



Tribal & Territorial Health Department Public Health Capacity Assessment Workbook

Based on Foundational Public Health Services
and the Public Health Accreditation Board's
Standards and Measures, Version 2022



A companion workbook to Tribal & Territorial Health Department Guide to Assessing Public Health Capacity.

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Tribal & Territorial Health Department Public Health Capacity Assessment Workbook

ABOUT

This workbook is intended to be used as a tool for Tribal and Territorial Health Departments (THD) to self-assess their public health capacity utilizing the **Public Health Accreditation Board (PHAB) Standards & Measures, Version 2022**. The PHAB Standards & Measures align with the **10 Essential Public Health Services** and are embedded with the **Foundational Public Health Capabilities**.

A THD capacity self-assessment is an important first step in understanding a department's public health systems, operations, processes, and policies. The process itself is a valuable learning experience, and assessment results can be used to identify strengths and opportunities for improvement. Results can also be used to determine whether a THD is ready to pursue public health accreditation, or PHAB's Pathways Recognition Program, as a short- or long-term goal. Even if public health accreditation, or the Pathways Recognition Program, are not a goal, this self-assessment can still be a valuable learning tool. Please check out the Resource Links provided below.

Red Star International, Inc. has a companion guide entitled: ***Tribal & Territorial Health Department Guide To Assessing Public Health Capacity, A Collaborative Approach***. The Guide provides a step-by-step process to help plan, organize and conduct a collaborative assessment using this tool. It includes guidance on how to use the results for strategic planning and performance improvement.

Link to the Capacity Assessment Companion Guide:

- * Tribal & Territorial Health Department Guide To Assessing Public Health Capacity, A Collaborative Approach (link coming soon)

ACKNOWLEDGEMENTS

We extend our appreciation to Gray Horse Strategies who originally created this tool in 2013, and updated it 2018. Red Star International, Inc. collaborated with Gray Horse Strategies to update the 2018 iteration to align with the PHAB Standards & Measures, Version 2022. This particular update is expanded to include new scoring mechanisms to capture a THD's capacity based on the Foundational Public Health Capabilities measures, and collaboration priorities with state and local agencies.

CONTACT & PERMISSIONS

Please contact Red Star International, Inc. with questions or comments about this workbook at info@redstarintl.org.

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RESOURCE LINKS:

- * [Public Health Accreditation Board Standards and Measures 2022](#)
- * [Foundational Public Health Capabilities](#)
- * [10 Essential Public Health Services](#)
- * [Pathways Recognition Program](#)

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INSTRUCTIONS

How to use - This MS Excel-based public health capacity assessment workbook is an effective tool to develop a snapshot of a THD's current capacity based on the PHAB Standards and Measures. Within the workbook, there are 15 tabs. The first tab provides information about the workbook, this tab provides instructions on how to use the workbook, there is a tab for each of the 10 PHAB Domains, and 3 Capacity Summary by Domain Tabs.

PHAB Domain Tabs - Each numbered domain tab corresponds with the PHAB Domain found in the Standards and Measures. Each domain tab names the public health domain and corresponding standards, measures and required documentation. For each measure there is a cell to input a capacity score utilizing a 5-point scale (0-4). Formulas are embedded throughout the document to calculate the average score by each standard within the domain, and then a total average score by domain. At the bottom of each domain worksheet is an optional scoring to capture the THD's interest in developing/strengthening collaboration with local and state agencies at the domain level.

CAPACITY SCORING

This workbook uses a 0-4 scoring system. The purpose of the numeric scoring is simply to help you gauge your capacity in relative, self-assigned terms, and if you wish, to track trends over time. Select only whole numbers when you assign scores (e.g. Use 2, not 2.4 or 1.95). The spreadsheet will automatically calculate mean (average) scores for each standard and domain. It will also automatically assign domain means to the summary tables and the linked radar charts found in the 3 Capacity Summary by Domain tabs. The subset of **FPHS measures are highlighted in teal**. The notes column is your opportunity to briefly explain your reasons for the score, and to make notes about available documentation, action items required, or any other helpful information. This will be helpful in documenting the process

Suggested Scoring (with sample language using time as an added criteria)

- 0= No Capacity (may take a year or more to build needed capacity)
- 1= Minimal Capacity (some of the foundation is there, may take a year to build needed capacity)
- 2= Moderate Capacity (the foundation is there, will take less than a year to build capacity)
- 3= Significant Capacity (the capacity is there, may take 3 to 6 months to be at optimal capacity)
- 4= Optimal Capacity (capacity and infrastructure in place - the measure is met)

(Optional) COLLABORATION SCORING

This Workbook includes a new feature for your consideration. Rows have been added at the end of each Domain so that you may self-assess your THD's level of and/or interest in collaboration with both local and state health departments. Territorial Health Departments may want to adapt the scoring options to reflect their context. For example, state and local collaboration could be changed to federal agency and other territorial department collaboration. The cells for collaboration are unlocked and can be changed as needed.

Scoring will generate charts that illustrate your priorities for collaboration building. Notes can be entered to capture key discussion points in the "Notes" column. For example, if you have a high level of collaboration with one local health department but not with another, you can explain this in the notes column.

Suggested Scoring

- 0= No interest in or need for collaboration in this domain
- 1= Developing/strengthening collaboration in this domain is of some interest, but not a priority
- 2= Developing/strengthening collaboration in this domain is of some interest and importance
- 3= Developing/strengthening collaboration in this domain is a priority
- 4= Developing/strengthening collaboration in this domain is a high priority

ASSESSMENT RESULTS: CAPACITY SUMMARY BY DOMAIN

After completing the self-assessment, the Excel Workbook will automatically produce three types of capacity summaries by PHAB Domain:

- 1) Capacity Summary based on the PHAB Standards and Measures, which includes both a summary of the mean (average) score by domain, and a radar chart which provides a visual representation of the overarching capacity strengths and gaps by domain. This tab is helpful in determining your overall readiness to pursue the public health accreditation.
- 2) Capacity Summary based on the **Foundational Public Health Capability Measures**, which includes both a summary of the mean (average) score for these measures only by domain, and a radar chart which provides a visual representation of the overarching capacity strengths and gaps by domain. This tab is helpful in determining your readiness to pursue the Pathways Recognition Program.
- 3) Collaboration Summary includes local and state collaboration priorities by domain. The summary includes a chart of the mean (average) priority score for local and state collaboration by domain. There are two separate treemap, one for state and the other for local collaboration priorities. The treemap provide a visual representation of the overarching collaboration priorities by domain. This tab is helpful in determining your interest in developing or strengthening collaborative relationships with state and local agencies.

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DOMAIN 1: Assess and monitor population health status, factors that influence health, and community needs and asse

Standard 1.1: Participate in or lead a collaborative process resulting in a comprehensive community health assessment.

Required Documentation	Score	Notes
Measure 1.1.1 A: Develop a community health assessment.		
<p>1. Community health assessment (CHA) that must include all of the following elements:</p> <ul style="list-style-type: none"> a. A list of participating partners involved in the CHA process. Participation must include: <ul style="list-style-type: none"> i. At least 2 organizations representing sectors other than governmental public health. ii. At least 2 community members or organizations that represent populations who are disproportionately affected by conditions that contribute to poorer health outcomes. b. The process for how partners collaborated in developing the CHA. c. Comprehensive, broad-based data. Data must include: <ul style="list-style-type: none"> i. Primary data. ii. Secondary data from two or more different sources. d. A description of the demographics of the population served by the health department, which must include: <ul style="list-style-type: none"> i. The percent of the population by race and ethnicity. ii. Languages spoken within the jurisdiction. iii. Other demographic characteristics, as appropriate for the jurisdiction. e. A description of health challenges experienced by the population served by the health department, based on data listed in required element (c) above, which must include an examination of disparities between subpopulations or sub- geographic areas in terms of each of the following: <ul style="list-style-type: none"> i. Health status. ii. Health behaviors. f. A description of inequities in the factors that contribute to health challenges (required element e), which must, include social determinants of health or built environment. g. Community assets or resources beyond healthcare and the health department that can be mobilized to address health challenges. <p>The CHA must address the jurisdiction as described in the description of Standard 1.1.</p>	<p>0</p>	

Measure 1.1.2 A: Ensure the community health assessment is available and accessible to organizations and the general public.		
1. Key findings and the full community health assessment (from Measure 1.1.1) actively shared with others. One example must show actively informing organizations including those that are not members of the community health assessment partnership. The other example must show actively informing the public.	0	
Mean Score for Standard 1.1	0.0	
Standard 1.2: Collect and share data that provide information on conditions of public health importance and on the health status of the population.		
Measure 1.2.1 A: Collect non-surveillance population health data.		
1. Primary quantitative population health data collected to understand health status in the jurisdiction, including: <ul style="list-style-type: none"> a. Data collection instrument. b. Evidence that instrument was used to collect data. Data must provide information about the health status of the population or the factors contributing to the health status. 2. Primary qualitative population health data collected for the purpose of understanding health status in the jurisdiction, including: <ul style="list-style-type: none"> a. Data collection instrument. b. Evidence that instrument was used to collect data. Data must be collected directly from groups or individuals who are at higher health risk. The collected data must provide information about the health status of the population or the factors contributing to the health status.	0	
Measure 1.2.2 T/L: Participate in data sharing with other entities.		
1. Participation in data sharing with other entities, by either: <ul style="list-style-type: none"> a. Providing data to another entity; or b. Receiving data from another entity; or c. Providing a data use agreement with another entity. The data being shared must include record-level data.	0	
Mean Score for Standard 1.2	0.0	

Standard 1.3: Analyze public health data, share findings, and use results to improve population health.		
Measure 1.3.1 A: Analyze data and draw public health conclusions.		
<p>1. Conclusions from quantitative analysis of data relevant to public health, which include:</p> <ul style="list-style-type: none"> a. Comparisons. b. The analytic process used. c. Conclusions. <p>At least some data used in the analysis must be specific to the population served by the health department or a subset of the jurisdiction's population.</p> <p>2. Conclusions from qualitative analysis of data relevant to public health, which include:</p> <ul style="list-style-type: none"> a. The analytic process used. b. Conclusions. <p>At least some data used in the analysis must be specific to the population served by the health department or a subset of the jurisdiction's population.</p>	0	
Measure 1.3.2 A: Share and review public health findings with stakeholders and the public.		
<p>1. Materials that present key findings or provide a data visualization, which:</p> <ul style="list-style-type: none"> a. Reference the source of the data. b. Include at least some data specific to the population or a subset of the jurisdiction's population served by the health department. c. Are designed to be understandable to the public. d. Are distributed. <p>2. Key data findings presented to external stakeholders. One example must be a presentation with the health department's governing entity or advisory board. Key data findings must include data specific to the health department service population or a subset of the jurisdiction's population.</p>	0	
Measure 1.3.3 A: Use data to recommend and inform public health actions.		
<p>1. Data findings used to inform the development or revision of policies, processes, programs, or interventions that are designed to improve the health of the population. Documentation must identify both the data findings used and the resulting policy, process, program, or intervention.</p>	0	
Mean Score for Standard 1.3	0.0	
Mean Score for Domain 1	0.0	
Mean Foundational Capabilities Score for Domain 1	0.0	
State Collaboration Score for Domain 1	0	
Local and Other Collaboration Score for Domain 1	0	
Mean Collaboration Score for Domain 1	0.0	

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DOMAIN 2: Investigate, diagnose, and address health problems and hazards affecting the population.

Standard 2.1: Anticipate, prevent, and mitigate health threats through surveillance and investigation of health problems and environmental hazards.

Required Documentation	Score	Notes
Measure 2.1.1 A: Maintain surveillance protocols/systems.		
<p>1. Listing of surveillance systems used by the health department. The health department must provide a brief description of each surveillance system that includes what public health issue(s) or condition(s) it is monitoring.</p> <p>2. Process or protocol for public health surveillance data. For each surveillance system, the process or protocol must include:</p> <ul style="list-style-type: none"> a. How data are reported or collected 24/7. b. What data quality control measures are in place. c. How data are analyzed to identify deviations from expected trends. d. How data are disaggregated by subpopulation. e. Which surveillance data are considered to be confidential. f. How confidential data are maintained in a secure and confidential manner. g. How the system to collect data is tested including the frequency of system tests. <p>One of processes or protocols must be for infectious illness surveillance. If the health department plays any role in any of elements a-g, the protocol must address how the health department performs its role(s). If any of elements a-g are carried out in full by another agency, alternate documentation could be provided. (See guidance column.) If the health department has responsibility related to just one surveillance system, that will be indicated to PHAB and only one process or protocol is required.</p>	<p>0</p>	

Measure 2.1.2 A: Communicate with surveillance sites.

1. The process to maintain updated contact information for sites that provide surveillance data to the health department and evidence of a surveillance site list.

The actual list or a screenshot of the full or partial list is required. If this function is carried out in full by a federal agency, other health department or entity, this must be indicated to PHAB.

2. Training provided to surveillance sites about the following:

- a. Relevant reporting requirements, including how and what to report.
- b. Reportable diseases/ conditions.
- c. Timeframes for reporting.

3. Surveillance data received from two different reporting sites.

Each example must address a different surveillance topic. If this function is carried out in full by a federal agency, other health department, or other entity, then this must be indicated to PHAB and no documentation is needed for this requirement.

0

Measure 2.1.3 A: Ensure 24/7 access to resources for rapid detection, investigation, containment, and mitigation of health problems and environmental public health hazards.

1. Policy(ies) or procedure(s) outlining how the health department maintains 24/7 access to resources for the detection, investigation, containment, or mitigation for both public health problems and environmental public health hazards.

The policy(ies) or procedure(s) must address resources for each of the following:

- a. Epidemiology
- b. Environmental

Data must provide information about the health status of the population or the factors contributing to the health status.

2. Current accreditation, certification, or licensure appropriate for all laboratories the health department uses for testing.

Certificates must not be expired at the time of documentation submission to PHAB. There must be at least one laboratory to which the health department has 24/7 access. If the 24/7 access or type of lab testing performed by the laboratory is not included in the accreditation, certification or licensure, it must be listed on the Documentation Form. If the access to lab capacity is outside the state, local, or Tribal government, formal documentation, such as a contract or MOU, is required to be submitted with the accreditation/certification/ licensure.

3. All protocols for how laboratory specimens are packaged and transported 24/7 for testing both during normal business hours and outside business hours.

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Measure 2.1.4 A: Maintain protocols for investigation of public health issues.

<p>1. Listing of protocols for conducting investigations of suspected or identified public health issues. Protocols must be in place to address investigation for each of the following public health issues:</p> <ul style="list-style-type: none"> a. Infectious illnesses b. Non-infectious illness c. Injury d. Environment <p>If the health department is not the entity with lead responsibility for one (or more) of the types listed, it must indicate which entity has lead responsibility on the Documentation Form. In those instances, it is not necessary to include the protocol in the Table of Contents or listing.</p> <p>2. Investigation protocol for illness, environmental health issue, or injury, which must include:</p> <ul style="list-style-type: none"> a. Specific staff position(s) or partner agencies responsibility assignments for investigations. b. Public health issue- specific protocol steps which include: <ul style="list-style-type: none"> i. Investigation steps. ii. Defined timelines for each investigation step. iii. For reportable conditions, any applicable reporting requirements. <p>One protocol must address an infectious illness and the other cannot address an infectious illness, unless infectious illness is the only type of investigation that the health department has lead responsibility. In that case, the health department can provide two protocols for infectious illness.</p>	0	
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Measure 2.1.5 A: Maintain protocols for containment and mitigation of public health problems and environmental public health hazards.

<p>1. Protocol or a set of protocols for the containment and mitigation of all legally mandated infectious illnesses and environmental issues. At least one infectious illness protocol must address:</p> <ul style="list-style-type: none"> a. Case and contact management. b. Exercising legal authority for disease control when thresholds are exceeded. <p>The protocol(s) must include all infectious illnesses and environmental issues the health department is mandated to contain or mitigate. Environmental hazard protocols do not need to address required elements a and b.</p> <p>2. Consideration of social determinants of health or health inequities incorporated into containment or mitigation strategy(ies).</p>	0	
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Measure 2.1.6 A: Collaborate through established partnerships to investigate or mitigate public health problems and environmental public health

<p>1. Investigation or mitigation action implemented collaboratively to address reportable condition, disease outbreak, injury, or environmental health issue. The examples must be from two different events. If a health department has not had an investigation or mitigation need within the five years prior to submitting documentation, they must demonstrate that they have conducted two exercises or drills of their protocol to test how it works in their setting. If only one investigation or mitigation event has occurred during the timeframe, that example must be provided, as well as one example of a drill or exercise.</p>	0	
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Measure 2.1.7 A: Use surveillance data to guide improvements.

<p>1. Reports generated from an infectious disease reporting system to demonstrate completeness of reporting. Reports must include:</p> <ul style="list-style-type: none"> a. Conditions. b. Dates associated with investigations. c. Investigation results. <p>Each example must address a different reportable or notifiable condition. If the health department does not have access to pull reports from a system, an explanation must be provided which addresses the process for required elements a-c .</p> <p>2. Surveillance data used to identify differences in population groups.</p> <p>3. Surveillance data used to improve surveillance system or containment or mitigation strategies.</p>	<p>0</p>	
<p>Mean Score for Standard 2.1</p>	<p>0.0</p>	

Standard 2.2: Prepare for and respond to emergencies.

Measure 2.2.1 A: Maintain a public health emergency operations plan (EOP).

<p>1. The public health EOP or annex to the jurisdiction’s emergency response plan. The submitted plan or annex(es) must include:</p> <ul style="list-style-type: none"> a. A description of the purpose of the plan. b. The description of incident command system, including designation of staff responsibilities. c. Identification of individuals who at higher risk, including those with access & functional needs. d. At least two processes in place to meet the needs of individuals at higher risk (per required element c). e. The lead role agency(ies), and the health department's responsibilities (if any) specific to the following areas: <ul style="list-style-type: none"> i. Medical countermeasures ii. Mass care iii. Mass fatality management iv. Mental/behavioral health v. Non-pharmaceutical interventions, including legal authority to isolate, quarantine, and, as appropriate institute social distancing. vi. Responder safety and health vii. Volunteer management (Lead role of agency(ies)) f. The process of declaring a public health emergency. g. Activation of public health emergency operations, including levels of activation based on triggers or circumstances. h. The process for collaborative review and revision of the plan. <p>The public health EOP must cover the entire jurisdiction served by the health department or multiple EOPs must be provided to cover the entire jurisdiction.</p>	<p>0</p>	
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Measure 2.2.2 A: Ensure continuity of operations during response.

<p>1. Continuity of operations plan, which must include:</p> <ul style="list-style-type: none">a. Identification of essential public health functions that must be sustained during a continuity event.b. Orders of succession.c. Identification of an alternate location for key health department staff to report, if necessary, or the ability to work virtually.	0	
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Measure 2.2.3 A: Maintain and expedite access to personnel and infrastructure for surge capacity.

<p>1. Inventory or other documentation which details types of equipment or other infrastructure necessary for responding to an emergency that exceeds the health department's capacity and how those resources are accessed. The inventory or other documentation may include resources that are readily available, but must include material resources outside of what is available to them during non-surge situations.</p> <p>2. Protocols for engaging personnel in a surge scenario, that must minimally include the following:</p> <ul style="list-style-type: none">a. How the health department manages the list of who it can contact for surge staffing, including a list of any entity with whom it has an MOU for surge personnel.b. How surge personnel are notified.c. How personnel are informed of their roles and responsibilities for the surge scenario.d. How the health department addresses the safety of personnel during a surge scenario. <p>The protocol must include laboratory, epidemiological, and environmental personnel. If the health department does not operate a laboratory, it can be indicated on the Documentation Form.</p> <p>3. The process(es) for expedited administrative procedures used during a response to an event for all of the following:</p> <ul style="list-style-type: none">a. Accepting, allocating, or spending funds.b. Managing or hiring the workforce.c. Contracting or procuring mutual aid.	0	
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Measure 2.2.4 A: Ensure training for personnel engaged in response.

<p>1. A schedule for training or exercises to prepare personnel who will serve in a response capacity, which includes at a minimum basic FEMA trainings on incident command. This must include all response personnel, including surge personnel. Preparedness must be an identifiable component of the trainings, not necessarily the sole focus.</p> <p>2. Proactive or just-in-time training for individuals involved in response activities. If no proactive or just-in-time trainings have been conducted within the last 5 years, a process of how just-in-time trainings would be provided, must be submitted.</p>	0	
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Measure 2.2.5 A: Maintain and implement a risk communication plan for communicating with the public during a public health crisis or emergency.

1. A risk communication plan that describes:

- a. Process used to develop accurate and timely messages.
- b. Methods to communicate information to community, including subpopulations at higher risk.
- c. How the department addresses misconceptions or misinformation.
- d. Process to expedite approval of messages to the public during an emergency.
- e. How information will be disseminated in the case of communication technology disruption.
- f. The process for managing and responding to inquiries from the public during an emergency.
- g. How partners coordinate communications and develop messages during an emergency.
- h. Contains a list with media contact information.
- i. Procedure for keeping the media contact list current and accurate.

2. Communication with the public during an emergency. One example must demonstrate how the department worked with news media to disseminate information during a public health emergency. The other example must demonstrate use of social media. One of the two examples must show how the department utilized a strategy specifically focused on communicating with a population that requires special communication considerations. If no emergencies have occurred within the last 5 years, the health department must indicate that to PHAB and no documentation is needed for Required Documentation 2

0

Measure 2.2.6 A: Maintain and implement a process for urgent 24/7 communications with response partners.

1. An emergency communication protocol, process, or system for contacting response partners 24/7 during a public health emergency, which must include:

- a. A list of response partners that minimally includes health care providers, emergency management, emergency responders, and environmental health agencies.
- b. A description of how alerts are sent and received 24/7.

2. Evidence that the protocol, process, or system for sending an alert to emergency response partners (provided in Required Documentation 1) has been used or tested. One example must demonstrate use of the protocol, process, or system outside of normal business hours.

0

Measure 2.2.7 A: Conduct exercises and use After Action Reports (AARs) to improve preparedness and response.

<p>1. A plan for conducting response exercises, which indicates how the elements in the EOP or annexes have been or will be tested.</p> <p>2. After Action Report (AAR), which includes:</p> <ul style="list-style-type: none"> a. Name of event or exercise. b. Overview of the event or exercise. c. Response partners involved. d. Notable strengths. e. Listing and timetable for improvement(s). <p>At least one of the AARs must show collaboration with other health departments (state, Tribal, or local) working together on an exercise or response. One example must include a Tribe, if one exists in the health department's jurisdiction.</p> <p>3. Improvements made based on AARs provided in Required Documentation 2.</p>	0	
Mean Score for Standard 2.2	0.0	
Mean Score for Domain 2	0.0	
Mean Foundational Capabilities Score for Domain 2	0.0	
State Collaboration Score for Domain 2	0	
Local and Other Collaboration Score for Domain 2	0	
Mean Collaboration Score for Domain 2	0.0	

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DOMAIN 3: Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it.

Standard 3.1: Provide information on public health issues and public health functions through multiple methods to a variety of audiences.

Required Documentation	Score	Notes
Measure 3.1.1 A: Maintain procedures to provide ongoing, non-emergency communication outside the health department.		
<p>1. Procedure for ongoing, non-emergency communications. The procedure must:</p> <ul style="list-style-type: none"> a. Include the process for ensuring information is accurate and timely. b. Describe the approach to tailoring communication to different audiences. c. Include the process for coordinating with community partners to promote the dissemination of unified public health messages. d. Describe the process to maintain a contact list of key stakeholders for communications. e. Identify which department staff position(s) is designated to perform the functions of a public information officer for regular communications. The procedure must define this position's responsibilities, which must include: <ul style="list-style-type: none"> i. Maintaining media relationships. ii. Creating appropriate, effective public health messages. iii. Managing other communications activities. <p>2. Capacity to communicate with individuals who are:</p> <ul style="list-style-type: none"> a. Non-English speaking, b. Deaf or hard of hearing, and c. Blind or have low vision <p>If the service is outside of the health department, the health department must show a current (non-expired) written agreement (contract or MOA/MOU) that demonstrates access to such service.</p> <p>3. Evidence of working with the media to provide non-emergency communication.</p>	0	

Measure 3.1.2 A: Establish and implement a department-wide brand strategy.		
<p>1. A department-wide brand strategy that includes policies or procedures for each of the following:</p> <ul style="list-style-type: none"> a. Convey the health department’s brand, which establishes the department's presence, functions, and services to the community. b. Ensure health department staff have understand and are committed to the brand. c. Integrate brand messaging into department communication strategies. d. Use a common visual identity (logo) to communicate the health department’s brand. <p>2. Implement the department-wide brand strategy externally. Examples must address:</p> <ul style="list-style-type: none"> a. Integrate brand messaging into department external communication strategies. b. Use a common visual identity (logo) to communicate the health department’s brand. <p>3. Signage displaying the brand or logo. One example must be signage inside and one example must be signage outside the health department’s main facility.</p>	0	
Measure 3.1.3 A: Communicate what public health is, what the health department does, and why it matters.		
<p>1. Communications about:</p> <ul style="list-style-type: none"> a. What public health is. b. What the health department does. c. Why it matters. <p>One example must show communication to the public and the other must show communication to the governing entity or advisory group.</p>	0	
Measure 3.1.4 A: Use a variety of methods to make information available to the public and assess communication strategies.		
<p>1. The health department’s website URL. is required to feature the following elements:</p> <ul style="list-style-type: none"> a. 24/7 contact number for reporting health emergencies. b. Contact number or link to report notifiable or reportable conditions. c. The jurisdiction’s community health assessment and community health improvement plan. (If not be applicable to a Tribe, indicate on the form) e. Links to public health- related laws or codes including enforcement related laws. f. Links to permits and license applications, as applicable. g. Information about or materials fromthe department's public health program activities. h. Links to CDC and other public health-related federal, state, or local agencies, as appropriate. i. The name of the health department director. j. The address of the health department. k. A method for the public to submit comments to the health department. l. Evidence of at least one update to the website within the past year. <p>2. Social media used to provide information to the general public about public health issues or health department functions.</p> <p>3. Assessment of one communication strategy.</p>	0	
Mean Score for Standard 3.1	0.0	

Standard 3.2: Use health communication strategies to support prevention, health, and well-being.		
3.2.1 A: Design communication strategies to encourage actions to promote health.		
<p>1. A department-wide approach for developing and implementing communication strategies designed to encourage actions to promote health. Approach must include processes for:</p> <ul style="list-style-type: none"> a. Determining that an issue is a priority for communication efforts. b. Identifying appropriate evidence-based or promising practices. c. Engaging the priority population(s) in the design, development, or implementation of strategies. d. Ensuring consistency with procedures for communications (Measure 3.1.1) about: <ul style="list-style-type: none"> i. Ensuring information is accurate and timely. ii. Tailoring communication for different audiences. iii. Informing or coordinating with community partners to promote the dissemination of unified public health messages. 	0	
3.2.2 A: Implement health communication strategies to encourage actions to promote health.		
<p>1. Health communication strategy implemented to encourage actions to promote health, which includes:</p> <ul style="list-style-type: none"> a. The final content that references an action that members of the public should take and describes why the action should be taken. b. A description of how the health department strived for cultural humility and considered linguistic appropriateness. c. How the information was shared or distributed. <p>At least one example must be of an evidence-based or promising practice. At least one example must demonstrate how the content or dissemination was shaped by input from the priority audience. The two examples must be from different public health topics, one of which must address a chronic disease program.</p> <p>2. Unified messaging coordinated with other health departments (Tribal, state, or local), community partners, or the governing entity.</p>	0	
Mean Score for Standard 3.2	0.0	
Mean Score for Domain 3	0.0	
Mean Foundational Capabilities Score for Domain 3	0.0	
State Collaboration Score for Domain 3	0	
Local and Other Collaboration Score for Domain 3	0	
Mean Collaboration Score for Domain 3	0.0	

Tribal & Territorial Health Department Public Health Capacity Assessment Workbook

DOMAIN 4: Strengthen, support, and mobilize communities and partnerships to improve health .		
Standard 4.1: Engage with the public health system and the community in promoting health through collaborative processes.		
Required Documentation	Score	Notes
Measure 4.1.1 A: Engage in active and ongoing strategic partnerships.		
<p>1. A collaborative activity to address a specific public health issue or population that builds on an ongoing partnership with another organization. Documentation for the collaborative activity must include the following:</p> <ul style="list-style-type: none"> a. Name and brief description of the partner organization. b. Description of how long the partnership has been in place. c. Description of intentional actions taken to maintain the ongoing relationship. d. A brief description of how the example provided demonstrates that this is a collaborative activity <p>Documentation from collaborative activities must be with two different organizations.</p>	0	
Measure 4.1.2 A: Participate actively in community health coalition(s).		
<p>1. Active participation in a current, ongoing community coalition that addresses multiple population health topics or in two coalitions that each address a single health topic or population.</p> <p>Documentation must include:</p> <ul style="list-style-type: none"> a. Purpose or intended goals of the coalition. including how they address disparities or inequities. b. Representatives from multiple sectors. c. Participation of community members. d. Modes and frequency of interaction. <p>The health department must actively participate in the coalition, although the coalition may be convened or facilitated by a representative of another community organization or agency.</p> <p>2. Strategies implemented through the work of the coalition(s) from Required Documentation 1. Both examples could be provided from the same coalition.</p>	0	
Measure 4.1.3 A: Engage with community members to address public health issues and promote health		
<p>1. Strategy implemented to promote active participation or eliminate barriers to participation among community members.</p>	0	
Mean Score for Standard 4.1	0.0	
Mean Score for Domain 4	0.0	
Mean Foundational Capabilities Score for Domain 4	0.0	
State Collaboration Score for Domain 4	0	
Local and Other Collaboration Score for Domain 4	0	
Mean Collaboration Score for Domain 4	0.0	

Tribal & Territorial Health Department Public Health Capacity Assessment Workbook

DOMAIN 5: Create, champion, and implement policies, plans, and laws that impact health.

Standard 5.1: Serve as a primary and expert resource for establishing and maintaining health policies and laws.

Required Documentation	Score	Notes
Measure 5.1.1 A: Maintain awareness of public health issues that are being discussed by those who set policies and practices that impact on public health.		
1. Evidence that the health department stays informed of the public health issues that are being discussed by its governing entity or advisory board, elected officials, or other individuals or entities that set policies and laws that impact public health or the health department. Examples of documentation include meeting minutes and agendas showing a discussion of policies or laws and their impact on health; a log of legislation impacting health and environmental public health; health department membership on a listserv that discusses public health policy issues; or newsletters, reports, or summaries showing the health department is aware of policy related issues discussed by elected officials or governing entities.	0	
Measure 5.1.2 A: Examine and contribute to improving policies and laws.		
1. A review of a current or proposed policy shared with those who set or influence policy. Review must include: <ul style="list-style-type: none"> a. Consideration of evidence-based practices, promising practices, or practice-based evidence. b. Assessment of the impacts of the policy or law on equity. c. Input gathered from stakeholders or strategic partners. 	0	
Mean Score for Standard 5.1	0	

Standard 5.2: Develop and implement community health improvement strategies collaboratively.

Measure 5.2.1 A: Engage partners and members of the community in a community health improvement process.

1. A collaborative process for developing the community health improvement plan (CHIP), including: <ul style="list-style-type: none"> a. A list of participating partners involved in the CHIP process. Participation must include: <ul style="list-style-type: none"> i. At least 2 organizations representing sectors other than public health. ii. At least 2 community members or organizations that represent populations that are disproportionately affected by conditions that contribute to poorer health outcomes. b. Review of information from the community health assessment. c. Review of the causes of disproportionate health risks or health outcomes of specific populations. d. Process used by participants to select priorities. The CHIP process must address the jurisdiction as described in the description of Standard 5.2.	0	
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Measure 5.2.2 A: Adopt a community health improvement plan.

1. A community health improvement plan (CHIP), which includes all of the following:
 - a. At least two health priorities.
 - b. Measurable objective(s) for each priority.
 - c. Improvement strategy(ies) or activity(ies) for each priority.
 - i. Each activity or strategy must include a timeframe and a designation of organizations or individuals that have accepted responsibility for implementing it.
 - ii. At least two of the strategies or activities must include a policy recommendation, one of which must be aimed at alleviating causes of health inequities.
 - d. Identification of the assets or resources that will be used to address at least one of the specific priority areas.
 - e. Description of the process used to track the status of the effort or results of the actions taken to implement CHIP strategies or activities. The CHIP must address the jurisdiction as described in the description of Standard 5.2.

0

Measure 5.2.3 A: Implement, monitor, and revise as needed, the strategies in the community health improvement plan in collaboration with partners.

1. Community health improvement plan (CHIP) activity or strategy implemented.
Examples must be from different health improvement plan priority areas. The Documentation Form must indicate to which CHIP strategy or activity the example applies. If the plan was adopted less than a year before it was submitted to PHAB, the health department may provide implementation from an earlier CHIP. (Documentation must demonstrate the linkage between the activities or strategies and the prior CHIP. Although the prior CHIP may be more than 5 years old, the implementation must have occurred within 5 years.)
2. An annual review of progress made in implementing all strategies and activities in the community health improvement plan (CHIP).
If the plan was adopted less than a year before it was submitted to PHAB, the department may provide (1) an annual review of a previous plan or (2) detailed plans for the annual review process.
3. Revisions to the community health improvement plan (CHIP) based on an annual review (above).
If the plan was adopted less than a year before it was submitted to PHAB, the health department may provide (1) revision of an earlier plan or (2) detailed plans for a revision process.

0

Measure 5.2.4 A: Address factors that contribute to specific populations' higher health risks and poorer health outcomes.

1. A policy or procedure that demonstrates how health equity is incorporated as a goal into the development of programs that serve the community.
2. Implementation of one strategy, in collaboration with partners, or the community, to address factors contributing to specific populations' high risks, poor health outcomes, or inequities.
The documentation must define the health department's role in the strategy as well as the roles of stakeholders, partners, or the community.

0

Mean Score for Standard 5.2	0.0	
Mean Score for Domain 5	0.0	
Mean Foundational Capabilities Score for Domain 5	0.0	
State Collaboration Score for Domain 5	0	
Local and Other Collaboration Score for Domain 5	0	
Mean Collaboration Score for Domain 5	0.0	

Tribal & Territorial Health Department Public Health Capacity Assessment Workbook

DOMAIN 6: Utilize legal and regulatory actions designed to improve and protect the public's health.

Standard 6.1: Promote compliance with public health laws.

Required Documentation	Score	Notes
Measure 6.1.1 A: Maintain knowledge of laws to promote and protect the public's health.		
<p>1. Staff are trained on laws which they are programmatically required to enforce.</p> <p>Examples must be from two different enforcement areas. If the health department does not have enforcement authority, the examples must demonstrate staff are provided with training on how enforcement authorities are carried out by other agencies with enforcement authority to promote and protect health.</p>	0	
Measure 6.1.2 A: Investigate complaints pertaining to public health regulations.		
<p>1. Protocols for complaint investigations, which include steps for follow-up.</p> <p>Examples must be from two different enforcement programs/areas or one protocol pertaining to multiple enforcement programs/areas. If the health department is not mandated to conduct complaint investigations, the protocol(s) must address the process to refer concerns or complaints to the appropriate agency with authority. If the health department has authority to conduct complaint investigations for only one program, one protocol must address that program and the other protocol must address the process to refer concerns or complaints to the appropriate agency with authority.</p> <p>2. Steps taken to investigate complaints pertaining to regulated entities.</p> <p>Examples must demonstrate that the protocol(s) provided in Required Documentation 1 were followed. Examples must be from two different enforcement programs/areas. If the health department is not mandated to conduct complaint investigations, examples must demonstrate how the department communicated concerns or complaints to the agency(ies) with authority based on protocol(s) in Required Documentation 1. If the health department has authority to conduct complaint investigations for only one program, one example must address that program and the other must address communicating concerns or complaints to another agency with authority based on protocol(s) in Required Documentation 1.</p>	0	

Measure 6.1.3 A: Conduct and monitor inspection activities of regulated entities according to a schedule.

1. Protocol/algorithm for scheduling inspections of regulated entities that defines the inspection frequency.
The protocol/algorithm must be in programs/areas where the health department has authority to conduct an inspection of the regulated entity. Examples must be from two different inspection programs/areas. If the health department has no enforcement authority, this will be indicated to PHAB and no documentation is needed for this requirement. If the health department is mandated to perform inspections in only one program/area, this will be indicated to PHAB and only one example is needed for this requirement.

2. A database or log of inspection reports that meet inspection frequencies, as defined in Required Documentation 1. The database or log must at a minimum include:

- a. Dates that inspections occurred.
- b. Dates or timeframes when future inspections are scheduled.
- c. Actions taken based on inspection findings.

This documentation of inspections must relate to one of the enforcement programs/areas that were provided in Required Documentation 1 above. If the health department has no enforcement authority, this will be indicated to PHAB and no documentation is needed for this requirement.

0

Measure 6.1.4 A: Conduct enforcement actions.

1. Protocol for enforcement.
At least one of the two examples must address infectious illness, if the health department has enforcement authority for at least one infectious illness. If the department has no enforcement authority, indicate to PHAB, no documentation is needed for this requirement.

2. Implementation of enforcement protocol from Required Documentation 1.
If the health department has no enforcement authority, this will be indicated to PHAB and no documentation is needed for this requirement.

3. Information provided to regulated entities about their responsibilities related to public health laws.
Documentation must include both the information provided and description of its distribution. One of the examples must demonstrate consideration of cultural humility, literacy, or other special communication consideration. If the health department has no enforcement authority, indicate to PHAB and no documentation is needed for this requirement.

4. Hearings, meetings, or other official communications with regulated entities regarding a compliance plan.
Examples must include any resulting compliance plans. If the department has no enforcement authority, indicate to PHAB and no documentation is needed for this requirement.

0

Measure 6.1.5 A: Coordinate notification of enforcement actions among appropriate agencies.

<p>1. A communication protocol for how the health department notifies another agency(ies) of enforcement actions. The health department must provide examples from two different enforcement programs/ areas or a protocol that covers multiple enforcement programs/ areas. If the health department has no enforcement authority, this will be indicated to PHAB and no documentation is needed for this requirement.</p> <p>2. Notification to another agency of enforcement action(s). Documentation must demonstrate that protocols in Required Documentation 1 were followed. If the health department has no enforcement authority, this will be indicated to PHAB and no documentation is needed for this requirement.</p>	0	
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Measure 6.1.6 A: Inform the public about enforcement activities.

<p>1. A protocol for notifying the public of actions they need to take or not take based on enforcement activities. The health department must provide examples from two different enforcement programs/areas or a protocol that covers multiple enforcement programs/areas. If the health department has no enforcement authority, the protocol must address how the health department shares information with the public about the enforcement activities of other agencies so that the public is informed of actions they should or should not take.</p> <p>2. Notification to the public of enforcement activities, which demonstrates consideration of cultural humility, literacy, or other special communication considerations. Documentation must demonstrate that protocols in Required Documentation 1 were followed. If the health department has no enforcement authority, the health department must provide an example of communicating the enforcement actions of other entities to the public (based on Required Documentation 1).</p>	0	
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Measure 6.1.7 A: Identify and implement improvement opportunities to increase compliance.

<p>1. Assessment of enforcement programs, which must include:</p> <ul style="list-style-type: none"> a. A summary of patterns or trends in complaints, enforcement activities, or compliance. b. What worked well. c. What issues arose. d. Recommended changes in investigation, enforcement procedures, or other actions to improve compliance. <p>The examples must be from two different enforcement programs. If the department operates an enforcement program that is out of compliance with state law or is under sanctions or a performance improvement plan, then one example must be from that program. If the health department has no enforcement authority, it must indicate to PHAB and no documentation is needed for this requirement. If the health department has authority for only one enforcement program, the department must indicate to PHAB and submit one example.</p> <p>2. Changes to investigation procedures, enforcement procedures, or other actions taken to improve compliance.</p> <p>If the health department has no enforcement authority, it must be indicated to PHAB and no documentation is needed for this requirement.</p> <p>3. Communication provided to the public on the purpose of public health regulations.</p> <p>The example must include evidence that the information was shared or distributed by the health department, regardless of the entity that created the communication. Examples must be from two different enforcement areas.</p>	0	
Mean Score for Standard 6.1	0.0	
Mean Score for Domain 6	0.0	
Mean Foundational Capabilities Score for Domain 6	0.0	
State Collaboration Score for Domain 6	0	
Local and Other Collaboration Score for Domain 6	0	
Mean Collaboration Score for Domain 6	0.0	

Tribal & Territorial Health Department Public Health Capacity Assessment Workbook

DOMAIN 7: Contribute to an effective system that enables equitable access to the individual services and care needed to be healthy.

Standard 7.1: Engage with partners in the health care system to assess and improve health service availability.

Required Documentation	Score	Notes
Measure 7.1.1 A: Engage with health care delivery system partners to assess access to health care services.		
1. A collaborative assessment of access to health care that includes the following: <ul style="list-style-type: none"> a. A list of partners that were involved, which must include primary care and behavioral health providers. b. Review of data on populations who lack access or experience barriers to care. c. Review of data on the availability and gaps in services. d. Conclusions drawn about the causes of barriers to access to care. Primary care and behavioral health care must each be considered within the assessment.	0	
Measure 7.1.2 A: Implement and evaluate strategies to improve access to health care services.		
1. Collaborative implementation of a strategy to assist the population in obtaining health care services. 2. Evaluation findings of a strategy to increase access to health care, which must include collection of feedback from patient population(s) who were the focus of the strategy. The evaluation must relate to one of the examples in Required Documentation 1.	0	
Measure 7.1.3 A: Establish or improve systems to facilitate availability of high-quality health care.		
1. Effort to develop or improve systems for ensuring the availability of health care. The documentation cannot be the same examples provided for Measure 7.1.2, but could demonstrate additional efforts to continue to improve systems or policies related to those examples previously provided.	0	
Mean Score for Standard 7.1	0.0	

Standard 7.2: Connect the population to services that support the whole person.		
Measure 7.2.1 A: Collaborate with other sectors to improve access to social services.		
1. Multi-sector implementation of an effort to improve access to social services or to integrate social services and health care. Documentation examples include: <ul style="list-style-type: none"> a. An MOU between partners outlining activities and responsibilities. b. A documented cooperative referral system between partners with methods to link services. c. Integration of screenings for adverse childhood experiences (ACEs), social determinants of health or other vulnerable population into primary care visits. d. Documentation of social media campaigns, PSAs, or marketing tools to reach underserved diverse communities. 	0	
Measure 7.2.2 A: Collaborate with other sectors to ensure access to care during service disruptions		
1. Collaborative strategy to ensure continuity of access to needed care during service disruptions. Documentation could be, for example, reports or other summaries of strategies planned or implemented; meeting minutes showing collaborative planning of strategies; work plans developed collaboratively with established roles; MOUs or other agreements; submitted grant applications or grant implementation; or an excerpt of the emergency operations plan.	0	
Mean Score for Standard 7.2	0.0	
Mean Score for Domain 7	0.0	
Mean Foundational Capabilities Score for Domain 7	0.0	
State Collaboration Score for Domain 7	0	
Local and Other Collaboration Score for Domain 7	0	
Mean Collaboration Score for Domain 7	0.0	

Tribal & Territorial Health Department Public Health Capacity Assessment Workbook

DOMAIN 8: Build and support a diverse and skilled public health workforce.

Standard 8.1: Encourage the development of a sufficient number of qualified public health workers.

Required Documentation	Score	Notes
Measure 8.1.1 T/L: Collaborate to promote the development of future public health workers.		
1. Participation in a collaborative activity that promotes public health as a career choice. Documentation could include practicum, placement, or internship agreements with colleges or universities with evidence that multiple students have participated; evidence of participating in a career fair or providing guest lectures over multiple semesters (or a combination of various activities); evidence of developing or maintaining an Academic Health Department agreement.	0	
Measure 8.1.2 A: Recruit a qualified and diverse health department workforce.		
1. Recruitment or hiring efforts aimed at securing a qualified and diverse workforce. If fewer than 2 opportunities to recruit & hire in the last 5 years, the health department must provide a process/plan to recruit & hire qualified and diverse new employees for future vacancies.	0	
Mean Score for Standard 8.1		0.0

Standard 8.2 A: Build a competent public health workforce and leadership that practices cultural humility.

Measure 8.2.1 A: Develop a workforce development plan that assesses workforce capacity and includes strategies for improvement.

1. A health department- specific workforce development plan that includes: <ul style="list-style-type: none"> a. A description of the current capacity of the health department both as a whole and within its sub- b. An organization-wide assessment of current staff capabilities against an accepted set of core c. Findings from an equity assessment that considers staff competence in the areas of cultural humility, diversity, or inclusion. d. Priority gaps identified with an explanation of the prioritization. At least one of the prioritized gaps must relate to the findings of the assessments in required element a, b, or c. e. Plans to address at a minimum two of the gaps in required element d; for each gap, documentation must include: <ul style="list-style-type: none"> i. Measurable objectives. ii. Improvement strategies or activities with timeframes 2. A list of learning or educational opportunities that relate to the gaps in capacity or capabilities identified within the workforce development plan (Required Documentation 1, required elements a or b) or the equity assessment (Required Documentation 1, required element c). At least one of the learning or educational opportunities will include training on equity, diversity, inclusion, or cultural humility.	0	
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Measure 8.2.2 A: Provide professional and career development opportunities for all staff.

1. Individualized professional development plans for non- managerial staff including and progress toward completion. Each example must be for a different employee’s professional development plan.		
2. Participation in leadership or management development learning opportunities.	0	

Measure 8.2.3 A: Build a supportive work environment.

1. A comprehensive policy or set of policies that demonstrate a supportive work environment, which must address, at minimum, one provision of each of the following: a. Employee wellness. b. Work-life balance. c. Employee recognition. d. Inclusive culture. 2. Assessment of staff satisfaction and actions taken, including: a. Systematically collecting feedback from staff. b. Drawing conclusions and making recommendations based on the feedback. c. Taking action based on the conclusions drawn from the staff satisfaction assessment.	0	
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Mean Score for Standard 8.2	0.0	
Mean Score for Domain 8	0.0	
Mean Foundational Capabilities Score for Domain 8	0.0	
State Collaboration Score for Domain 8	0	
Local and Other Collaboration Score for Domain 8	0	
Mean Collaboration Score for Domain 8	0.0	

Tribal & Territorial Health Department Public Health Capacity Assessment Workbook

DOMAIN 9: Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement.

Standard 9.1: Build and foster a culture of quality.

Required Documentation	Score	Notes
Measure 9.1.1 A: Establish a performance management system.		
<p>1. A department-wide performance management system, which includes:</p> <ul style="list-style-type: none"> a. Performance management goals and objectives with time-framed and measurable targets. b. A performance management system operation description, including the process to: <ul style="list-style-type: none"> i. Enter data in the performance management system. ii. Monitor data on performance. iii. Communicate results on a regular reporting cycle. iv. Use data to guide decision-making. v. Use data to facilitate continuous quality improvement. c. Linkages between the performance management system and strategic plan. 	0	
Measure 9.1.2 A: Implement the performance management system.		
<p>1. Implementation of the performance management system, which must include each of the following for two performance goals:</p> <ul style="list-style-type: none"> a. Objective(s) with identified timeframe(s) for measurement. b. The data for each objective. At least one of the objectives must use customer feedback data. c. Tracking of progress toward achieving objectives. d. Next steps for the identified goal, based on tracking progress. <p>If the performance management system is part of a larger performance management system, the examples of implementation must be relevant to the health department or population health of the jurisdiction served by the health department.</p>	0	

Measure 9.1.3 A: Implement a systematic process for assessing customer satisfaction with health department services.		
<p>1. Feedback from external customers assessing customer satisfaction with health department services, which includes each of the following:</p> <ul style="list-style-type: none"> a. Data collection efforts that facilitate feedback collection from individuals of varying languages or ability, or who are otherwise disproportionately affected by health issues, higher health risks or poorer health outcomes. b. Summary of findings about external customer feedback. Examples must be from two different external customer groups. <p>2. Actions taken based on the findings from customer feedback from Required Documentation 1.</p>	0	
Measure 9.1.4 A: Establish a process that guides health department quality improvement efforts across the department.		
<p>1. A quality improvement (QI) plan that addresses each of the following:</p> <ul style="list-style-type: none"> a. List and description of key quality terms. b. Key elements of the QI structure, which must minimally include a description of roles and responsibilities of those responsible for the QI plan's implementation. c. Description of QI learning opportunities offered to all levels of department staff. d. Description of the process for identifying, prioritizing, and initiating QI projects. e. QI plan Goals and objectives with time-framed targets for implementation. f. Description of how implementation of the QI plan is monitored. g. Communication strategies used to share with stakeholders about QI activities conducted by the health department. 	0	
Measure 9.1.5 A: Implement quality improvement projects.		
<p>1. Implementation of quality improvement (QI) projects that demonstrate the following:</p> <ul style="list-style-type: none"> a. How the opportunity for improvement was identified. b. The measurable and time-framed objective(s) for how the project aims to address the opportunity for improvement. c. Use of a QI method. d. Use of QI tools to better understand or make decisions about: <ul style="list-style-type: none"> i. The current process. ii. Root cause(s). iii. Possible solutions. iv. Prioritization/ selection of solutions for implementation. e. A description of QI project outcomes, including progress toward the measurable objective(s) established in required element b. The description must include data used to determine whether the project's objective(s) was met and identify next steps resulting from the project. 	0	

Measure 9.1.6 A: Promote a culture of quality by engaging staff at all organizational levels in performance management and quality improvement		
<p>1. Findings from a performance management or quality improvement (QI) self-assessment.</p> <p>2. A functioning committee, team, or council responsible for:</p> <ul style="list-style-type: none"> a. Implementing the department’s performance management system. b. Facilitating continuous QI. <p>3. Staff at all levels, including leadership/management staff, engaged in developing or implementing the health department’s performance management system or QI.</p> <p>The examples must include staff who are not in the committee/team/council described in Required Documentation 2.</p> <p>4. Staff professional development completed in the area of performance management or QI.</p>	0	
Mean Score for Standard 9.1	0.0	
Standard 9.2: Use and contribute to developing research, evidence, practice-based insights, and other forms of information for decision making		
Measure 9.2.1 A: Identify and use applicable research and practice-based information for program development and implementation.		
<p>1. Incorporation of research or practice- based information used to develop a new (or revised) public health process, program, intervention. Each example must address:</p> <ul style="list-style-type: none"> a. The research or practice-based information source. (A web link, or publicly available abstract.) b. A new or revised process, program, or intervention that cites sourced from required element a. c. A description of how the appropriateness of the research or practice- based information was considered for a particular group or community being served, or how the health department modified the process, program, or intervention as needed to be appropriate for the particular group or community being served. Examples must come from two different program areas, one of which is a chronic disease program or program that seeks to prevent chronic disease. 	0	
Measure 9.2.2 A: Evaluate programs, processes, or interventions.		
<p>1. Evaluation of a process, program, or intervention.</p> <p>If the evaluation was conducted by another entity, the health department must demonstrate its involvement in both the evaluation and in the process, program, or intervention being evaluated.</p>	0	
Measure 9.2.3 A: Communicate research findings, including public health implications.		
<p>1. Public health research implications communicated to external stakeholders, including:</p> <ul style="list-style-type: none"> a. A citation or other evidence that the research was peer reviewed or validated by experts. b. The public health implications of the research. c. How the implications were communicated to one or more external stakeholders. 	0	

Measure 9.2.4 A: Foster innovation.

1. Effort to foster innovation skills, practices, or processes. Documentation could include, for example, training content, meeting minutes, project notes, or policies or initiatives to foster innovation (e.g., establishing a process to incubate novel projects).	0	
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Measure 9.2.5 T/S: Foster research.

1. Involvement with other researchers to foster research. Documentation could include a membership list, attendance roster, minutes, a research agenda or an academic agreement with a plan to conduct a series of studies.	0	
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Mean Score for Standard 9.2	0.0	
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Mean Score for Domain 9	0.0	
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Mean Foundational Capabilities Score for Domain 9	0.0	
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State Collaboration Score for Domain 9	0	
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Local and Other Collaboration Score for Domain 9	0	
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Mean Collaboration Score for Domain 9	0.0	
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