

# **UNION COUNTY PUBLIC HEALTH AUTHORITY PLAN**

## **Center for Human Development**

### **Comprehensive Annual Plan 2008-2011**

#### **I. EXECUTIVE SUMMARY**

The Comprehensive Plan for Union County is designed to cover plans for 2008-2011, to be updated annually, and includes the following sections: an executive summary; a comprehensive assessment that includes the extent to which Union county provides the five basic services and a description of adequacy of services; an action plan for epidemiology and control of preventable diseases and disorders, parent and child health services, environmental health, health statistics, information and referral, and other issues; an organizational chart and Senate Bill 555 coordination statement; a section on unmet needs; the budget; minimum standards rating; and a local capacity assessment.

Due to aggressive grant seeking, Union County has some new resources to address to access to care issues, health promotion and outreach, and substance abuse services. These programs are time limited however (3 years), and no permanent solution to resource issues are in sight. We have greatly increased the service level and quality level to the public in the area of environmental health. Our capacity to manage public health emergencies has also increased, and we have had several real public health emergencies that we have successfully managed with our partners in an ICS structure.

The biggest goals for public health to address in the coming years are a very low childhood immunization rate, access to care issues, providing continuity in services as OHSU School of Nursing drops services and CHD public health struggles to pick them up (jail health and rural school programs). We continue to engage in ongoing community health assessment processes with our local hospital and other community partners. Reactivating a teen pregnancy coalition, providing food handler education in primary language to English-as-a-second-language employees, and increasing preventative oral health interventions to young children are among some of our other goals.

The biggest resources available to us are our highly trained and motivated staff, and our strong and active community partnerships. Our biggest challenges continues to be increasing needs in our community largely due to rural restrictions and declining economic status, and the lack of resources to meet them. Our capacity is currently stretched very thin, and we cannot sustain more resource reduction without losing key capacities. We continue to wrestle with long term solutions to meet the resource needs for public health infrastructure in our count, seeking outside or non-traditional funding and partnerships wherever we can.

## II. ASSESSMENT-COMPREHENSIVE

CHD Public Health reviewed the following data sources in conducting our comprehensive assessment of Union County's health status:

- U.S. Census data, both from 2000 and most recent revised Census data
- Portland State Population Center Data
- County and state reportable disease data from DHS
- County Data Book
- County Blue Book
- EH licensed facility inspection report
- Most recent Oregon Health Teens Survey
- Most recent County Benchmark Data
- State Office of Rural Health Rural Health Profiles, including chronic disease data
- Oregon Smile Survey 2007
- Most recent Family Planning Program data
- Most recent AFIX data for Union County
- Primary Care Dental Survey for 2007
- Most recent Vital Statistics Data
- 2007 Oregon Asthma Surveillance Report
- Results of NPHPS Local Public Health System Assessment

In the last two years there have been a lot of changes to the local health/public health care environment that have shaped the issues and needs that CHD public health must respond to. The OHSU School of Nursing based at EOU in La Grande has previously been a significant player in the local public health and health care delivery system. The administered the local Health Start Program, operated two rural health clinics in the town of Elgin and Union, provided the health care services in the county jail, provided health services to schools outside of La Grande, and provided many students and recent graduates to help staff local services. Due to changes in mission and focus at OHSU central, OHSU at EOU has significantly altered its local role. They are withdrawing from the Union and Elgin clinics, will no longer administer the Health Start Program, the jail health program or the Health Network For Rural Schools program, and are finding that even their educational mission/role may be in jeopardy. Their withdrawal from service provision has created a significant gap in our local system, and has increased the access to health care and services issue greatly. CHD Public Health is being asked to step in and fill the gaps with most of these programs. We will be taking on the jail health program and the Rural Health Network for Schools program, greatly extending our organizational resources. We are involved in coalitions with other community members to find local solutions to keeping the Elgin and Union health clinics open. In addition, public health is one local voice advocating for the OHSU school of nursing to continue operating at OHSU. Not only do we have many of their students rotate through our organization for trainings, all of our current nurses are OHSU grads and originally from Eastern Oregon. Removal of this

resource will eventually create a huge capacity issue for nursing not just in Union County, but in all of Eastern Oregon.

Another significant change in the local situation has to do with primary care providers and the role of the hospitals. Currently, there is one local physician still in independent practice. All of the other physicians in town have become employees of the hospital, and their clinics hospital clinics. The reason given for this is the increasing difficulty and stress involved in keeping a private practice profitable and competitive. We also do not have enough primary care physicians. The hospital has recruited three new ones to town in the fall, but that does not yet fully meet the need. Several nurse practitioner clinics have opened up to fill the gap, but address mainly urgent care needs, as NPs do not provide much primary care, since they are not able to have admitting privileges at our local hospital.

In addition to the above mentioned local changes, and continuing response to state and national changes, such as changes in immunization law and TCM billing changes, a significant amount of CHD time in the next two years will be devoted to locating, remodeling and moving into a new building. CHD currently rents space from the county. The space is not adequate, either in terms of amount of it, usability and friendliness of it, and compliance of it with records and ADA laws. CHD will be working with a contracted fundraiser to raise the necessary funds over the next nine months.

Union County has made significant progress towards several aspects of community health in the last several years. Access to care, due to lack of providers and lack of resources to pay for care, while still one of the most important factors facing Union County residents, has an area that has seen some progress. About four years ago the Northeast Oregon Network (NEON), a collaboration of public health/mental health, social services, and medical care providers, was formed to address local access to care issues in Union, Baker and Wallowa counties. After operating as a loose coalition with small projects on a volunteer or shoestring basis, NEON has been awarded \$531,000 over the next three years to address access to care issues. The goals over the next three years are to establish NEON as its own organization, reinstitute the Covering Kids and Families program in an expanded format (it was dropped by OHSU a year ago), and begin to develop local health coverage products designed to meet the needs of small business owners and employees.

CHD was recently awarded a grant to have two AmeriCorps positions over the next three years. These positions will focus on social marketing and health education/outreach programs in the areas of behavioral and public health. These workers will go a long way towards meeting our mandates to inform and educate the public regarding health matters, and can focus social marketing interventions on targeted populations to reach several important goals, raising local childhood immunization rates being one of them. We have also seen increasing capacity in our alcohol and drug treatment capacity, due to several grants, both state and federal, designed to increase outpatient treatment capacity. These three areas have been long term significant needs, and while CHD is delighted to begin to meet these needs through various grant funding, most of these programs are limited to

three years, at which point in time we will either have to face losing the programs, or will have to have gained significant local funding/resource to keep them running.

Union County is also seeing improving trends in several other important areas. We continue to see a slow but steady decline in our child abuse and neglect rate, a significant improvement since it has previously been so high. Child care availability continues to be high, and eight grade alcohol and drug use rates are lower than state rates. Infant mortality rates are low, as are preventable death rates. We experience little to no HIV or TB incidence.

We do experience the effects of other more negative trends. Through unemployment rates have often been lower in Union County than other parts of the state, recent months have seen a rise in those rates. Per capita income is significantly lower than for the rest of Oregon, and lower than the established benchmark. We are ranked 30<sup>th</sup> in the state for affordable housing for renters, and concentration of professional occupations is about 30% lower than the state average. 42.1% of the Union County population lives under 200% of poverty level, as compared to 29.6% for the state. Un-insurance rates remain high, and underinsurance rates are a growing problem, as many companies have to raise deductibles and co-pays while reducing benefits in order to continue to afford health insurance.

Health indicator data tells us that the following listed issues are of significant concern to Union County residents:

- Teen pregnancy reports in statistics are not unusually high (though higher than previously for Union County), but most recent statistics are two years old, and anecdotal evidence and community concern indicates our teen pregnancy rate has risen.
- Worsening trend in numbers of pregnant women who smoke. We rank 20<sup>th</sup> out of 36, and the trend has been getting worse since 2002. Our three year average is 16.9% (19.3% for last year we have data). State rate is 12.2%, with benchmark set at 9%.
- Prenatal care. We are ranked 27 out of 36 counties, and have had a worsening trend since 2001. Three year average is 77.1%. State average is 80.4%, with the benchmark being 85%. Anecdotally, we know that people have difficulty getting in to see OBGYN, and currently no family practice docs deliver babies.
- Immunizations. We are ranked 33 out of 36 counties. We have more recent data for CHD, but the most recent county wide rates are from 2206, with a 66.5%. The trend has been worsening since they started tracking county wide rates for Union county, in 2004. The three year average is 77.1%, with the state 77.2%. We know Oregon is below the national average. This low immunization rate puts us at risk for outbreaks, such as the Pertussis outbreak experienced last year.
- Our death rate for 2005 (the most recent year for which we have statistics) was 10.9 per 1,000, which was noted as being statistically higher than the state rate of 8.5.
- Un-insurance rates remain high. For 2006, 51% of the births in Union County were either Medicaid/OHP (48%) or self pay/no insurance (3%). Our total county OHP eligible are about 12%, indicating that young families are hit hard by socioeconomic status.

- The most recent Licensed Facility Statistics report, from 2006, is notably and obviously inaccurate for Union County.
- Leading causes of death (most recent data 2005, these causes remain the same ranking when looking at five year aggregated data) are in order Heart Disease, Cancer, and Chronic Lower Respiratory Disease. Consistent with other rural areas in Oregon, the rates of death from these diseases in our county is significantly higher than these rates of death for Oregon as a whole.
- Oral disease in children, while significant throughout the entire state, presents a higher burden to rural areas. Children without insurance and from lower income families have an even greater rate of oral disease. Both of those risk factors are significantly higher in Union County.
- Union County has one of the five highest childhood asthma rates in the states, and have one of the five lowest ratings in the state for well controlled and treated asthma.

CHD Public Health provides services in all five of the basic service areas. We have a .5 CD nurse responsible for CD investigation and control. We have a .5 immunization and family planning coordinator, and 1.5 fte of nurse time providing clinic services, in addition to the CD and immunization/family planning coordinators, and several casual nurses used as needed. We have 1fte nurse coordinating and providing services to the home visiting programs, and 2.25 fte of family advocate staff also providing services in the home. WIC has a 1fte coordinator and certifier, .75 fte certifier, and a less than .25 dietician. We have a position for a .5 emergency response coordinator that is currently unfilled, as the prior coordinator is filling in as an interim PH Administrator, which as a 1fte position. Our health officer is a less than .25 fte, and our environmental health staff is a .75 fte. Health information and referral services are provided by all nurse and program staff, but we currently have 2 fte that are AmeriCorps Vista volunteers enhancing this role. We have a .5 fte position for vital records. We also have a .75 fte nurse in a school based health center. We will be hiring 1.25 fte of nurses to provide jail health and rural school health services.

Our staffing capacity is as low as it can go in most areas without losing program capacity altogether. Program coordination functions are provided, but these are often the functions that suffer due to very low staffing capacity. Dental health services are provided through WIC and Home visiting programs. We are lucky to have and ODS dental hygiene school in our area, and partner with them extensively to extend dental/oral health resources. Due to our temporary (3 year) Vista program, our health promotion services are better than they have every been. Lab services are adequate. The medical examiner position is often unfilled and vacant due to a shortage of physicians willing to fulfill the role. Nutrition services are limited to WIC and home visiting program, but are vitally needed in all programs, and by the community in general. The lack is due both to resource issues and to a shortage of dieticians and nutritionists in the area. Older adult health services, both preventative and other wise, are almost non-existent in the public health realm, with no other community programs fully closing that gap. Primary health care is very difficult to access for reasons outlined above.



### **III. ACTION PLAN**

#### **A. EPIDEMIOLOGY AND CONTROL OF PREVENTABLE DISEASES AND DISORDERS-COMPREHENSIVE**

##### **Current Conditions and Problems**

1. Current Conditions:
  - a.) During 2007, Union County had a West Nile Virus outbreak. The county declared a state of emergency, and the LPHA worked in conjunction with the county emergency services manager, the vector control office, county veterinarians, the fair board, the news media, and the local hospital in an incident command structure. Activities were focused on vector control and education of the community.
  - b.) During 2007, Union County had a Pertussis outbreak. From the end of September until December the LPHA worked in conjunction with the state, schools, local health care providers, daycares and the news media in investigation and control of the outbreak. There were 23 identified cases of Pertussis, and worked with local schools to mass immunize students in the at risk age range county wide.
  - c.) In both of these outbreak situations, the Public Health Administrator, the Communicable Disease program, the Emergency Preparedness Program, and the Health Officer and the Environmental Health Program worked together in staffing the Incident Command Structure.
  - d.) Local CD 101 and 303 trainings were held in Union County in 2007. All but one of current staff responding to outbreaks are trained.
2. Current Problems:
  - a.) Due to increase of West Nile Virus activity in Union County last year, the LPHA expects to see a second year of increased activity.
  - b.) Continual presence of STDs in Union county, especially Chlamydia.
  - c.) Increased presence of communicable diseases in a local long term care facility, due to poor disease prevention practices.
  - d.) Due to over extension of resources from two outbreaks, the program is experiencing fiscal instability.

##### **Program Goals**

1. Low incidence of human West Nile Virus cases.
2. Lower Chlamydia rate.
  - a.) Increase awareness of sexual exposure risk among at risk populations.
  - b.) Increase condom use.
3. Reduce the incidence of communicable disease within the identified long term care facility (i.e.: norovirus)
4. Increase funding to rural public health departments for control of communicable diseases.
  - a.) Raise awareness with state policy makers of infrastructure need in rural public health departments for the control of communicable diseases.

### **Program Activities**

1. Keep public informed about West Nile Virus.
2. Promote the adoption of preventative behaviors that reduce the disease risk of West Nile.
3. Gain public support for control measures of West Nile.
4. Increase readiness for and efficiency of response to West Nile Virus activity.
5. Further integrate Emergency Preparedness, Environmental Health and Communicable Disease capacity through training and quarterly joint planning meetings in order to enhance coordinated capacity for response to West Nile activity.
6. Social marketing to bar and nightclub patrons about sexual exposure.
7. Increase condom accessibility.
8. Develop positive relationship with infection control practitioner at identified long term care facility in order to engage facility in readiness for change.
9. Engage in educational campaign with facility staff regarding disease prevention strategies.
10. PH Administrator will work with CLHO in advocating for a base rate for all counties for the control and prevention of communicable diseases prior to distribution of per-capita funding.

### **Program Evaluation**

1. We will surveil to prevail (this one is from Amy! And Lisa!)
2. Track incidence of West Nile Virus in humans.
3. Track educational media distributed to the community during the West Nile season.
4. Monitor letters to the editor or county vector control staff re: negative perceptions of vector control activities.
5. Monitor incidence of STDs, especially Chlamydia.
6. Track condom ordering to determine if there is an increase.
7. Track incidence of diseases and outbreak in identified long term care facility.
8. Track complaints made by health care providers regarding identified long term care facility.
9. Base funding formula for rural counties will be implemented.

## **B. PARENT AND CHILD HEALTH SERVICES, INCLUDING FAMILY PLANNING CLINICS-COMPREHENSIVE**

### **Current Conditions and Problems for Immunization Program**

1. Current Conditions
  - a.) Due to a Pertussis outbreak in fall of 2007, CHD conducted mass immunization clinics in local middle schools and high schools..
  - b.) Currently targeting sixth graders for TDAP immunizations in order to meet 2008-2009 school immunization requirements.
  - c.) Currently targeting preschool age children in the county for Hep A immunization in order to meet 2008-2009 school immunization requirements.
  - c.) Received three year Americorps Vista grant and have Vista employee in place. This employee will focus, among other things, on developing the immunization coalition and working to increase the rate of up to date immunizations in two year olds.
2. Current Problems
  - a.) Third lowest rate for up to date 2 year olds.
  - b.) Loss of childhood immunization sites in the county, leading to lack of access due to difficulty accessing primary care/medical home for children.
  - c.) Significantly incomplete immunization records in Alert due to lack of participation on the part of a private provider.

### **Program Goals**

1. To increase percentage of fourth dtap in two year olds by working with private providers.
2. Increase development of and participation in immunization coalition.
3. Immunize all sixth graders in the county with the TDAP immunization.
4. Immunize all children entering kindergarten in 2008-2009 with Hep A immunization.
5. Increase rate of up to date 2 year olds to 70%.

### **Program Activities**

1. Work with the state to facilitate provider wide AFIX meeting to review data and develop plan.
2. Vista and immunization coordinator will work with private clinics and the state to implement action plan once developed.
3. Vista will set up planning meeting for immunization coalition meeting.
4. Hold quarterly coalition meetings to review and update progress on above goals.
5. Coordinate with Health Network for Rural Schools staff to hold vaccine clinics for sixth graders in all schools in the county.
6. Hold multiple preschool immunization clinics at all elementary and preschools schools in the county.
7. Vista will review AFIX data and collaborate with health educator at the sate to determine accuracy of data and plan outreach activities based upon gaps.
8. Work with private providers to get them internet access to ALERT. Hold in-services for private provider immunization nurses on immunization standards and practices.

9. Work with private providers and the state health educator on developing a recall and reminder system.

**Program Evaluation**

1. Monitor school exclusion reports for number of children excluded from kindergarten for Hep A and seventh grade for TDAP.
2. Monitor county wide AFIX data.
3. Will keep coalition minutes in order to monitor goals, activity and progress of coalition.
4. Will keep records on dates and topics for in-services with nurses.

## Appendix C

### Optional Table

<b>Time Period: 6/1/08 to 6/1/09</b>				
<b>GOAL: Increase rate of up to date 2 year olds to 70%.</b>				
<b>Objectives</b>	<b>Plan for Methods/ Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
<b>A. Increase development of and participation in immunization coalition.</b>	Use VISTA outreach worker to get staff from each doctor's office/clinic to attend. Identify doctor/nurse training needs (i.e. giving more than two immunizations at once) Work with all providers to assist them in using ALERT system. Work with providers on recall and reminder system.	Meetings will be held at least quarterly. Track agendas, minutes and level of attendance/participation at meetings.		
<b>B. Implement comprehensive social marketing intervention.</b>	Identification of populations under immunized, and assessment of barriers. Target interventions to specific barriers. Vista will review AFIX data and collaborate with health educator at the state to determine accuracy of data and plan outreach activities based upon gaps.	Track county and provider wide AFIX data to determine when target percentage is reached.		
<b>Time Period: 6/1/08 to 6/1/09</b>				
<b>GOAL: Fully implement all new requirements for school vaccinations.</b>				
<b>Objectives</b>	<b>Plan for Methods/ Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>

**Time Period: 6/1/08 to 6/1/09**

**GOAL: Increase rate of up to date 2 year olds to 70%.**

<p><b>A.</b> Immunize all sixth graders in the county with the TDAP immunization.</p>	<p>Immunization clinics will be held in all schools in the county. Coordinate with HNRS nurse and school staff to conduct clinics and keep ALERT updated.</p>	<p>Track school exclusion report until 100% have required immunization or formal exemption.</p>		
<p><b>B.</b> Immunize all children entering kindergarten in 2008-2009 with Hep A immunization.</p>	<p>Hold multiple preschool immunization clinics at all elementary and preschools schools in the county.</p>	<p>Track school exclusion report until 100% have required immunization or formal exemption.</p>		

## **Current Conditions and Problems for Home Visiting Programs, School Health and General Parent Child Health**

### 1. Current Conditions

- a.) CHD applied for and received an AmeriCorps Vista grant and has two Vista employees working on various public health issues with a social marketing intervention.
- b.) Union County recently was awarded a TPEP grant and has started a new TPEP program.
- c.) Union County is in the middle of a three year public health suicide prevention grant.
- d.) OHSU school of nursing in Union County is in the middle of a three year childhood obesity intervention research program. CHD staff participates in this program.
- e.) CHD is currently in progress of picking up a Rural Health Network for Schools Program that was previously administered by OHSU school of nursing.
- f.) CHD Home Visiting Programs converted to new computerized documentation system and completely revised and updated and had approved by state program our multi disciplinary team protocols.

### 2. Current Problems

- a.) Long term increasing trend of women smoking during pregnancy. Last data available for 2005 is 19.3%.
- b.) Increasing number of referrals to the CaCoon program due to low birth weight.
- c.) Oral health is a significant issue for lower income rural children. Fewer than half of all children have sealants or varnish. Nearly 2 of every three children by first grade have a cavity.
- d.) Oral health for pregnant mothers is also a significant issue.
- e.) 20% of eighth graders and 22% of 11<sup>th</sup> graders reported having a physical health need during the last 12 months that was not met.
- f.) Union County has one of the highest childhood asthma rates in the state, and one of the highest rates in the state for poorly treated asthma.
- g.) 26% of both eighth and 11<sup>th</sup> graders are either overweight or at risk for becoming overweight.
- h.) Roughly 13% of eighth and 11<sup>th</sup> graders seriously considered suicide and over 7% actually made an attempt.

## **Program Goals**

1. A decrease in the number of women smoking during pregnancy.
2. Determine relevant factors for low birth weight babies in Union County.
3. Increase the percentage of low birth weight babies that meet developmental milestones.
4. Increasing the number of young children who actually use some dental sealant method.
5. Increase the number of visits for oral health care for pregnant women during pregnancy.
6. Have a health care presence (mental and physical health) in all schools in Union County.

7. Decrease the rate of adolescents who are at risk for being overweight.
8. Decrease percentage of 8<sup>th</sup> and 11<sup>th</sup> graders who attempt suicide.

### **Program Activities**

1. Home visiting and WIC certifiers will be trained in the 5As method of smoking cessation and will apply intervention with all home visiting and WIC clients who smoke.
2. Vista employee will implement social marketing plan targeted at parents of young children who smoke in order to reduce smoking rate.
3. TPEP Coordinator will be working with schools on tobacco free policies.
4. TPEP Coordinator will be working with local head start for a tobacco free head start program.
5. Review epidemiological data related to increase in low birth weight babies in order to identify variables for intervention.
6. Screen and refer low birth weight babies for appropriate interventions and services.
7. Investigate and develop varnish program for Home Visiting clients.
8. Implement varnish program for Home Visiting clients.
9. Home Visiting program will educate, advocate, refer and monitor follow up pregnant women for dental health services.
10. CHD will assume responsibility for administration of the Rural Health Network for Schools Program to ensure a continuing health care presence in all non La Grande schools in Union County.
11. CHD will explore, with rural schools, a mobile school based health clinic.
12. Continue to have CHD participation in UC Fit Kids OHSU research coalition.
13. Continue with WIC nutrition classes and referral of high risk kids to dietician.
14. CHD is building a new building that will include a community kitchen available for nutrition and cooking classes/practice.
15. Start volunteer run cooking class for cooking nutritiously on a budget.
16. Suicide prevention specialist will train school and other key community members in suicide identification and intervention.

### **Program Evaluation**

1. Track vital statistic rate for smoking during pregnancy.
2. Track low birth weight rate.
3. Track number of varnish applications with home visiting clients through Orchid system.
4. Track youth suicide attempt rate Oregon Health Teen data.

### **Current Conditions and Problems Family Planning Clinics**

1. Current Conditions
  - a.) Increased number of family planning clients seeing nurse practitioner.
  - b.) More efficient billing for more accurate and reliable billing.
  - c.) Successfully incorporated ongoing FPEP changes into day to day functioning.
  - d.) Offering Implanon as a birth control method.
  - e.) AmeriCorps Vista grant social marketing program to increase family planning visits to women in need has been awarded and started.
  - f.) Increased percentage of Women In Need seen for family planning services from 59% to 66.7%.

## 2. Current Problems

- a.) Continued decline in family planning services provided to teens, indicating that teens are not accessing services.
- b.) 33% of the Women In Need population is still not accessing family planning services.
- c.) We are serving only 45% of our sexually active 15-17 year old females.
- d.) Official reports of teen pregnancy rates vary widely, but anecdotal data suggests increasing numbers of younger teens who are pregnant. In addition, the teen pregnancy prevention coalition has not functioned since 2003.

### **Program Goals**

1. Increase percentage of Women in Need population receiving family planning services.
2. Increase percentage of sexually active 15-17 year old females receiving family planning services.
3. Collaborate with community partners to reactivate the teen pregnancy prevention coalition.

### **Program Activities**

1. Vista employee will implement social marketing plan to increase numbers of Women In Need population seen for family planning services.
2. CHD will have an active health care presence in all school districts in the county, initially to provide contraceptive and STD education. When we reach multi year goal of mobile school based health clinic, eventually we will provide contraceptive and STD services in each rural community out of the mobile clinic.
3. CHD will provide increased outreach and service provision within the current school based health center in La Grande.
4. Family planning coordinator will begin providing contraceptive and STD education to health classes in the La Grande Middle School.
5. Family Planning Coordinator will make contact with potential coalition members and hold initial planning and goal setting meetings,.
6. Family Planning Coordinator will participate in and support teen pregnancy prevention coalition activities.

### **Program Evaluation**

1. Monitor Family Planning Program Data Review provided yearly by DHS family planning program.
2. Track topics and dates for contraceptive and STD education provided in schools.
3. Track minutes of teen pregnancy prevention coalition meetings in order to review goals, activities and progress of coalition.

**Attachment A**  
**FY 2008-2009 WIC Nutrition Education Plan**  
**Goal 1, Activity 3**

**WIC Staff Training Plan – 7/1/2008 through 6/30/2009**

Agency: **Union County CHD**

Training Supervisor(s) and Credentials: **Andrea Cloudt, RD**

Staff Development Planned

Based on planned new program initiatives (for example Oregon WIC Listens, new WIC food packages), your program goals, or identified staff needs, what quarterly in-services and or continuing education are planned for existing staff? List the in-services and an objective for quarterly in-services that you plan for July 1, 2008 – June 30, 2009. State provided in-services, trainings and meetings can be included as appropriate.

<b>Quarter</b>	<b>Month</b>	<b>In-Service Topic</b>	<b>In-Service Objective</b>
1	<b>August 2008</b>	<b>Review WIC Key Messages</b>	<b>Staff will determine if they will need more training on key messages and develop a training plan if needed.</b>
2	<b>October 2008</b>	<b>How to incorporate exercise into a busy life.</b>	<b>Promote and support physical activity in the workplace and at home.</b>
3	<b>February 2009</b>	<b>Review food package changes and:</b> <b>1. Choose three specific categories and determine the changes made to those packages, whether it would be an addition of new foods, reduction on current foods or elimination of current foods.</b> <b>2. The team will review current nutrition messages most closely connected to the modifications and determine which messages will remain the same and which messages need to be</b>	<b>Staff will be able to describe the general content of the new WIC food packages.</b>

		<p><b>modified to clarify WIC's reasoning for the change and/or reduce client resistance to the change.</b></p> <p><b>3. We will use resources: WIC Works Website WIC food package materials, information from the 2008 WIC Statewide meeting and State provided materials.</b></p>	
4	May 2009	Tips for dealing with picky eaters.	Provide staff with information that they can share with parents during certification appointments.

## FY 2008 - 2009 WIC Nutrition Education Plan Form

**County/Agency:** *Union County*

**Person Completing Form:** *Patty Rudd & DeAnne Mansveld*

**Date:** *April 14, 2008*

**Phone Number:** *541-962-8829*

**Email Address:** *plrudd@yahoo.com*

Return this form electronically (attached to email) to: [sara.e.sloan@state.or.us](mailto:sara.e.sloan@state.or.us)  
 by May 1, 2008  
 Sara Sloan, 971-673-0043

**Goal 1:** Oregon WIC Staff will have the knowledge to provide quality nutrition education.

**Year 2 Objective:** During plan period, through informal discussions, staff in-services and/or targeted trainings, staff will

be able to describe the general content of the new WIC food packages and begin to connect how these changes may influence current nutrition education messages.

Activity 1:

By October 31, 2008, staff will review the Oregon WIC Key Nutrition Messages and identify which one's they need additional training on.

Resources: American Academy of Pediatrics, MyPyramid.gov, Maternal and Child Health Oral health website – <http://www.mchoralhealth.org/Openwide/> Information from the 2008 WIC Statewide meeting.

Implementation Plan and Timeline:

**During our August 2008 in-service, we will review the Oregon WIC Key Nutrition Messages and determine whether they will need additional training. Everyone will be given the Maternal Child Health Oral Health website from the 2008 WIC Statewide meeting to use as a resource. At our September 2008 staff meeting, we will discuss progress on using Oregon WIC Key Nutrition Messages and plan for any additional training if needed.**

Activity 2:

By March 31, 2009, staff will review the proposed food packages changes and:

- Select at least three food packages modifications (for example, addition of new foods, reduction of current foods, elimination of current foods for a specific category),
- Review current nutrition education messages most closely connected to those modifications, and
- Determine which messages will remain the same and which messages may need to be

modified to clarify WIC's reasoning for the change and/or reduce client resistance to the change.

Resources: WIC Works Website WIC food package materials, Information from the 2008 WIC Statewide meeting, State provided materials.

Implementation Plan and Timeline:

**At our February 2009 in-service all staff will review proposed food package changes and:**

- **Choose three specific categories and determine the changes made to those packages, whether it would be an addition of new foods, reduction on current foods or elimination of current foods.**
- **The team will review current nutrition messages most closely connected to the modifications and determine which messages will remain the same and which messages need to be modified to clarify WIC's reasoning for the change and/or reduce client resistance to the change.**
- **We will use resources: WIC Works Website WIC food package materials, information from the 2008 WIC Statewide meeting and State provided materials.**

Activity 3:

Identify your agency training supervisor(s) and projected staff in-service training dates and topics for FY 2008-2009. Complete and return Attachment A by May 1, 2008.

- **Our agency training supervisor is Andrea Cloudt, RD. See Attachment A for projected staff in-service training dates and topics.**

Goal 2: Nutrition Education offered by the local agency will be appropriate to the clients' needs.

Year 2 Objective: During Plan period, each agency will assess staff knowledge and skill level to identify areas of training needed to provide participant centered services.

Activity 1:

By September 30, 2008, staff will review the diet assessment steps from the Dietary Risk Module and identify which ones they need additional training on.

Implementation Plan and Timeline:

**In September 2008 staff will meet to review the Diet Assessment steps from Dietary Risk Module. We will use the state provided guidance and assessment tool to identify which steps from the Diet Assessment Risk Module we need additional training on and schedule the training.**

Activity 2: By November 30, 2008, staff will evaluate how they have modified their approach to individual counseling after completing the Nutrition Risk and Dietary Risk Modules.

Resources include: State provided guidance and assessment tools.

Implementation Plan and Timeline:

**In September 2008 staff will meet to evaluate how they have modified their approach to individual counseling after completing the Nutrition Risk and Dietary Risk Modules using State provided guidance and assessment tools. We will also discuss how they are feeling and how they are approaching it.**

**Goal 3: Improve the health outcomes of clients and staff in the local agency service delivery area.**

Year 2 Objective: During Plan period, in order to help facilitate healthy behavior change for WIC staff and WIC clients, each local agency will select at least one objective and implement at least one strategy from the Statewide Physical Activity and Nutrition Plan 2007-2012.

Activity 1:

Identify your setting, objective and strategy to facilitate healthy behavior change for WIC staff.

Setting: **CHD – WIC Agency**

Objective: **to promote and support physical activity and healthy eating for WIC staff and other employees.**

**Strategy: Our entire agency will facilitate a Steps Contest using pedometers to encourage increased physical activity by our staff.**

Resource: Attachment B - A Healthy Active Oregon: Statewide Physical Activity and Nutrition Plan 2007-2012, Recommended Objectives and Strategies

Implementation Plan and Timeline: Include why this objective was chosen, what you hope to change, how and when you will implement the strategy, and how you will evaluate its effectiveness.

- **This objective was chosen because we did the same event last year and a lot of staff participated. We would hope to increase the number of employees who are physically active for 30 minutes a day, at least five days a week.**
- **By doing this event we hope to encourage staff to get healthier by walking more and becoming more active after sitting a lot during the day.**
- **We will implement the strategy by having everyone enroll and pay a small fee to enter contest. The participants will be assigned to teams. The team with the highest total of steps per week will be rewarded. The event will take place for four weeks and will begin May 2008.**
- **We will evaluate it's effectiveness by conducting two surveys:**
  1. **Before the event begins we will survey employees to assess their current level of physical activity (daily and weekly).**
  2. **After the event we'll repeat the survey hoping to see increases in daily and weekly physical activities.**

Activity 2:

Identify your setting, objective and strategy to facilitate healthy behavior change for WIC clients.

**Setting: A breastfeeding celebration in the park to be held during World Breastfeeding Week.**

**Objective: To inform parents about the health benefits of breastfeeding for both mom and baby and encourage more families to initiate breastfeeding and to breastfeed longer. To encourage women to meet their peers who have or are successfully breastfeeding.**

**Strategy: We'll target all women (specifically pregnant and postpartum moms) and their families, but we'll also invite all WIC families to participate. We'll have different activity stations set-up one of which will be Breastfeeding Bingo. This game is made up of positive breastfeeding key messages that will help inform moms of the benefits of breastfeeding in a unique and fun way.**

Resource: Attachment B - A Healthy Active Oregon: Statewide Physical Activity and Nutrition Plan 2007-2012, Recommended Objectives and Strategies

Implementation Plan and Timeline: Include why this objective was chosen, what you hope to change, how and when you will implement the strategy, and how you will evaluate its effectiveness.

- **We chose to have a breastfeeding celebration in the park during World Breastfeeding Week as an additional way to inform WIC families about the positive health benefits of breastfeeding. By having one big group celebration, women are able to meet. We hope to encourage WIC moms to initiate breastfeeding at birth and to continue breastfeeding as long as possible, hopefully at least six months and**

**longer. We'll ask all moms in attendance to state one new health benefit of breastfeeding that they learned at the celebration.**

**Goal 4: Improve breastfeeding outcomes of clients and staff in the local agency service delivery area.**

Year 1 Objective: During Plan period, in order to help improve breastfeeding outcomes for WIC participants, each local agency will select at least one setting, objective and implement at least one strategy from the Statewide Physical Activity and Nutrition Plan 2007-2012.

Resource: Attachment B - A Healthy Active Oregon: Statewide Physical Activity and Nutrition Plan 2007-2012, Recommended Objectives and Strategies

Activity 1:

**Setting: Home/Household/WIC clinic**

**Objective: By 2012, maintain the current level of breastfeeding initiation and increase by two percent a year the number of mothers who breastfeed exclusively for the first six months of an infant's life.**

**Strategy: Health plans, health systems, hospitals and others shall promote breastfeeding campaigns targeting the entire family.**

Implementation Plan and Timeline: Include why this objective was chosen, what you hope to change, how and when you will implement the strategy, and how you will evaluate its effectiveness.

**This objective was chosen because we know encouragement and support are important for breastfeeding women. We have good breastfeeding initiation rates and would like to see the duration rate increase. Currently, we encourage women who attend our breastfeeding activities and classes to bring their family members. We want to see an increase in the number of WIC mothers in Union County who breastfeed for at least six months. We also hope to strengthen the breastfeeding support and referral systems in our community. The La Leche League group in our community had been very active meeting several times per month but they have recently become inactive. We will work with community partners to maintain a monthly support meeting for breastfeeding women.**

**Implementation strategy: We will send Grande Ronde Hospital, Obstetricians, Pediatricians and Family Practice clinics information about the services available to breastfeeding women through WIC. The hospital, which owns and operates the medical clinics in town, has already taken steps to increase breastfeeding promotion and outreach through staff training and education. We would like to increase our collaboration with them and increase referrals from them to WIC when appropriate, so that we are all working together to help the women in our community breastfeed longer. We will also invite staff from the hospital and medical clinics to attend our Breastfeeding Celebration during World Breastfeeding Week.**

**We will continue to evaluate breastfeeding services using the tool that we created during the 2007-2008 site review to get client feedback and make any recommended modifications to improve the services we offer pregnant and breastfeeding women. We will also make an addition to our survey tool and ask women what breastfeeding support they are receiving from their primary care providers.**

We value your opinion.  
Will you please answer a few questions for us?

First about you ...

- |    |                                                                                        |                    |
|----|----------------------------------------------------------------------------------------|--------------------|
| 1. | Have you ever breastfed?                                                               |                    |
|    | <input type="checkbox"/> Yes                                                           | 100%               |
|    | <input type="checkbox"/> No                                                            |                    |
| 2. | Are you currently breastfeeding?                                                       |                    |
|    | <input type="checkbox"/> Yes - 1 breastfeeding and supplementing                       | 100%               |
|    | <input type="checkbox"/> No                                                            |                    |
| 3. | How old is your baby? _____                                                            | SEE ATTACHED SHEET |
| 4. | Is this the first baby you have breastfed?                                             |                    |
|    | <input type="checkbox"/> Yes—10                                                        | 40%                |
|    | <input type="checkbox"/> No—15                                                         | 60%                |
| 5. | Are you giving any formula to your baby?                                               |                    |
|    | <input type="checkbox"/> Yes—12                                                        | 48%                |
|    | <input type="checkbox"/> No— 13                                                        | 52%                |
| 6. | Did you call or come into the WIC clinic seeking breastfeeding support or information? |                    |
|    | <input type="checkbox"/> Yes—9                                                         | 36%                |
|    | <input type="checkbox"/> No—16                                                         | 64%                |
|    | Were we able to help you?                                                              |                    |
|    | YES 12                                                                                 | 48%                |
|    | NO RESPONSE 12                                                                         | 48%                |

7. Is there anything we can do at our clinic to help breastfeeding moms?

COMMENTS ON ATTACHED SHEET

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8. Do you have any suggestions on ways we can improve our services to our breastfeeding families?

COMMENTS ON ATTACHED SHEET

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**QUESTION #7**

**IS THERE ANYTHING WE CAN DO AT OUR CLINIC TO HELP BREASTFEEDING MOMS**

**COMMENTS**

- **“Thank you for the breastfeeding fair in August and for supporting LaLeche League too.”**
- **“Give us more information about laws regarding breastfeeding in public or at work.”**
- **“More support, more information, and more breastfeeding bias literature.”**
- **“Not that I can think of”**
- **“Maybe have a class for first time moms.”**

- **“I think you are doing a fine job. I have never needed assistance with breastfeeding but I know people who have needed help and were very happy with your service.”**
- **“Support, like a call-in place or something where questions can be answered. Breastfeeding families need as much support as possible.”**
- **“Maybe some information on weaning.”**
- **“Have classes and mommy and me classes.”**
- **“Give out free breast pumps.”**
- **“You are doing wonderfully, we appreciate you.”**
- **“Give more information on foods that help produce more milk. Give more information on starting breastfeeding.”**

## **QUESTION #8**

**DO YOU HAVE ANY SUGGESTIONS ON WAYS WE CAN IMPROVE OUR SERVICES TO OUR BREASTFEEDING FAMILIES?**

### **COMMENTS**

- **“Provide more information.”**
- **“I would like some baby food to be included in WIC checks.”**
- **“Keep up the good work**
- **“Have the fathers grow boobs that produce milk so they can share 50%/50% !!”**
- **“Support is the key both in the hospital and when the families goes home. It would be nice to have a lactation consultant visit at the hospital and give contact information for the scary/difficult times at home.”**
- **“I guess I’m not sure. The benefits I read about made me not even consider formula. 8 convenience anti bodies from the mother, closeness. Good literature discussing these benefits may help others decide. other mothers if they really wanted to nurse and need assistance. So maybe other women helping new moms is a good idea.**
- **“No, you seem very supportive and helpful, and that is what breastfeeding moms need ☺. Good job overall” !!!!**
- **“Maybe have one can of formula a month added if needed.”**
- **“Literature send out on an age basis about rewards, benefits, and possible difficulties of breastfeeding.”**
- **“Nope, you are doing a great job!!”**
- **“Continue encouragement. THANK YOU ☺.”**
- **“Support Group?”**
- **“Not really. Someone to talk to is great.”**
- **“Occasional calls from people was helpful for me. To check up and see how things were going. Give encouragement, answer questions etc.”**
- **“No, you guys are great! “ ☺**
- **“More variety of food choices on WIC checks.”**

# EVALUATION OF WIC NUTRITION EDUCATION PLAN FY 2007-2008

WIC Agency: \_\_Union County \_\_\_\_\_

Person Completing Form: \_\_Patty Rudd & DeAnne Mansveld \_\_\_\_\_

Date: \_\_\_\_\_04-17-2008\_\_\_\_\_ Phone: \_\_\_\_\_541-962-8829\_\_\_\_\_

Return this form, attached to email to: [sara.e.sloan@state.or.us](mailto:sara.e.sloan@state.or.us) by May 1, 2008

Please use the outcome evaluation criteria to assess the activities your agencies did for each Year One Objectives. If your agency was unable to complete an activity please indicate why.

## **Goal 1: Oregon WIC staff will have the knowledge to provide quality nutrition education.**

Year 1 Objective: During plan period, staff will be able to correctly assess nutrition and dietary risks.

*Activity 1: All certifiers will complete the Nutrition Risk Module by December 31, 2007.*

Outcome evaluation: Please address the following questions in your response.

- Did all certifiers successfully complete all the activities of the Nutrition Risk Module by December 31, 2007?
- Were the completion dates entered into TWIST and the competency achievement checklist filed for each certifier?

Response:

- **Yes, all certifiers completed the Nutrition Risk module on 07-18-2007.**
- **The completion dates have not been entered into TWIST**

*Activity 2: All certifiers will complete the revised Dietary Risk Module by March 31, 2008.*

Outcome evaluation: Please address the following questions in your response.

- Did all certifiers successfully complete all the activities of the Dietary Risk Module by March 31, 2008?

- Were the completion dates entered into TWIST and the competency achievement checklist filed for each certifier?

Response:

- **All certifiers completed the Dietary Risk Module on 10-16-2007.**
- **The completion dates have not been entered into TWIST**

*Activity 4: Identify your agency training supervisor(s) and staff in-service dates and topics for FY 2007-2008.*

Outcome evaluation: Please address the following questions in your response.

- Did your agency conduct the staff in-services you identified?
- Were the objectives for each in-service met?
- How do your staff in-services address the core areas of the CPA Competency Model?

Response:

- **The in-service for the first quarter – ‘Nutrition Risk Assessment Training’ was completed by all certifiers 07-18-2007. The second quarter ‘Dietary Risk Training’ was done by all certifiers on 10-16-2007. The third quarter training was supposed be ‘Encouraging Families to Be More Active’ but was not done. Instead we did a training that responded to our Site Review. We felt this was a very important issue that we needed to deal with. This had to do with the items from our recent Site Review: new Dietician, training supervisor, orientation, nutrition & medical risks. The fourth in-service will be completed in May 2008 when our staff all attends one breastfeeding break out session at the state WIC meeting.**
- **Our staff in-services address the core areas of the CPA Competency Model by providing successful completion of the WIC training modules identified in Policy 440.**

## **Goal 2: Nutrition Education offered by the local agency will be appropriate to the clients’ needs.**

Year 1 Objective: During plan period, each agency will implement strategies to provide targeted, quality nutrition education.

*Activity 1: Using state provided resources, conduct a needs assessment of your community by September 30, 2007 to determine relevant health concerns and assure that your nutrition education activity offerings meet the needs of your WIC population.*

Outcome evaluation: Please address the following questions in your response:

- Was the needs assessment of your community conducted?
- What health concerns did you determine were relevant to your community?
- What did you do with the information you collected?
- Who did you communicate the results of your needs assessment with?

Response:

- **The needs assessment of the community was conducted**
- **Lack of fluoride treatment for children was a top concern**
- **The information was shared with staff.**
- **Communicated with ODS School of Dental Hygiene of the need.**

*Activity 2: Complete Activity 2A or 2B depending upon the type of second nutrition education activities your agency offers.*

*Activity 2A: By October 31, submit an Annual Group Nutrition Education schedule for 2008.*

*Activity 2B: If your agency does not offer group nutrition education activities, how do you determine 2<sup>nd</sup> individual nutrition education is appropriate to the clients' needs?*

Outcome Evaluation: Please address the following questions in your response.

- If your agency offers group nutrition education, did you submit your Annual Group Nutrition Schedule for 2008?
- How do you assure that your nutrition education activities meet the needs of your WIC population?

Response:

- **We are in the middle of a change for our WIC program as our group class presenter just went to 4 hours per week as certifier and is only going to have one large class per quarter.**
  - 1. Women who are trying to lose weight or keep from gaining too much weight.**
  - 2. ODS dental screening & fluoride varnish clinic**
  - 3. Farmer's Market**
  - 4. Breastfeeding**
- **Currently we provide individual education contacts at FI pick-up by checking nutrition risk and determining appropriate materials/ education for each client before FIs are issued. We have yet to decide whether we will do self-paced lessons.**

### **Goal 3: Improve the health outcomes of WIC clients and WIC staff in the local agency service delivery area.**

Year 1 Objective: During plan period, each local agency will develop at least one specific objective and activity to help facilitate healthy behavior change for WIC staff and at least one specific objective and activity to help facilitate healthy behavior change for WIC clients.

*Activity 1: Local Agency Objective to facilitate healthy behavior change for WIC staff.  
Local Agency Staff Activity.*

Outcome Evaluation: Please address the following questions in your response.

- How did your agency decide on this objective and activity?
- Did the activity help meet your objective?
- What went well and what would you do differently?

Response:

- **We did not meet and walk one time per week for at least one half hour for one month, but we did join an agency wide contest to wear pedometers and keep track of number of steps for 4 weeks. We were divided into teams within the agency.**
- **This met our objective to facilitate healthy behavior change for WIC staff and other employees.**
- **The activity went well because we had 4-5 teams consisting of 4 or 5 people. Everyone was provided pedometers to measure distances walked. It made us all aware of how much better we felt while being more active.**

*Activity 2: Local Agency Objective to facilitate healthy behavior change for WIC clients.  
Local agency Client Activity.*

Outcome Evaluation: Please address the following questions in your response.

- How did your agency decide on this objective and activity?
- Did the activity help meet your objective?
- What went well and what would you do differently?

Response:

- **We offered a group nutrition education class where we provided samples of different fruits and vegetables and different ways of preparing them. We hoped to introduce a new fruit or vegetable to our clients and encourage them to add it to their diet.**
- **The activity did help meet our objective as clients we introduced to new fruits and/or vegetables that they might not have tried otherwise.**

- **Clients were open to trying new fruits and vegetables. They were encouraged to share with the group one new fruit or vegetable they would like to purchase at the Farmer's Market.**

#### **Goal 4: Improve breastfeeding outcomes of clients and staff in the local agency service delivery area.**

Year 1 Objective: During plan period, each local agency will develop at least one objective and activity to help improve breastfeeding outcomes for WIC staff or WIC clients.

Activity 1: Local Agency Breastfeeding Objective. Local agency Breastfeeding Activity.

Outcome Evaluation: Please address the following questions in your response.

- How did your agency decide on this objective and activity?
- Did the activity help meet your objective?
- What went well and what would you do differently?

Response:

- **We decided on this objective to try and encourage breastfeeding women to continue to breastfeed longer. The activity was a survey of breastfeeding women to see if clients thought we were helping them with their decision to continue breastfeeding.**
- **The survey helped us gauge our effectiveness by telling us whether clients thought we were helping them continue breastfeeding. The results: 48% said 'yes,' 48% did not respond and 4% did not need any help.**
- **We would not do anything differently. We will continue to encourage moms to breastfeed and to breastfeed longer, if possible. We will also emphasize the availability of breast pumps.**
- **The survey went well other than we had only 25 out of 70 surveys returned.**

## **FY 2007-2008 WIC Nutrition Education Plan**

### **Goal 2: Activity 1, Tool**

#### **Part 1-Assessing Nutrition Risk Prevalence**

1. **Nutrition Risk Criteria Prevalence Report was run for the months of 06-01-07 through 08-31-07.**
2. **Group Nutrition Education Class List was also run.**

**The Nutrition Risk Criteria Prevalence report was run and the top 5 risks with the highest percentage rate were:**

- a. Risk # 701-INFANT BORN TO WIC MOM OR WIC ELIGIBLE**
- b. Risk #424-INADEQUATE VITAMIN/MINERAL (FLOURIDE)**
- c. Risk # 111-OVERWEIGHT WOMEN**
- d. Risk # 422.3-MONITOR VEGETABLE INTAKE**
- e. Risk # 422.3-MONITOR FRUIT INTAKE**

**The Group Nutrition Education Class List Report was run and found:**

- a. #701 INFANT BORN TO WIC MOM OR WIC ELIGIBLE-No class specifically for this risk.**
- b. #424 INADEQUATE VITAMIN/MINERAL-No Class specifically titled for this risk but we had the ODS School of Dental Hygiene come to our agency and do dental checks and fluoride varnish several times.**
- c. #111 OVERWEIGHT (WOMEN)-We did have specific class to address the overweight woman. It was included in prenatal nutrition class. It was also offered in the breastfeeding classes.**
- d. #422.3 MONITOR VEGETABLE INTAKE-No specific class title for this risk but was talked about in almost every class given, especially all of the Farmers Market classes.**
- e. #422.2 MONITOR FRUIT INTAKE-No specific class title for this risk but was talked about in almost every class given, especially all of the Farmers Market classes.**

**We are in the process of changes in our Group Education Classes as we are having staff changes. The class presenter has gone down to 4 hours a week in WIC and will no longer be giving weekly group classes. We are at this time**

**planning to do 4 big classes (1 each quarter) to capture people with the risks they are assigned.**

- 1. We are going to offer these class titles**
  - a. Help for women who are trying to lose weight postpartum, and ideas and suggestions to help pregnant women keep from gaining too much weight.**
  - b. ODS dental screening and fluoride varnish**
  - c. Farmers Market**
  - d. Breastfeeding**

## **Part 2-Identifying Community Factors that Influence Health Outcomes**

We used the Secondary Data information that was in the Oregon Vital Statistics for Union County. We found the information by utilizing the statistics that were supplied by the state.

**1. What we found in our community:**

In 1990 72.0% of renters were spending more than 30% of their income for housing and 75.2% ( in 2000).

Union County was one of 9 distressed counties in Oregon. (index scores between .8 and .99)

In 2004 Oregon ranked 29<sup>th</sup> out of the fifty states in per capita personal income.

Oregon's per capita personal income of \$30,561 in 2004 was below the US per capita personal income of \$33,050.

**2. These concerns are relevant to WIC clients as many fall into these categories. We have more families finding themselves in need of programs like WIC to help them cope with rising costs to live and no increase in income.**

**3. We chose to work on the risk of "Inadequate vitamin/mineral" to address the 3<sup>rd</sup> highest risk at our WIC program in Union County. This risk was that the children were not receiving fluoride in the water system, from the dentists, or by supplements. \*We are going to work with the ODS School of Dental Hygiene in La Grande to see that more of our WIC children get a fluoride treatment. The school will come to our office and do an oral check and fluoride varnish quarterly. These children may come back for additional treatments. In 2006 we had the school come and do fluoride varnish and checks, but last year the school did not come to our agency. We referred our WIC kids to the dental school and our goal is to get more children into our agency this year.. We will share our data at our staff meeting and also with our agency all staff meeting. The information will also be passed on to the Dental School so they will know how successful we were in reaching our goal.**

## **C. ENVIRONMENTAL HEALTH-COMPREHENSIVE**

### **Current Conditions and Problems**

1. Current Conditions:
  - a) The Center for Human Development EH Program continues with one 0.75 FTE Environmental Health Specialist Trainee (EHST).
  - b) The EH Program has been administered at the county level for the last 2.5 years. Substantial progress has been made in stabilizing program funding.
  - c) During the last 2.5 years of operation, the local program has added the drinking water and tobacco enforcement programs.
  - d) There are more than 160 licensed facilities in Union County providing eating, living, and recreational accommodations.
  - e) There are more than 40 well sites in Union County monitored by EH following the guidelines of Oregon DEQ and the federal Clean Water Act.
  - f) The EH Program provides an informational and enforcement role for Oregon's Tobacco Prevention and Education Program.
  - g) EH program works in partnership with the Communicable Disease Program and the Emergency Preparedness Program to educate, investigate, and control county wide food borne and nonfood borne outbreaks.
2. Current Problems:
  - a) The certification process required by all Oregon Environmental Health Specialist Trainees to become Registered Environmental Health Specialists is not efficient or adaptable. The application process to receive the Environmental Health Specialist Trainee certification took 10 weeks to process. Within 2 years the EHST must have a total of 3,840 clock hours to meet the prescribed work experience. A 0.75 FTE EHST will require a minimum of 2.5 years to meet the prescribed work experience.
  - b) There is a language barrier with certain food service facilities whose primary language is not English, and/or speak very little English.
  - c) Culturally, food handlers have different views of proper sanitary practices when compared to the guidelines provided by the Oregon Statute (OAR 333-150) and the 1999 FDA Food Code.
  - d) Union County has a high percentage of days when the air quality is in the unhealthy range. Union County also has one of the highest childhood asthma rates in the state.

### **Program Goals**

1. Building Infrastructure
  - a) The Environmental Health (EH) Program is still in the process of building itself to the level its employees and state programs require. Due to changes in staff many licensed facilities were not inspected
  - b) The EH Program employee is an Environmental Health Specialist Trainee (EHST) who is not fully trained or independent job functions. This employee has a formalized plan of supervision involving a Registered

Environmental Health Specialist who educates, trains and advises the EH Program employee.

- c) Integrate EH with CD and Emergency Preparedness, see Epi Plan.
2. Building awareness of local environmental health resources.
  - a.) Increase public awareness of air quality during times when it is unhealthy.
3. Improving accuracy of environmental health data collection

### **Program Activities**

1. EH employee becoming a Registered Environmental Health Specialist
2. Conduct health inspections of all licensed facilities in a timely manner.
3. Conduct inspections of unlicensed facilities as requested by those facilities; certified day care facilities, certified day care homes, jails, and juvenile detention centers.
4. Conduct health inspections of all public/private schools.
5. Conduct inspections of licensed Temporary Restaurants.
6. Properly track all Temporary Restaurant facilities in Union County
7. Track all newly issued food handler cards.
8. Maintain scheduled walk-in testing and licensing for food handlers in Union County.
9. Perform investigations prompt by citizen complaints on potential health hazards in licensed facilities.
10. Make arrangement with a person who speaks associated languages to help educate the limited English speaking food handlers in proper food handling techniques and to pass the examination for the food handler card.
11. Monitor and assure that the drinking water in Union County is safe by providing and maintaining sanitary survey inspections, regulatory assistance and training, compliance assurance, emergency response planning, investigation and response on contamination incidents.
12. Develop an air quality communication program to inform Union County residents of current air quality conditions.
13. Establish protocol for certain telephone inquiries relating to mold, radon, and other environmental health requests.
14. Building up the Phoenix database system to maintain, electronically, all records of inspections, licensure, complaints, and active facilities.
15. Provide accurate Summarizations for the 2008 Licensed Facility Statistics Report.

### **Program Evaluation**

1. Review data from the Phoenix database system to ensure completeness and accuracy.
2. Inspection scores of low scoring restaurants will increase.
3. Increase in food handler cards issued to individuals with English as a second language.
4. Increase in food handler cards issued to all food service workers.

## **D. HEALTH STATISTICS-COMPREHENSIVE**

### **Current Conditions and Problems**

1. Current Conditions
  - a.) Union County Public Health currently track health data in the following state public health systems: vital statistics data base, CD data, ORCHIDS, IRIS and ALERT, Ahlers, EDRS, Phoenix Database System.
  - b.) We also collect service, demographic, clinical and billing data in a CHD system, ECHO.
  - d.) CHD reviews health statistics from various data sources compiled by the State Office of Rural Health into the Rural Health Profiles.
  - e.) CHD is partway transitioned into using the EDRS.
2. Current Problems
  - a.) Due to a shortage of staff time and fiscal resources, we are not always able to meet timelines for filing of certified death certificates.
  - b.) In Union County we have several providers of child hood immunizations that do not always enter immunization data in ALERT.
  - c.) The prior EH specialist did not enter complete EH data into the Phoenix system, resulting in inaccurate data from Union County.

### **Program Goals**

1. Fully transition to EDRS.
2. Enroll physicians with biometric signature for EDRS.
3. Maintain/improve ratings for timeliness and accurateness of CD reporting.
4. Improve accuracy/completeness of EH data.
5. Increase accuracy and completeness of private provider immunization entry into ALERT.

### **Program Activities**

1. Continue reporting data to state per various program requirements.
2. Monitor state reports for accuracy of data (monthly cd reports, home visiting reports, etc..)
3. Transition fully to EDRS by having vital statistics staff person work with state on training and implementation groups.
4. Work with local physicians to enroll e signatures.
5. See EH plan for activities related to goal of improve accuracy of EH data.
6. See immunization plan for activities related to increasing accuracy and completeness of private provider immunization entry into ALERT.

### **Program Evaluation**

1. All physicians will be enrolled with electronic signatures.
2. Monitor site review results to determine needed areas for improvement in data collection.
3. Monitor data reports, especially CD reports and EH reports for accuracy of data.

## **E. INFORMATION AND REFERRAL-COMPREHENSIVE**

### **Current Conditions and Problems**

1. Current Conditions
  - a.) CHD Public Health has a website that is updated regularly with information on each program, health information on current health issues, contact information and opportunity for public input.
  - b.) CHD Public Health just applied for and was assigned an Americorps Vista staff member to implement a social marketing addressed to the community focused on health education and information in the areas of immunizations, family planning, local communicable diseases such as West Nile and Pertussis, smoking prevention/cessation targeted to young families, and mental health/substance abuse information targeted to teenagers.
  - c.) Nurses respond to inquiries and concerns from the public on specific issues on a case by case basis, also providing written educational material/brochures as appropriate.
  - e.) Periodically Public Health staff writes Community Comments in the local newspaper addressing various health topics.
  - f.) CHD staff work with the media and county staff on disseminating health information to the public in a timely and targeted manner when needed, as during the West Nile and Pertussis outbreaks.
2. Current Problems
  - a.) In the areas of nutrition for all populations, and in the area of older adult health, especially preventative interventions, is inadequate.
  - b.) Community health system assessments reveal that more staff time is needed to push health education material to the public, especially to partner organizations with little staff to seek information for their clients.

### **Program Goals**

1. Keep community updated on current relevant communicable disease health issues.
2. Push information to segments of the community and partners serving them to increase community awareness of local issues related to childhood immunizations and family planning access.

### **Program Activities**

1. Implement social marketing plan.
2. Keep website updated with current program and local health information.
3. Vista staff will work at disseminating existing health information to relevant partners.
4. Work with paper, county staff and vector control program in disseminating timely public health information during mosquito season.

### **Program Evaluation**

1. Monitor updates of web site.
2. Monitor health articles in the paper.

## **F. OTHER ISSUES-COMPREHENSIVE**

### **Current Conditions and Problems**

1. Current Conditions
  - a.) CHD Public Health is a recent recipient of a new TPEP grant, and is just at the beginning of implementing the program.
  - b.) Northeast Oregon Network (NEON), a collaboration of health care providers in Union, Baker and Wallowa Counties with CHD as the applicant entity, has just received a \$500,000 federal grant to develop local access to care solutions over the next three years.
2. Current Problems
  - a.) Smoking rates, especially among pregnant mothers, is on the rise in Union County.
  - b.) Union County has a very high un-insurance rate of 26%. Over 50% of births in Union County are in the payment category of publically funded or charity care.
  - c.) There is a lack of primary care capacity in Union County, resulting even in insured individuals not being able to access physician care.

### **Program Goals**

1. Prevent further increases in smoking rate, and begin to see it decrease in three years.
2. Implement three partial solutions to local access to care issues in the next three years.

### **Program Activities**

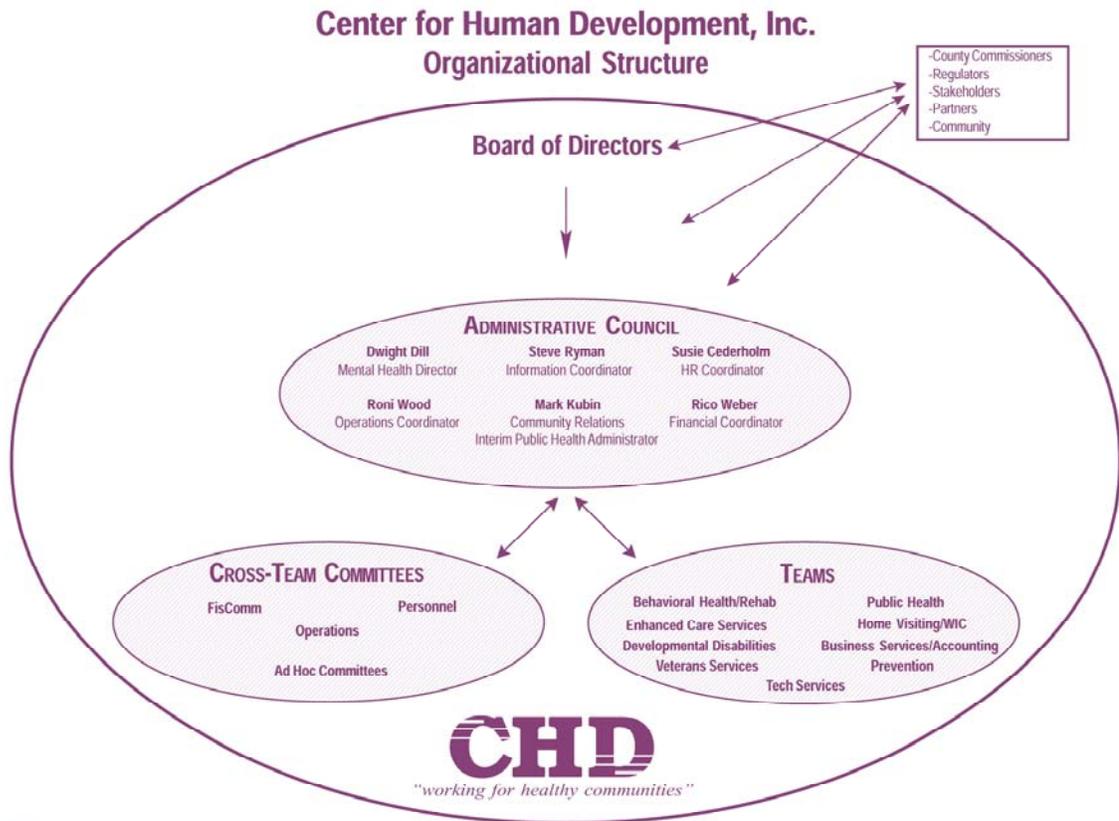
1. Implement TPEP grant action plan.
2. Implement NEON grant action plan.

### **Program Evaluation**

1. Monitor annual smoking rate.
2. Monitor number of new health care access programs/products implemented.

# IV. ADDITIONAL REQUIREMENTS

## A. ORGANIZATIONAL CHART



## **B. Senate Bill 555 CCF Coordination\**

The Local Public Health Authority, the CHD, is not the governing body that oversees the local Commission on Children and Families. The LPHA and the local CCF do engage in a number of coordinating activities. The interim Public Health Administrator currently sits on the board of the CCF. The director of the CCF regularly attends the Union County Health and Human Services Advisory Committee, the committee responsible for working with the county commissioners on the status of public health and mental health services in the county, and monitoring the county contract with the CHD. In addition CHD staff sits on various CCF committees, and staff of both the LPHA and the CCF participate in many joint activities throughout the year.

## **V. Unmet Needs**

Union County Public Health has identified the following areas of unmet need that we are not currently able to address, due to lack of available resources:

- High childhood asthma rates that are also poorly treated
- Older adult specific public health services, including preventative services
- Nutrition education and behavior change services for all populations not involved with WIC
- EH issues other than those related to the water or facility inspection programs, such as air quality monitoring and lead education/intervention programs
- Severe restriction on access to primary care, created by few primary care providers, OHSU School of Nursing withdrawing from two rural health clinics, and lack of resources on the part of individuals to pay for care
- There are few to no chronic disease prevention or public health intervention programs in Union County







## VII. Minimum Standards Checklist

Agencies are **required** to complete this section.

To the best of your knowledge, are you in compliance with these program indicators from the Minimum Standards for Local Health Departments?

### Organization

1. Yes  No  A Local Health Authority exists which has accepted the legal responsibilities for public health as defined by Oregon Law.
2. Yes  No  The Local Health Authority meets at least annually to address public health concerns.
3. Yes  No  A current organizational chart exists that defines the authority, structure and function of the local health department; and is reviewed at least annually.
4. Yes  No  Current local health department policies and procedures exist which are reviewed at least annually.
5. Yes  No  Ongoing community assessment is performed to analyze and evaluate community data.
6. Yes  No  Written plans are developed with problem statements, objectives, activities, projected services, and evaluation criteria.
7. Yes  No  Local health officials develop and manage an annual operating budget.
8. Yes  No  Generally accepted public accounting practices are used for managing funds.
9. Yes  No  All revenues generated from public health services are allocated to public health programs.
10. Yes  No  Written personnel policies and procedures are in compliance with federal and state laws and regulations.
11. Yes  No  Personnel policies and procedures are available for all employees.

12. Yes  No  All positions have written job descriptions, including minimum qualifications.
13. Yes  No  Written performance evaluations are done annually.
14. Yes  No  Evidence of staff development activities exists.
15. Yes  No  Personnel records for all terminated employees are retained consistently with State Archives rules.
16. Yes  No  Records include minimum information required by each program.
17. Yes  No  A records manual of all forms used is reviewed annually.
18. Yes  No  There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.
19. Yes  No  Filing and retrieval of health records follow written procedures.
20. Yes  No  Retention and destruction of records follow written procedures and are consistent with State Archives rules.
21. Yes  No  Local health department telephone numbers and facilities' addresses are publicized.
22. Yes  No  Health information and referral services are available during regular business hours.
23. Yes  No  Written resource information about local health and human services is available, which includes eligibility, enrollment procedures, scope and hours of service. Information is updated as needed.
24. Yes  No  100% of birth and death certificates submitted by local health departments are reviewed by the local Registrar for accuracy and completeness per Vital Records office procedures.
25. Yes  No  To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.
26. Yes  No  Certified copies of registered birth and death certificates are issued within one working day of request. *Birth certificates are issued within one working day of request. Death certificates are not always. Reason for lack of compliance with this is dues to personnel time. Because the health*

*department does not have adequate base funding for core PH services, we are unable to meet this requirement all the time. It is a resource issues.*

27. Yes  No  Vital statistics data, as reported by the Center for Health Statistics, are reviewed annually by local health departments to review accuracy and support ongoing community assessment activities.
28. Yes  No  A system to obtain reports of deaths of public health significance is in place.
29. Yes  No  Deaths of public health significance are reported to the local health department by the medical examiner and are investigated by the health department.
30. Yes  No  Health department administration and county medical examiner review collaborative efforts at least annually. *Union County has a great deal of difficulty finding and retaining county medical examiners, and over the last several years there have been at least two or three a year. We will continue to work to meet with new examiners.*
31. Yes  No  Staff is knowledgeable of and has participated in the development of the county's emergency plan.
32. Yes  No  Written policies and procedures exist to guide staff in responding to an emergency.
33. Yes  No  Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.
34. Yes  No  Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.
35. Yes  No  Confidentiality training is included in new employee orientation. Staff includes: employees, both permanent and temporary, volunteers, translators, and any other party in contact with clients, services or information. Staff sign confidentiality statements when hired and at least annually thereafter.
36. Yes  No  A Client Grievance Procedure is in place with resultant staff training and input to assure that there is a mechanism to address client and staff concerns.

### **Control of Communicable Diseases**

37. Yes  No  There is a mechanism for reporting communicable disease cases to the health department.

38. Yes  No  Investigations of reportable conditions and communicable disease cases are conducted, control measures are carried out, investigation report forms are completed and submitted in the manner and time frame specified for the particular disease in the Oregon Communicable Disease Guidelines.
39. Yes  No  Feedback regarding the outcome of the investigation is provided to the reporting health care provider for each reportable condition or communicable disease case received.
40. Yes  No  Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.
41. Yes  No  There is an ongoing/demonstrated effort by the local health department to maintain and/or increase timely reporting of reportable communicable diseases and conditions.
42. Yes  No  There is a mechanism for reporting and following up on zoonotic diseases to the local health department.
43. Yes  No  A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.
44. Yes  No  Annual reviews and analysis are conducted of five year averages of incidence rates reported in the Communicable Disease Statistical Summary, and evaluation of data are used for future program planning.
45. Yes  No  Immunizations for human target populations are available within the local health department jurisdiction.
46. Yes  No  Rabies immunizations for animal target populations are available within the local health department jurisdiction.

### **Environmental Health**

47. Yes  No  Food service facilities are licensed and inspected as required by Chapter 333 Division 12.
48. Yes  No  Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.
49. Yes  No  Training in first aid for choking is available for food service workers.

50. Yes  No  Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.
51. Yes  No  Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.
52. Yes  No  Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.
53. Yes  No  Compliance assistance is provided to public water systems that violate requirements.
54. Yes  No  All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.
55. Yes  No  A written plan exists for responding to emergencies involving public water systems.
56. Yes  No  Information for developing a safe water supply is available to people using on-site individual wells and springs.
57. Yes  No  A program exists to monitor, issue permits, and inspect on-site sewage disposal systems. **NA**
58. Yes  No  Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.
59. Yes  No  School and public facilities food service operations are inspected for health and safety risks.
60. Yes  No  Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.
61. Yes  No  A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste. **NA**
62. Yes  No  Indoor clean air complaints in licensed facilities are investigated.
63. Yes  No  Environmental contamination potentially impacting public health or the environment is investigated.

64. Yes  No  The health and safety of the public is being protected through hazardous incidence investigation and response.
65. Yes  No  Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control.
66. Yes  No  All license fees collected by the Local Public Health Authority under ORS 624, 446, and 448 are set and used by the LPHA as required by ORS 624, 446, and 448.

### **Health Education and Health Promotion**

67. Yes  No  Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.
68. Yes  No  The health department provides and/or refers to community resources for health education/health promotion.
69. Yes  No  The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.
70. Yes  No  Local health department supports healthy behaviors among employees.
71. Yes  No  Local health department supports continued education and training of staff to provide effective health education.
72. Yes  No  All health department facilities are smoke free.

### **Nutrition**

73. Yes  No  Local health department reviews population data to promote appropriate nutritional services.
74. The following health department programs include an assessment of nutritional status:
- Yes  No  WIC
  - Yes  No  Family Planning
  - Yes  No  Parent and Child Health
  - Yes  No  Older Adult Health
  - Yes  No  Corrections Health

75. Yes  No  Clients identified at nutritional risk are provided with or referred for appropriate interventions. *Only in the WIC and Home Visiting Programs. We do not have the resources for more than that.*
76. Yes  No  Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.
77. Yes  No  Local health department supports continuing education and training of staff to provide effective nutritional education.

### **Older Adult Health**

78. Yes  No  Health department provides or refers to services that promote detecting chronic diseases and preventing their complications. *The health department does not have the resources to provide these services itself. The communities in Union County are very under resourced when it comes to preventative and primary care, especially for lower income families. This is an area of unmet need.*
79. Yes  No  A mechanism exists for intervening where there is reported elder abuse or neglect.
80. Yes  No  Health department maintains a current list of resources and refers for medical care, mental health, transportation, nutritional services, financial services, rehabilitation services, social services, and substance abuse services. *This list is not older adult specific, but does include older adult resources within it.*
81. Yes  No  Prevention-oriented services exist for self health care, stress management, nutrition, exercise, medication use, maintaining activities of daily living, injury prevention and safety education. *This is an area of unmet need. The health department does not have sufficient resources, programs or methods of payment to provide these services.*

### **Parent and Child Health**

82. Yes  No  Perinatal care is provided directly or by referral.
83. Yes  No  Immunizations are provided for infants, children, adolescents and adults either directly or by referral.
84. Yes  No  Comprehensive family planning services are provided directly or by referral.

85. Yes \_\_\_ No \_\_\_ Services for the early detection and follow up of abnormal growth, development and other health problems of infants and children are provided directly or by referral.
86. Yes \_\_\_ No \_\_\_ Child abuse prevention and treatment services are provided directly or by referral.
87. Yes \_\_\_ No \_\_\_ There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence.
88. Yes \_\_\_ No \_\_\_ There is a system in place for identifying and following up on high risk infants.
89. Yes \_\_\_ No \_\_\_ There is a system in place to follow up on all reported SIDS deaths.
90. Yes \_\_\_ No \_\_\_ Preventive oral health services are provided directly or by referral.
91. Yes \_\_\_ No \_\_\_ Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.
92. Yes \_\_\_ No \_\_\_ Injury prevention services are provided within the community.

### **Primary Health Care**

93. Yes \_\_\_ No \_\_\_ The local health department identifies barriers to primary health care services.
94. Yes \_\_\_ No \_\_\_ The local health department participates and provides leadership in community efforts to secure or establish and maintain adequate primary health care.
95. Yes \_\_\_ No \_\_\_ The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.
96. Yes \_\_\_ No \_\_\_ Primary health care services are provided directly or by referral.
97. Yes \_\_\_ No \_\_\_ The local health department promotes primary health care that is culturally and linguistically appropriate for community members.
98. Yes \_\_\_ No \_\_\_ The local health department advocates for data collection and analysis for development of population based prevention strategies.

## Cultural Competency

99. Yes \_\_\_ No \_\_\_ The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions.
100. Yes \_\_\_ No \_\_\_ The local health department develops, implements and promotes a written plan that outlines clear goals, policies and operational plans for provision of culturally and linguistically appropriate services.
101. Yes \_\_\_ No \_\_\_ The local health department assures that advisory groups reflect the population to be served.
102. Yes \_\_\_ No \_\_\_ The local health department assures that program activities reflect operation plans for provision of culturally and linguistically appropriate services.

## Health Department Personnel Qualifications

- 103. Yes \_\_\_ No \_\_\_ The local health department Health Administrator meets minimum qualifications:**

A Master's degree from an accredited college or university in public health, health administration, public administration, behavioral, social or health science, or related field, plus two years of related experience.

**If the answer is “No”, submit an attachment that describes your plan to meet the minimum qualifications.**

- 104. Yes \_\_\_ No \_\_\_ The local health department Supervising Public Health Nurse meets minimum qualifications:**

Licensure as a registered nurse in the State of Oregon, progressively responsible experience in a public health agency;

AND

Baccalaureate degree in nursing, with preference for a Master's degree in nursing, public health or public administration or related field, with progressively responsible experience in a public health agency.

**If the answer is “No”, submit an attachment that describes your plan to meet the minimum qualifications.**

- 105. Yes \_\_\_ No \_\_\_ The local health department Environmental Health Supervisor meets minimum qualifications:**

Registration as a sanitarian in the State of Oregon, pursuant to ORS 700.030, with progressively responsible experience in a public health agency

OR

a Master's degree in an environmental science, public health, public administration or related field with two years progressively responsible experience in a public health agency.

**If the answer is “No”, submit an attachment that describes your plan to meet the minimum qualifications.**

**106. Yes \_\_\_ No \_\_\_ The local health department Health Officer meets minimum qualifications:**

Licensed in the State of Oregon as M.D. or D.O. Two years of practice as licensed physician (two years after internship and/or residency). Training and/or experience in epidemiology and public health.

**If the answer is “No”, submit an attachment that describes your plan to meet the minimum qualifications.**

VIII. Capacity Assessment

**Operational Definition of a Functional Local Health Department (LHD) Metrics  
LHD Capacity Assessment Tool**

**Directions:**

- **Using the scale below, score each indicator based on the capacity within your LHD; including both capacity provided by your HD staff and through contracts that you have with outside entities.**
  
- **In the comment section, following each focus area indicators, please identify any outside entities (non-contract) at the local, regional or state level that provide capacity to fulfill the indicators in that section.**
  
- **The items in the shaded boxes to the right of the scoring column are supplemental information (Illustrative Evidence) to help clarify the focus areas being evaluated.**

Score	Description
<b>0</b>	<b>No capacity</b>
<b>1</b>	<b>Minimal capacity (&lt; 25%)</b>
<b>2</b>	<b>Moderate capacity (25% - 50%)</b>
<b>3</b>	<b>Significant capacity (51% - 75%)</b>
<b>4</b>	<b>Optimal (76%-100%)</b>

County \_\_\_\_\_ Union \_\_\_\_\_ Date March 24, 2008

Name of person completing survey Mark Kubin

**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	Illustrative Evidence
1. LHD staff has expertise and training to collect, manage, integrate and display health-related data	2	<ul style="list-style-type: none"> <li>▪ A data set from a major data system</li> <li>▪ Written documentation of process to contribute/maintain to register</li> <li>▪ Report that demonstrates health assessment data being collected; or minutes or presentation to a meeting in which a profile of community health status is presented</li> <li>▪ Listing of key staff names and degrees; conduct assessment of training and provide assessment results;</li> <li>▪ Written description of current computer</li> </ul>
2. LHD uses appropriate equipment and technology	2	
3. LHD maintains and uses an information system(s) (e.g. email, shared electronic database files, intranet)	3	
4. LHD demonstrates an electronic linkage with local and statewide databases	3	
5. An electronic disease reporting system exists between the LHD and health care providers	3	
6. LHD has a process and protocols in place to maintain a comprehensive collection, review, and analysis of data from a variety of reliable sources	2	

7. LHD collects and reviews 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	2	equipment and technology including brand, model, year
8. LHD contributes to and/or maintains a registry (e.g. log of all known events of certain type in the community--immunization; violence; communicable disease)	3	

**Comments regarding non-contract entities providing services for this focus area:**

**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	Score	Illustrative Evidence
2. LHD maintains a user-friendly (preferably electronic) system for reporting of data	2	<ul style="list-style-type: none"> <li>▪ List of providers and log of reports made</li> <li>▪ Feedback provided on data reports</li> <li>▪ Written summary that details on percentage of reports that are from providers</li> <li>▪ Presentations, evidence of meetings held or conference organized (e.g. agenda), or educational materials distributed to promote provider relationships and reporting</li> </ul>
3. LHD maintains a written and electronic list of health care providers and public health partners who may be disease-reporters	3	
4. A written policy/procedure exists that describes the method to assure that LHD staff can be contacted at all times	3	
5. Providers are educated and trained on collecting and reporting data to the LHD	2	
6. LHD uses a quality improvement process between LHD and providers to make it easy for providers to	2	

report		
7. Health care providers and other public health partners receive reports and feedback on disease trends and clusters	3	

**Comments regarding non-contract entities providing services for this focus area.**

**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	Score	Illustrative Evidence
1. LHD staff have the appropriate knowledge of standards and processes for conducting community health assessments	4	<ul style="list-style-type: none"> <li>▪ A Community Health Plan (CHP) with community health assessment</li> <li>▪ Summary of community health assessment findings</li> <li>▪ Community health assessment update</li> </ul>
2. LHD staff are trained in the application of assessment methods	3	
3. LHD staff can organize and manage an assessment process	4	
4. A structured process for conducting the community health assessment is reviewed and adopted (i.e. APEX/PH, MAPP, etc.)	4	
5. LHD organizes community health data (e.g. mortality, disease prevalence, risk factors, and other data) for assessment purposes	4	
6. Broad participation of community stakeholders in the assessment process is secured.	3	

7. A community health assessment process is conducted every five years

3

**Comments regarding non-contract entities providing services for this focus area:**

**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	Score	Illustrative Evidence
1. A written protocol to integrate data exists	2	<ul style="list-style-type: none"> <li>▪ LHD or other agency report indicating diverse participation in assessment process</li> <li>▪ Minutes demonstrating convening diverse groups in health assessment process</li> <li>▪ Written documentation of membership in other groups that are conducting health assessment or data collection efforts</li> <li>▪ Meeting minutes showing health data and community health assessments are shared</li> <li>▪ Written protocol or description of the process used to share data</li> <li>▪ Evidence that health assessment and data are available for public use (e.g. website, reports on how data is shared)</li> </ul>
2. LHD develops and maintains relationships with community and public health system partners	3	
3. Assessment processes by community agencies include the LHD and community partners as participants	3	
4. LHD uses an electronic system to integrate assessment data from a variety of sources (e.g. database software)	4	

▪ **Comments regarding non-contract entities providing services for this focus area above.**

- **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	Score	Illustrative Evidence
1. LHD has a process in place to analyze and identify patterns in data 2. LHD staff are competent in methods of data analysis and interpretation	2	<ul style="list-style-type: none"> <li>▪ Evidence of an internal process reflecting data analysis (e.g., policies and procedures, meeting minutes, agency management team minutes, etc.)</li> <li>▪ Documentation of having reported analysis findings to state (e.g., emails/logs of phone calls, analysis of local infectious disease data)</li> <li>▪ Report and/or a presentation that demonstrates a comprehensive understanding of the health status and health problems most meaningful for the community in logical data groups</li> <li>▪ Other documentation such as asset map of the community, Community Health Profile, GIS map detailing trends, health problems etc</li> </ul>
3. 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	3	
4. LHD graphs health data to indicate whether the problems identified by the community health assessment are improving or worsening	3	
5. LHD compares local data to other jurisdictions and/or the state or nation	3	
6. LHD conducts a small area analysis using GIS	0	
7. LHD conducts gap analysis of the needs of populations who may encounter barriers to services	3	
8. LHD makes data analysis usable to others	3	

**Comments regarding non-contract entities providing services for this focus area above.**

**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	Score	Illustrative Evidence
1. LHD expertise to carry out an investigation can be demonstrated	3	<ul style="list-style-type: none"> <li>▪ Report showing review process of health problems and environmental health hazards</li> <li>▪ Electronic database is used with standardized case investigation protocols</li> <li>▪ Information on leading industry in the community and any associated risks</li> <li>▪ Information on local employment and related occupational risks</li> <li>▪ Evidence of an appropriately conducted, documented and reported outbreak investigation (if applicable)</li> </ul>
2. LHD uses a surveillance system to trigger investigations	2	
3. LHD has written protocols to document the investigation process, including identifying information about the disease, case investigation steps, reporting requirements, contact and clinical management, use of emergency biologics, and the process for exercising legal authority for disease control	3	
4. Data on health problems and environmental hazards are collected at regular intervals	2	
5. Data collected on health problems in the community are analyzed for trends and clusters	2	

**Comments regarding non-contract entities providing services for this focus area above.**

**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: MITIGATION OF HEALTH PROBLEMS AND ADVERSE HEALTH EVENTS**

Operational Definition Indicators	Score	Illustrative Evidence
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1. HLD staff are trained to mitigate adverse health events	3	<ul style="list-style-type: none"> <li>▪ <b>Copy of an electronic disease reporting template</b></li> <li>▪ <b>Quarterly self-assessment of investigation and reporting process</b></li> <li>▪ <b>Policies, procedures, or a detailed flow chart that describes the roles and responsibilities for local response.</b></li> <li>▪ <b>LHD internal log of disease reports not otherwise reported in an electronic form (e.g. well water, lead) with disposition of LHD activities to mitigate problem</b></li> <li>▪ <b>Demonstrate use of prevalence of conditions to target interventions, personal and community health interventions to mitigate chronic disease and injuries</b></li> <li>▪ <b>Evidence of public health response such as information releases on disease prevention and control</b></li> </ul>
2. LHD has protocols for minimizing and containing adverse health events	2	
3. The appropriate number and type of staff (i.e. epidemiological capacity, clinical capacity) are available at the LHD or can be accessed to carry out protocols effectively	2	
4. LHD informs and educates the about adverse health events, including information such as the nature of the situation, how to respond, and where to find resources	3	
5. LHD implements the established epidemiological protocol for mitigation, including disease-specific procedures for mitigating an outbreak, such as providing prophylaxis, and conducting follow-up documentation and reporting	2	
6. LHD conducts routine programs to protect the public from vaccine preventable conditions, such as pneumonia and influenza	3	

**Comments regarding non-contract entities providing services for this focus area above:**

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

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

Operational Definition Indicators	Score	Illustrative Evidence
1. LHD has protocols with other governmental agencies for mutual assistance in responding to specific health problems or hazards	1	<ul style="list-style-type: none"> <li>▪ <b>List of governmental agencies that investigate and response to health problems and evidence of coordination, including meeting notes, agendas, logs of phone calls etc.</b></li> <li>▪ <b>Copies of memorandums of understandings with other governmental agencies</b></li> <li>▪ <b>Written protocols/policy detailing the process for investigating/responding to health problems</b></li> </ul>
2. LHD establishes a planning committee with diverse partners	1	
3. LHD identifies partners in advance and protocols are developed to engage partners during an event	1	
4. LHD routinely communicates with other governmental agencies on health problems in the community	2	
LHD coordinates action with other governmental agencies		

**Comments regarding non-contract entities providing services for this focus area above:**

**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	Score	Illustrative Evidence
1. LHD staff demonstrate competency in preparing for and responding to public health emergencies	3	<ul style="list-style-type: none"> <li>▪ <b>Local preparedness quarterly reports detailing preparedness activities and coordination with government agencies</b></li> <li>▪ <b>Copy of LHD response plan</b></li> <li>▪ <b>Evidence of LHD preparedness meetings with other government agencies including planning meetings minutes, calendar of</b></li> </ul>
2. There is a protocol in place to engage volunteers during an event	1	
3. Emergencies that trigger use of the response plan are	1	

defined		
4. LHD develops a plan with emergency response partners that outlines responsibilities, communication networks, and evacuation procedures	2	<b>meetings, email exchanges, logs of phone calls etc.</b> <ul style="list-style-type: none"> <li>▪ <b>Evidence of real event or exercise that evaluates policies, including meeting minutes from debriefing or After-Action Report</b></li> <li>▪ <b>Evidence of use of Project Public Health Ready Criteria</b></li> </ul>
5. LHD leads the annual testing of its emergency response plan, through the use of drills and exercises.	2	
6. LHD leads in an annual revision of its emergency response plan	2	
7. LHD identifies volunteers and trains them	1	
8. LHD coordinates public health response capacity with local, state and federal agencies	2	

**Comments regarding non-contract entities providing services for this focus area above.**

**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**

<b>Operational Definition Indicators</b>	<b>Score</b>	<b>Illustrative Evidence</b>
1. LHD is competent in emergency preparedness for public health and other types of emergencies that may have public health implications	3	<ul style="list-style-type: none"> <li>▪ <b>Evidence of LHD participation in partner planning for emergencies including planning meetings minutes, calendar of meetings, email exchanges, logs of phone calls etc.</b></li> <li>▪ <b>Invitation to participate in partner exercises or evidence of participation in emergency response when LHD was not in the lead (e.g.</b></li> </ul>
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.)	2	

3. LHD participates in local, regional and state all-hazards response planning	2	<p>press release, newspaper story)</p> <ul style="list-style-type: none"> <li>▪ Evidence of real event or exercise that evaluates policies, including meeting minutes from debriefing or After-Action Report</li> <li>▪ Evidence of use of Project Public Health Ready Criteria</li> </ul>
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Comments regarding non-contract entities providing services for this focus area above:

**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.

<b>FOCUS: ACCESS TO LAB AND BIOSTATS RESOURCES</b>		
<b>Operational Definition Indicators</b>	<b>Score</b>	<b>Illustrative Evidence</b>
1. LHD has current written protocols and/or guidelines for handling clinical and environmental laboratory samples based on standards	4	<ul style="list-style-type: none"> <li>▪ Quarterly reports/assessments indicating that staffing requirements are met</li> <li>▪ Written protocols/procedures for access to state lab services</li> <li>▪ Records, indicating appropriate requests for and response of monitoring, diagnosing and investigating health</li> </ul>
2. LHD maintains a call-up protocol of epidemiological resources	4	
3. LHD maintains epidemiological and statistical expertise, including access to and consultations with appropriately trained epidemiologists	4	
4. LHD has a written procedures for surge capacity, with	3	

descriptions of how expanded lab capacity is made readily available when needed for outbreak response		<b>problems and hazards</b> <ul style="list-style-type: none"> <li>List of individuals fulfilling this capacity, job description for personnel (if applicable) or copy of consulting/contracting (if applicable)</li> </ul>
5. There is a current list of local and regional laboratories having the capacity to analyze specimens	4	
6. LHD assesses the availability of epidemiological expertise on a regular basis	4	
7. LHD implements a state-wide laboratory protocol for reporting, collecting, handling and transporting laboratory specimens	4	
8. LHD assesses the availability of laboratory expertise on a regular basis	4	
9. LHD uses epidemiologic, biostatistical and laboratory expertise when needed	4	

**Comments regarding non-contract entities providing services for this focus area above.**

<b>STANDARD II- G. Maintain policies and technology required for urgent communications and electronic data exchange.</b>		
<b>FOCUS: CAPACITY FOR EMERGENCY COMMUNICATIONS AND DATA EXCHANGE</b>		
<b>Operational Definition Indicators</b>	<b>Score</b>	<b>Illustrative Evidence</b>
1. LHD maintains appropriate technology for 24/7 communications	4	<ul style="list-style-type: none"> <li>Preparedness quarterly reports with checklist on emergency communication capacity</li> <li>Sample of written policy describing data exchange/urgent communications, including</li> </ul>
2. LHD maintains appropriate technology for electronic	3	

data exchange		
3. LHD updates protocols and contact information at least annually and makes readily available to staff.	3	<ul style="list-style-type: none"> <li>▪ protocol of 24/7 communications policies</li> <li>▪ Evidence of real event or exercise that evaluates policies, including meeting minutes from debriefing or After-Action Report</li> </ul>
4. LHD uses multiple methods for dissemination of public health messages	3	
5. LHD tests its emergency data exchange capabilities annually	2	
6. Meeting minutes from debriefing or After-Action Report	3	

**Comments regarding non-contract entities providing services for this focus area above.**

**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**

<b>Operational Definition Indicators</b>	<b>Score</b>	<b>Illustrative Evidence</b>
1. LHD develops and maintains a database of media partners and outlets available	3	<ul style="list-style-type: none"> <li>▪ <b>List of current media contact</b></li> <li>▪ <b>Notes from meetings with media representatives on current and emerging public health issues</b></li> <li>▪ <b>Log of calls from media about public health events or stories</b></li> <li>▪ <b>Logs of calls to media about public health event or story</b></li> <li>▪ <b>Health reports disseminated to media</b></li> </ul>
2. LHD maintains a written protocol for communicating with the media	2	
3. LHD builds staff competency in working with the media	2	
4. LHD conducts an environmental scan and assessment of media outlets	1	
5. LHD develops a media strategy that includes formal	3	

(press releases) and informal opportunities for communicating with the media and responding to media requests		<ul style="list-style-type: none"> <li>▪ <b>LHD press releases and associated media news stories</b></li> <li>▪ <b>Written media strategy</b></li> </ul>
6. LHD communicates routinely with media to raise awareness of public health and public health issues in the community	2	
7. LHD communicates with media on emerging events and situations to inform the public	3	

**Comments regarding non-contract entities providing services for this focus area above.**

**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***

<b>Operational Definition Indicators</b>	<b>Score</b>	<b>Illustrative Evidence</b>
1. LHD establishes a network to share data with stakeholders	1	<ul style="list-style-type: none"> <li>▪ <b>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)</b></li> <li>▪ <b>Report identifying organizational roles and responsibilities for service delivery (e.g., preparedness roles)</b></li> </ul>
2. LHD continuously develops current information on health issues that affect the community	1	
3. LHD has protocols and/or strategies in place to communicate health information periodically	1	
4. LHD has a written protocol in place to respond to specific information requests	1	
5. LHD uses its stakeholder network to gather information and to provide data and information on community health issues	1	

6. LHD uses principles of social marketing to understand the information needs of specific populations	1	<ul style="list-style-type: none"> <li>▪ Health reports disseminated by LHD</li> <li>▪ Topical communication (e.g. in blast faxes, health alerts, etc.)</li> <li>▪ LHD newsletters</li> <li>▪ LHD web site with tracking capabilities</li> <li>▪ Protocols for communication with target audiences (i.e. individuals, community groups, other agencies, and the general public)</li> </ul>
7. LHD informs the public about how to obtain health data and information from the department	1	
8. LHD responds to data requests in a timely manner	3	

**Comments regarding non-contract entities providing services for this focus area above.**

**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***

<b>Operational Definition Indicators</b>	<b>Score</b>	<b>Illustrative Evidence</b>
1. Accurate and current information is available in formats that are culturally appropriate, linguistically relevant and accessible to target and special populations	2	<ul style="list-style-type: none"> <li>▪ Publications of health information in different languages represented in the community including brochures, hand-outs etc.</li> <li>▪ Evidence of cultural competency training provided for LHD staff and contractors, including copy of training, schedule of training, agenda, attendance, or evaluation</li> <li>▪ LHD annual report demonstrating how services are targeted to at risk populations</li> <li>▪ Evidence of use of local media for health messages including press release, health story</li> <li>▪ Log tracking health education meeting</li> </ul>
2. LHD staff demonstrates capacity to develop materials and conduct education campaigns designed to improve health behaviors	2	
3. LHD uses the community health assessment to develop health education information	2	
4. LHD assesses the target population for how they accept information	2	
5. LHD provides health education services in the	3	

language used by, and within the cultural context of, the target population		
6. Members of the target population participate in the development and distribution of health education materials	2	<ul style="list-style-type: none"> <li>▪ attendance for reach into target populations</li> <li>▪ <b>Protocols for testing health messages with target audiences</b></li> <li>▪ <b>Surveys conducted to evaluate whether target audience understood health messages</b></li> <li>▪ <b>Tracking system for program participants by race, ethnicity, gender, sexual orientation</b></li> </ul>

**Comments regarding non-contract entities providing services for this focus area above.**

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

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

<b>Operational Definition Indicators</b>	<b>Score</b>	<b>Illustrative Evidence</b>
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)	1	<ul style="list-style-type: none"> <li>▪ <b>Report/justification that details how health promotion programs are linked to community health assessment and health improvement plan</b></li> <li>▪ <b>Health promotion program reports</b></li> <li>▪ <b>Inventory all health promotion programs, including free-standing programs and programs that are embedded in other programs</b></li> <li>▪ <b>Written procedures describe the systematic approach to health promotion information, including the development, distribution, evaluation, and revision process</b></li> <li>▪ <b>Records indicating training and/or materials for health promotion have been provided to</b></li> </ul>
2. LHD staff has health promotion knowledge and skills (e.g. social marketing)	1	
3. LHD staff are available to offer technical assistance to the community in development of health promotion programming	1	
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)	1	
5. LHD identifies populations at risk as potential target	1	

populations for health promotion programming		
6. LHD assesses the target population for how they accept information	1	<b>community organizations.</b> <ul style="list-style-type: none"> <li>▪ <b>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</b></li> <li>▪ <b>Log or summary of technical assistance efforts</b></li> <li>▪ <b>Document the source of proven intervention strategies</b></li> </ul>
7. LHD demonstrates that program designs use proven intervention strategies	1	
8. LHD implements the appropriate program for identified target populations	1	
9. LHD evaluates health promotion efforts every two years, the results of which are used to improve programs.	1	
10. LHD develops and revises performance measures, goals and objectives for annual program planning based on information obtained through evaluation of health promotion activities.	1	
11. LHD provides technical assistance to communities and community agencies on health promotion activities	1	

**Comments regarding non-contract entities providing services for this focus area above.**

<b>ESSEMTIAL SERVICE IV: Engage the community to identify and solve health problems.</b>
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**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	Score	Illustrative Evidence
1. LHD has a community health planning structure in place	2	<ul style="list-style-type: none"> <li>▪ <b>Community health needs assessment and</b></li> </ul>

2. LHD has the capacity to manage the planning process (e.g., trained staff, organized unit, assigned responsibilities)	1	<p><b>community health plan</b></p> <ul style="list-style-type: none"> <li>▪ Meeting minutes, membership lists, and attendance frequency for coalitions focused on public health topics (e.g. pandemic flu, cardiovascular disease prevention, etc.)</li> <li>▪ Written description of the planning process and effort to engage the community and system partners</li> <li>▪ A community health plan 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.</li> <li>▪ Local performance assessment using NPHPS</li> </ul>
1. LHD recruits a broad range of community partners, stakeholders and constituents to participate in the community planning process	2	
2. LHD reviews and adopts a structured process for conducting community health planning (i.e. APEX/PH, MAPP, etc.)	3	
3. The planning team uses the community health assessment to inform the selection of priorities	2	
4. Community assets are identified	2	
5. Gaps are identified through analysis of the results with periodic surveys and other assessment information	1	
6. Community satisfaction is assessed and gaps are identified.	1	
7. Partnership effectiveness in improving community health is assessed	1	
8. Partnership effectiveness in improving community health is assessed	1	
9. The performance of the public health system is assessed (in relationship to targets)	1	
10. Goals and objectives are established in the plan	2	
11. Plan identifies emerging issues which may require investigation	2	

12. Strategies and best practices are selected to increase potential for success	2
13. Information about public health needs and priorities is disseminated to elected officials	2

**Comments regarding non-contract entities providing services for this focus area above.**

**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**

<b>Operational Definition Indicators</b>	<b>Score</b>	<b>Illustrative Evidence</b>
1. LHD has current information on health issues that affect the community readily accessible	2	<ul style="list-style-type: none"> <li>▪ Needs assessment and community health plan</li> <li>▪ Presentations at public meetings, meeting agendas, or meeting notes</li> <li>▪ Press release, newspaper clippings about community health priorities and public health</li> <li>▪ Evidence of plan distribution including LHD website, newsletter, or distribution list</li> </ul>
1. LHD conducts a community education and marketing process to increase the awareness of the community health improvement plan and its recommendations	1	
2. LHD uses a variety of methods (e.g. media, website) to disseminate the plan to the community	1	
3. LHD leads a process to assess and analyze effectiveness of public policy and community environment to improve health and shares the results publicly	1	

**Comments regarding non-contract entities providing services for this focus area above.**

**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	Score	Illustrative Evidence
1. LHD staff are familiar with program planning methods	2	<ul style="list-style-type: none"> <li>▪ <b>Grant proposals to fund community priorities developed/supported by LHD and other community agencies</b></li> <li>▪ <b>Letters of support for grant proposals</b></li> <li>▪ <b>Topic oriented coalitions: Lists of members, meeting frequency, meeting notes, etc.</b></li> <li>▪ <b>Media reports of partnerships/coalition implementation activities</b></li> <li>▪ <b>Linkage agreements among strategic partners</b></li> </ul>
1. LHD staff is identified to establish and maintain partnerships and perform collective work	2	
1. LHD identifies community organizations that contribute to the Essential Public Health Services/program implementation	2	
2. System partner organizations' work plans, action plans and program plans to address public health goals	2	
3. A policy agenda is developed	2	
4. System partner organizations align their program activities and/or organization plans with community objectives	2	
5. Resources are marshaled (e.g., human and financial) to conduct program activities	3	
6. Implementation progress is systematically monitored	2	

**Comments regarding non-contract entities providing services for this focus area above.**

**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	Score	Illustrative Evidence
1. LHD maintains a directory of community organizations and systems partners	3	<ul style="list-style-type: none"> <li>▪ <b>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</b></li> <li>▪ <b>Document direct and in-kind contributions from community agencies to support planned public health efforts</b></li> <li>▪ <b>Letters of support for grant proposals</b></li> <li>▪ <b>Lists of members of topic-oriented coalitions</b></li> <li>▪ <b>Linkage agreements among strategic partners</b></li> <li>▪ <b>Annual report listing external relationships maintained by the LHD</b></li> <li>▪ <b>Document use of best practices in evaluating partnerships</b></li> </ul>
2. LHD marshals the resources needed to maintain partnerships (e.g. personnel, funding, policy changes, system change)	2	
3. LHD encourages constituent participation in community health activities	3	
4. LHD forms alliances or coalitions around specific public health policy issues	1	
5. LHD recruits individuals and organizations to play leadership roles on public health issues	1	
6. LHD participates in coalitions led by other community partners	4	

**Comments regarding non-contract entities providing services for this focus area above.**

**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***

<b>Operational Definition Indicators</b>	<b>Score</b>	<b>Illustrative Evidence</b>
1. LHD monitors its progress in implementing public health services and interventions	3	<ul style="list-style-type: none"> <li>▪ <b>Dissemination list for community assessment and community health plan</b></li> <li>▪ <b>Newspaper articles, progress reports, website postings, LHD annual reports etc.</b></li> <li>▪ <b>Minutes of meetings at city councils, county boards sharing information about services provided</b></li> <li>▪ <b>Testimony and/or letters to elected officials about needed policy changes</b></li> <li>▪ <b>Summary of LHD evaluation of progress in achieving performance goals, including how budget was altered and needed change</b></li> </ul>
2. LHD maintains a good working relationship with governing/legislative bodies	3	
3. LHD maintains capacity to interact with the legislative process	3	
4. LHD analyzes information to compare to performance to plan targets or benchmarks	3	
5. LHD generates and disseminates performance reports on public health services	2	
6. LHD provides testimony and information to governing body on public health policy	2	
7. LHD submits a budget justification that reflects program priorities and community needs	3	
8. LHD engages in public health policy development, identifying, prioritizing and monitoring public health policy issues	2	

**Comments regarding non-contract entities providing services for this focus area above.**

**ESSENTIAL SERVICE V: Develop public health policies and plans**

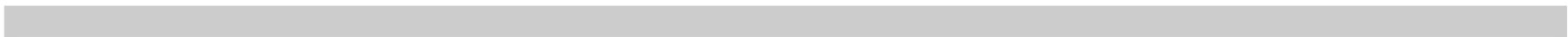
**STANDARD V-A. Serve as a primary resource to governing bodies and policymakers to establish and maintain public health policies, practices, and capacity based on current science and best practices.**

***FOCUS: PRIMARY SCIENTIFIC RESOURCE FOR POLICY CHANGE IN PUBLIC HEALTH***

<b>Operational Definition Indicators</b>	<b>Score</b>	<b>Illustrative Evidence</b>
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1. LHD staff are up to date with current public health topics	3	<ul style="list-style-type: none"> <li>▪ Letter to state from Board of Health confirming adoption of the community health plan</li> <li>▪ Board of Health meeting minutes on presentation and discussion of community health assessment and plan</li> <li>▪ A representative sample of Board of Health, City Council and/or County Board meeting minutes indicating discussion of public health policy issues</li> <li>▪ Reports on LHD activities, press releases, annual reports, indicating major health policy, practice and capacity issues</li> <li>▪ Evidence/logs of calls from elected officials, and other government officials</li> <li>▪ LHD staff serving on legislative or topical ad</li> </ul>
2. LHD staff are knowledgeable about the legislative process	2	
3. LHD maintains a written protocol for working with the legislative process	1	
4. LHD maintains formal and informal relationships with legislative and governing body(s)	2	
5. LHD maintains a database of legislative and governing bodies	1	
6. LHD has a tracking system in place to monitor public health issues under discussion by governing and legislative bodies	1	
7. LHD communicates routinely with legislative and governing bodies to raise awareness of current public health issues and emerging issues affecting the community	2	
8. LHD provides expertise to legislative and governing body(s) in setting public health priorities and planning public health programs	2	
9. LHD staff attends appropriate legislative events	3	

**Comments regarding non-contract entities providing services for this focus area above.**



**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	Score	Illustrative Evidence
1. LHD staff has the competencies/skills to advocate effectively for public health policy	2	<ul style="list-style-type: none"> <li>▪ <b>Schedule of staff training on policy/advocacy development, copy of training, or list of trainings staff attended</b></li> <li>▪ <b>Directory of potential policy partners</b></li> <li>▪ <b>Community health assessment and plan showing populations at risk, differences in health status among various population groups, health disparities</b></li> <li>▪ <b>LHD annual reports presenting issues of special populations and root causes of health problems</b></li> <li>▪ <b>Special reports on health disparities</b></li> <li>▪ <b>Grant applications targeted at programs to reduce disparities</b></li> <li>▪ <b>Written summary or meeting minutes of governing body's approval of resources to address disparities</b></li> <li>▪ <b>Meeting attendance list showing participation in local committees working on community development or environmental issues, etc.</b></li> <li>▪ <b>Document that LHD engages local partnerships, state and national associations in advocacy/policy development</b></li> <li>▪ <b>Documentation of meetings or contact with state or local legislators (e.g. keep copy of</b></li> </ul>
2. LHD maintains a directory of potential policy partners	1	
3. LHD engages community partners in policy development process	1	
4. LHD conducts advocacy for local, state, and national policies and legislation that protect and promote the public’s health	2	
5. LHD develops a legislative strategy to reflect community needs and priorities	2	
6. Constituency support is built around the LHD legislative agenda	2	

		electronic form letters)
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**Comments regarding non-contract entities providing services for this focus area above.**

**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	Score	Illustrative Evidence
1. LHD leadership recognizes need for strategic planning	4	<ul style="list-style-type: none"> <li>▪ <b>Organizational Capacity Self-Assessment (e.g., using APEX/PH Part I)</b></li> <li>▪ <b>Organizational strategic plan document or documentation of strategic priorities</b></li> <li>▪ <b>Annual budget forecast</b></li> <li>▪ <b>LHD mission or guiding principles statement</b></li> <li>▪ <b>Meeting minutes or agendas</b></li> </ul>
2. LHD allocates resources for strategic planning	3	
3. LHD staff has expertise to lead and facilitate the strategic planning process	3	
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	2	
5. LHD uses assessment data on community health problems and emerging health threats to develop annual program goals to develop policy	3	

6. LHD identifies new strategic opportunities for promoting public health activities	3	
7. The LHD widely disseminates its strategic plan and shares with the public and key stakeholders.	2	
8. LHD develops or updates the agency strategic plan every 24 months.	1	

**Comments regarding non-contract entities providing services for this focus area.**

<b>ESSENTIAL SERVICE VI: Enforce public health laws and regulations</b>
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**STANDARD VI-A. Review existing laws and regulations and work with governing bodies and policymakers to update them as needed**

**FOCUS: REVIEW AND MODERNIZE PUBLIC HEALTH AUTHORITY**

<b>Operational Definition Indicators</b>	<b>Score</b>	<b>Illustrative Evidence</b>
1. LHD has legal expertise available to assist in the review of laws and regulations	2	<ul style="list-style-type: none"> <li>▪ <b>Dates of any formal code review by the County Board or City Council</b></li> <li>▪ <b>Review of compliance of the local jurisdiction with state laws and regulations</b></li> <li>▪ <b>Minutes from meetings with policymakers on keeping public health laws up-to-date</b></li> <li>▪ <b>Participation in legislative committees of one of the local public health administrators associations</b></li> <li>▪ <b>List of access to legal counsel</b></li> <li>▪ <b>Dates of and written procedure for systematic planned review of local ordinances</b></li> </ul>
2. The LHD, with the participation of its governing body, reviews policies and procedures within its existing legal scope of authority on a regular and periodic basis	3	
3. LHD evaluates the need for changes in rules, regulations, and ordinances	3	
4. LHD identifies its legal authority to develop, implement and enforce public health policy.	3	
5. LHD and governing body drafts modifications and/or formulations of laws and regulations.	1	

6. LHD uses a model public health emergency act in reviewing the local public health authority for managing emergencies	3	
7. LHD applies knowledge of disease trends, best practices and current public health science to legal reviews	3	
8. LHD and governing body inform policy makers of needed statutory and regulatory updates	2	

**Comments regarding non-contract entities providing services for this focus area above.**

**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**

<b>Operational Definition Indicators</b>	<b>Score</b>	<b>Illustrative Evidence</b>
1. LHD has legal and program planning expertise available to assist in the review of laws and regulations.	2	<ul style="list-style-type: none"> <li>▪ <b>Dates of any formal code review by the County Board of City Council</b></li> <li>▪ <b>Review of compliance of the local jurisdiction with state laws and regulations</b></li> <li>▪ <b>Minutes from meetings with policymakers on keeping public health laws up-to-date</b></li> <li>▪ <b>Participation in legislative committees of one of the local public health administrators associations</b></li> <li>▪ <b>List of access to legal counsel</b></li> <li>▪ <b>Dates of and written procedure for systematic planned review of local ordinances</b></li> </ul>
2. LHD studies laws and identifies public health issues that can only be addressed through laws.	2	
3. LHD understand the intent of law and regulations with policy makers, legal counsel and other legislative bodies	3	
4. LHD reviews its programs to determine whether program changes are needed to better carry out legal mandates	3	

5. LHD identifies organizations with regulatory and enforcement authority.	3	
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**Comments regarding non-contract entities providing services for this focus area above.**

**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 AND EDUCATION ON HOW TO COMPLY WITH LAWS**

Operational Definition Indicators	Score	Illustrative Evidence
1. LHD staff is competent to provide education to regulated entities.	2	<ul style="list-style-type: none"> <li>▪ Trainings held for regulated entities (e.g. restaurants)</li> <li>▪ Job descriptions of inspectors indicating education is part of their performance expectations</li> <li>▪ Inspection case notes indicating education provided at time of inspection</li> <li>▪ Formal, intentional education process incorporated into regulatory practice and documented in annual reports, inspection reports, etc.</li> </ul>
1. LHD makes written policies, local ordinances, administrative code, and enabling laws accessible to the public	2	
2. LHD provides appropriate education to regulated facilities at the time of inspection.	3	
3. LHD invites regulated entities to education programs on new and/or updated regulations as appropriate.	2	

**Comments regarding non-contract entities providing services for this focus area above.**

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

**FOCUS: TRACKING AND UNDERSTANDING PATTERNS OF COMPLIANCE WITH REGULATION**

<b>Operational Definition Indicators</b>	<b>Score</b>	<b>Illustrative Evidence</b>
1. LHD has a system to track compliance records over time by each regulated organization.	3	<ul style="list-style-type: none"> <li>▪ <b>Updated lists of regulated entities in the jurisdiction</b></li> <li>▪ <b>LHD Quality Assurance reports with summaries of most critical violations and most frequently-occurring violations</b></li> <li>▪ <b>Violations trends report examining level of violations over time in the jurisdiction</b></li> <li>▪ <b>Violations trends report examining level of violations over time by regulated entity</b></li> </ul>
2. LHD staff is capable of analyzing data trends over time	3	
3. The LHD conducts inspections of regulated entities as appropriate (e.g., CD, animal control, environmental health) and monitors compliance	3	
4. LHD evaluates a selected number of enforcement actions each year to determine compliance with and effectiveness of enforcement procedures	3	
5. LHD conducts analysis of complaints, violations and enforcement activities to determine patterns, trends and latent problems at least annually	3	

**Comments regarding non-contract entities providing services for this focus area above.**

**STANDARD VI-E Conduct enforcement activities.**

**FOCUS: COMPETENT AND FAIR ENFORCEMENT ACTIONS**

<b>Operational Definition Indicators</b>	<b>Score</b>	<b>Illustrative Evidence</b>
1. LHD workforce is skilled in enforcement procedures and credentialed as appropriate	3	<ul style="list-style-type: none"> <li>▪ <b>Timeframes and frequencies of formal enforcement activities</b></li> <li>▪ <b>Enforcement intervention reports, including administrative interventions and legal interventions</b></li> <li>▪ <b>LHD annual report summarizing enforcement activities by type.</b></li> </ul>
1. 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	3	
2. Written procedures and protocols for conducting	4	

enforcement actions are maintained.		<ul style="list-style-type: none"> <li>▪ <b>Quality assurance activities incorporated into all regulatory activities</b></li> </ul>
3. LHD routinely conducts enforcement activities according to procedures and protocols and rules are applied consistently.	4	
4. LHD promptly conducts enforcement activities needed in response to an emergency	4	

**Comments regarding non-contract entities providing services for this focus area above.**

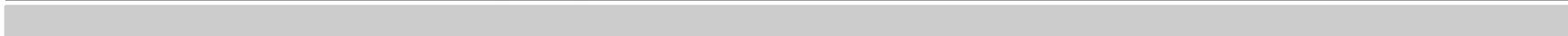
**STANDARD VI-F. Coordinate notification of violations among other governmental agencies that enforce laws and regulations that protect the public’s health.**

**FOCUS: NOTIFY OTHER GOVERNMENT AGENCIES OF ENFORCEMENT VIOLATIONS**

<b>Operational Definition Indicators</b>	<b>Score</b>	<b>Illustrative Evidence</b>
1. Rapid communication capability can be demonstrated between the LHD and other enforcement entities	3	<ul style="list-style-type: none"> <li>▪ <b>A chart or map of government agencies with enforcement responsibilities and contact information</b></li> <li>▪ <b>File/log of “inter-organizational” notifications with back-up notification forms</b></li> <li>▪ <b>Procedures for inter-agency communication</b></li> <li>▪ <b>Memorandum of Understanding or other formal written inter-agency agreements</b></li> </ul>
2. LHD has a comprehensive knowledge of other agencies involved in enforcement in the protection of the public health	4	
3. LHD develops and executes communication protocols for the notification of other enforcement agencies	4	

**Comments regarding non-contract entities providing services for this focus area above**

**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	Score	Illustrative Evidence
1. LHD staff has a working understanding of access issues	3	<ul style="list-style-type: none"> <li>▪ Program assessments and plans, (e.g. HIV plans, MCH plans)</li> <li>▪ Community forums report identifying access issues</li> <li>▪ Community Health Assessment that identifies cultural competency and access as issues or community priorities</li> <li>▪ Risk factor and other community surveys, including consumer satisfaction surveys, every two years</li> <li>▪ Surveys targeted to special population groups, such as Hispanic populations</li> <li>▪ Staff have education and/or training in program planning and community development methods and/or staff have conducted program planning or community development activities (e.g. Program staff have gone through MAPP training).</li> </ul>
2. LHD staff are competent in program planning and community development methods	2	
3. LHD engages a diverse set of community partners, representing communities of color, tribal representatives and specific populations, to identify program gaps and barriers	3	
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.	3	
5. LHD uses criteria periodically to evaluate access, quality, appropriateness and effectiveness of preventive and personal health services in the community.	3	
LHD identifies community health and prevention priorities to reduce access barriers every five years.	2	

**Comments regarding non-contract entities providing services for this focus area above.**

**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	Score	Illustrative Evidence
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	2	<ul style="list-style-type: none"> <li>▪ Partnership meeting notes on implementation strategies</li> <li>▪ Memorandum of Understanding</li> <li>▪ Subcontracts in the community to implement services</li> <li>▪ Community planning processes/plans</li> <li>▪ Grant applications by members of community partnerships</li> <li>▪ Letters of support for grants to other community agencies</li> <li>▪ Community assessment data demonstrates an increase in access to care.</li> </ul>
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.	2	
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.	4	
4. LHD develops and implements strategies to increase utilization of public health programs and services	3	
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.	3	

**Comments regarding non-contract entities providing services for this focus area above.**

**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	Score	Illustrative Evidence
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1. LHD maintains a current inventory of available personal health care resources	2	<ul style="list-style-type: none"> <li>▪ Reports on outreach and case management services</li> <li>▪ Logs of referrals to care and/or reports from referral tracking system.</li> <li>▪ Inventory of safety-net programs providers</li> <li>▪ FQHC's operated by LHD or LHD an integral partner with FQHC</li> <li>▪ Minutes of community meetings addressing concerns about outreach and/or tracking</li> </ul>
2. LHD uses a tracking system for health care referrals	2	
3. LHD engages indigenous lay health advocates for outreach to special populations in need of health care.	3	
4. LHD provides community outreach and linkage services	3	
5. LHD disseminates or makes referrals to a current, comprehensive list of community health and wellness resources.	2	
6. LHD enrolls or links to enrollment agents potential beneficiaries in Medicaid or Medical Assistance Programs	4	
7. LHD informs the public, through a variety of methods, about services and resources available through LHD to reduce specific barriers to access to care	3	

**Comments regarding non-contract entities providing services for this focus area above.**

<b>ESSENTIAL SERVICE VIII: Maintain a competent public health workforce</b>
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**STANDARD VIII. A. Recruit, train, develop, and retain a diverse staff.**

**FOCUS: OVERALL HUMAN RESOURCES FUNCTION/ WORKFORCE CAPACITY**

<b>Operational Definition Indicators</b>	<b>Score</b>	<b>Illustrative Evidence</b>
1. LHD has formally organized human resources function.	4	<ul style="list-style-type: none"> <li>▪ <b>APEX Part I - Organizational Capacity Self-Assessment</b></li> <li>▪ <b>Organizational assessment within a larger</b></li> </ul>
2. LHD has policies that promote and facilitate staff	4	

access to training		<b>agency strategic plan</b> <ul style="list-style-type: none"> <li>▪ <b>LHD organizational chart that includes the functional elements of the organization and their relationship to each other</b></li> <li>▪ <b>Job descriptions with minimum qualifications for each position</b></li> <li>▪ <b>Public Health Competencies incorporated into all LHD job descriptions</b></li> <li>▪ <b>Written plans or policies regarding staff recruitment, selection, development, and retention</b></li> <li>▪ <b>Affirmative action plan</b></li> <li>▪ <b>Statement on equal opportunity</b></li> </ul>
3. LHD has a non-discriminatory employment policy	4	
4. LHD develops, uses, and revises job standards and position descriptions.	4	
5. LHD determines needed competencies, composition, and size of its workforce and seeks job applicants to fill those needs	4	
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.	4	
7. LHD conducts periodic studies of workforce needs and the effect on critical health services.	3	
8. LHD provides new employee orientation, employee-in-service and continuing education experiences where appropriate.	4	
9. LHD provides for staff training in cultural sensitivity and cultural competency.	4	

**Comments regarding non-contract entities providing services for this focus area above.**

**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**

<b>Operational Definition Indicators</b>	<b>Score</b>	<b>Illustrative Evidence</b>
1. A learning management system is in place to organize competency assessments and training and educational	4	<ul style="list-style-type: none"> <li>▪ <b>Report on annual reassessment of all staff competency levels and training needs</b></li> <li>▪ <b>Performance evaluations including worker</b></li> </ul>

opportunities to address deficiencies		
2. Training and leadership opportunities are available.	4	<b>objectives and continuing education and training plans, based in part on worker self-assessments</b> <ul style="list-style-type: none"> <li>▪ <b>LHD tracking system for staff participation in training and education</b></li> <li>▪ <b>Written policy on staff development</b></li> <li>▪ <b>LHD training plan based on self-assessment data</b></li> <li>▪ <b>Staff training and development plans</b></li> <li>▪ <b>List of LHD staff who have participated in workforce development activities including web-casts, online trainings, workshop etc. and list of these events</b></li> </ul>
3. LHD assesses its staff members to identify deficiencies in knowledge, skills and authority; and remedial action is taken when required.	4	
4. LHD provides incentives for the workforce to pursue education and training	4	
5. LHD provides opportunities for continuing education, training,	4	
6. LHD provides opportunity for leadership development for its staff	4	
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	4	
8. LHD assures that each staff member has attended training within the past 24 months to maintain competency.	4	
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	4	
10. LHD supports staff conference attendance and peer exchange opportunities	4	

**Comments regarding non-contract entities providing services for this focus area above.**

**STANDARD VIII- C Provide practice- and competency based educational experiences for the future public health workforce, and provide expertise in developing and teaching public health curricula, through partnerships with academia.**

**FOCUS: DEVELOPING THE FUTURE WORKFORCE**

Operational Definition Indicators	Score	Illustrative Evidence
1. LHD has partnership agreements in place with universities, schools or programs of public health and/or colleges to enrich public health practice and academic settings	4	<ul style="list-style-type: none"> <li>▪ Internships/preceptorships at the LHD for students at multiple levels (e.g. high school, college and graduate school)</li> <li>▪ Guest lectures for public health classes</li> <li>▪ List of LHD staff that have served as faculty (e.g. making presentations) at conferences, workshops, trainings, or school career orientation programs</li> </ul>
2. LHD partners with academic institutions to provide clinical sites for training programs (e.g. internships) and for joint appointments for its staff.	4	
3. LHD implements plans for developing training and research focused interactions with academic institutions, including teaching courses, and faculty exchanges.	2	
4. LHD provides field training or work-study experiences for students enrolled in institutions of higher education.	4	

**Comments regarding non-contract entities providing services for this focus area above.**

**STANDARD VIII-D Promote the use of effective public health practices among other practitioners and agencies engaged in public health interventions.**

**FOCUS: EFFECTIVE PUBLIC PRACTICED BY EXTERNAL WORKFORCE**

Operational Definition Indicators	Score	Illustrative Evidence
1. LHD has agreements in place with public health systems partners for workforce assessment, training	2	<ul style="list-style-type: none"> <li>▪ Presentations at community groups</li> <li>▪ Annual reports to Board of Health on basic evaluation of programs, target</li> </ul>

and professional education.		<p><b>groups, reach into the population at risk</b></p> <ul style="list-style-type: none"> <li>▪ <b>Meeting notes indicating LHD communication of best practices with other public health practitioners</b></li> <li>▪ <b>Consultations with other agencies on effective public health practices are documented</b></li> <li>▪ <b>Presentations at conferences</b></li> <li>▪ <b>Participation on advisory committees developing best practices</b></li> <li>▪ <b>Participation in Grand Rounds at local hospitals with physician committees</b></li> <li>▪ <b>Agreements with partner providers LHD makes presentations at public health and health care conferences</b></li> </ul>
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.)	3	
3. LHD makes presentations at public health and health care conferences	3	

**Comments regarding non-contract entities providing services for this focus area above.**

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

**FOCUS: ADEQUATE RESOURCES FOR JOB PERFORMANCE**

<b>Operational Definition Indicators</b>	<b>Score</b>	<b>Illustrative Evidence</b>
1. LHD has identified funding sources for workforce job support activities	1	<ul style="list-style-type: none"> <li>▪ <b>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, etc.)</b></li> <li>▪ <b>Inventory of computer and other equipment to assist staff in efficiently</b></li> </ul>
2. LHD provides up-to-date computer hardware, software and internet access for each staff member	4	
3. LHD routinely makes public health and discipline-specific journals available for staff to stay updated in the field	4	

carrying out work tasks

Comments regarding non-contract entities providing services for this focus area above.

## ESSENTIAL SERVICE IX: Evaluate and improve programs

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

### FOCUS: OVERALL LHD EVALUATION STRATEGY FOCUSES ON COMMUNITY OUTCOMES

Operational Definition Indicators	Score	Illustrative Evidence
1. LHD has data on community health outcomes and risk factors readily available for evaluation purposes	3	<ul style="list-style-type: none"><li>Community health assessment examine a wide scope of health outcomes and inform future service delivery</li><li>Examples of monitoring health outcomes that result in redirected program efforts</li><li>Annual reviews of progress in reaching outcome and impact (addressing risk factors) objectives</li><li>Annual report cards on progress in improving health outcomes</li></ul>
2. LHD staff or external evaluation expertise is in place	3	
3. LHD has assigned responsibility for evaluation within the organization	4	
4. LHD has plans in place to reduce specific gaps in access or make other improvements in public health services	2	
5. LHD develops 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	3	
6. 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	3	

measures.		
7. LHD uses community health outcome targets (e.g. Health People 2010) as benchmarks for evaluating the effectiveness of public health services	4	
8. LHD assures that population-based services are provided according to established standards and guidelines	4	
9.		

**Comments regarding non-contract entities providing services for this focus area above.**

**STANDARD IX-B Apply evidence-based criteria to evaluation activities where possible**

**FOCUS: EVIDENCE- BASED METHODOLOGY FOR EVALUATION**

<b>Operational Definition Indicators</b>	<b>Score</b>	<b>Illustrative Evidence</b>
1. LHD has evaluation expertise readily available	3	<ul style="list-style-type: none"> <li>▪ <b>Protocol(s) for LHD program evaluation describing reasonable evaluation frameworks, including use of externally-developed standards, benchmarks, baseline data</b></li> <li>▪ <b>References for research, such as literature search, or use of experts in evaluation process</b></li> <li>▪ <b>Use of <i>CDC's Framework for Program Evaluation</i></b></li> <li>▪ <b>Documentation that evidence based methodology has been applied</b></li> </ul>
2. LHD uses an acceptable evaluation framework that connects the public health intervention with health outcomes produced, based on the collection and use of evidence	3	
3. LHD periodically evaluates its key processes of service delivery for efficiency and effectiveness, using established criteria (e.g., from research literature, management literature, etc.)	3	
4. LHD makes formal efforts to identify best practices or benchmarks for evaluation purposes.	3	

**Comments regarding non-contract entities providing services for this focus area above.**

**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	Score	Illustrative Evidence
1. LHD has a systematic process for assessing consumer and community satisfaction with agency services	2	<ul style="list-style-type: none"> <li>▪ Reports, summaries of analysis, or meetings minutes or materials that demonstrate program monitoring activities</li> <li>▪ Report of an evaluation findings</li> <li>▪ Program review documents that demonstrate LHD compliance with applicable professional and regulatory standards</li> <li>▪ Use of a performance management system to improve the quality of programs</li> <li>▪ References for research, such as literature search, or use of experts in evaluation process</li> <li>▪ Documentation that evaluation has resulted in program modification</li> </ul>
2. LHD monitors program performance measures and analyzes data to document the progress toward goals and grant/funding requirements	3	
3. LHD evaluates the quality of clinical and preventive population based programs	3	
4. LHD program evaluations identify need for change in policies and/or programs.	3	
5. LHD employs a quality assurance/quality improvement process that uses evaluation findings	3	
6. LHD uses data on customer needs and service delivery to improve processes and/or in the design and delivery of new programs/services	3	
7. LHD changes its program activities to improve effectiveness, based on evaluation findings	3	

**Comments regarding non-contract entities providing services for this focus area above**

**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	Score	Illustrative Evidence
1. LHD maintains data systems for capacity, availability, quality, cost and utilization of health services	1	<ul style="list-style-type: none"> <li>▪ <b>Written protocols or summary of CHP process, indicating level of coordination among community organizations in providing services that improve the health of the public</b></li> <li>▪ <b>Monitoring of progress of local public health system towards meeting community health objectives as stated in the community health plan</b></li> <li>▪ <b>Examples of reviews of the effectiveness of community agencies and coordination with LHD to improve service delivery</b></li> </ul>
2. Agreements between LHD and external agencies for evaluation are in place	2	
3. LHD provides consultation and technical assistance on program implementation and evaluation of prevention services provides by other community agencies	2	
4. LHD evaluates the accessibility, quality, and effectiveness of personal health services	2	
5. LHD assures that a systematic process for assessing consumer and community satisfaction with external agency services is in place.	2	
6. LHD assures that a systematic process for assessing consumer and community satisfaction with external agency services is in place.	2	

**Comments regarding non-contract entities providing services for this focus area above.**

**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	Score	Illustrative Evidence
1. LHD has access to the resources to participate in research (e.g., data and expertise)	3	<ul style="list-style-type: none"> <li>▪ LHD policy on data sharing</li> <li>▪ Participation in public health surveys</li> <li>▪ Collecting data that can be used in research (e.g. West Nile data)</li> <li>▪ Relationship with a university, where available, such as meeting notes, agendas etc.</li> </ul>
2. LHD has policies which endorse participatory research and ensuring the rights of participants in local public health research programs.	2	
3. LHD partners with academic/research institutions of higher education that are interested in conducting public health research. (e.g., provide data, content expertise)	2	
4. LHD proposes public health issues for research agendas, as appropriate.	2	
5. LHD convenes community members and key community partners, as appropriate, to identify opportunities for community participatory research that would benefit the community	2	

**Comments regarding non-contract entities providing services for this focus area above.**

**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	Score	Illustrative Evidence
1. LHD has access to expertise to evaluate current	2	

research and participate in research dissemination activities		<ul style="list-style-type: none"> <li>▪ <b>Presentations at community groups</b></li> <li>▪ <b>Annual reports to Board of Health on basic evaluation of programs, target groups, reach into the population at risk</b></li> <li>▪ <b>Documentation of LHD communication of best practices with other public health practitioners</b></li> <li>▪ <b>Documentation of consultations with other agencies on effective public health practices</b></li> </ul>
1. LHD disseminates research findings to public health colleagues	2	
2. LHD disseminates research findings to the community, partners and policy makers.	2	
3. LHD provides expertise, based upon research into innovative solutions, to elected officials and community organizations involved in developing and analyzing public policy and in planning implementation of population-based strategies.	2	

**Comments regarding non-contract entities providing services for this focus area above.**

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

<b>FOCUS: APPLY RESEARCH RESULTS IN LHD ACTIVITIES</b>		
<b>Operational Definition Indicators</b>	<b>Score</b>	<b>Illustrative Evidence</b>
1. LHD has access to expertise to evaluate current research and participate in research translation activities.	3	<ul style="list-style-type: none"> <li>▪ <b>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.)</b></li> <li>▪ <b>Meeting notes documenting participation a Best Practices Committee</b></li> </ul>
2. LHD seeks information about applicable evidence-based programs before implementing interventions	3	
3. LHD evaluates research efforts for applicability in practice	3	

4. 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.	3	<ul style="list-style-type: none"> <li>▪ <b>Program/policy examples from LHD that are based on best practices (e.g. State-determined best practice)</b></li> <li>▪ <b>Written summary or protocol of how LHD evaluates research for applicability to practice</b></li> </ul>
5. LHD provides technical assistance to external organizations in applying relevant research results.	2	

**Comments regarding non-contract entities providing services for this focus area above.**