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| Public health accreditation board |
| Standards & Measures |
| Self Assessment Tool for the Indiana State Department of Health by the Indiana State Department of Health Office of Public Health Performance Management |
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| **Version 1.5** |
| **12/2/2015** |

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| **Please see the full standards and measures to see the guidance portion to help you with your self assessment.** |

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| **Domain 1 – ISDH Gap Analysis** ***Conduct and Disseminate Assessments Focused on Population Health Status and Public Health Issues Facing the Community*** |
| **Standard 1.1 – Participate in or lead a collaborative process resulting in a comprehensive community assessment** |
| **Measure** | **Documentation Required** | **Yes** | **No** |
| **1.1.1** – State partnership in the development of a comprehensive community health assessment of the population of the state within the last 5 years | 1. Participation of representatives of various sectors of the state and local community and include state health challenges
2. Regular meetings/communications with partners (2 examples needed)
3. Description of the process used to identify health issues and assets
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| **1.1.2** – Complete a State level community health assessment within the last 5 years | 1. A State community health assessment dated within the last five years that includes
	* Documentation that data and information from various sources contributed to the community health assessment and how the data was obtained
	* A description of the demographics of the population
	* A general description of health issues and specific descriptions of population groups with particular health issues
	* A description of contributing causes to address health challenges
	* A description of state assets or resources to address health issues
2. Documentation that the state population at large has had an opportunity to review and contribute to the assessment (2 examples)
3. Ongoing monitoring, refreshing, and adding of data and date analysis (2 examples within the last 14 months)
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| **1.1.3** – Ensure that the community health assessment is accessible to agencies, organizations, and the general public in the last 5 years | 1. Documentation that the community health assessment has been distributed to partner organizations; tells stakeholders how to access not just make it available (2 examples)
2. Documentation that the community health assessment and/or its findings have been made available to population of the jurisdiction served by the health department
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| **Standard 1.2: Collect and maintain reliable, comparable, and valid data that provides information on conditions of the public health importance and on the health status of the population.** |
| **Measure** | **Documentation Required** | **Yes** | **No** |
| **1.2.1 –** Maintain a surveillance system for receiving reports 24/7 in order to identify health problems, public health threats, and environmental public health hazards. Process and/or protocols shall be dated within the last 5 years. | 1. Processes and/or protocols to maintain the comprehensive collection, review, and analysis of data on multiple health conditions from multiple sources
2. Processes and/or protocols to assure data were maintained in a secure and confidential manner; department wide
3. Current 24/7 contact information, department wide (dated within the last 14 months)
4. Reports of testing 24/7 contact systems (2 examples)
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| **1.2.2 –** Communicate with surveillance sites at least every 14 months | 1. Identification of providers and public health system partners who are surveillance sites reporting to the surveillance system
2. Documentation of training/meetings held with surveillance sites regarding reporting requirements, reportable diseases/conditions, and timeframes (2 examples)
3. Surveillance data concerning two different topics by reporting sites (2 examples of data, on 2 different topics, on 2 different occasions)
4. Documentation of distribution of surveillance data (2 examples)
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| **1.2.3** – Collect primary data concerning health data other than surveillance data  | 1. Results of collection of quantitative primary data from the populations in addition to surveillance data (2 examples within the last 3 years)
2. Results of collection of primary qualitative data from populations (2 examples in the last 2 years)
3. Provide standardized data collection instruments that has been used (2 examples in last 2 years)
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| **1.2.4** – Show how data is provided to tribal and local health departments located within the state within the last 14 months | 1. Document the provisions of primary and secondary data to local health departments (2 examples; if tribal departments exist will need 2 additional examples will be needed for them)
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| **Standard 1.3: Analyze public health data to identify trends in health problems, environmental public health hazards, and social and economic factors that affect the public’s health** |
| **Measure** | **Documentation Required** | **Yes** | **No** |
| **1.3.1** – Analyze and draw conclusions from public health data  | 1. Analysis of data and conclusions with the following characteristics (2 examples and analysis needs to be within 14 months though data can be older)
* Must be distinct to a specific time frame
* Must be evidenced based and a description of the process used needs to be included or a citation of another’s analysis
* The inclusion of the comparison of data other agencies in similar areas
1. Documentation of meetings to review and discuss selected data reports (2 examples)
2. Analysis of data that combines data from multiple databases of different data topics (1 example in the last 5 years)
3. Documentation of aggregation of primary and secondary data and the sources of each (2 examples in the last 14 years)
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| **1.3.2** – Provides a state wide public health data and their analysis to various audiences on a variety of public health issues | 1. Documentation of distribution of the analytical public health findings to a specific audience in the state (2 examples within the last 14 months however data can be older)
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| **Standard 1.4: Provide and use the results of the health data analysis to develop recommendations regarding public health policies, processes, programs, and interventions** |
| **Measure** | **Documentation Required** | **Yes** | **No** |
| **1.4.1** – Use data to impact policy, processes, programs, and interventions | 1. Use data to inform public of policy, process, programs and/or interventions, or the expansion thereof (2 examples, with one demonstrating the use of the data across multiple sets, databases, or data source and be within last 14 months)
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| **1.4.2** – Develop and distribute of statewide health data to inform and support other’s health improvement efforts at a state level | 1. Provide summaries or fact sheets that condenses the state public health data; is not the same as a community health assessment (2 examples within the last 5 years)
2. Documented distribution of the summaries to system partners, community groups, local departments, elected officials, etc. (2 examples of a specific data summary or 1 example of a comprehensive data dated within the last 5 years)
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| **1.4.3 –** Provide support to local health departments in the state concerning the development and use of community health data profiles | a) Tools and guidance – document that the data tools were provided to local departments (2 examples in 5 years)b) Provide summaries of data of the local community (2 examples in 5 years)c) Documentation of the state health department asking the local health departments about what support or assistance is needed (2 examples and if a tribal department is present in state 1 of the examples must be tribal; dated in last 5 years)d) Documentation of technical assistance to local health departments on the use of health data profiles (2 examples and if a tribal department is present in state 1 of the examples must be tribal; dated in last 5 years) | a) 🗆b) 🗆c) 🗆d) 🗆 | a) 🗆b) 🗆c) 🗆d) 🗆 |

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| **Domain 2 – ISDH Gap Analysis*****Investigate Health Problems and Environmental Public Health Hazards to Protect the Community*** |
| **Standard 2.1 – Conduct timely investigations of health problems and environmental public health hazards** |
| **Measure** | **Documentation Required** | **Yes** | **No** |
| **2.1.1** – Protocols on the ability to conduct standardized investigations with consistent procedures and set of rules | 1. Current written protocols that include procedure for conducting investigations or suspected or identified health problems and environmental and occupational public health hazards (1 comprehensive protocol or a set of protocols that covers disease and environmental health in the last 2 years):
	* Delineated the assignment of responsibilities for investigations
	* Contain steps and procedures for the health problems or hazards that will be investigated
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| **2.1.2** – Demonstrate capacity to conduct and/or support multiple investigations of infectious or communicable diseases simultaneously | 1. Provide written procedures that describe how it conducts multiple, simultaneous investigations of infectious diseases (1 comprehensive procedure or 2 examples of procedures in the last 5 years)
2. Audits, programmatic evaluations, case reviews or peer reviews of investigation reports against protocols completed after an AAR (2 examples of simultaneous investigations in the last 5 years)
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| **2.1.3** – Demonstrate capacity to conduct investigations of non-infectious health problems, environmental, and/or occupational public health hazards | 1. Reports of a completed investigation of a non-infectious health problem or hazard (2 examples in last 5 years)
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| **2.1.4** – Work collaboratively through established governmental and community partnerships on investigations of reportable/disease outbreaks and environmental public health issues | 1. Provide contracts/MOA/MOU/agreements of partnerships with other governmental agencies/departments and/or key community stakeholders that play role in investigations or have direct jurisdiction over investigations (2 examples in last 5 years)
2. Evidence of working with partners to conduct investigations (2 examples, must be from different investigations in the last 5 years)
3. Provisions for laboratory testing for notifiable/reportable diseases (1 list of health laboratory services dated within the last 5 years)
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| **Measure** | **Documentation Required** | **Yes** | **No** |
| **2.1.5** – Monitor timely reporting of notifiable/reportable diseases, lab test results, and investigation results | 1. Current tracking log or audit of reports of disease reporting, laboratory tests reports, and/or investigations with actual timelines noted (1 tracking log or audit of investigation in the last 5 years)
2. Copy of applicable laws on reporting (1 set of laws, laws can be older than 5 years but must show that has been reviewed within the last 5 years)
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| **2.1.6 –** Provide consultation, technical assistance, and/or information to local health departments in the state regarding disease outbreak and environmental public health hazard management | 1. Documentation of consultation, technical assistance, and/or information provided to local or tribal departments (2 examples in last 5 years)
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| **Standard 2.2: Contain/mitigate health problems and environmental public health hazards** |
| **Measure** | **Documentation Required** | **Yes** | **No** |
| **2.2.1** – Maintain protocols for containment/mitigation of public health problems and environmental public health hazards | 1. Current written protocols that address containment/mitigation of public health problems and environmental public health hazards (1 comprehensive protocol or set of protocols within the last 2 years)
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| **2.2.2** – Demonstrate a process for determining when the All Hazards Emergency Operations Plan (EOP) will be implemented | 1. Infectious disease outbreak protocols describing processes for the review of specific situations and for determining the activation of the All Hazards Emergency Operation Plan (1 comprehensive or set of protocols within the last 5 years)
2. Environmental public health protocols describing processes for the review of specific situation and for determining the initiation of the All Hazards Emergency Operation Plan (1 comprehensive or set of protocols within the last 5 years)
3. Cluster evaluation protocols describing processes for the review of specific situations and for determining initiation of the All Hazards Operations Plan (1 comprehensive or set of protocols within the last 5 years)
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| **2.2.3** – Complete an After Action Report (AAR) following events | 1. Processes used to determine when events rise to significance for an AAR review (1 in last 5 years)
2. List of significant events that occurred, including outbreaks and environmental public health risks in the last 5 years (1 list)
3. Completed AAR for two events that document successes, issues, and recommended changes in investigation and response procedures or other process improvements (2 from different events in the last 5 years)
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| **Standard 2.3: Ensure access to laboratory and epidemiological/environmental public health expertise and capacity to investigate and contain/mitigate public health problems and environmental public health hazards** |
| **Measure** | **Documentation Required** | **Yes** | **No** |
| **2.3.1** – Provisions for a 24/7 emergency access to epidemiological and environmental public health resources with capacity for rapid detection, investigations, and containment | 1. Provide policies or procedures outlining how the department maintains 24/7 access to support services in emergencies. (1 comprehensive policy or procedure document or set of policies within the last 5 years)
2. A process, call down list, to contact epidemiological and environmental public health resources (1 call list in the last 5 years)
3. A list and description of contracts, MOA/MOU, or mutual assistant agreements that define access to resources to assist in 24/7 capacity for emergency response (1 list in the last 5 years)
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| **2.3.2** – Department’s access to needed laboratory services to provide rapid detection, investigation, and containment/mitigation of public health problems and environmental public health hazards | 1. Documentation showing certification of laboratory capacity (accreditation documentation, certification and/or license appropriate for all the testing that is performed dated within the last 5 years)
2. Policies and procedures that assure 24/7 laboratory coverage (1 set of policies, MOU, or agreements within the last 5 years)
3. Protocols for the health department’s handling and submitting of specimens (1 comprehensive protocol or set of dated in the last 5 years)
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| **2.3.3** – Maintain access to laboratory and other support personnel and infrastructure capable of providing surge capacity | 1. Protocols that pre-identifies support personnel to provide surge capacity (1 protocol within the last 5 years)
2. Staffing list for surge capacity and description of how staff accesses this information (at least 1 list in the last 5 years)
3. Documentation availability of equipment (1 document within the last 5 years)
4. Training/exercises schedule for surge personnel (1 schedule in last 2 years)
5. Contracts/MOAs/MOUs/Mutual assistance agreements for additional staff capacity for surge situations (1 list in last 5 years)
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| **2.3.4** – Coordination and collaboration between state and local in order to share resources for rapid detection, investigation, containment of public health problems and environmental hazards | 1. Documentation demonstrating shared resources and/or additional capacity (2 examples in the last 5 years)
2. Joint exercises for rapid detection, investigation, and containment/mitigation of public health problems and environmental public health hazards (2 examples, with 1 tribal if one exists, in the last 5 years)
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| **Standard 2.4: Maintain a plan with policies and procedures for urgent and non-urgent communications** |
| **Measure** | **Documentation Required** | **Yes** | **No** |
| **2.4.1** – Maintain written protocols for urgent 24/7 communications | 1. Protocols, updated at least annually, for communication with response partners (1 protocol in the last 14 months)
2. Documentation of the provision of information available to partners (and/or the public) on how to contact the health department to report a public health emergency or environmental/occupational public health risk 24/7 (1 example in last 5 years)
3. How partners and the public to contact the health department 24/7; answering service (1 example in last 5 years)
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| **2.4.2** – Implement a system to receive and provide urgent and non-urgent health alerts and to coordinate an appropriate public health response on a 24/7 basis | 1. Tracking system such as Health Alert Network (HAN) system and issues 24/7 alerts (1 tracking system or alert network in the last 5 years)
2. Reports of testing 24/7 contact and phone lines(s) (2 examples in last 5 years)
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| **2.4.3** – Provide timely communication to the generalpublic during public health emergencies | 1. Demonstration of communications to the public that provided accurate, accessible, and actionable information (2 examples in last 5 years)
2. Use of the media to communicate information during a public health emergency (2 examples in the last 5 years)
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| **2.4.4 –** Provide consultation and technical assistance to local health departments on the accuracy and clarity of public health information associated with a public health emergency | a) Consultation, technical assistance, or guidance provided to local health departments (2 examples, with on being tribal if one exists, in the last 5 years)b) Provide communication guidelines, protocols and written assistances for local departments on guidelines for accurate and clear communication to the public (1 set in the last 5 years) | a) 🗆b) 🗆 | a) 🗆b) 🗆 |

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| **Domain 3 – ISD Gap Analysis*****Inform and Educate About Public Health Issues and Functions*** |
| **Standard 3.1: Provide health education and health promotion policies, programs, processes, and interventions to support prevention and wellness** |
| **Measure** | **Documentation Required** | **Yes** | **No** |
| **3.1.1** – Provide information to the public on protecting their health | 1. Documentation of the provision of information on health risks, health behaviors, prevention, or wellness (2 examples, must be from different program areas and one being a chronic disease, in last 5 years)
2. Documentation of steps taken to solicit input from target audience during the development of messages and materials (2 examples in the last 5 years, one of which is from the same programs from 3.1.1.a)
3. Document communication with other health departments or community partners to promote unified messaging (2 examples in 5 years)
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| **3.1.2** – Implement health promotion strategies to protect the population from preventable health conditions | 1. Documents of a planned approach for developing and implementing health promotion materials and activities (1 example in 5 years)
2. Documentation showing development and implementation of heath promotion strategies (2 examples and be from different departments in the last 5 years)
3. Document that it solicited review, input, and/or feedback from the target audience during the development of health promotion strategy (2 examples, with one being from the same program as 3.1.2.b, in the last 5 years)
4. Documents of implementation of the strategies were in collaboration with stakeholders, partners, and/or the community. (2 examples with one begin from 3.1.2.b in the last 5 years)
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| **3.1.3** – Efforts to specifically address factors that contribute to specific population’s higher health risks and poorer health outcomes | 1. Documentation of efforts to address health equity among the population in the health department’s jurisdiction (2 examples in the last 5 years)
* Analysis of factors that contribute
* Public health efforts to address identified community factors that contribute
* Internal policies and procedures to ensure programs address high risk populations
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| **Standard 3.2: Provide information on public health issues and public health functions through multiple methods to a variety of audiences** |
| **3.2.1** – Provide information on public health mission, roles, processes, programs and interventions to improve the public’s health | 1. Documentation of providing information to the public about what public health is, its value, and/or on the health department’s roles, processes, programs, and interventions (2 examples in 5 years time)
2. Documentation on communication with the media (2 examples in last 5 years)
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| **3.2.2** – Relates to the health department’s strategy to communication the value | 1. Must include a brand strategy that includes the following (1 policy or set of policies within the last 5 years):
* Ensure staff have a clear understanding and commitment to the brand of the health department
* Communicate brand in a targeted manner (customized to different stakeholders) to convey the presence of the department and the essential products and services that it delivers to its community
* Integrate brand messaging into organizational communication strategies and external communications
* Use a common visual identity (logo) to communicate the departments brand
* Link the branding strategy to the strategic plan
1. Document implementation of elements of its branding strategy (2 examples in the last 5 years)
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| **3.2.3** – Establish and maintain communication procedures to provide information outside the health department | 1. Written procedures for communications, updating biennially, that include (1 in the last 2 years):
	* Disseminating accurate, timely, and appropriate information for different audience
	* Informing and/or coordinating with community partners for the communication of targeting and unified public health messages
	* Maintaining a current contact list of media key stakeholders
	* Designating a staff position as public information officer
	* Describing responsibilities and expectations for positions interacting with the news media and the public, including, as appropriate, any governing entity members and any department staff member
2. Implementation of communication listed in 3.2.3.a (2 examples within 5 years)
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| **Measure** | **Documentation Required** | **Yes** | **No** |
| **3.2.4** – Risk communication plan during a crisis, disaster, outbreak, or other threat | 1. Provide copy of the risk communications plan, protocol, or procedures (1 in the last 5 years)
* Address how information is provided for the situation
* How information is provided 24/7
* Delineates roles, responsibilities, and command chain
* How message clearance will be expedited
* Working with media
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| **3.2.5** – Availability of information to the public through a variety of methods | 1. Website or web page that contains current information on the following issues (1 website updated every 2 years):
	* 24/7 contact number for reporting health emergencies
	* Notifiable/reportable conditions line or contact number
	* Health data
	* Links to public health related laws
	* Information and materials from program activities
	* Links to CDC and other public health related federal, state, or local agencies, as appropriate
	* Names of health departments director and the leadership team
2. Communication strategies for informing the public about public health issues or functions (2 examples in the last 5 years)
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| **3.2.6** – Provide accessible, accurate, actionable, andcurrent information in culturally sensitive and linguistically appropriate formats for populations served by the health department | 1. Demographic data regarding ethnicity and languages spoken in the community (1 report or multiple data sets in the last 2 years)
2. List of staff or contractors providing interpretation, translation, or other specific communication services (1 list in the last 5 years)
3. Availability of assistive staff or technology devices to meet ADA requirements (1 example of assistive staff or devices in last 5 years)
4. Materials that are culturally appropriate, in other languages, at low reading level, and /or address a specific population that may have difficulty with the receipt or understanding of public health communications (2 examples from different programs in the last 2 years)
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| **Domain 4 – ISDH Gap Analysis*****Engage with the community to identify and address health problems*** |
| **Standard 4.1: Engage with the public health systems and the community in identifying and address health problems through collaborative processes** |
| **Measure** | **Documentation Required** | **Yes** | **No** |
| **4.1.1** – Establish and/or actively participate in partnerships and/or coalitions to address specific public health issues or populations | 1. Documentation of current, ongoing, comprehensive community partnerships or coalitions that address specific public health issues or populations (1 broad partnership, dealing with 4 health issues, or 4 partnerships addressing 1 of 4 different issues in the past 2 years)
2. List of partner organizations or representation in each collaboration (1 list for each example and no more than 2 years old)
3. Documentation of the change in the community, policy, or new or revised program that was implemented through the work of the partnership (2 examples in the past 5 years)
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| **4.1.2** – Provide technical assistance to local health departments and/or public health system partners regarding models for engaging with the community | 1. Documentation of consultation, technical assistance, or information provided concerning the use of an establish model of community planning (2 examples, with 1 as tribal if one exists, in the last 5 years)
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| **Standard 4.2: Engage with the public health systems and the community in identifying and address health problems through collaborative processes** |
| **Measure** | **Documentation Required** | **Yes** | **No** |
| **4.2.1** – Engage with the community about policies and/or strategies that will promote the public’s health | 1. Engagement with members of the community that will be affected by a policy and/or strategy to promote the public’s health (2 examples of different policy areas in the last 2 years)
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| **4.2.2** – Engage with governing entities, advisory boards, and elected officials about policies and/or strategies that will promote the public’s health | 1. Engagement of the governing entity, advisory boards, and/or elected officials about policies and/or strategies that will promote the public’s health (2 examples with 2 separate issues in the last 2 years)
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| **Domain 5 – ISDH Gap Analysis*****Develop Public Health Policies and Plans*** |
| **Standard 5.1: Serve as a primary and expert resource for establishing and maintaining public health policies, practices, and capacity** |
| **Measure** | **Documentation Required** | **Yes** | **No** |
| **5.1.1** – Monitor and track public health issues that are being discussed by individuals and entities that set public health policies and practices | * 1. Documentation of monitoring/tracking public health policies under consideration by the governing entity, individuals, and /or other entities that set public health policies and practices (2 examples in the last 2 years)
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| **5.1.2** – Engage in activities that contribute to the development and/or modification of public health policy | 1. Documentation of health department’s contributions to deliberations concerning public health policy (2 examples and 1 must be from the listed guidance; must be different items and in the last 2 years)
* Informational materials: issue briefs, media statements, talking points, fact sheets
* Department staff providing official department public testimony
* Department staff participation in an advisory or work group appointed by the governing entity, elected officials, or health department director.
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| **5.1.3** – Inform governing entities, elected officials, and/or the public of potential public health impacts, both intended and unintended, from current and/or proposed policies | * 1. Documentation of the health department informing policy makers and /or the public about potential public health impacts of policies that are being considered or are in place
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| **Standard 5.2: Conduct a comprehensive planning process resulting in a tribal/state/community health improvement plan** |
| **Measure** | **Documentation Required** | **Yes** | **No** |
| **5.2.1** – Conduct a process to develop state health improvement plan | 1. Description of a completed state health improvement planning process that included (1 process in the last 5 years):
	* Broad participation of public health system partners
	* Information from state health assessments
	* Issues and themes identified by stakeholders
	* Identification of state assets and resources
	* A process to set state health issues priorities
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| **5.2.2** – Produce a state health improvement plan as a result of the health improvement planning process | 1. State health improvement plan dated within the last five years that includes (1 plan in the last 5 years):
	* Statewide health priorities, measurable objectives, improvement strategies and performance measures with measurable and time-framed targets
	* Policy changes needed to accomplish health objectives
	* Individuals and organizations that have accepted responsibility for implementing strategies
	* Measurable health outcomes or indicators to monitor progress
	* Alignment between the state health improvement plan and the local and national priorities
 | 1. 🗆
 | 1. 🗆
 |
| **5.2.3** – Implement elements and strategies of the health improvement plan, in partnership with others | 1. Reports of actions taken related to implementing strategies to improve health (1 report or group of reports in the last 5 years)
2. Examples of how the plan was implemented (2 examples in last 5 years)
 | 1. 🗆
2. 🗆
 | 1. 🗆
2. 🗆
 |
| **5.2.4** – Monitor progress on implementation of strategies in the state health improvement plan in collaboration with broad participation from stakeholders and partners | 1. Evaluation of annual reports on progress made in implementing strategies in the state health improvement plan including (1 example in the last 14 months):
	* Monitoring of performance measures
	* Progress related to health improvement indicators
2. Revised health improvement plan based on evaluation results (1 example in the last 14 months)
 | 1. 🗆
2. 🗆
 | 1. 🗆
2. 🗆
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| **Standard 5.3: Develop and implement a health department organizational strategic plan** |
| **Measure** | **Documentation Required** | **Yes** | **No** |
| **5.3.1** – Conduct a department strategic planning process | 1. Description of elements of the planning process used to develop the organization’s strategic plan (1 planning process in last 5 years):
	* Membership of the strategic planning group
	* Strategic planning process steps such as number of meetings, duration, etc.
 | 1. 🗆
 | 1. 🗆
 |
| **5.3.2** – Adopt a department strategic plan | 1. Health department strategic plan dated within the last five years that includes:
	* Mission, vision, guiding principles/values
	* Strategic priorities
	* Goals and objectives with measurable and time-framed targets
	* Identification of external trends, events, or factors that may impact community health of the health department
	* Assessment of health department strengths and weaknesses
	* Link to the health improvement plan and quality improvement plan
 | 1. 🗆
 | 1. 🗆
 |
| **5.3.3** – Implement the department strategic plan | 1. Annual reports of progress towards goals and objectives contained in the plan, including monitoring and conclusions on progress toward meeting targets (2 reports with one in the last 14 months)
 | 1. 🗆
 | 1. 🗆
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| **Standard 5.4: Maintain an all hazard emergency operations plan** |
| **Measure** | **Documentation Required** | **Yes** | **No** |
| **5.4.1** – Participate in the process for the development and maintenance of an All Hazards Emergency Operations Plan (EOP) | 1. Collaborative planning through preparedness meeting with other government agencies (2 examples in the last 5 years)
2. Collaborative testing of the ALL Hazards EOP, through drills and exercises
	* Description of a real emergency or exercise, including documented coordination with emergency response partners
	* Debriefing or After-Action Report (AAR) (2 examples in the last 5 years)
3. Collaborative revision of the All Hazards EOP (1 example in last 5 years)
	* Documentation of a collaborative review meeting within the last two years
	* Documentation of updating contact information
	* Documentation of coordination with emergency response partners
	* Revised All Hazards/EOP
 | 1. 🗆
2. 🗆
3. 🗆
 | 1. 🗆
2. 🗆
3. 🗆
 |
| **5.4.2** – Adopt and maintain a public health emergency operations plan (EOP) | 1. EOP, as defined by National guidelines that includes (1 plan in last 5 years):
	* Designation of the health department position that is assigned the emergency operations coordinator responsibilities
	* Role and responsibilities of the health department and its partners
	* Communication networks and/or communication plan
	* Continuity of operations
2. Documentation of testing the public health EOP, through the use of drills and exercises (2 examples in the last 5 years)
	* Process for exercising and evaluating the public health EOP
	* After-Action Report (AAR)
3. Documentation of revision of the public health EOP (1 within the last two years)
	* Documentation of review meeting
	* Revised public health EOP, as needed
 | 1. 🗆
2. 🗆
3. 🗆
 | 1. 🗆
2. 🗆
3. 🗆
 |
| **5.4.3 –** Provide consultation and/or technical assistance to local health departments in the state regarding evidence-based and/or promising practices/templates in EOP development and testing | a) Documentation of consultation and/or technical assistance communications (2 examples in last 5 years) | a) 🗆 | a) 🗆 |

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| **Domain 6 – ISDH Gap Analysis*****Enforce Public Health Laws*** |
| **Standard 6.1: Review existing laws and work with governing entities and elected/appointed officials to update as needed** |
| **Measure** | **Documentation Required** | **Yes** | **No** |
| **6.1.1** – Review laws to determine the need for revisions | 1. Review of public health laws or laws with public health implications within last three years that include the following (2 examples from different departments in the last 3 years):
	* Evaluation of laws for consistency with public health evidence-based and/or promising practices
	* Documented use of model public health laws, checklists templates and/or exercises in reviewing laws
	* Documentation on input solicited from key stakeholders on proposed and/or reviewed laws
	* Collaboration with other levels of government health departments
2. Document showing department has access to legal counsel review and advice for use as needed (1 example in last 3 years)
 | 1. 🗆
2. 🗆
 | 1. 🗆
2. 🗆
 |
| **6.1.2** – Inform governing entity and/or elected/appointed officials of needed updates/amendments to current laws and /or proposed new laws | 1. Documentation of distribution of two written recommendations to governing entity and/or elected/appointed officials concerning amendments or updates to current laws and/or proposed new laws (2 examples related to 6.1.1 in last 5 years)
 | 1. 🗆
 | 1. 🗆
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| **Standard 6.2: Educate individuals and organizations on the meaning, purpose, and benefit of public health laws and how to comply** |
| **6.2.1** – Maintain agency knowledge and apply public health laws in a consistent manner | 1. Documentation of staff training in laws to support public health interventions and practice within the last two years (2 examples in last 2 years)
2. Documentation of efforts to ensure consistent application of public health laws (2 examples in the last 5 years)
 | 1. 🗆
2. 🗆
 | 1. 🗆
2. 🗆
 |
| **6.2.2** – Ensure that laws and permits/license application requirements are accessible to the public | 1. Public access to information about laws and permit/license application processes (1 example in last 5 years)
 | 1. 🗆
 | 1. 🗆
 |
| **6.2.3** – Provide information or education to regulated entities regarding their responsibilities and methods to achieve full compliance with public health related laws | 1. Written record of the provision of information or education to regulated entities concerning their responsibilities for compliance with public health laws (1 written record in last 5 years)
 | 1. 🗆
 | 1. 🗆
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| **Standard 6.3: Conduct and monitor public health enforcement activities and coordinate notification of violations among appropriate agencies** |
| **Measure** | **Documentation Required** | **Yes** | **No** |
| **6.3.1** – Maintain current written procedures and protocols for conducting enforcement actions | 1. Documentation of authority to conduct enforcement activities (2 examples with no date restrictions)
2. Procedures, processes, and/or protocols for laws or enforcement actions for achieving compliance (2 examples in the last 2 years with 1 being with infectious disease)
 | 1. 🗆
2. 🗆
 | 1. 🗆
2. 🗆
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| **6.3.2** – Conduct and monitor activities of regulated entities according to mandated frequency and/or a risk analysis method that guides the frequency and scheduling of inspections of regulated entities | 1. Protocol/algorithm for scheduling inspections of regulated entities (2 examples of different departments in the last 5 years)
2. Database or log of inspection reports with actions, status, follow-up, re-inspections and final disposition (2 examples and documentation must be in the same program schedules as listed in 6.3.2.a in the last 5 years)
 | 1. 🗆
2. 🗆
 | 1. 🗆
2. 🗆
 |
| **6.3.3** – Follow procedures and protocols for both routine and emergency situations requiring enforcement activities and complaint follow-up | 1. Database or log of actions with analysis and standards for follow-up at each level (2 examples for different programs in the last 5 years)
2. Documentation of hearings, meetings with regulated entities, compliance plans (2 examples in last 5 years)
 | 1. 🗆
2. 🗆
 | 1. 🗆
2. 🗆
 |
| **6.3.4** – Determine patterns or trends in compliance from enforcement activities, and complaints | 1. Annual report summarizing complaints, violations, enforcement activities, and compliance (2 examples from different enforcement programs. If one program is out of compliance with state law or is under sanctions or under a performance improvement plan one example must be from that group. Be within the last 14 months)
2. Debriefings or other evaluations of specific enforcement for process improvements (2 examples in the last 5 years)
 | 1. 🗆
2. 🗆
 | 1. 🗆
2. 🗆
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| **6.3.5** – Coordinate notification of violations to the public, when required, and coordinate the sharing of information among appropriate agencies about enforcement activities, follow-up activities, and trends or patterns | 1. Communication protocol for interagency notification cooperation (1 protocol from last 5 years)
2. Protocol for notification of the public when required (1 departmental wide protocol or 2 examples in the last 5 years)
3. Documentation of notification of enforcement actions, and sharing information concerning enforcement activities (2 examples from different enforcement programs in the last 5 years)
 | 1. 🗆
2. 🗆
3. 🗆
 | 1. 🗆
2. 🗆
3. 🗆
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| **Domain 7 – ISDH Gap Analysis*****Promote Strategies to Improve Access to Healthcare Services*** |
| **Standard 7.1: Assess health care service capacity and access of health care services** |
| **Measure** | **Documentation Required** | **Yes** | **No** |
| **7.1.1** – Process to assess the availability of the health care services | 1. Participate in a collaborative process to access availability of health care services (1 collaborative process in 5 years)
2. Documentation of sharing of public health data on a local level for assessment and planning purposes (2 examples in the last 5 years)
3. Documentation of consideration of emerging issues that may impact access to care (2 examples in last 5 years)
 | 1. 🗆
2. 🗆
3. 🗆
 | 1. 🗆
2. 🗆
3. 🗆
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| **7.1.2** – Identify populations who experience barriers to health care services | 1. Documentation on the process and information used to identify populations who lack access to health care (1 process in the last 5 years)
2. A report that identifies populations who experience barriers in health care services (1 report in the last 5 years)
 | 1. 🗆
2. 🗆
 | 1. 🗆
2. 🗆
 |
| **7.1.3** – Identify gaps in access to health care services | 1. Document the process used to identify gaps in the health care services and barriers (1 process or set of processes in the last 5 years)
2. Reports of analysis of data from across the partnership (see 7.1.1) that identified the gaps in access to health care services and the causes of gaps in access. Reports must include (3 examples in the last 5 years):
* Assessment of capacity and distribution of health care providers
* Availability of health care services
* Identification of causes of gaps in services
* Results of periodic surveys of access
 | 1. 🗆
2. 🗆
 | 1. 🗆
2. 🗆
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| **Standard 7.2: Identify and implement strategies to improve access to health care services** |
| **7.2.1** – Develop strategies to improve access to health care services | 1. Document involvement in a collaborative process for developing strategies to improve access to health care (1 collaborative process in the last 5 years – can be in conjunction with 7.1.1)
2. Provide strategies that the coalition/network./council developed to improve access to health care services and reduce barriers to care (2 examples in the last 5 years)
 | 1. 🗆
2. 🗆
 | 1. 🗆
2. 🗆
 |
| **7.2.2** – Collaborate to implement strategies to increase access to health care services | 1. Documentation of collaborative implementation of mechanisms or strategies to assist the public in obtaining access to health care services (2 examples in the last 5 years)
 | 1. 🗆
 | 1. 🗆
 |
| **7.2.3** – Lead or collaborate in culturally competent initiatives to increase access to health care services for those who may experience barriers due to cultural, language, or literacy differences | 1. Initiatives to ensure access and address barriers are culturally competent, and take into account cultural, language, or low literacy barriers (2 examples in the last 5 years)
 | 1. 🗆
2. 🗆
 | 1. 🗆
2. 🗆
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| **Domain 8 – ISDH Gap Analysis*****Maintain a Competent Public Health Workforce*** |
| **Standard 8.1: Encourage the development of a sufficient number of qualified public health workers** |
| **Measure** | **Documentation Required** | **Yes** | **No** |
| **8.1.1** – Establish relationships and/or collaborate with schools of public health and/or other related academic programs that promote the development of future public health workers  | 1. Documentation of partnerships or collaborations with educational organizations to promote public health as a career or to provide training in public health fields (1 partnership or ongoing collaboration)
 | 1. 🗆
 | 1. 🗆
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| **Standard 8.2: Ensure a competent workforce through the assessment of staff competencies, the provision of individual training and professional development, and the provision of a supportive work environment** |
| **Measure** | **Documentation Required** | **Yes** | **No** |
| **8.2.1** – Maintain, implement and access the health department workforce development plan that addresses the training needs of the staff and the development of core competencies | 1. Health department workforce development plan that includes (1 in the last 2 yr):
* Collective capacity and capability of the workforce
* Address gaps in capacity and capabilities & include strategies to address
* Be responsive to the changing environment and include considerations in technology and field advancement
* Staff competencies
* Training schedules
* Barriers
1. Documentation of implementation of the health department workforce development plan (2 examples in last 2 years)
 | 1. 🗆
2. 🗆
 | 1. 🗆
2. 🗆
 |
| **8.2.2** – Execution of a workforce development plan relating to recruitment, retention, and staff qualifications | 1. Documentation of recruitment of individuals who are qualified for specific specialty positions (2 examples in the last 5 years)
2. Documentation of recruitment of individuals who reflect the demographics of the populations such as race, ethnicity, language, etc. Does not have to show success of failure of desired applicants (2 examples in the last 5 years)
3. Documentation on activities to retain staff (2 examples in the last 5 years)
4. Provide position descriptions or job descriptions (2 examples in the last 5 years)
5. Process used to verify staff qualifications (1 process in last 2 years)
6. Documentation that qualifications have been verified for all hired in the past two years (2 examples in the last 2 years)
 | 1. 🗆
2. 🗆
3. 🗆
4. 🗆
5. 🗆
6. 🗆
 | 1. 🗆
2. 🗆
3. 🗆
4. 🗆
5. 🗆
6. 🗆
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| **Measure** | **Documentation Required** | **Yes** | **No** |
| **8.2.3 –** Professional and career development for all staff | 1. Document staff completion of their annual personal professional development plan (2 examples in the last 5 years)
2. Provisions of departments training and development programs for the department leaders and managers (2 examples in the last 5 years)
3. Leader and/or Manager attendances at a leadership and/or management development training (2 examples in the last 2 years)
 | 1. 🗆
2. 🗆
3. 🗆
 | 1. 🗆
2. 🗆
3. 🗆
 |
| **8.2.4 –** Supportive work environment | 1. Provide policies that provide a support work environment such as work/life balance, flex time, etc (1 policy or set of policies or program descriptions in the last 5 years)
2. Provide employee recognition policies (1 set of policies or program descriptions in the last 5 years)
3. Policy, plan, or description of opportunities provided to staff to promote health and wellness and prevent disease (1 policy, plan, or program description in the last 5 years)
 | 1. 🗆
2. 🗆
3. 🗆
 | 1. 🗆
2. 🗆
3. 🗆
 |
| **8.2.5 –** Consultation or technical assistance provided to tribal or local departments regarding evidence-based and/or promising practices in the development of workforce capacity, training, and continuing education | 1. Documentation of consultation or technical assistances such as emails, phone calls, meetings, trainings (2 examples in the last 5 years with 1 being a tribal department if one exists)
 | 1. 🗆
 | 1. 🗆
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| **Domain 9 – ISDH Gap Analysis*****Evaluate and Continuously Improve Health Department Processes, Programs, and Interventions*** |
| **Standard 9.1: Use a performance management system to monitor achievement of organizational objectives** |
| **Measure** | **Documentation Required** | **Yes** | **No** |
| **9.1.1** – Engage staff at all organizational levels in establishing or updating a performance management system | 1. Documentation of engaging the health department leadership and management in establishing or updating a performance management system (2 examples in the last 5 years)
2. Documentation of engaging the health department staff at all levels in establishing or updating a performance management system (2 examples in the last 5 years)
 | 1. 🗆
2. 🗆
 | 1. 🗆
2. 🗆
 |
| **9.1.2** – Performance management policy/system | 1. A completed performance management self-assessment (1 performance management system in the last 5 years)
* Performance standards, including goals, targets and indicators, and the communication of expectations
* Performance measurements including data systems and collection
* Progress reporting including analysis of data, communication of analysis results, and a regular reporting cycle
* A process to use data analysis and manage change for quality improvement and towards creating a learning organization
 | 1. 🗆
 | 1. 🗆
 |
| **9.1.3** – Implement a performance management system | 1. A current, functioning performance management committee or team (1 example in the last 5 years)
2. Written goals and objectives which include time frames for measurement (2 examples in the last 5 years and 1 must be from a programmatic area and 1 from an administrative area)
3. Demonstration of a process for monitoring of performance of goals and objectives (from 9.1.3.b, 2 examples in the last 5 years)
4. Demonstration of analysis of process toward achieving goals and objectives, and identify areas in need of focused improvement processes (2 in last 5 yrs)
5. Documentation of results and next steps (2 examples in the last 5 years)
6. Provide a completed performance management self-assessment that reflects the extent to which the practices are being used (1 assessment in 5 years)
 | 1. 🗆
2. 🗆
3. 🗆
4. 🗆
5. 🗆
6. 🗆
 | 1. 🗆
2. 🗆
3. 🗆
4. 🗆
5. 🗆
6. 🗆
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| **Measure** | **Documentation Required** | **Yes** | **No** |
| **9.1.4** – Implement a systematic process for assessing customer satisfaction with health department services | * 1. Collection, analysis, and conclusions of feedback from two different customer groups (2 examples from different programs in the last 5 years)
	2. Documentation on results and action taken based on the collection, analysis, and conclusions drawn from feedback from customer groups (2 examples in the last 5 years)
 | 1. 🗆
2. 🗆
 | 1. 🗆
2. 🗆
 |
| **9.1.5** – Provide staff development opportunities regarding performance management | 1. Documentation of staff development in performance management (2 examples in the last 5 years)
 | 1. 🗆
 | 1. 🗆
 |
| **9.1.6 –** Provide technical assistance and/or training on performance management to local health departments | 1. Documentation that department has offered technical assistances and/or training in performance management practices, methods, and/or tools to tribal or local health departments. (2 examples in the last 5 years)
 | 1. 🗆
 | 1. 🗆
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| **Standard 9.2: Develop and implement quality improvement processes integrated into organizational practice, programs, processes, and interventions** |
| **Measure** | **Documentation Required** | **Yes** | **No** |
| **9.2.1** – Establish a quality improvement program based on organization policies and direction | 1. A written quality improvement plan in the last 5 years and include:
* Key quality terms to create a common vocabulary and clear, consistent message
* Culture of quality and the desired future state of quality in the organization
* Key elements of the quality improvement efforts structure so as organizational structure, membership and rotation, etc.
* Types of quality improvement training available and conducted within the organizational such as new employee orientation presentation
* Project identification, alignment with strategic plan and initiation process
* Quality improvement goals, objectives, and measure with time-framed targets
* Approach of how the quality improvement plan is monitored
* Regular communication of quality improvement activities conducted in the health department through such mechanisms as quality electronic newsletter, story board displayed, etc.
* Process to assess the effectiveness of the quality improvement plan and activities
 | 1. 🗆
 | 1. 🗆
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| **Measure** | **Documentation Required** | **Yes** | **No** |
| **9.2.2** – Implement quality improvement activities | 1. Documentation implementation of QI plan activities and application of its process improvement model.(2 examples I the last 5 years with 1 being from a program area and another from administrative) Must include:
* How staff problem-solved and planned the improvement
* How staff selected the problem/process to address and described the improvement opportunity
* How they described the current process surrounding the identified improvement opportunity
* How they determined all possible causes of the problem and agreed on contributing factors and root causes
* What the staff did to implement the solution or process change
* How staff reviewed and evaluated the result of the change and how they reflected and acted on what they learned
* Demonstrate ongoing improvement model
1. Demonstrate staff participation in quality improvement activities based on the QI plan (2 examples in the last 5 years)
 | 1. 🗆
2. 🗆
 | 1. 🗆
2. 🗆
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| **Domain 10 – ISDH Gap Analysis*****Contribute to and Apply the Evidence Base of Public Health*** |
| **Standard 10.1: Identify and use the best available evidence for making informed public health practice decisions** |
| **Measure** | **Documentation Required** | **Yes** | **No** |
| **10.1.1** – Identify and use applicable evidence-based and/or promising practices when implementing new or revised processes, programs and/or interventions | 1. Review and use of evidence-based or promising practices, including (2 examples in the last 3 years and must be from 2 different programs one of which being from chronic disease or a program that seeks prevent chronic disease):
* Documentation of the source of information concerning the evidence-based or promising practice
* Description of how evidence-based or promising practice identified in
	+ Above was incorporated into the design of a new or revised process, program, or intervention
	+ Must be appropriate to the particular group or community or modified to be appropriate
 | 1. 🗆
 | 1. 🗆
 |
| **10.1.2 –** Foster innovation in practice and research | 1. Relationships with academic institutions, research centers/institutes (2 examples in the last 5 years)
2. Participation in research agenda-setting, practice-based research networks, or other research efforts (2 examples in the last 5 years)
 | 1. 🗆
2. 🗆
 | 1. 🗆
2. 🗆
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| **Standard 10.2: Promote understanding and the use of the current body of research results, evaluations, and evidence-based practices with appropriate audiences** |
| **Measure** | **Documentation Required** | **Yes** | **No** |
| **10.2.1** – Ensure human subjects are protected when the health department is involved in or supports research activities | 1. Provide copy of policy regarding research and protection of adopted human subjects (1 policy in the last 5 years)
 | 1. 🗆
 | 1. 🗆
 |
| **10.2.2** – Access to expertise to analyze current research and its public health implications | 1. Documentation that it has expert staff or access to outside experts who can analyze research and its public health implications (2 examples or one list in the last 5 years)
 | 1. 🗆
 | 1. 🗆
 |
| **10.2.3** – Communicate research findings, including public health implications | 1. Documentation of communication of research findings and their public health implications to stakeholders, public health system partners, and/or the public (2 examples in the last 5 years)
 | 1. 🗆
 | 1. 🗆
 |
| **10.2.4 –** Provide consultation or technical assistance to local health department and other public health system partners in applying relevant research results, evidence-based and/or promising practices | a) Consultation or technical assistance provided to local health departments and/or other health system organizations in applying relevant research, evidence-based and/or promising practices (2 examples in the last 5 years) | 1. 🗆
 | 1. 🗆
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| **Domain 11 – ISDH Gap Analysis*****Maintain Administrative and Management Capacity*** |
| **Standard 11.1: Develop and maintain an operational infrastructure to support the performance of public health functions** |
| **Measure** | **Documentation Required** | **Yes** | **No** |
| **11.1.1** – Maintain policies and procedures regarding health department operations, review policies and procedures regularly, and make them accessible to staff | 1. Policy and Procedure Manual or individual policies (1 manual or if a table of contents or a list is provided then will need 2 examples of policies will need to be included, in the last 5 years)
2. Health department organizational chart (1 chart updated in the last 2 years)
3. Reports of review regarding ongoing updating process on policies and procedures (2 examples in last 5 years)
4. Description of methods for staff access to policies (1 example in the last 5 years)
 | 1. 🗆
2. 🗆
3. 🗆
4. 🗆
 | 1. 🗆
2. 🗆
3. 🗆
4. 🗆
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| **11.1.2** – Policies and process for the identification and resolution of ethical issues that arise | 1. Documentation that identifies the issues with ethical considerations and a strategic deliberative process for the consideration and resolution of ethical issues (1 process or set of policies in the last 5 years)
2. Consideration, deliberation, and resolution of ethical issues (1 example every 5 years)
 | 1. 🗆
2. 🗆
 | 1. 🗆
2. 🗆
 |
| **11.1.3** – Maintain written policies regarding confidentiality, including applicable HIPAA requirements | 1. Confidentiality Policies and procedures (1 policy or set of in the last 5 years)
2. Training content and staff participants (2 examples of training in the last 5 years)
3. Signed employee confidentiality forms, as required by policies (1 form and example of tracking for or log in the last 5 years)
 | 1. 🗆
2. 🗆
3. 🗆
 | 1. 🗆
2. 🗆
3. 🗆
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|  **11.1.4** - Maintain socially culturally, and linguistically appropriate to specific populations with higher health risk and poorer health outcomes | 1. Policy or procedure that demonstrates how health equity is incorporated as a goal into the development of policies, processes, and programs for his jurisdiction (1 policy or procedure in the last 5 years)
2. Provisions of processes, programs, or interventions that are culturally or linguistically appropriate (2 examples from two different program areas in the last 5 years)
3. Provide an assessment of cultural and linguistic competence (1 example in 5 years)
4. Staff training on health equity & cultural competence (1 example in 5 years)
 | 1. 🗆
2. 🗆
3. 🗆
4. 🗆
 | 1. 🗆
2. 🗆
3. 🗆
4. 🗆
 |
| **Measure** | **Documentation Required** | **Yes** | **No** |
| **11.1.5** – Maintain a comprehensive human resources system | 1. Human resources policy and procedure manual or individual policies (1 set of policies in the last 5 years) and must include:
* Employment and human resources legal requirements that pertain to the jurisdiction served by the health department
* Personal recruitment, selection, and appointment
* Employee confidentiality
* Equal opportunity employment
* Salary structure
* Hours of work
* Benefits package
* Performance evaluation process based on job/position descriptions and individualized development plans
* Problem solving and complaint handling, including sexual harassment
1. Documentation on how staff can access human resource policies and procedures (1 example in the last 5 years)
2. Documents in use to establish working relationships (1 example in the last 5 years)
3. How human resources function demonstrates a responsive partnership with management, programs, services, and staff to enable staff that provide public health programs, services, and products (2 examples in the last 5 years)
 | 1. 🗆
2. 🗆
3. 🗆
4. 🗆
 | 1. 🗆
2. 🗆
3. 🗆
4. 🗆
 |
| **11.1.6** – Use of information systems that support the health department mission and workforce by collection/analysis, program management, and communication | 1. Demonstration of the use of technology to support public health functions (2 examples from different areas in the last 5 years)
2. Information vulnerability audits, security policies, and/or internal controls to ensure privacy and security of information (1 example in the last 5 years)
3. Policy that the department adheres to federal, states, and local privacy protection regulations for handling data (1 policy in the last 5 years)
4. Written process for reviewing and developing information management business system requirements to guide system changes and development (1 example 5 yrs)
5. Provide an inventory of data or data systems available to the health department (1 example in the last 3 years)
 | 1. 🗆
2. 🗆
3. 🗆
4. 🗆
5. 🗆
 | 1. 🗆
2. 🗆
3. 🗆
4. 🗆
5. 🗆
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| **Measure** | **Documentation Required** | **Yes** | **No** |
| **11.1.7** – Maintain facilities that are clean, safe, accessible and secure | 1. Copies of licenses that meet national or state requirements appropriate for the laboratory services provided (as needed in the last 5 years)
2. Inspection reports and /or certificate of occupancy (2 examples in the last 5 years)
3. Documentation that it is in compliance with the federal/state/local laws concerning accessibility (1 example in 5 years)
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| **Standard 11.2: Establish effective financial management system** |
| **Measure** | **Documentation Required** | **Yes** | **No** |
| **11.2.1** – Financial and programmatic oversight of grants and contracts | 1. Provide regular department-wide financial audit reports (2 examples for the last 2 fiscal years)
2. Program reports that is has submitted to funding organizations (2 examples in the last 5 years)
3. Formal communication for state or federal funders that indicate the health department is a “high-risk grantee” (all, as appropriate in the last 5 years)
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| **11.2.2** – Maintain written agreements with entities which the department purchases | 1. Current written contracts/MOUs/MOAs for processes, programs and/or interventions (2 examples from different programs in 2 years)
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 | 1. 🗆
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| **11.2.3** – Maintain financial management systems | 1. Approved health department budget (1 budget in 2 years)
2. Quarterly financial reports (2 examples in the last 5 years)
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| **11.2.4** – Seek resources to support agency infrastructure and processes, programs and interventions | 1. Grant applications and/or examples of leveraging funds to increase resources (2 examples in the 5 years)
2. Appropriate communication with others concerning the need for improvement in public health (2 examples in the last 5 years)
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| **Domain 12 – ISDH Gap Analysis*****Maintain Capacity to Engage the Public Health Governing Entity*** |
| **Standard 12.1: Maintain current operational definitions and statements of the public health roles, responsibilities, and authorities** |
| **Measure** | **Documentation Required** | **Yes** | **No** |
| **12.1.1** – Provide mandated public health operations, programs, and services | 1. Copy of the body of law that sets forth its mandated public health operations, programs, and services or a listing of mandated services (1 example in 5 years)
2. Implementation of its mandated processes, programs, or interventions (1 example in the last 5 years)
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| **12.1.2** – Maintain current operational definitions and/or statements of the public health governing entity’s roles and responsibilities | 1. Provide a description of the governing entity and formal written statement of the governing entity’s authority (1 or more documents as requires with no date restrictions)
2. Written description of the governing entity (1 example with no time restrictions)
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| **Standard 12.2: Provide information to the governing entity regarding public health and the official responsibilities of the health department and of the governing entity** |
| **Measure** | **Documentation Required** | **Yes** | **No** |
| **12.2.2** – Communicate with the governing entity regarding the responsibilities of the governing entity | 1. Documents on communications provided to the governing entity concerning the health department’s responsibilities as set forth in the authorizing documents. Needs to include:
* Appropriate to the departments model of governance, document department sharing with governing entity operational definitions and/or statements of the governing entity’s related roles responsibilities (2 examples in the last 5 years)
* Process for orientation of new members of the governing entity and needs to include both responsibilities of the health department and of the governing entity (1 example in the last 5 years)
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| **Standard 12.3: Encourage the governing entity’s engagement in the public health department’s overall obligations and responsibilities** |
| **Measure** | **Documentation Required** | **Yes** | **No** |
| **12.3.1** – Provide the governing entity with information about important public health issues facing the health department and/or the recent actions of the health department | 1. Documentation with governing entity regarding important public health issues and/or recent actions of the health department (2 examples in 2 years)
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 | 1. 🗆
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| **12.3.2** – Track actions taken by the governing entity | 1. Consistent review of patterns of issues discussed, opinions of the governing entity’s members; and/or positions taken (2 examples in 14 months however 1 can, but doesn’t have to be, from a different year)
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 | 1. 🗆
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| **12.3.3** – Communicate with the governing entity about assessing and improving the performance of the health department | 1. Documented communications with the governing entity on plans and processes for improving health departments performance (2 examples in 5 years)
2. Documented communications with governing entity on its performance improvement efforts as a result of performance improvement processes and/or activities (2 examples in 5 years)
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2. 🗆
 | 1. 🗆
2. 🗆
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