the community health assessment to develop health education information.		Health Education	▪ Health education planning references finding in the community health assessment as justification for choosing a specific topic and population.
4. LHD assesses the target population for how they accept information.		Culturally Appropriate Health Education	▪ Log tracking health education meeting attendance for reaching into target populations including an evaluation component

			assessing if the target population understood the information. ▪ Surveys conducted to evaluate whether target audience understood health messages. ▪ Tracking system for program participants by race, ethnicity, gender, sexual orientation.
5. Members of the target population participate in the development and distribution of health education materials.		Culturally Appropriate Health Education	▪ Protocols are available including target populations in the development and testing health messages.
6. Appropriate methods are used for distributing culturally appropriate materials.		Culturally Appropriate Health Education	▪ Examples of distribution methods for health education, materials, media, schools, senior centers.

Comments regarding regional partners providing services for this focus area:	
Using the same criteria as the lead organization, score the existence/availability of the regional contribution to local public health capacity for this standard.	
Please rate the adequacy of state planning, staffing, or other resources applied directly at the regional level for this standard: 0 = insufficient information to rate the contribution 1 = insufficient contribution 2 = sufficient contribution	

STANDARD III-D Provide health promotion programs to address identified health problems.

FOCUS: HEALTH PROMOTION PROGRAMS FOR BEHAVIOR AND ENVIRONMENTAL/COMMUNITY CHANGE

Operational Definition Indicators

Operational Definition Indicators	Score - Lead organization(s)	Topic	Documents and/or Activities That Demonstrate Indicators Have Been Met
1. LHD has an overall strategy/plan for its delivery of population-based health promotion and disease prevention programs (e.g. which programs are developed, how they are implemented, and when they are evaluated in relationship to the community health assessment and health improvement plan).		Health Education	▪ Health Improvement Plan based on Community Needs Assessment. ▪ Report/justification that details how health promotion programs are linked to community health assessment and health improvement plan.
2. LHD staff has health promotion knowledge and skills (e.g. social marketing).		Health Education	▪ Staff competency level assessed in health promotion knowledge and skills, including the use of social marketing.
3. LHD provides technical assistance to communities and community agencies on health promotion activities.		Health Education	▪ Records indicating training and/or materials for health promotion have been provided to community organizations. ▪ Log or summary of technical assistance efforts.
4. LHD involves a variety of disciplines in the design and implementation of health promotion programs (e.g. Educators, Faith Institutions, Nursing, Environmental, Community Development) for the built environment.		Health Education	▪ Meeting notes that demonstrate including a variety of disciplines in the design and implementation of health promotion programs.
5. LHD identifies populations at risk as potential target populations for health promotion programming.		Health Education	▪ Documents Use Community Health Assessment and Health Improvement Plan to identify populations at risk.
6. LHD assesses the target population for how they accept information.		Evaluation	▪ Documentation of evaluation method for use with health education to determine if the information was understood and accepted by learners.
7. LHD program designs use proven intervention strategies.		Best Practices	▪ Documentation of source and use of proven intervention strategies/best practices. ▪ Record of number, types, topics of programs along with number of participants and evaluation results.
8. LHD evaluates health promotion efforts every two years, the results of which are used to improve programs.		Evaluation	▪ Program evaluation summaries, progress reports, or summaries of analysis demonstrate that key measure data are used as part of the process to improve the programs or to

			revise health promotion curricula.
9. LHD develops and revises performance measures, goals and objectives for annual program planning based on information obtained through evaluation of health promotion activities.		Evaluation	▪ Written procedures describe the systematic approach to health promotion information, including the development, distribution, evaluation, and revision process.

Comments regarding regional partners providing services for this focus area:

Using the same criteria as the lead organization, score the existence/availability of the regional contribution to local public health capacity for this standard.	
Please rate the adequacy of state planning, staffing, or other resources applied directly at the regional level for this standard: 0 = insufficient information to rate the contribution 1 = insufficient contribution 2 = sufficient contribution	

ESSENTIAL SERVICE IV: Engage the community to identify and solve health problems.

STANDARD IV-A Engage the local public health system in an ongoing, strategic, community-driven, comprehensive planning process to identify, prioritize, and solve public health problems; establish public health goals; and evaluate success in meeting the goals.

FOCUS: COMMUNITY PLANNING PROCESS ENGAGING SYSTEMS PARTNERS

Operational Definition Indicators

Operational Definition Indicators	Score - Lead organization(s)	Topic	Documents and/or Activities That Demonstrate Indicators Have Been Met
1. LHD has a community health planning structure in place, including community partners.		Community Health Plan (CHP)	▪ A written plan for a community health needs assessment and community health plan is in place. ▪ Meeting minutes, membership lists, and attendance frequency for coalitions focused on public health topics (e.g. pandemic flu, cardiovascular disease prevention, etc.) ▪ Local performance assessment using NPHPS.
2. The planning team uses the community health assessment to inform the selection of priorities.		CHP	▪ Written description of the community health planning process and effort to engage the community and system partners.
3. Community assets are identified.		Community Health Assessment (CHA)	▪ A list of community assets is created as a result of the community health assessment.
4. Gaps are identified through analysis of the results with periodic surveys and other assessment information.		CHA	▪ Consumer survey is developed to measure the quality and accessibility of health care services in the community. ▪ Gaps are listed based on the survey.
5. Community satisfaction is assessed and gaps are identified.		CHA	▪ A community health plan based on the Community Health Assessment with at least one measurable outcome objective covering a 5-year time frame related to each priority health need and at least one measurable impact objective related to each outcome objective.
6. Partnership effectiveness in improving community health is assessed.		CHA	▪ Questions in the consumer survey and focus groups provide information on this topic.
7. Partnership effectiveness in improving community health is assessed.		CHA	▪ Questions in the consumer survey and focus groups provide information on this topic.
8. The performance of the public health system is assessed (in relationship to targets).		CHA	▪ Questions in the consumer survey and focus groups provide information on this topic.
9. LHD leads a process to assess and analyze effectiveness of public policy and community environment to improve health		CHA	▪ Questions on assessment survey tool and community focus groups.

and shares the results publicly.			
10. Goals and objectives are established in the plan.		CHP	▪ Community health improvement plan is developed based on the community health assessment. This includes goals, objectives, activities, timeline and evaluation components.
11. Plan identifies emerging issues which may require investigation.		CHP	▪ Same
12. Strategies and best practices are selected to increase potential for success.		CHP	▪ Same

Comments regarding regional partners providing services for this focus area:

Using the same criteria as the lead organization, score the existence/availability of the regional contribution to local public health capacity for this standard.	
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STANDARD IV-B Promote the community's understanding of, and advocacy for, policies and activities that will improve the public's health.

FOCUS: RAISE AWARENESS AND GAIN GENERAL PUBLIC SUPPORT FOR THE PLAN AND A DEEPER UNDERSTANDING OF PUBLIC HEALTH ISSUES

Operational Definition Indicators

Operational Definition Indicators	Score - Lead organization(s)	Topic	Documents and/or Activities That Demonstrate Indicators Have Been Met
1. LHD has current information on health issues that affect the community readily accessible.		CHA	▪ Needs assessment and community health plan completed in the last 5 years.
2. LHD conducts a community education and marketing process to increase the awareness of the community health improvement plan and its recommendations.		Health Education	▪ A written plan for dissemination of the community health assessment and health improvement plan is available. ▪ Presentations at public meetings, meeting agendas, or meeting notes. ▪ Press release, newspaper clippings about community health priorities and public health. ▪ Evidence of plan distribution including LHD website, newsletter, or distribution list.

Comments regarding regional partners providing services for this focus area:

Using the same criteria as the lead organization, score the existence/availability of the regional contribution to local public health capacity for this standard.

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STANDARD IV-C Support, implement, and evaluate strategies that address public health goals in partnership with public and private organizations.

FOCUS: SUPPORT PARTNERS TO IMPLEMENT ACTION

Operational Definition Indicators

Operational Definition Indicators	Score - Lead organization(s)	Topic	Documents and/or Activities That Demonstrate Indicators Have Been Met
1. LHD staff establishes and maintains partnerships with public and private organizations to perform collective work to address public health issues.		Stakeholder Engagement (SE)	▪ Topic oriented coalitions: Lists of members, meeting frequency, meeting notes, etc. ▪ Media reports of partnerships/coalition implementation activities. ▪ Linkage agreements among strategic partners. ▪ Grant proposals to fund community priorities developed/supported by LHD and other community agencies. ▪ Letters of support for grant proposals.
2. LHD partners with community organizations that contribute to the Essential Public Health Services/program implementation.		SE	▪ List of community organizations that contribute to the provision of the Essential Services and/or program implementation.
3. Participate in coalitions addressing community health issues.		SE	▪ Meeting minutes and notes from coalition meetings.
4. System partner organizations align their program activities and/or organization plans with community objectives.		SE	▪ System partner organizations' work plans, action plans and program plans to address public health goals.
5. Financial and human resources are organized to conduct program activities and maintain partnerships.		CHP	▪ A plan for funding the priority health assessment issues is in place and implemented.
6. Implementation progress is systematically monitored.		Evaluation	▪ Work plan is designed to monitor and evaluate the implementation of activities and programs.

Comments regarding regional partners providing services for this focus area:

Using the same criteria as the lead organization, score the existence/availability of the regional contribution to local public health capacity for this standard.

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STANDARD IV-D Develop partnerships to generate interest in and support for improved community health status, including new and emerging public health issues.

FOCUS: DEVELOP PARTNERSHIPS TO SUPPORT PUBLIC HEALTH

Operational Definition Indicators

Operational Definition Indicators	Score - Lead organization(s)	Topic	Documents and/or Activities That Demonstrate Indicators Have Been Met
1. LHD maintains a directory of community organizations and systems partners.		Stakeholder Engagement (SE)	▪ Community assessment and plan, including a description of the community participation process, a list of community groups involved in the process and method the community group uses to establish priorities. ▪ Annual report listing external relationships maintained by the LHD.
2. LHD encourages constituent participation in community health activities.		SE	▪ Document direct and in-kind contributions from community agencies to support planned public health efforts. ▪ Letters of support for grant proposals.
3. LHD forms alliances or coalitions around specific public health policy issues.		SE	▪ Lists of members of topic-oriented coalitions. ▪ Linkage agreements among strategic partners (informal agreements or formal agreements such as Memorandums of Understanding.)
4. LHD recruits individuals and organizations to play leadership roles on public health issues.		SE	▪ List of individuals and organizations playing a leadership role on public health issues, their role, and length of service.
5. LHD participates in coalitions led by other community partners.		SE	▪ List of coalitions led by other organizations that the LHD participated in.

Comments regarding regional partners providing services for this focus area:

Using the same criteria as the lead organization, score the existence/availability of the regional contribution to local public health capacity for this standard.	
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STANDARD IV- E Inform the community, governing bodies, and elected officials about governmental public health services that are being provided, improvements being made in those services, and priority health issues not yet being adequately addressed.

FOCUS: REPORTING PROGRESS, ADVOCATING FOR RESOURCES TO IMPLEMENT PRIORITIES

Operational Definition Indicators

Operational Definition Indicators	Score - Lead organization(s)	Topic	Documents and/or Activities That Demonstrate Indicators Have Been Met
1. LHD monitors its progress in implementing public health services and interventions and analyzes information to compare to performance to plan targets or benchmarks.		Evaluation	▪ Summary of LHD evaluation of progress in achieving performance goals, including how budget was altered and needed change.
2. LHD maintains capacity to interact with the legislative process and governing body.		Legislative Process	▪ Testimony and/or letters to elected officials about needed policy changes. ▪ Minutes of meetings at city councils, county boards sharing information about services provided. ▪ Develops a performance report for governing/legislative bodies reflecting what improvements have been made and what priority health issues have not been addressed. ▪ Strategic plan for interaction with governing and legislative bodies.
3. LHD submits a budget and justification that reflects program priorities and community needs.		Fiscal	▪ A complete budget and justification is developed including request for additional funding when appropriate based on the community needs assess and health improvement plan.
4. LHD engages in public health policy development, identifying, prioritizing and monitoring public health policy issues.		Policy	▪ Has a public health policy agenda. ▪ Minutes of meetings where the policy agenda has been shared locally and methods used to share it with state and federal officials. ▪ List that identifies methods and organizations that provide a

			venue for the LHD to monitor public health issues i.e. state health department, state association of county and city health officials, NACCHO, APHA etc.
Comments regarding regional partners providing services for this focus area:			
Using the same criteria as the lead organization, score the existence/availability of the regional contribution to local public health capacity for this standard.			
Please rate the adequacy of state planning, staffing, or other resources applied directly at the regional level for this standard: 0 = insufficient information to rate the contribution 1 = insufficient contribution 2 = sufficient contribution			

ESSENTIAL SERVICE V: Develop public health policies and plans.

STANDARD V-A Serve as a primary resource to governing bodies and policymakers to establish and maintain public health policies, practices, and capacity based on current science and best practices.

FOCUS: PRIMARY SCIENTIFIC RESOURCE FOR POLICY CHANGE IN PUBLIC HEALTH

Operational Definition Indicators

Operational Definition Indicators	Score - Lead organization(s)	Topic	Documents and/or Activities That Demonstrate Indicators Have Been Met
1. LHD staff is up to date with current public health topics.		Policy	▪ A representative sample of Board of Health, City Council and/or County Board meeting minutes indicating discussion of public health policy issues.
2. LHD staff is knowledgeable about the legislative process.		Legislative Process	▪ Board of Health meeting minutes on presentation and discussion of community health assessment and plan.
3. LHD maintains formal and informal relationships with legislative and governing body(s).		Legislative Process	▪ Evidence/logs of calls from elected officials, and other government officials.
4. LHD knows legislative and governing body representatives.		Legislative Process	▪ LHD maintains a database of legislative and governing bodies.
5. LHD has a tracking system in place to monitor public health issues under discussion by governing and legislative bodies.		Legislative Process	▪ List of methods and sources to use for monitoring public health issues under discussion by various governing bodies.
6. LHD communicates routinely with legislative and governing bodies to raise awareness of current public health issues and emerging issues affecting the community.		Legislative Process	▪ LHD maintains a written protocol for working with the legislative process including guidelines for communicating with legislative and governing bodies. ▪ Letter to state from Board of Health confirming adoption of the community health plan. ▪ Reports on LHD activities, press releases, annual reports, indicating major health policy, practice and capacity issues.
7. LHD provides expertise to legislative and governing body(s) in setting public health priorities and planning public health programs.		Legislative Process	▪ Logs of phone calls and meetings where legislative issues are discussed (LHD staff, who from governing bodies, topic discussed and response, and follow up).
8. LHD staff attends appropriate legislative events.		Legislative Process	▪ Calendar of appropriate legislative event, who will attend and log of actual encounter.

Comments regarding regional partners providing services for this focus area:	
Using the same criteria as the lead organization, score the existence/availability of the regional contribution to local public health capacity for this standard.	
Please rate the adequacy of state planning, staffing, or other resources applied directly at the regional level for this standard: 0 = insufficient information to rate the contribution 1 = insufficient contribution 2 = sufficient contribution	

STANDARD V-B Advocate for policies that lessen health disparities and improve physical, behavioral, environmental, social, and economic conditions in the community that affect the public's health.

FOCUS: POLICY ADVOCACY FOR HEALTH IMPROVEMENT

Operational Definition Indicators

Operational Definition Indicators	Score - Lead organization(s)	Topic	Documents and/or Activities That Demonstrate Indicators Have Been Met
1. LHD staff has the competencies/skills to advocate effectively for public health policy.		Policy	▪ Schedule of staff training on policy/advocacy development, copy of training, or list of trainings staff attended.
2. LHD maintains a directory of potential policy partners.		Policy	▪ Directory of potential policy partners.
3. LHD engages community partners in policy development process and LHD legislative agenda.		Policy	▪ Log of activities to document that LHD engages local partnerships, state and national associations in advocacy/policy development. ▪ Meeting attendance list showing participation in local committees working on community development or environmental issues, etc.
4. LHD conducts advocacy for local, state, and national policies and legislation that protect and promote the public's health.		Policy	▪ LHD annual reports presenting issues of special populations and root causes of health problems. ▪ Special reports on health disparities. ▪ Written summary or meeting minutes of governing body's approval of resources to address disparities.

5. LHD develops a legislative agenda /strategy to reflect community needs and priorities.		Policy	▪ Community health assessment and plan showing populations at risk, differences in health status among various population groups, health disparities. ▪ Documentation of meetings or contact with state or local legislators (e.g. keep copy of electronic form letters) where community needs and priorities were discussed.

Comments regarding regional partners providing services for this focus area:

Using the same criteria as the lead organization, score the existence/availability of the regional contribution to local public health capacity for this standard.	
Please rate the adequacy of state planning, staffing, or other resources applied directly at the regional level for this standard: 0 = insufficient information to rate the contribution 1 = insufficient contribution 2 = sufficient contribution	

STANDARD V-C Engage in LHD strategic planning to develop a vision, mission, and guiding principles that reflect the community's public health needs, and to prioritize services and programs.

FOCUS: LHD ROLE IN IMPLEMENTING COMMUNITY HEALTH IMPROVEMENT PLAN

Operational Definition Indicators

Operational Definition Indicators	Score - Lead organization(s)	Topic	Documents and/or Activities That Demonstrate Indicators Have Been Met
1. LHD leadership recognizes need for and undertakes an organizational strategic planning process.		Internal Strategic Plan	▪ Organizational Capacity Self-Assessment (e.g., using APEX/PH Part I or Operational Def. Metrics) is used as basis for internal strategic plan. ▪ Budget reflects resources allocated for internal strategic planning process.
2. LHD allocates resources for strategic planning.		Internal Strategic Plan	▪ Budget line item.
3. LHD staff has expertise to lead and facilitate the strategic planning process.		Internal Strategic Plan	▪ Staff competency assessment demonstrated expertise in facilitation of a strategic planning process or identification of available consultant expertise.

4. LHD conducts a formal strategic planning process that considers its mission, vision and role in the community in relation to the assurance of the ten essential public health services.		Internal Strategic Plan	▪ Organizational strategic plan document or documentation of strategic priorities including mission, vision, guiding principles, goals, objectives and activities, including policy development.
5. LHD uses assessment data on community health problems and emerging health threats to develop annual program goals to develop policy.		Internal Strategic Plan	▪ Same
6. LHD identifies new strategic opportunities for promoting public health activities.		Internal Strategic Plan	▪ Same
7. The LHD widely disseminates its strategic plan and shares with the public and key stakeholders.		Communication	▪ Meeting minutes or agendas demonstrating sharing of strategic plan with key stakeholders.
8. LHD develops or updates the agency strategic plan every 24 months.		Internal Strategic Plan	▪ Update to strategic plan at least every 24 months.

Comments regarding regional partners providing services for this focus area:	
Using the same criteria as the lead organization, score the existence/availability of the regional contribution to local public health capacity for this standard.	
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ESSENTIAL SERVICE VI: Enforce public health laws and regulations.

STANDARD VI-A Review existing laws and regulations and work with governing bodies and policymakers to update them as needed.

FOCUS: REVIEW AND UPDATE PUBLIC HEALTH AUTHORITY

Operational Definition Indicators

Operational Definition Indicators	Score - Lead organization(s)	Topic	Documents and/or Activities That Demonstrate Indicators Have Been Met
1. LHD has legal expertise, county attorney or other legal counsel, available to assist in the review of laws and regulations.		Legal Review	▪ List and contact information for legal expertise available to the department.
2. The LHD, with the participation of its governing body, reviews policies and procedures within its legal scope of authority on a regular periodic basis.		Legal Review	▪ Dates of any formal code review by the County Board or City Council ▪ Dates of and written procedure for systematic planned review of local ordinances. ▪ Review of compliance of the local jurisdiction with state laws and regulations.
3. LHD evaluates the need for changes in rules, regulations, and ordinances		Legal Review	▪ Record of regular review of rules, regulations and ordinances for needed changes.
4. LHD identifies its legal authority to develop, implement and enforce public health policy.		Legal Review	▪ Policy and procedures for developing and enforcing public health policy.
5. LHD and governing body drafts modifications and/or formulations of laws and informs policy makers of the needed statutory and regulatory updates.		Legal Review	▪ Documentation of review and proposed modifications and formulations of laws and regulations. and/or minutes of meetings with legislators to promote pubic health issues. ▪ Minutes from meetings with policymakers on keeping public health laws up-to-date.
6. LHD uses a model public health emergency act in reviewing the local public health authority for managing emergencies.		Legal Review	▪ Documentation of the model public health emergency act used in reviewing and establishing local public health authority during emergencies.
7. LHD provides knowledge of disease trends, best practices and current public health science when needed for legal reviews.		Legal Review	▪ Documentation/meeting notes from provision of expertise to various legal review and legislative actions.

Comments regarding regional partners providing services for this focus area:

Using the same criteria as the lead organization, score the existence/availability of the regional contribution to local public health capacity for this standard.	
Please rate the adequacy of state planning, staffing, or other resources applied directly at the regional level for this standard: 0 = insufficient information to rate the contribution 1 = insufficient contribution 2 = sufficient contribution	

STANDARD VI-B Understand existing laws, ordinances, and regulations that protect the public's health.

FOCUS: LINK LHD PRACTICE TO EXISTING LAW AND REGULATION IN AN APPROPRIATE WAY

Operational Definition Indicators

Operational Definition Indicators	Score - Lead organization(s)	Topic	Documents and/or Activities That Demonstrate Indicators Have Been Met
1. LHD studies laws and understand public health issues that can only be addressed through laws.		Regulatory Authority	▪ Dates of and written procedure for systematic planned review of local ordinances.
2. LHD understand the intent of law and regulations.		Regulatory Authority	▪ List programmatic and regulatory activities that are in place to implement the laws and regulations.
3. LHD reviews its programs to determine whether program changes are needed to better carry out legal mandates.		Regulatory Authority	▪ Dates and written procedure for review of programs to determine whether changes are needed to carry out legal mandates and record of any change are available.
4. LHD identifies organizations with regulatory and enforcement authority.		Regulatory Authority	▪ Identification and listing of organizations either locally or at the state level that have regulatory and enforcement authority to address public health issues.

Comments regarding regional partners providing services for this focus area:

Using the same criteria as the lead organization, score the existence/availability of the regional contribution to local public health capacity for this standard.	

Please rate the adequacy of state planning, staffing, or other resources applied directly at the regional level for this standard: 0 = insufficient information to rate the contribution 1 = insufficient contribution 2 = sufficient contribution	

STANDARD VI-C Educate individuals and organizations on the meaning, purpose, and benefit of public health laws, regulations, and ordinances and how to comply.

FOCUS: COMMUNICATION WITH AND EDUCATION OF REGULATED ENTITIES ON HOW TO COMPLY WITH LAWS

Operational Definition Indicators

Operational Definition Indicators	Score - Lead organization(s)	Topic	Documents and/or Activities That Demonstrate Indicators Have Been Met
1. LHD staff is competent to provide education to regulated entities.		Regulatory Authority	▪ List of and credentials of current staff who are competent in educating regulated entities. ▪ Job descriptions of inspectors indicating education is part of their performance expectations.
2. LHD makes written policies, local ordinances, administrative code, and enabling laws accessible to the public.		Regulatory Authority	▪ Log of when regulated entities have received appropriate policies, code and laws.
3. LHD provides appropriate education to regulated facilities at the time of inspection.		Regulatory Authority	▪ Schedule of provision of inspections and documentation of the education provided to the regulated entity at the time of inspection and/or Formal education process incorporated into regulatory practice and documented in annual reports, inspection reports, etc.
4. LHD invites regulated entities to education programs on new and/or updated regulations as appropriate.		Regulatory Authority	▪ Schedule of education opportunities for regulated entities to learn about new and/or updated regulations and record of who was invited and who attended.

Comments regarding regional partners providing services for this focus area:	
Using the same criteria as the lead organization, score the existence/availability of the regional contribution to local public health capacity for this standard.	

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STANDARD VI-D **Monitor, and analyze over time, the compliance of regulated organizations, entities, and individuals.**

FOCUS: COMMUNICATION WITH AND EDUCATION OF REGULATED ENTITIES ON HOW TO COMPLY WITH LAWS

Operational Definition Indicators

Operational Definition Indicators	Score - Lead organization(s)	Topic	Documents and/or Activities That Demonstrate Indicators Have Been Met
1. The LHD conducts inspections of regulated entities as appropriate (e.g., CD, animal control, environmental health) and monitors compliance.		Regulatory Authority	▪ Updated lists of regulated entities in the jurisdiction. ▪ Protocols for frequency and types of inspections including follow up for non-compliance.
2. LHD staff is capable of analyzing data trends over time.		Data	▪ List of staff with data analysis expertise assigned to review the reports for trends.
3. LHD has a system to track compliance records for each regulated entity over a period of time. This system includes, complaints, response time, corrective action and compliance, enforcement and compliance. These activities are assessed for timeliness, appropriateness and effectiveness.		Regulatory Authority	▪ A tracking system that includes compliance over a period of time for each regulated entity (violation trends over time).
4. LHD evaluates a selected number of enforcement actions each year to determine compliance with and effectiveness of enforcement procedures. Evaluation used for QUALTIY IMPROVEMENT activities.		Evaluation	▪ Protocols for selection of a number of enforcement activities to be reviewed each year for compliance and to review the effectiveness of enforcement procedures in securing compliance. with QUALTIY IMPROVEMENT activities doc. based on evaluation.

Comments regarding regional partners providing services for this focus area:

Using the same criteria as the lead organization, score the existence/availability of the regional contribution to local public health capacity for this standard.

Please rate the adequacy of state planning, staffing, or other resources applied directly at the regional level for this standard: 0 = insufficient information to rate the contribution 1 = insufficient contribution 2 = sufficient contribution	

STANDARD VI-E Conduct enforcement activities.

FOCUS: COMPETENT AND FAIR ENFORCEMENT ACTIONS

Operational Definition Indicators

Operational Definition Indicators	Score - Lead organization(s)	Topic	Documents and/or Activities That Demonstrate Indicators Have Been Met
1. LHD workforce is skilled in enforcement procedures and credentialed as appropriate.		Regulatory Authority	▪ List of enforcement workforce and their credentials.
2. LHD uses a risk analysis method (i.e., identify restaurants with frequent violations) and a work plan to guide the frequency and scheduling of inspections of regulated facilities.		Regulatory Authority	▪ Written procedures and protocols for conducting enforcement actions are maintained (i.e. protocols for establishing timeframes and frequencies of inspection and enforcement activities for routine inspections and for entities with frequent violations).
3. LHD routinely conducts enforcement activities according to procedures and protocols and rules are applied consistently.		Regulatory Authority	▪ Log/record of all enforcement activities kept in accordance with procedures and protocols. ▪ Enforcement intervention reports, including administrative interventions and legal interventions. ▪ LHD annual report summarizing enforcement activities by type.
4. LHD promptly conducts enforcement activities needed in response to an emergency.		Regulatory Authority	▪ Log/record of all enforcement activities kept in accordance with procedures and protocols including quality assurance components which compare the situation/report, response time, corrective action, compliance, and maintenance of compliance over a period of time.

Comments regarding regional partners providing services for this focus area:

Using the same criteria as the lead organization, score the existence/availability of the regional contribution to local public health capacity for this standard.	

Please rate the adequacy of state planning, staffing, or other resources applied directly at the regional level for this standard: 0 = insufficient information to rate the contribution 1 = insufficient contribution 2 = sufficient contribution	

STANDARD VI-F Coordinate notification of violations among other governmental agencies that enforce laws and regulations that protect the public's health.

FOCUS: NOTIFY OTHER GOVERNMENT AGENCIES OF ENFORCEMENT VIOLATIONS

Operational Definition Indicators

Operational Definition Indicators	Score - Lead organization(s)	Topic	Documents and/or Activities That Demonstrate Indicators Have Been Met
1. Rapid communication capability can be demonstrated between the LHD and other enforcement entities.		Communication	▪ File/log of "inter-organizational" notifications with back-up notification forms.
2. LHD has a comprehensive knowledge of other agencies involved in enforcement in the protection of the public health.		Regulatory Authority	▪ A chart or map of government agencies with enforcement responsibilities and contact information.
3. LHD develops and executes communication protocols for the notification of other enforcement agencies.		Communication	▪ Procedures for inter-agency communication. ▪ Memorandum of Understanding or other formal written inter-agency agreements as needed.

Comments regarding regional partners providing services for this focus area:

Using the same criteria as the lead organization, score the existence/availability of the regional contribution to local public health capacity for this standard.	
Please rate the adequacy of state planning, staffing, or other resources applied directly at the regional level for this standard: 0 = insufficient information to rate the contribution 1 = insufficient contribution 2 = sufficient contribution	

ESSENTIAL SERVICE VII: Help People receive health services.

STANDARD VII-A Engage the community to identify gaps in culturally competent, appropriate, and equitable personal health services, including preventive and health promotion services, and develop strategies to close the gaps.

FOCUS: COMMUNITY-ORIENTED PROGRAM PLANNING

Operational Definition Indicators

Operational Definition Indicators	Score - Lead organization(s)	Topic	Documents and/or Activities That Demonstrate Indicators Have Been Met
1. LHD staff has an understanding of access to care issues their community.		Access To Care	▪ Community Health Assessment including community forum reports and community surveys identify access issues.
2. LHD staff is competent in program planning and community development methods.		Program Planning	▪ List of staff with program planning experience and/or credentials in community development methods and/or staff have conducted program planning or community development activities (e.g. Program staff have gone through MAPP training).
3. LHD engages a diverse set of community partners, representing communities of color, tribal representatives and specific populations, to identify program gaps and barriers.		Program Planning	▪ Written program plans directly reflect the needs of the population as indicated in the community health assessment, other consumer satisfaction surveys, and surveys of special population groups. ▪ Protocols for including diverse sets of community partners, including communities of color, tribal representatives, and specific populations to assist in identification of programs gaps and barriers to accessing care.
4. LHD, in partnership with community partners, interprets qualitative and Quantitative information on program gaps, developed through surveys, focus groups, interviews or other means of primary data collection.		Evaluation	▪ Program assessments and plans (e.g. HIV plans, MCH plans).
5. LHD uses criteria periodically to evaluate access, quality, appropriateness and effectiveness of preventive and personal health services in the community.		Evaluation	▪ Utilize community surveys, including consumer satisfaction surveys, every two years ▪ To evaluate the access, quality and effectiveness of both preventive and personal health services.
6. LHD identifies community health and prevention priorities to reduce access barriers every five years.		CHA	▪ Conducts a community health needs assessment every 5 years.

Comments regarding regional partners providing services for this focus area:	
Using the same criteria as the lead organization, score the existence/availability of the regional contribution to local public health capacity for this standard.	
Please rate the adequacy of state planning, staffing, or other resources applied directly at the regional level for this standard: 0 = insufficient information to rate the contribution 1 = insufficient contribution 2 = sufficient contribution	

STANDARD VII-B Support and implement strategies to increase access to care and establish systems of personal health services, including preventive and health promotion services, in partnership with the community.

FOCUS: PREVENTION AND PERSONAL HEALTH CARE SYSTEM BUILDING

Operational Definition Indicators

Operational Definition Indicators	Score - Lead organization(s)	Topic	Documents and/or Activities That Demonstrate Indicators Have Been Met
1. A plan is in place for prevention and health promotion which identifies efforts to link public and private partnerships into a network of personal health and prevention services.		Access to Care	▪ Community planning processes/and written plans for collaborative efforts to link public and private health care services.
2. LHD maintains the capacity to provide health care services when local needs and authority exist, and the appropriate agency capacity and adequate additional resources can be secured.		Access to Care	▪ Community assessment data demonstrates a need for increased access to some services with documentation in meeting minutes of sharing this information with the LHD governing body.
3. LHD convenes or participates in a collaborative process with community health care providers, social services organizations, and community stakeholders to coordinate service delivery and to reduce barriers to accessing primary and preventive services.		Access to Care	▪ List of coalitions and networks and their members working on collaborative processes to reduce barriers to accessing primary care and preventive services. ▪ Partnership meeting notes on implementation strategies.

4. LHD develops and implements strategies to increase utilization of public health programs and services.		Access to Care	▪ Memorandum of Understanding ▪ Subcontracts in the community to implement services.
5. LHD, in partnership with other community agencies, identifies gaps in access to critical health services through analysis of the results of periodic surveys and other assessment information and work collaborative to address the gaps.		Access to Care	▪ Grant applications by members of community partnerships. ▪ Letters of support for grants to other community agencies.

Comments regarding regional partners providing services for this focus area:

Using the same criteria as the lead organization, score the existence/availability of the regional contribution to local public health capacity for this standard.	
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STANDARD VII-C Link individuals to available, accessible personal health care providers (i.e., a medical home).

FOCUS: INDIVIDUAL-FOCUSED LINKAGES TO NEEDED CARE

Operational Definition Indicators

Operational Definition Indicators	Score - Lead organization(s)	Topic	Documents and/or Activities That Demonstrate Indicators Have Been Met
1. LHD refers to personal health care resources as needed.		Access to Care	▪ LHD maintains a current inventory of available personal health care resources. ▪ Inventory of safety-net programs providers.
2. LHD uses a tracking system for health care referrals.		Access to Care	▪ Formal process is established to track healthcare referrals. i.e. to who, was the appointment made and/or kept, is there any follow-up to be made by the LHD.

3. LHD engages local lay health advocates for outreach to special populations in need of health care.		Access to Care	▪ Protocols for and Log of use of local lay advocates for outreach i.e. faith community, Area Agency on Aging, youth groups etc.
4. LHD provides community outreach and linkage services making referrals to a current, comprehensive list of community health and wellness resources.		Access to Care	▪ Current list of community health and wellness resources. ▪ Current reports on outreach and case management services.
5. LHD enrolls or links to enrollment agents potential beneficiaries in Medicaid or Medical Assistance Programs.		Access to Care	▪ Protocols/Process for enrolling or linking clients to enrollment agents for Medicaid and other Medical Assistance Programs.
6. LHD informs the public, through a variety of methods, about services and resources available through LHD to reduce specific barriers to access to care.		Communication	▪ Communication plan targeting various special populations to inform the entire population about the services available to everyone through the LHD.

Comments regarding regional partners providing services for this focus area:	
Using the same criteria as the lead organization, score the existence/availability of the regional contribution to local public health capacity for this standard.	
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ESSENTIAL SERVICE VIII: Maintain a competent public health workforce.

STANDARD VIII-A Recruit, train, develop, and retain a diverse staff.

FOCUS: OVERALL HUMAN RESOURCES FUNCTION/ WORKFORCE CAPACITY

Operational Definition Indicators

Operational Definition Indicators	Score - Lead organization(s)	Topic	Documents and/or Activities That Demonstrate Indicators Have Been Met
1. LHD has formally organized human resources function.		Internal Workforce	▪ Human Resources Manual ▪ LHD organizational chart that includes the functional elements of the organization and their relationship to each other.
2. LHD has policies that promote and facilitate staff access to training.		Internal Workforce	▪ Written policies on staff access to training, i.e. who is eligible, continuing education policies, furthering education at a college, tuition reimbursement, paid time off etc.
3. LHD has a non-discriminatory employment policy.		Internal Workforce	▪ Written policies in HR Manual ▪ Written plans or policies regarding staff recruitment, selection, development, and retention. ▪ Statement on equal opportunity. ▪ Affirmative action plan.
4. LHD develops, uses, and revises job standards and position descriptions.		Internal Workforce	▪ Job descriptions with minimum qualifications for each position revised annually.
5. LHD determines needed competencies, composition, and size of its workforce and seeks job applicants to fill those needs.		Internal Workforce	▪ Public Health Competencies incorporated into all LHD job descriptions. ▪ Written review of staffing needs on an annual basis.
6. LHD periodically assesses its capacity (staff size, staff education and experience requirements, financial resources, and administrative capacity) in relation to the needs of the population it serves.		Internal Workforce	▪ APEX Part I - Organizational Capacity Self-Assessment or Operational Definition Metrics Assessment or Organizational assessment within a larger agency strategic plan.
7. LHD provides new employee orientation, employee-in-service and continuing education experiences where appropriate.		Internal Workforce	▪ Formal orientation manual and program exists for all employees.
8. LHD provides for staff training in cultural sensitivity and cultural competency.		Internal Workforce	▪ Documentation of schedule for training in cultural competent health care and record of each employee receiving the training within a predetermined time frame.

Comments regarding regional partners providing services for this focus area:	
Using the same criteria as the lead organization, score the existence/availability of the regional contribution to local public health capacity for this standard.	
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STANDARD VIII-B Evaluate LHD staff members' public health competencies, and address deficiencies through continuing education, training, and leadership development activities.

FOCUS: PUBLIC HEALTH COMPETENCIES OF EXISTING WORKFORCE

Operational Definition Indicators

Operational Definition Indicators	Score - Lead organization(s)	Topic	Documents and/or Activities That Demonstrate Indicators Have Been Met
1. A learning management system is in place to organize competency assessments and training and educational opportunities to address deficiencies.		Internal Workforce	▪ Report on annual reassessment of all staff competency levels and training needs using a learning management system that is available on line.
2. Training and leadership opportunities are available.		Internal Workforce	▪ LHD tracking system for staff participation in training and education. ▪ Staff training plan.
3. LHD assesses its staff members to identify deficiencies in knowledge, skills and authority; and remedial action is taken when required.		Internal Workforce	▪ Performance evaluations including worker objectives and continuing education and training plans, based in part on worker self-assessments.
4. LHD provides incentives for the workforce to pursue education and training.		Internal Workforce	▪ List of criteria for workforce educational opportunities and training.
5. LHD provides opportunities for continuing education and training.		Internal Workforce	▪ List of LHD staff who have participated in workforce development activities including web-casts, online trainings, workshop etc. and list of these events.

6. LHD provides opportunity for leadership development for its staff.		Internal Work-force	▪ List of criteria for workforce accessing leadership development.
7. LHD encourages or requires relevant certification and credentialing programs for individuals, not otherwise licensed or monitored by the state and whose activities can affect the health of the public.		Internal Work-force	▪ Policies are available that identify required relevant certification and credentialing programs for positions within the LHD.
8. LHD assures that each staff member has attended training within the past 24 months to maintain competency.		Internal Work-force	▪ Written policy for frequency of staff participation in training.
9. LHD provides a coordinated program of continuing education for staff which includes attendance at seminars, workshops, conferences, in-service training, and/or formal courses to improve employee skills and knowledge in accordance with their professional needs.		Internal Work-force	▪ Written policy for coordination of continuing education for staff members.
10. LHD supports staff conference attendance and peer exchange opportunities.		Internal Work-force	▪ Written policy for conference attendance and peer exchange opportunities for staff.

Comments regarding regional partners providing services for this focus area:

Using the same criteria as the lead organization, score the existence/availability of the regional contribution to local public health capacity for this standard.	
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STANDARD VIII-C Provide practice and competency based educational experiences for the future public health workforce, and LHD staff expertise in developing and teaching public health practice curricula, through partnerships with academia.

FOCUS: DEVELOPING THE FUTURE WORKFORCE

Operational Definition Indicators

Operational Definition Indicators	Score - Lead organization(s)	Topic	Documents and/or Activities That Demonstrate Indicators Have Been Met
1. LHD has partnership agreements in place with universities, schools or programs of public health and/or colleges to enrich both public health practice and academic settings.		Relationship with Academia	▪ Policies and MOUs exist between the LHD and universities, colleges, schools, or programs of public health for provision clinical experience at the local level. And use of LHD expertise as guests in the classroom.
2. LHD partners with academic institutions to provide clinical sites for training programs (e.g. internships, field training) and for using LHD staff as guest lecturers or adjunct professors.		Relationship with Academia	▪ Record of Internships/preceptorships at the LHD for students at multiple levels (e.g. high school, college and graduate school). ▪ Record of LHD staff serving as guest lectures for public health classes.
3. LHD implements plans for developing research focused interactions with academic institutions, including practice based research projects.		Relationship with Academia	▪ Record of LHD participating in research by providing data and also by promoting practice based research with partnering institutions.

Comments regarding regional partners providing services for this focus area:

Using the same criteria as the lead organization, score the existence/availability of the regional contribution to local public health capacity for this standard.	
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STANDARD VIII-D Promote the use of effective public health practices among other practitioners and agencies engaged in public health interventions.

FOCUS: EFFECTIVE PUBLIC HEALTH PRACTICES USED BY OTHER PRACTIONERS

Operational Definition Indicators

Operational Definition Indicators	Score - Lead organization(s)	Topic	Documents and/or Activities That Demonstrate Indicators Have Been Met
1. LHD has agreements in place with public health systems partners for workforce assessment, training and professional education.		Best Practices	▪ MOUs or other agreements in place for LHD to provide public health education/best practices to public health systems partners to assure use of effective public health practice by both public and private providers. ▪ Annual reports to Board of Health on basic evaluation of programs, target groups, reach into the population at risk. ▪ Meeting notes indicating LHD communication of best practices with other public health practitioners.
2. LHD shares best public health practices with community partners at meetings in the community (e.g. hospital meetings to plan a community health promotion initiative, Chamber of Commerce meetings to promote workplace wellness, etc.)		Best Practices	▪ Log of presentations given to community groups and local providers, sharing public health best practices, with recorded evaluation of the learning outcomes, numbers and types of professionals attending. ▪ Participation on advisory committees developing best practices. ▪ Participation in Grand Rounds at local hospitals with physician committees.
3. LHD makes presentations at public health and healthcare conferences.		Best Practices	▪ Log of presentations given to public health and health care conferences, sharing public health best practices, with recorded evaluation of the learning outcomes, numbers and types of professionals attending.

Comments regarding regional partners providing services for this focus area:

Using the same criteria as the lead organization, score the existence/availability of the regional contribution to local public health capacity for this standard.

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STANDARD VIII-E Provide the public health workforce with adequate resources to do their jobs.

FOCUS: ADEQUATE RESOURCES (EDUCATIONAL AND EQUIPMENT) FOR JOB PERFORMANCE

Operational Definition Indicators

Operational Definition Indicators	Score - Lead organization(s)	Topic	Documents and/or Activities That Demonstrate Indicators Have Been Met
1. LHD has identified funding sources for workforce job support activities i.e. equipment, internet access and training.		Fiscal	▪ LHD budget has job support line items (e.g. basic office supplies and equipment, maintenance, provisions for a safe work environment, workforce safety, violence prevention, and required education for job performance, etc.) ▪ Inventory of computer and other equipment to assist staff in efficiently carrying out work tasks.
2. LHD routinely makes public health and discipline-specific journals available for staff to stay updated in the field.		Best Practices	▪ Staff receives an updated list of journals available for their use.

Comments regarding regional partners providing services for this focus area:

Using the same criteria as the lead organization, score the existence/availability of the regional contribution to local public health capacity for this standard.	
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ESSENTIAL SERVICE IX: Evaluate and improve programs.

STANDARD IX-A Develop evaluation efforts to assess health outcomes to the extent possible.

FOCUS: LHD EVALUATION STRATEGY FOCUSES ON COMMUNITY OUTCOMES

Operational Definition Indicators

Operational Definition Indicators	Score - Lead organization(s)	Topic	Documents and/or Activities That Demonstrate Indicators Have Been Met
1. LHD has data from the community health assessment on community health outcomes and risk factors readily available for evaluation purposes.		CHA	▪ Community health assessment examines a wide scope of health outcomes and informs future service delivery.
2. LHD has staff or external consultative resources with evaluation expertise assigned responsibility for evaluation within the organization.		Evaluation	▪ Names and credential of staff qualified with evaluation expertise or identification of consultative capacity.
3. LHD has plans in place to reduce specific gaps in access or make other improvements in public health services.		Quality Improvement	▪ Written plan for reducing gaps in access to care and to improve services.
4. LHD has and executes an internal policy to guide its overall evaluation efforts, including frequency and scope of program evaluations, organizational evaluations, use of health outcomes as benchmarks for evaluations.		Evaluation	▪ Evaluation plan, including frequency, scope of programs to be evaluated, timeline, and outcome indicators to use in evaluation process.
5. LHD conducts evaluation activities that include an analysis of local data (e.g., analyzing age-specific participation in preventive services) with established community health goals, objectives and performance measures.		Evaluation	▪ Annual reviews of progress in reaching outcome and impact (addressing risk factors) objectives.
6. LHD identifies and uses community health target outcome (e.g. Health People 2010) as benchmarks for evaluating the effectiveness of public health programs and services.		Evaluation	▪ Annual report cards on progress in improving health outcomes.

Comments regarding regional partners providing services for this focus area:

Using the same criteria as the lead organization, score the existence/availability of the regional contribution to local public health capacity for this standard.	
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STANDARD IX-B Apply evidence-based criteria to evaluation activities where possible.

FOCUS: USE OF EVIDENCE- BASED METHODOLOGY FOR EVALUATION

Operational Definition Indicators

Operational Definition Indicators	Score - Lead organization(s)	Topic	Documents and/or Activities That Demonstrate Indicators Have Been Met
1. LHD uses an acceptable evaluation framework that connects the public health intervention with health outcomes produced, based on the collection and use of evidence.		Evaluation	▪ Protocol(s) for LHD program evaluation describing reasonable evaluation frameworks, including use of externally-developed standards, benchmarks, and baseline data.
2. LHD periodically evaluates its key processes of service delivery for efficiency and effectiveness, using established criteria (e.g., from research literature, management literature, etc.)		Evaluation	▪ Use of CDC's Framework for Program Evaluation or other evaluation framework on a regular basis. ▪ References for research, such as literature search, or use of experts in evaluation process.
3. LHD makes formal efforts to identify best practices or benchmarks for evaluation purposes.		Evaluation	▪ Documentation that evidence based methodology has been applied.

Comments regarding regional partners providing services for this focus area:

Using the same criteria as the lead organization, score the existence/availability of the regional contribution to local public health capacity for this standard.	

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STANDARD IX-C Evaluate the effectiveness and quality of all LHD programs and activities and use the information to improve LHD performance and community health outcomes.

FOCUS: EVALUATE LHD PROGRAMS

Operational Definition Indicators

Operational Definition Indicators	Score - Lead organization(s)	Topic	Documents and/or Activities That Demonstrate Indicators Have Been Met
1. LHD has a systematic process for assessing consumer and community satisfaction with agency services.		Evaluation	▪ Reports, summaries of analysis, or meetings minutes or materials that demonstrate program monitoring activities.
2. LHD monitors program performance measures and analyzes data to document the progress toward goals and grant/funding requirements.		Evaluation	▪ Sample evaluation documents. ▪ Report of an evaluation findings. ▪ Program review documents that demonstrate LHD compliance with applicable professional and regulatory standards.
3. LHD evaluates the quality of clinical and preventive population based programs, identifies the need for change and uses a Quality Improvement process to apply the evaluation findings.		Evaluation	▪ Document use of a performance management system to improve the quality of programs. ▪ Document use a Quality Improvement Process to improve programs and services based on evaluations.

Comments regarding regional partners providing services for this focus area:

Using the same criteria as the lead organization, score the existence/availability of the regional contribution to local public health capacity for this standard.	
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STANDARD IX-D Review the effectiveness of public health interventions provided by other practitioners and agencies for prevention, containment, and/or remediation of problems affecting the public's health, and provide expertise to those interventions that need improvement.

FOCUS: EXTERNAL EVALUATION OF OTHER'S PROGRAMS

Operational Definition Indicators

Operational Definition Indicators	Score - Lead organization(s)	Topic	Documents and/or Activities That Demonstrate Indicators Have Been Met
1. LHD maintains data systems for capacity, availability, quality, cost and utilization of health services.		Data	▪ Written protocols or summary of CHP process, indicating level of coordination among community organizations in providing services that improve the health of the public.
2. LHD provides consultation and technical assistance on program implementation and evaluation of prevention services provides by other community agencies.		Evaluation	▪ Examples of reviews of the effectiveness of community agencies and coordination with LHD to improve service delivery.
3. LHD evaluates the accessibility, quality, and effectiveness of personal health services.		CHA	▪ Monitoring of progress of local public health system towards meeting community health objectives as stated in the community health plan.
4. LHD assures that a systematic process for assessing consumer and community satisfaction with external agency services is in place.		CHA	▪ Process for ongoing evaluation and update of the Community Health Assessment data on consumer and community satisfaction with external agency services.

Comments regarding regional partners providing services for this focus area:

Using the same criteria as the lead organization, score the existence/availability of the regional contribution to local public health capacity for this standard.

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ESSENTIAL SERVICES X: Contribute to and apply the evidence base of public health.

STANDARD X-A When researchers approach the LHD to engage in research activities that benefit the health of the community,
i. Identify appropriate populations, geographic areas, and partners;
ii. Work with them to actively involve the community in all phases of research;
iii. Provide data and expertise to support research; and,
iv. Facilitate their efforts to share research findings with the community, governing bodies, and policymakers.

FOCUS: PARTICIPATE IN RESEARCH ACTIVITIES

Operational Definition Indicators

Operational Definition Indicators	Score - Lead organization(s)	Topic	Documents and/or Activities That Demonstrate Indicators Have Been Met
1. LHD has resources that make it possible for the LHD to participate in research (e.g., data and expertise).		Research	▪ Documentation of participation in research in either sharing of data or identification of populations or research topic.
2. LHD has policies which endorse participatory research and ensuring the rights of participants in local public health research programs.		Research	▪ Policies for participatory research ▪ LHD policy on data sharing ▪ Participation in public health surveys
3. LHD partners with academic/research institutions of higher education that are interested in conducting public health research. (e.g., provide data, content, expertise).		Research	▪ Relationship with a university, where available, such as meeting notes, agendas etc. ▪ Collecting data that can be used in research (e.g. West Nile data).
4. LHD proposes public health practice issues to be used by academic institutions when they select research agendas, as appropriate.		Research	▪ List of practice based research topics proposed to an academic institution for research.
5. LHD convenes community members and key community partners, as appropriate, to identify opportunities for the community to participate in research that would benefit the community.		Research	▪ Minutes from meetings with community partners to identify practice based research.

Comments regarding regional partners providing services for this focus area:

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STANDARD X- B Share results of research, program evaluations, and best practices with other public health practitioners and academics.

FOCUS: DISSEMINATE RESEARCH FINDINGS

Operational Definition Indicators

Operational Definition Indicators	Score - Lead organization(s)	Topic	Documents and/or Activities That Demonstrate Indicators Have Been Met
1. LHD has access to expertise to evaluate current research and participate in research and best practices dissemination activities.		Best Practices	▪ Documentation of LHD communication of best practices with other public health practitioners Presentations at community groups.
2. LHD disseminates research findings to public health colleagues, public health system partners, governing body, policy makers and the community at large.		Best Practices	▪ Annual reports to Board of Health on basic evaluation of programs, target groups, reach into the population at risk.
3. LHD provides expertise in creating innovative solutions based upon research and shares them with elected officials and community organizations involved in developing and analyzing public policy and in planning implementation of population-based strategies.		Best Practices	▪ Documentation of consultations with other agencies on effective public health practices.

Comments regarding regional partners providing services for this focus area:

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STANDARD X-C Apply evidence-based programs and best practices where possible.

FOCUS: APPLY RESEARCH RESULTS IN LHD ACTIVITIES

Operational Definition Indicators

Operational Definition Indicators	Score - Lead organization(s)	Topic	Documents and/or Activities That Demonstrate Indicators Have Been Met
1. LHD evaluates current research and participates in research translation activities.		Research	▪ Inventory of intervention strategies by source (e.g. evidence-based approaches and/or best practices from grants, CDC's Guide to Community Preventive Services, Guide to Clinical Preventive Services, etc.)
2. LHD seeks information about applicable evidence-based research and program models before implementing interventions.		Best Practices	▪ Written summary or protocol of how LHD evaluates research for applicability to practice.
3. LHD implements, on a priority basis, newly developed and innovative strategies, methodologies, programs, and projects, which have been demonstrated to be effective in improving public health. and records outcomes for further validation and use in future planning.		Best Practices	▪ Program/policy examples from LHD that are based on best practices (e.g. State-determined best practice).
4. LHD provides technical assistance to external organizations in applying relevant research results.		Best Practices	• Meeting notes documenting participation a Best Practices Committee.

Comments regarding regional partners providing services for this focus area:

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Revisions by Janan Wunsch-Smith, Janan Wunsch & Associates LLC
Revisions by Community Health Institute/JSI 2008

Appendix 1: Topic Area Descriptions

1. Data: These indicators focus on a variety of aspects related to data reporting, collection, analysis, recording, sharing and use in improving health outcomes.

2. Community Health Needs Assessment and Health Improvement Plan: This topic area encompasses many indicators in the survey. Without an adequate community health needs assessment and health improvement plan, it is very difficult or impossible to:

- accurately identify existing and emerging health issues for prioritization and development of goals, objectives, and work plans for new activities and programs;
- establish benchmarks and outcome indicators to measure the changes related to programming, environmental and other demographic factors that impact the public's health;
- communicate the health needs of the community to the community at large, local governing bodies, legislators and congressional representation for the purpose of securing partnerships and adequate financial resources to address the community health needs;
- engage additional community partners/stakeholders to work together to address health issues and create a community-wide health improvement plan;
- redirect resources to the most urgent/emerging issues.

3. Culturally competent health information, education and resources: Local health departments should demonstrate programs and educational activities where information is prepared in a culturally appropriate manner for the target audience.

4. Emergency Planning
Emergency planning encompasses a wide variety of plans and activities. One of these is the need to identify existing labs, their capacity and a plan for surge capacity during an event.

5. Community/stakeholder involvement
The involvement of community in public health is essential. Public health can increase the capacity to accomplish essential activities by enlisting the help of community stakeholders. Often it is community stakeholders that are advocates for public health; are asked to serve on the health assessment team and be involved in community health improvement planning. Building these relationships provides the basis for collaborative programs and activities.

6. Internal strategic plan:
The indicators under this topic pertain to a formal, internal strategic planning process to guide the health department activities. These indicators provide activities required to prepare, implement and update an internal strategic plan on an ongoing basis.

7. Policy and legislative process:
This topic area focuses on the process of policy development, awareness of current policy issues that affect the public, and knowledge of the policy making process at all levels (local, state, and national). Policy indicators include not only actively participating in working to identify the need for policy development, but also an ongoing relationship and exchange of information with policy makers. Uninformed policy makers will not have the ability to make decisions that are good for the health of the public. Public health must remember that there are areas of policy development that are not always considered. Remember, school boards develop policies that affect the health of school age children, city councils develop policies that impact the environment, such as putting in and maintaining sidewalks, creating and maintaining parks, and public safety. County Commissioners pass policy and budgets that impact public health, the hospital, (if one exists), safe roads, etc. In addition, the state and national policy makers must be kept up-to-date on local public health issues. Environmental health is based on regulatory legislation, ordinances and codes. Constant review of these, and all legislation affecting the health and well-being of the public, is a responsibility of public health. Communication is a critical component of policy development and the legislative process.

8. Internal workforce: The key areas under this topic are focused on assessing the public health skills of the staff and management. A learning management system provides a means to assess the competencies of the staff and identify educational/training opportunities (often at no cost) to meet their individual educational needs.

9. Evaluation and program planning:

Evaluation encompasses two key areas. The first, internal program evaluation includes:

- Process outcome evaluation which tells the number of services provided, i.e. number of clients, number of visits, and number of immunizations given.
- Indicator outcome evaluation. This type of evaluation is based on selected indicators which demonstrate the effectiveness of programs in improving outcomes and are usually measured in percent (i.e. increase of 10% of children two and under who are current on their immunizations, 5% reduction in the number of teens ages 13-18 who smoke, etc.). The indicators, either in process (numbers) or indicator outcomes (percentages) provide the justification to continue with the same interventions or the need to revise programming. The second evaluation area is customer satisfaction with service and/or the materials and education provided. Without ongoing evaluation of customers, there is no way to know how clients are receiving the information or what changes to service delivery would better meet their needs. Evaluation reports are necessary for funding requests. Funders (foundations, governmental grants and earmarked dollars) require evidence that the population is receiving the intended benefit from the dollars and that the projected outcomes in both process and indictors are being met.

10. Relationship with academia (research and future workforce)

Local public health often fails to think of the role it may play in identifying practice based topics for research, review and dissemination of research, and science-based practice. However, the practice community is where research and science-based practice is implemented. This focus on bridging the gap between academia and practice is critical to establishing local public health as an integral part of the ongoing development and recognition of public health as a profession. A process needs to be established and implemented to work with academic institutions on research projects, to provide sites for student experience and review and use of science-based practice.

11. Communication

Many aspects of communication are addressed through the indicators under this topic area. Examples may include determining who to communicate with, what information needs to be shared, who is responsible and how the information will be disseminated. Often public health shares information on an emergency basis and fails to continue to update the public, governing body, stakeholders and public health system partners with information on existing, new or emerging public health issues in a proactive manner. The formal preparation of a communication plan will increase the capacity under many of the communication indicators.

12. Access and linkage to care

One of the core functions of public health is assuring access to quality health care for all people. Adequate capacity for the indicators in this topic area is essential to assuring public health has its finger on the pulse of community health access issues.