



Tribal & Territorial Health Department Guide To Assessing Public Health Capacity

A Collaborative Approach

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



*A companion guide to Tribal & Territorial Health
Department Public Health Capacity Assessment Workbook.*

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The Guide

The *Tribal and Territorial Health Department Guide to Assessing Public Health Capacity* provides an in-depth approach to assessing public health capacity based on the Public Health Accreditation Board Standards and Measures, Version 2022. Assessing a Tribal and Territorial Health Department’s (THD) public health capacity can be an overwhelming task and it can be difficult to know where to start. This guide provides THDs with the basic steps on how to engage staff and partners in a collaborative process that can be tailored to a THD’s unique context, organizational structure, and size.

The approach described in this guide was developed based on experience working with numerous THDs nationwide and is designed to provide general recommendations. We recognize THDs are diverse in terms of size, structure, governance, population, jurisdiction, and partners. Adapting the recommended approach or using alternate approaches is encouraged. The guidebook includes references to information and technical assistance, and we encourage you and your team to explore and use other tools and resources to help your THD achieve its objective.

This guidebook is intended to complement the Public Health Accreditation Board’s (PHAB) materials and documents, not to replace them. THDs are encouraged to reference PHAB materials and documents often.

The Tribal and Territorial Health Department Guide to Assessing Public Health Capacity guide is based on a guide Red Star International, Inc. (Red Star) originally adapted in 2013 from a similar guide for local health departments created by the National Association of County and City Health Officials (NACCHO).

The content of this guide reflects the views of the authors and does not necessarily represent an official position or endorsement by PHAB, NACCHO or any of their funders.

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Introduction

Overall community wellness is a deep cultural value and is central to a THD's mission. This is why understanding the concept of public health can be so useful. Public health is often defined as promoting, protecting, and improving the health of communities through health promotion, disease prevention, and surveillance and response. Rather than focusing solely on eliminating disease, public health practices focus on assuring conditions in which people can be healthy. Such conditions include the social, economic, and environmental factors that contribute to health: access to healthy foods, smoke-free buildings, and safe places to live, work, and play.

Tribal and Territorial Health Departments are involved in a variety of public health activities in rapid response to the changing health needs of their communities. Recent threats to the public's health highlighted the importance of THD leadership and their capacity to identify, respond to, and mitigate public health issues to protect health. In particular, these events show that regardless of the issue, place matters. Not only in terms of *where* one lives, but also *how well critical public health activities are coordinated* within and across governments.¹ Today's efforts to strengthen public health infrastructure – capabilities, relationships, and resources – may lead to a greater capacity to respond to urgent public health issues and positively impact health outcomes related to infectious and chronic disease, healthy lifestyles, and quality of life.

National Standards for Assessing Capacity

The mission of the [Public Health Accreditation Board](#) (PHAB) for Tribal, state, local, and territorial public health departments is to advance and transform public health practice by championing performance improvement, strong infrastructure, and innovation. In November 2015, PHAB launched the Public Health National Center for Innovations (PHNCI) which is fostering public health innovation, modernization, and transformation through the [Foundational Public Health Services](#) (FPHS) framework. This framework defines a minimum set of eight foundational capabilities:

1. Assessment & Surveillance
2. Community Partnership Development
3. Equity
4. Organizational Competencies
5. Policy Development & Support
6. Accountability & Performance Management
7. Emergency Preparedness & Response
8. Communications.

1. Red Star Innovations. [Tribal-State relations in public health: A practice brief exploring public health authority and the value of cross-jurisdictional service sharing](#). Published online December 2014. Accessed December 21, 2020. Public Health Accreditation Board website. Accessed May 28, 2023.

Public Health Accreditation Board Standards and Measures, Version 2022 offers unique opportunities to THDs seeking to assess their public health capacity against a set of national standards based on the 10 Essential Public Health Services. Version 2022 reflects the changing landscape of public health by emphasizing health equity, streamlining processes, and reflecting updated preparedness requirements based on lessons learned from the pandemic.² The Foundational Capabilities are embedded with easily identified measures, forming the basis of the PHAB Pathways Recognition Program (Pathways), a step towards accreditation and performance improvement. (Visit <https://phaboard.org/> for more information)

These changes mark new opportunities for THDs seeking to strengthen their public health capacity and transform their practices. Regardless of whether accreditation is a goal, conducting a public health capacity self-assessment using the PHAB S/Ms can help identify performance improvement opportunities, bolster management practices, develop leadership, and strengthen multisector relationships.

Resource Links:

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

2. [Public Health Accreditation Board](#) website. Accessed May 28, 2023.

Assessment Readiness

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, as a short-term or long-term goal. Even if public health accreditation or Pathways is not a goal, the self-assessment process can still be a valuable learning tool.

Identify a Lead

Choosing the right person to lead the assessment process is essential to the THD's success. This person should have demonstrated skills in leadership, communication, organization, and team building. Ideally, they are a detail-oriented taskmaster who can delegate when needed and motivate others when energy is low. This person should have strong support from the THD Director and should be respected and seen as credible by others. While this may seem like a tall order, the THD will want a very capable person leading the charge, especially if accreditation or Pathways is a goal, because it is a significant endeavor that requires time, tenacity, and commitment.

Building a core multidisciplinary team to help oversee and guide the process can also be helpful. This is the perfect time to take an accounting of the individual talents, strengths, and skills of various THD staff. When building your team, consider individuals who are subject matter experts and effective delegators. Individuals who are objective, organized, and effective communicators will help ensure the process continues beyond assessment and into prioritizing and planning capacity building efforts. This team may include members of senior management, middle management, and frontline program employees.

Consider System Partners

Public health practice or performance is most effective when it uses a systems approach. A systems approach is one where multiple stakeholders or partners work together, coordinating efforts to deliver essential public health services, rather than delivering them in isolation, without the help or input of others. Stakeholders include any person or group who shares a vested interest in protecting and promoting community health.

The PHAB S/MS address a THD's capacity to work with its partners to fulfill a range of core public health functions and essential services.



While many of the key functions and services may be provided by a THD, there are other functions that may be provided by other entities, divisions, and programs, both within or outside of the Tribal or territorial government. These can include, but are not limited to, environmental health, health education and promotion, chronic and communicable disease prevention and control, injury prevention, and access to clinical care. The S/Ms also address areas of public health law, governance, finance, human resources, and administration. Since many programs and services are delivered in partnership or coordination with others, it is important to identify ways to include the most appropriate public health system partners in the self-assessment process.

Leadership Support

Leadership support is essential when conducting a public health capacity assessment based on national standards, especially if a THD is considering accreditation or Pathways. Tribal Leadership support is important as you engage stakeholders who are both internal and external to the Tribe, formalize partnerships through memoranda of understanding, and review the S/Ms addressing governance, public health law, and policy. As a THD looks to address performance and capacity gaps, budget requests may be needed to cover the costs associated with accreditation or performance improvement (e.g., PHAB application fee, information systems purchases, and technical assistance/consultant fees).

Overview:

Steps to Complete a Public Health Capacity Assessment

An organizational self-assessment process provides a means for understanding a THD's systems, operations, processes, and policies in order to strengthen services, as well as assess their readiness for public health accreditation. As mentioned in the previous section, engaging other departments and stakeholders and partners is critical to the assessment process. Using a collaborative approach from the start encourages buy-in and support for both the assessment process and for addressing identified capacity gaps. It can help other departments better understand and appreciate how working in partnership can strengthen services, improve coordination, achieve shared goals, leverage resources, and increase overall productivity.

Once completed, assessment results can be used to identify strengths and opportunities for quality improvement, community health improvement, and strategic planning; all of which are foundational capabilities and requirements of public health accreditation. Self-assessment is an iterative process, one that a THD will likely complete more than once as its capacity grows and priorities shift. Results can also be used to determine whether pursuing public health accreditation or Pathways is a short-term or long-term goal.

This *Tribal and Territorial Health Department Guide to Assessing Public Health Capacity* provides a step-by-step approach to conduct an in-depth, collaborative approach to assessing public health capacity. The guide provides broad guidance on conducting a self-assessment that follows five principal steps, including how to use your results to determine whether accreditation or Pathways could be a short-term or long-term goal:

- Step 1: Initial preparation
- Step 2: Conduct the assessment and gather documentation
- Step 3: Identify and analyze strengths and improvement opportunities
- Step 4: Prioritize areas for improvement
- Step 5: Develop and implement a work plan to address S/Ms

After completing Steps 1-3 of a self-assessment, the THD will have a list of top priority areas for improvement. Finishing Steps 4-5 of the self-assessment process is valuable; acting on the results of the process is where improvements are actually made.

The approach described in this guide is not intended to prescribe what and how specific activities should be conducted. Rather, it offers THDs an *approach* to preparing and conducting a self-assessment and then using the assessment's results to strengthen capacity. THDs are diverse in terms of size, structure, governance, population, jurisdiction, and partners. Therefore, adapting the recommended approach or using an alternate approach may be necessary and is encouraged.

Capacity Assessment Tools

This Tribal and Territorial Health Department Guide to Assessing Public Health Capacity is designed to facilitate a process using the Public Health Accreditation Board's Standards and Measures, Version 2022, as it was when it was adapted previously in 2018 for Version 1.5 and in 2013 for Version 1.0. Over the last 10 years, Red Star has trained and facilitated self-assessments with THDs across the nation using this guide, along with the Tribal Public Health Accreditation Self-Assessment Workbook (Excel tool) originally developed by Gray Horse Strategies in 2013 and updated in 2018. Red Star partnered with Gray Horse Strategies to update the tool to align with Version 2022, and expand it to the Foundational Public Health Capabilities measures and collaboration priorities with state and local agencies.

The [Tribal and Territorial Health Department Public Health Capacity Assessment Workbook 2023](#) is an Excel-based tool used to provide a snapshot of a THD's current capacity based on the PHAB S/Ms. Within the workbook, there are 15 tabs. The first tab provides information about the workbook, providing 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. 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 Foundational Public Health Capability Measures**
including 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.
2. **Capacity Summary based on the PHAB Standards and Measures**
including both a summary of the mean 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.
3. **Collaboration Summary**
including local and state collaboration priorities by domain. The summary includes a chart of the mean priority score for local and state collaboration by domain. There are two separate treemap charts, one summarizing state collaboration priorities and the other for local agencies. The tree maps 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.

* Territorial Health Departments may want to adapt the scoring options to reflect their context. For example, state collaboration could be adapted to federal agency collaboration, and local collaboration could be adapted to other territorial agency collaboration.

PHAB Tools:

While this guide has been designed to utilize the Red Star workbook, the process itself can be adapted to use with other tools, such as the following tools recently released by PHAB and the PHNCI:

1. [Foundational Public Health Services Capacity and Cost Assessment](#) This comprehensive assessment tool helps THDs and systems assess their current spending and capacity toward the FPHS, determine the needed investments to fully implement the FPHS, and identify the resources to transform governmental public health systems. There is no cost associated with this tool.
2. [PHAB Readiness Assessment](#) This is a required tool for health departments to apply for initial accreditation and the Pathways Recognition. THDs who complete the assessment will receive a report with specific feedback from PHAB about next steps in preparation for either program. There is a cost associated with this tool.

Selecting the assessment tool and process that is best suited for your THD's specific needs will depend on your assessment readiness, short-term and long-term goals, and how the results will be used.

Step 1:

Preparations and Planning

Preparation and planning begin once a THD determines there is leadership support for the self-assessment process and who will lead the process, as discussed in the Assessment Readiness section. The next step is to determine the approach; specifically, how will it be organized, who will be involved, what is the timeline for completion, and how will the results be used. Preparation and planning include the following tasks:

- Determine the approach
- Identify who will participate
- Provide an orientation
- Provide training
- Develop a work plan and timeline

Determine the Approach

There are infinite ways to approach the self-assessment process and each THD should determine an approach based on its own organization capabilities and context. Important considerations to keep in mind when selecting an approach include:

- THD size (geographically and number of employees)
- Organizational structure
- Organizational culture
- Manner in which responsibilities are assigned to staff

Three approaches THDs can use are described below and include the considerations described above. THDs are not limited to these approaches and are encouraged to explore other approaches or adapt the ones described below to meet their unique needs and context.

Approach 1: The self-assessment participants include the assessment lead, senior management, and program staff. In this option, senior management (including division directors) form ‘domain teams’ and are assigned specific domains or S/Ms to staff in their respective divisions or programs based on areas of expertise. For example, the health education manager may be in charge of domains 4 and 7, which focuses on mobilizing community partnerships to improve health and access to clinical care. The manager will identify others to form a team with a THD’s community health educator and health promotion/disease prevention staff. These staff members will then work together as a team to gather documentation for their assigned S/Ms and score each measure based on their findings. Senior management then analyzes these results and makes recommendations. This option is commonly used in large health departments.

Approach 2: The self-assessment participants include the assessment lead and senior management. They work as a team by assigning each member to specific domains to complete the assessment. They may engage middle-management and program staff to assist with gathering documentation throughout the process. Senior management then provides the capacity scores, analyzes the results, and works with the team to make recommendations. This option is typical in mid-sized health departments.

Approach 3: The self-assessment participants include the health director, who may or may not be the assessment lead, plus two to three other staff. The small team will work together to complete the entire self-assessment process. This option works well with small health departments.

Once an overall approach is determined, a THD may want to consider organizing the workload by grouping two or more closely related domains. Once grouped, the assessment lead can then assign a domain grouping to a team or individual to work on. Even if there is not enough staff to divide into multiple teams, the individuals conducting the self-assessment can still use these domain groupings to focus their approach. Reviewing the related domains in sections promotes efficiency, especially for individuals with expertise in more than one domain. A sample set of domain groupings is provided in **Table 1**.

Table 1. Sample Domain Groupings

Domain Group and Associated Domains	Potential Staff to Involve
Health Improvement Health assessment, community engagement, health improvement planning, and access to care	
Domain 1 (Standard 1.1.): conduct a collaborative process resulting in a community health assessment Domain 4: strengthen, support, and mobilize communities and partnerships to improve health Domain 5 (Standard 5.2): develop a community health improvement plan Domain 7: assure an effective system that enables equitable access to the individual services and care needed to be healthy	health promotion managers/coordinators, community health representatives, other Tribal departments – social services, education, housing, etc.
Data Surveillance Health assessment, community engagement, health improvement planning, and access to care	
Domain 1 (Standards 1.2-3): conduct and disseminate assessments focused on population health status and public health issues Domain 2: investigate, diagnose, and address health problems and hazards affecting the population	epidemiologists, staff who work in data analysis, environmental health, emergency preparedness
Performance Management Performance management system, workforce development, quality improvement	
Domain 5 (Standards 5.1): serve as primary resource for establishing and maintaining policies, practices, and capacity Domain 8: maintain competent workforce, develop a workforce improvement plan Domain 9: evaluate and continuously improve processes, programs, and interventions	performance manager, quality assurance staff, Human Resources
Administration Public health capacity and organizational infrastructure	
Domain 3: communicate effectively to inform and educate people about health, factors that influence it, and how to improve it Domain 10: build and maintain a strong organizational infrastructure for public health	health director, finance, human resources, communications, operations

Though the suggested group structures have been successful with other health departments, there is no one ‘right’ way to undertake this process. The health director and the assessment lead must put careful consideration into the best approach to organizing the assessment for their THD.

***Note:** The remainder of this document may seem to refer to larger groups that follow Option 1. However, this guidance is intended to accommodate all THDs, regardless of the option that is used. Whether the group consists of multiple members or is comprised of only one or two individuals, each step in this guide will need to be completed.*

A Collaborative Approach

Engaging others in the self-assessment process is recommended as it helps build support for the process and the capacity strengthening activities. The individuals selected will ultimately be responsible for completing the self-assessment, analyzing the results, and making recommendations regarding program improvements based on those results. The purpose of this process is to conduct a comprehensive self-assessment of the THD as a whole, and therefore it is often valuable for the self-assessment participants to represent members from all levels of management and staff and all program areas. This will ensure that a wide range of skills and expertise required to conduct the self-assessment is available.

Ideally, the self-assessment should have broad representation from all staff, including: the health director, the assessment lead, senior management, and program staff. The composition and size of the self-assessment team will vary from one health department to another and should align with the self-assessment approach that was previously identified. Similar to the considerations when determining the best approach, it will be important to consider the following when selecting self-assessment participants:

- THD size (geographically and number of employees)
- Organizational structure
- Organizational culture
- Workload
- Time it will take to collect evidence and adequately complete the self-assessment
- Adequate knowledge of the health department in general, or specific programs

Table 2. Considerations for Selecting the Self-Assessment Participants

Staff Type	Possible Staff	Characteristics	Responsibilities
Senior Management	<ul style="list-style-type: none">• THD director• Division directors• Senior managers	<ul style="list-style-type: none">• Objective• Effective delegators• Effective communicators• Strong leadership skills	<ul style="list-style-type: none">• Design and lead the process• Analyze results• Formulate recommendations• Build consensus
Project / Program Staff	<ul style="list-style-type: none">• Program managers• Program staff	<ul style="list-style-type: none">• Objective• Organized• Documentation skills• Subject matter experts	<ul style="list-style-type: none">• Provide topic expertise• Collect and organize documentation• Represent the process to other staff

Participation among other departments (outside of the THD, but within the Tribal or Territorial government) in the self-assessment should also be based on experience and expertise, as well as each department's role as a public health system partner. Depending on the THD's formal and informal protocols or practices, the THD may also want to engage its legislative body (e.g. Tribal Council, legislative council, or other governing council). Departments and programs that a THD may engage include, but are not limited to, human resources, finance, facilities, information technology, attorney general, public safety, education, human services, and housing.

After determining who will be involved in the self-assessment, identify the roles and responsibilities of each member or team. Depending upon the size of the group and the planned approach of the self-assessment, you may want to designate a lead for each domain or domain grouping. This is especially helpful in organizing participants and ensuring accountability.

Orientation

It is important to provide an orientation for participating administration, departments, and programs so they understand the purpose of the self-assessment, the framework being used for assessing public health capacity and why, their role in supporting the effort, and the potential benefits to their work and to the community at large. It will also be important to communicate expectations about the process and how the results will be used to strengthen public health capacity.

During orientation is the time to explain that throughout the self-assessment process, regular staff briefings, and status reports, consistent communication will be critical to ensure that staff are kept informed of the progress and results. THD leadership, the health director, and the assessment lead will need to continue to communicate the department's commitment to the effort, as well as the staff's role in strengthening its capacity and performance.

If a THD is exploring or has already determined that public health accreditation is a priority or goal, it will be important to explain the importance of accreditation, its benefits, and how it will impact the THD and the community. In particular, staff without a public health background will likely be involved in the process and may need more contextual information before contributing. PHAB has a number of resources that can be used to inform staff about accreditation and its importance to the THD.

Training

After self-assessment participants are selected and have been oriented to the process, plan a training to help them prepare. Training content should include: the purpose of the self-assessment and how the results will be used, a detailed description of the process, a discussion of relevant documents (including the assessment tool, the current version of the *PHAB Standards and Measures, Version 2022*, and the *National Public Health Department Accreditation Documentation Guidance*) and Domain assignments. As part of training, we recommend that each staff member thoroughly review the relevant documents before the self-assessment process begins.

Develop a Work Plan and Timeline

A work plan is a great way to outline the key the steps and activities for the self-assessment, including the planning and preparation described in this section. It can be used to communicate the process activities, roles, responsibilities, and timeline. Developing a timeline for the self-assessment process, including the initial assessment and acting on its findings, will ensure that staff have a clear understanding of the time and commitment required to stay on track with the process.

The time required to complete the self- assessment will vary greatly from one THD to another. The length of time needed for the process will depend on the size of the THD and available staff and resources to devote to the process. For example, an assessment lead who plans to independently conduct the self-assessment could require several months, while a dedicated team that has divided the domains into assigned domain groups may take only 2 days to complete. **Appendix A** provides a worksheet for setting target dates for the outlined steps in the self-assessment process.

Because this process may require a substantial amount of staff time, it is very important for THD leadership to allow staff to allot time for this process. Leadership support will encourage THD staff to view the time and effort needed to complete the self-assessment as a valuable component of their work rather than simply more work being “added to their plate.”

Step 2: Conduct The Assessment

With a plan in place and the appropriate leadership and staff oriented to the work and trained on the self-assessment, it is time to conduct the assessment. Conducting the self-assessment involves the following three tasks:

- Conduct a preliminary review.
- Gather documentation as evidence of addressing S/Ms.
- Score THD performance against S/Ms and store documentation.

Note: The guidance offered in this section is specific to the Excel-based Tribal and Territorial Health Department Public Health Capacity Assessment Workbook 2023. If a different self-assessment tool is being used, the THD should develop a plan that follows documentation and scoring guidance from that tool.

Conduct a Preliminary Review

On the day of the assessment, it will be helpful to have print and electronic versions of the following tools:

- ***Public Health Accreditation Board Standards and Measures, Version 2022***
This document serves as the official standards, measures, and required documentation for PHAB national public health accreditation. It explains the meaning and purpose of each measure and describes the types and forms of documentation that can be used to demonstrate conformity with the measure. The standards are based on the Ten Essential Public Health Services and focus on “what” the health department provides in services and activities, irrespective of “how” they are provided or through what organizational structure.
- ***Tribal and Territorial Public Health Accreditation Self-Assessment Workbook 2023***
This Excel-based tool is also available in a printer friendly PDF. Printing the PDF can be helpful to teams working together that need a hard copy of the workbook to reference.
- **[PHAB Acronyms & Glossary](#)**
This is an excellent resource for understanding the meaning of specific terms used in the standards, measures, and documentation requirements. Having this available for reference can be helpful if questions arise.

After obtaining copies of these tools, in print or electronic versions, the self-assessment participants may meet to discuss what documentation is available for each measure. Staff should note the location of the documentation and summarize the required follow-up for each measure in the Tribal and Territorial Public Health Accreditation Self-Assessment Workbook 2023 (Workbook). After discussing each measure and determining the availability of the required documentation, participants should record a preliminary score for each measure in the Workbook. The score can be determined by using the pre-identified criteria for assessing each measure.

Assessment Scoring

The Workbook uses a 0-4 scoring system. The purpose of the numeric scoring is simply to help a THD gauge its capacity in relative, self-assigned terms, and if desired, to track trends over time. Select only whole numbers when assigning 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 (averages) 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** in the workbook. In the notes column, provide a brief justification for the score. Make any notes about available documentation, action items required, or any other helpful information. This will be helpful in documenting the process future review.

There are three types of criteria are commonly used for self-assessment:

Scoring Criteria	Sample Scoring
Degree to which the measure is addressed	1= not met, 2= partially met, 3= not fully met, 4= met
Capacity to address each measure	0= no capacity, 1= minimal capacity, 2= moderate capacity, 3= significant capacity, 4= optimal capacity
Estimated time required to address each measure	0= more than 1 year, 2= between 6-12 months, 3= less than 6 months, 4= already met

The scoring suggested in the workbook combines capacity with time as outlined below. The reason for this is that a THD may have significant capacity to address a measure, but the protocols that need to be followed to prepare and present a resolution by the legislative body may take up to 6 months. By incorporating time with capacity, a THD is able to create an action plan and timeline to address specific domains, standards, and measures.

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, will take less than months to be at optimal capacity)
- 4= optimal capacity (capacity and infrastructure in place - the measure is met)

Note: These scores are for purposes internal to the THD only. They are not related to the scoring system or the scores provided by PHAB in its review of the S/Ms for THD pursuing accreditation.

Be sure to establish the scoring criteria before beginning the self-assessment process to ensure consistency. Once scoring is complete, the self-assessment lead and participants may determine who will be responsible for gathering the documentation discussed in the preliminary review. Depending on the outcome, the THD may want to engage leadership, especially if there is a need for documentation that will require their participation and approval.

Gather Documentation

The self-assessment lead and participants should agree on the process for determining whether documentation meets the criteria for the S/Ms. The THD may assign the responsibility of developing the process to the self-assessment lead, the self-assessment participants, or the domain group leads. Once finalized, the self-assessment lead should communicate the details of this process to all self-assessment participants. Once this process is clear, staff may begin to gather the required documentation for each S/Ms. The necessary documentation for each measure is listed in the S/Ms. Refer to the [PHAB Resources](#) site for additional tips and guidance on selecting documentation.

If a THD has already determined it plans to seek national public health accreditation, the THD will need to develop and maintain an internal system for organizing the documentation and streamlining the process to gather it. This can be accomplished by creating a separate document or spreadsheet listing the measures, the person(s) responsible for each, the corresponding documentation, and the location of that documentation.

Update the Scores

Now that available documentation has been gathered, the scores for each measure should be revised in the Workbook. Review the documentation to determine whether the score for each measure should improve, stay the same, or decrease. The documentation review can be done by the self-assessment lead or by a team. Once the scores are updated, the THD can use the Worksheet to analyze the outcome and set priorities for capacity development.

Step 3:

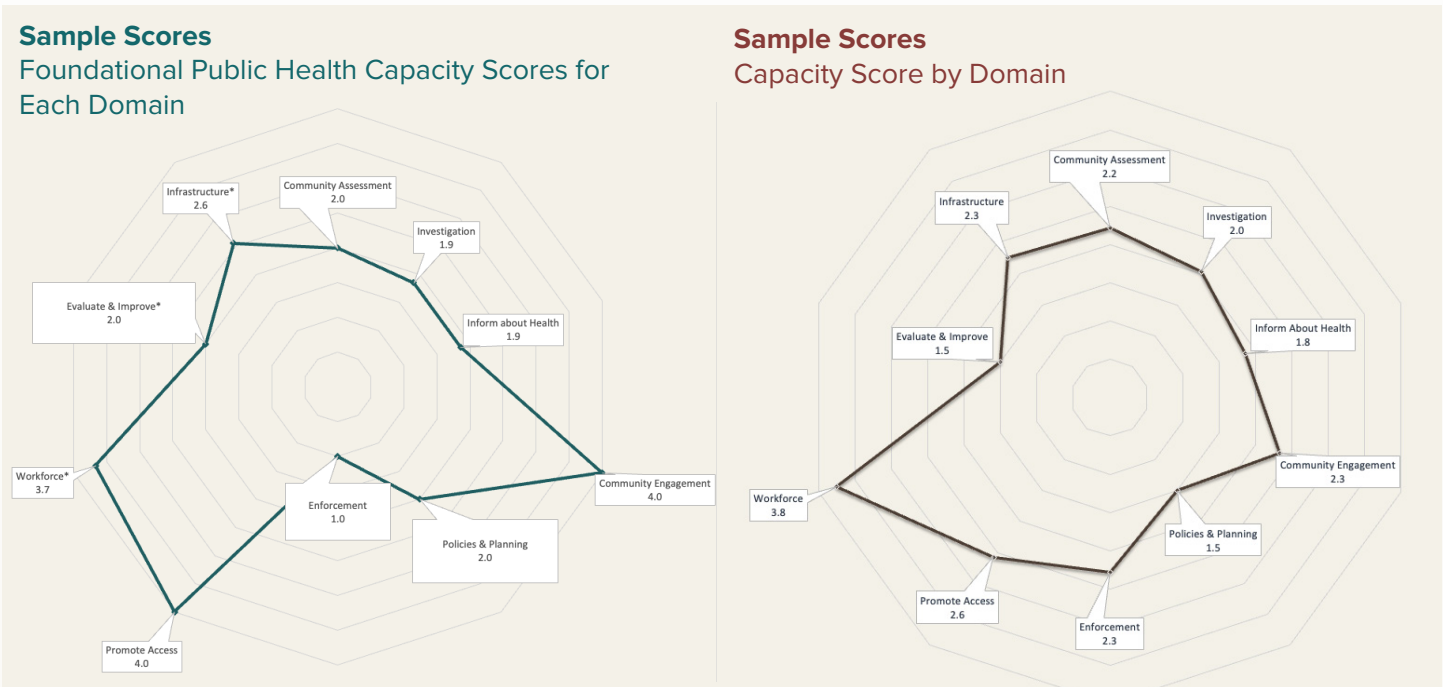
Identify and Analyze Strengths and Improvement Opportunities

At this point, the self-assessment should be complete and documentation should exist to support capacity scores for each measure. The self-assessment participants must now study, analyze, and process the results in order to identify the THD's major strengths and capacity gaps. If the THD has used the Workbook, the capacity scores will have already been calculated and converted into a radar chart. Radar charts provide an excellent visual to quickly assess a THD's capacity by domain based on the mean capacity score by domain. For example, domains with high mean scores are considered areas of strength. Those with low mean scores indicate areas which need improvement.

As discussed in the Capacity Assessment Tools section of this guide, the Workbook provides three Capacity Summaries by Domain:

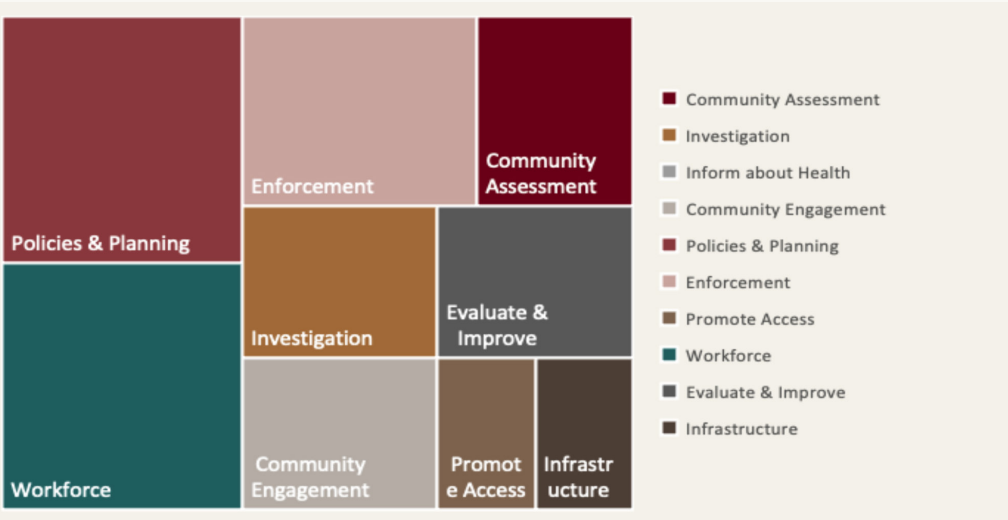
- 1. Capacity Summary based on the Foundational Public Health Capability Measures**
including both a summary of the mean score for these measures only by domain and a radar chart which provides visual representation of the overarching capacity strengths and gaps by domain. This tab is helpful in determining your readiness to pursue the Pathways Recognition Program.
- 2. Capacity Summary based on the PHAB Standards and Measures**
including both a summary of the mean 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.
- 3. Collaboration Summary**
including 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 charts, one summarizing state collaboration priorities and the other for local agencies. The treemaps 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.

The Workbook provides capacity summary data for the ten domains, presented in two ways. First, the average scores for the domains are presented in a table located in the top left corner of each Capacity Summary tab. Second, these same results are presented graphically in a radar chart that is generated on the next tab labeled “Your Radar Chart.” See below sample radar charts.



The Collaboration Summary tab also provides the mean score for local and state collaboration priorities by domain in a table located in the top left corner of the tab. These same results are presented graphically using two separate treemap charts: one summarizing state collaboration priorities and the other for local agencies. The treemaps 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.

Sample Scores
Collaboration Priorities by Domain



Analyze Strengths

This step highlights positive aspects of the self-assessment and provides an opportunity to celebrate the successes of the THD. The health director or self-assessment lead may want to consider sharing these findings with stakeholders, including the leadership, all THD staff, and community partners and members. Engaging key partners in celebrating strengths is useful when exploring the contributing factors of the identified strengths that may also be applicable to finding solutions to the identified weaknesses. Drawing upon strengths from one area and applying them to develop and support new strategies in other areas will support the THD's efforts in continuous quality improvement.

Examining identified strengths and discussing what factors contributed to them can inform capacity development and strengthening strategies. For instance, a similar strength across multiple S/Ms could point to emerging themes such as having appropriate policies or procedures in place, having in-house staff expertise, offering staff development opportunities, or fostering partnerships with stakeholders.

Analyze Improvement Areas

Analyzing areas for improvement that are uncovered by the self-assessment is a stepping stone for developing a quality improvement process to build capacity. A THD may choose to do this by first defining the challenges at one of the following four levels and then identifying areas of improvement for that level.

Level 1: Individual Measures – Staff should prepare a problem statement for each measure scored as a major weakness in order to better understand the issues and to identify the documentation not in place in the THD. A problem statement briefly describes the issue, how the THD and community are affected, and the size of the problem.

Level 2: Individual Standards – The Workbook calculates the mean (average) score for all measures within each standard. These scores can be used to prioritize. The staff should consider each standard and write one or two problem statements that describe the set of measures that were identified as areas for improvement. This level of analysis begins to provide surface level insight into potential capacity challenges within the THD.

Level 3: Domains – Self-assessment participants should consider weaknesses identified among multiple S/Ms within domains. For each domain, review the problem statements developed at the measure and standard level and identify the emerging themes to develop a problem statement that summarizes areas for improvement. This is a higher level of analysis and provides more insightful information.

Level 4: Cross-Domain Clusters – This refers to improvement areas that exist across all of the domains that seem to cluster around a common theme. The self-assessment participants should identify improvement areas in several sections that result from the same general problem. This level of analysis is the broadest and most thoughtful analysis of the THD. It allows for insights into systemic problems and offers a platform for improvements that can potentially solve problems that exist in different forms throughout the THD. Using the domain groupings provided in **Table 1. Sample Domain Groupings on page 11** may help conceptualize cross-domain clusters.

Step 4:

Prioritize Identified Improvement Areas

At this point the THD most likely has multiple areas of concern that need to be addressed. Considering any limitations to resources, time, and staff, the THD will need to prioritize its capacity strengthening activities. Before prioritizing for action, convene all (or a select group) of the self-assessment participants to determine the THD's capacity and performance goals. The self-assessment lead should take a collaborative approach to collect performance data to tell a more complete story about the THD's capacity strengths and gaps. The team now has a shared understanding of the opportunities and challenges ahead. As a result, there is likely stronger leadership, greater communication, and newly established norms for convening and decision making among key collaborators. Identifying a strategic goal or direction for the use of the assessment data will help maintain the momentum into the prioritization, strategic planning process, and capacity development efforts.

A first goal to consider might be whether public health accreditation or one of the Pathway Recognition Programs is a practical or aspirational goal. If accreditation or Pathways is the goal, it will be necessary to determine whether it is a short-term (one to two years) or long-term goal. If it is a short-term goal, the THD may want to consider contacting PHAB and learning about the application process, including their Readiness Assessment Tool, for either option. Completing the Readiness Assessment Tool will be an easy and fairly quick process as a follow up to using the Workbook. A THD will be able to transfer information into the assessment, provide the additional information as requested, and receive feedback regarding the THD's readiness from PHAB.

If accreditation or Pathways is not a goal, it is recommended that the THD articulate a goal that is focused on its own standards of public health excellence. Articulating the overarching goal early will help with priority setting and decision making moving forward. The S/Ms can still be used as a guide and framework for guiding capacity development and performance improvement.

Setting Priorities

It is recommended that the THD identify and define a prioritization technique to provide a structured mechanism for objectively ranking issues and choosing areas upon which to focus. Prioritization techniques also provide a way to gather input from the entire staff, while taking into consideration all facets of competing issues. Although all areas of concern are important, prioritization allows the THD to identify which areas can and should be addressed before others.

Five commonly used prioritization techniques are:

- multi-voting technique
- strategy grids
- nominal group technique
- the Hanlon method
- prioritization matrix

The THD should choose a prioritization technique based on its needs. Each of the techniques listed above are ideal in different settings and have their own unique characteristics. When using a prioritization technique, the THD should identify criteria that all participants will use to determine the level of priority for each improvement area. Examples of criteria are: cost, availability of solutions, impact, public health importance, availability of resources (staff, time, money, equipment), urgency, and the scope of the problem.

Guidance on choosing a prioritization technique, commonly used prioritization criteria, and detailed instructions and examples of the techniques listed above are provided in the [Guide to Prioritization Techniques](#) prepared by the National Association of County and City Health Officials.

Step 5:

Develop and Implement a Plan to Address Standards and Measures

Regardless of a THD's capacity strengthening goals, using assessment data to develop a strategic plan to address priority areas will provide direction for the department. Using data collected through a self-assessment process provides a means for understanding a THD's systems, operations, processes, and policies in order to strengthen services. If thorough analysis of the assessment results was conducted, the data can also be used to identify important trends, themes, and linkages that the strategic plan should address.

Learn more about how to use self-assessment data in the resource entitled: [Developing a Tribal Public Health Department Strategic Plan](#). The resource aligns with the PHAB Standards and Measures 1.5; however, the process recommended still addresses most of the requirements for Version 2022.

If creating a strategic plan is not of interest, priorities and action items can be incorporated into a simple work plan. Like the self-assessment process, it will be important to identify a lead for plan implementation, which may be the same person as the self-assessment lead. Capacity strengthening is a continual process; therefore, the self-assessment should not be considered a one-time event. The THD should routinely assess its capabilities. Implementing a work plan to address capacity gaps can serve as the foundation for institutionalizing both the self-assessment process and ongoing performance improvement across the THD.

Appendix A

The Self-Assessment Timeline Worksheet

Step	Activity	Due Date	Date Completed
Step 1: Initial preparation	Determine the approach		
	Identify who will participate		
	Provide an orientation for THD staff		
	Train the self-assessment participants		
	Develop a work plan and timeline		
Step 2: Gather documentation and score measures	Conduct a preliminary review		
	Gather documentation as evidence of meeting S/Ms		
	Score THD performance against S/Ms		
Step 3: Identify and analyze strengths and improvement opportunities	Identify strengths and improvement areas		
	Analyze the capacity data to identify potential areas for strengthening		
Step 4: Prioritize Identified Improvement Areas	Select prioritization technique		
	Implement a prioritization technique		
Step 5: Develop and implement a plan to address S/Ms	Develop a work plan to address priority areas		
	Implement the plan to address priority areas		