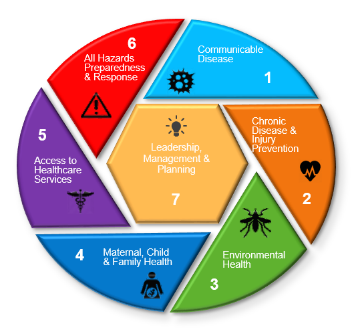
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**Accreditation Worksheets**

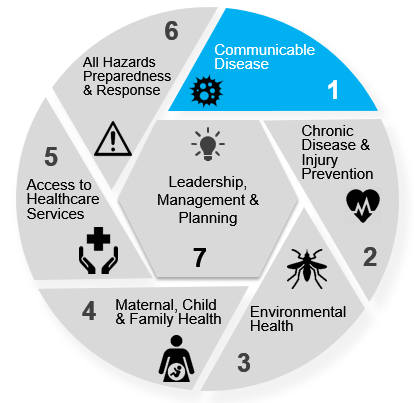
***October 2018***



These worksheets were created to assist LPHAs as they gather their documentation to upload into Dropbox and fill out their Excel Standards Workbook. For more information on the formatting of the standards, please refer to “LPHA Information” sheet on the Excel Accreditation Workbook.

The method of identifying documentation for each measure is one of the most critical parts of the accreditation process. It will be important to describe why you chose this particular document and highlight the section of the document that will demonstrate conformity to the measure. The descriptors you write are vital for reviewers to understand the context of how your LPHA uses the document and allows you to tell your story on how your LPHA meets the standard and measure or to document work needed to meet the measure. It will also be helpful if it is a multi-page document you are uploading, to tell the reviewer where to look for the appropriate information (i.e., See page 3, paragraph 2).

* Highlight appropriate text in the document to indicate where the required elements are to show conformity to the measure. Reviewers will not read a 75-page document to find the one paragraph that meets the measure. You should also indicate in the descriptor what page in the scanned document reviewers should focus their attention on.
* Every document must be dated and must have a logo or some other identifying characteristics to show the reviewers the document is in use by the LPHA.
* When using web screen shots, be sure to date and identify the source/link.
* Unless otherwise stated, two examples will be required for each measure, preferably from different programs, to show the reviewers the measure is being demonstrated throughout the LPHA. The documents must be dated within the last 5 years unless otherwise stated. LPHAs cannot upload 15 documents for one measure hoping the reviewers will find one that fits the measure. This is why descriptors are essential, so reviewers can understand the context of the documents submitted.
* Draft documents or blank surveys will not be accepted.
* Any document that has a signature line, such as a contract, must be signed and dated. This includes policies and procedures that are reviewed.
* PDF documents are the preferred format. Scanned documents must be right-side up. Sideways or upside-down documents will not be accepted.



**1 – Communicable Disease Control**

1. **Information and Data,**

***This standard examines the agency’s ability to collect, analyze, and disseminate locally relevant communicable disease data.***

1. **Community Partnership**

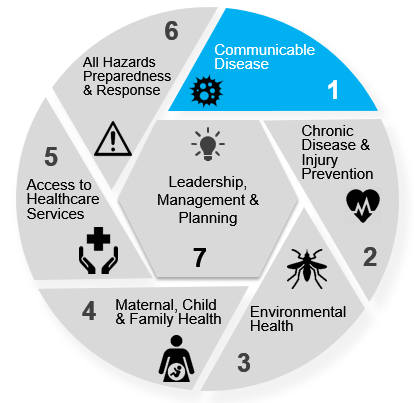
***This standard demonstrates how the agency participates and provides leadership in community partnerships concerning communicable disease management.***

1. **Surveillance, Intervention and Control**

***These standards examine the ability of the agency to conduct a communicable disease investigation, educate the public, and assure appropriate treatment is available.***

1. **Evaluation**

***In this standard, the agency demonstrates how to implement a culture of quality improvement using nationally recognized tools and resources to determine how effectively it handles disease investigations, outbreaks, and determines how to improve investigations in the future.***

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**1 – Communicable Disease Control**

**Resources (additional resources may be found at** [**http://michweb.org/accreditation-resources/**](http://michweb.org/accreditation-resources/)**)**

**Public Health:** <http://www.publichealth.org/resources/infectious-disease/>

**CDC:** <https://wwwn.cdc.gov/nndss/>

**Health Finder:** <https://healthfinder.gov/FindServices/SearchContext.aspx?topic=458&show=1>

**Section 1 – Communicable Disease Control**

1. ***Information, Data,***

***This standard examines the agency’s ability to conduct timely investigations of communicable and notifiable diseases and outbreaks of public health importance.***

**Standard #1 Produce timely and locally relevant and accurate information to Missouri Department of Health and Senior Services (MDHSS), health care system, and service area on reports of communicable and notifiable diseases and other outbreaks of public health importance.**

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| --- | --- | --- | --- | --- | --- |
| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 1. 1 | Ensure that communicable disease (CD) and vaccination rate information are included in the community health assessment (CHA) and community health improvement plan (CHIP), every five years. | CHA and CHIP with CD information highlighted |  |  |  |
| 1.2 | Using CHA data, provide evidence-based assessment of the health impacts of CD including vaccination rates. This assessment will include an analysis of the data, conclusions drawn from the data, and any action taken. | Fact sheets with sources cited, summary reports, outbreak reports, annual reports |  |  |  |
| 1.3 | Use evidence-based assessment of health impacts, CHA, and other data sources to identify priorities and develop planning documents for strategies to address CD issues to share with community partners in developing the CHIP. | Coalition meeting minutes, staff meeting minutes, networking and team planning documentation, meeting minutes showing discussion of CD planning tied to CHA |  |  |  |
| 1.4 | Analyze and communicate CD concerns and disparities with state/regional epidemiologists, governing entities and service area partners. Include high risk groups when appropriate. | Reports or communications with state/regional epidemiologists, governing body members, local partner infection control committees, annual reports, summary of outbreak and screening events to high risk populations, presentations |  |  |  |

**Section 1 – Communicable Disease Control**

1. ***Community Partnerships***

***This standard demonstrates how the agency participates and provides leadership in community partnerships concerning communicable disease management.***

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| --- | --- | --- | --- | --- | --- |
| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 2.1 | Develop and maintain strategic, cross-sector partnerships and collaborations across systems and settings to enhance surveillance and disease investigations. | Advisory or stakeholder group meeting minutes with attendance list, partnership agendas and notices |  |  |  |
| 2.2 | Provide information on CD policies, programs and strategies to communities, partners, policy makers, and others to demonstrate the importance of interconnected efforts needed to prevent and control CD. | Advisory or stakeholder group meeting minutes with attendance list, examples of social and other media postings and notices, educational materials, fact sheets, email distribution lists, school health educational materials, legislative report or letters, presentations |  |  |  |
| 2.3 | Work with partners, stakeholders, and community members to identify community resources and understand community needs and priorities for CD issues. | Advisory or stakeholder group meeting minutes with attendance list, educational materials, email distribution lists, CHA, CHIP |  |  |  |
| 2.4 | Develop and implement communicable disease activities and programs identified in the CHIP or other local priorities. | Programs developed from CHIP, town hall meetings, grant applications/narratives, examples of social and other media postings and notices, community gatherings utilizing evidence-based programing or researching the best practice or evidence-based trainings |  |  |  |

**Standard #2 Identify and work with local CD control partners to develop and implement a prioritized CD response plan.**

**Section 1 – Communicable Disease Control**

1. ***Surveillance, Intervention and Control***

***These standards examine the ability of the agency to conduct a communicable disease investigation, educate the public, and assure appropriate treatment is available.***

**Standard #3 Identify, disseminate, and promote emerging and evidence-based information about CD.**

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 3.1 | Maintain subject matter expertise with staff working in CD on: ·   Policy, systems, and environmental change; ·  Evidence-based and emerging best practices; ·   Social determinants of health and the health impact of CD; and · CD issues. | Training logs for all staff that work in CD that show training in all points outlined in the measure, training schedules, certifications of attendance to trainings, meetings, seminars and workshops, continuing education (CE) completion |  |  |  |
| 3.2 | Inform medical providers of mandated communicable diseases (CD) to help ensure timely and accurate reporting of disease conditions. | Fact sheets, blast faxes, lists of reported diseases and who it was shared with, memos, emails |  |  |  |
| 3.3 | Ensure timely and accurate reporting of reportable diseases into the state-wide disease registry. | Yearly desk reviews of reported conditions |  |  |  |
| 3.4 | Monitor occurrence and distinguishing characteristics of CD cases and outbreaks of public health importance. | Surveillance reports, outbreak reports, fact sheets, summary reports |  |  |  |

**Section 1 – Communicable Disease Control**

***Intervention and Control (continued)***

***These standards examine the ability of the agency to conduct a communicable disease investigation, educate the public, and assure appropriate treatment is available.***

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 4.1 | Document implementation of investigative procedures and processes. | Example of investigations, outbreak reports, |  |  |  |
| 4.2 | Provide individual and outbreak CD data. | Disease outbreak reports and evaluation, After Action Reports (AAR), or other reports of the disease investigative process |  |  |  |
| 4.3 | Maintain protocols for proper preparation, packaging, and shipment of samples of public health importance (e.g., animals and animal products). | Packaging guidelines, procedures/policies, lab operating instructions |  |  |  |
| 4.4 | Assure the availability of partner notification services for newly diagnosed cases of syphilis, gonorrhea, and HIV, as recommended by MDHSS. | Contact tracing forms, Partner Follow-up card or contact tracing forms, tracking log with names redacted |  |  |  |

**Standard #4 Develop and deploy a CD investigative process.**

**Section 1 – Communicable Disease Control**

***Intervention and Control (continued)***

***These standards examine the ability of the agency to conduct a communicable disease investigation, educate the public, and assure appropriate treatment is available.***

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 5.1 | Develop protocols, policies or procedures for information sharing between providers to reduce disease transmission. | Examples of protocols policies, or procedures |  |  |  |
| 5.2 | Maintain plans for the allocation of scarce resources in the event of an emergency or outbreak. | Emergency Control Plan |  |  |  |
| 5.3 | Produce reports about CD acute, gaps, and opportunities for mitigation of identified risks. | CHA, Emergency Control Plan, AARs, CHIP, agency generated CD reports |  |  |  |
| 5.4 | Work with partners to enforce public health laws, including isolation and quarantine. | Meeting minutes with law enforcement and other health care coalition partners with attendance list, Emergency Control Plan, exercise reports |  |  |  |
| 5.5 | Work with MDHSS to provide guidance for the control and prevention of rare/emerging diseases and conditions of public health importance. | Emails, trainings, Health Advisory Alerts, contracts with MDHSS |  |  |  |

**Standard #5 Identify local CD control service area assets, develop processes for information sharing between providers to reduce disease transmission, and maintain emergency/outbreak plans.**

**Section 1 – Communicable Disease Control**

***Intervention and Control (continued)***

***These standards examine the ability of the agency to conduct a communicable disease investigation, educate the public, and assure appropriate treatment is available.***

**Standard #6 Increase public awareness of the incidence and subsequent control measures recommended to reduce the risks associated with CD of public health importance.**

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 6.1 | Communicate with members of the public about identified health risks and prevention strategies in a timely manner using culturally appropriate health literacy methods. | Examples of social and other media postings and notices |  |  |  |
| 6.2 | Use CD surveillance data and current evidence-based references to guide program decisions for the timely implementation of control measures pertaining to CD. | AARs, evidence of sharing data with service area partners |  |  |  |

**Section 1 – Communicable Disease Control**

***Intervention and Control (continued)***

***These standards examine the ability of the agency to conduct a communicable disease investigation, educate the public, and assure appropriate treatment is available.***

**Standard #7 Promote immunizations through education and policy development by collaboration with schools, health care providers, and other service area partners.**

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 7.1 | Provide, at least annually, health education resources for the general public, health care providers, long-term care facility staff, infection control specialists, and others regarding vaccine-preventable diseases. | Examples of social and other media postings and notices |  |  |  |
| 7.2 | Provide vaccination interventions for populations that are uninsured or under-insured. | Evidence of outreach through education on available immunization providers in the service area |  |  |  |
| 7.3 | Promote culturally responsive strategies and equitable access to immunizations among people of all ages. | Immunization audits, culturally appropriate immunization materials |  |  |  |

**Section 1 – Communicable Disease Control**

***D. Evaluation***

***In this standard, the agency demonstrates how to implement a culture of quality improvement using nationally recognized tools and resources to determine how effectively it handles disease investigations, outbreaks, and determines how to improve investigations in the future.***

**Standard #8 Evaluate and assess CD control activities.**

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 8.1 | Using the agency Communication Plan's message evaluation strategy, evaluate the effectiveness of communicable disease materials and communications developed or presented by the agency. | Client surveys, internal monitors, agency QI projects, PDSAs, Story Boards, evaluation reports, analytics on social and other media postings and notices, AARs |  |  |  |
| 8.2 | Assess outbreak investigation and response efforts conducted locally. | AARs, specific investigation reports, quality improvement (QI) notes, meeting minutes with attendance, educational materials |  |  |  |
| 8.3 | Evaluate results for quality and process improvement initiatives for communicable diseases. | AARs, QI report, performance management system (PMS) tracking with results, QI project summaries/reports/evaluations |  |  |  |
| 8.4 | Monitor and implement opportunities for improvement as indicated in evaluation results. | Evaluation reports and work plans |  |  |  |
| 8.5 | Staff, agency management, and governing body work cooperatively to evaluate activities and interventions to improve CD processes, activities and programs. | Staff and Board meeting minutes that show discussion on QI activities |  |  |  |

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**2 – Chronic Disease and Injury Prevention**

1. **Information and Data**

***This standard examines the agency’s ability to collect, analyze and disseminate locally relevant epidemiological data.***

1. **Community Partnership**

***This standard demonstrates how the agency participates and provides leadership in community partnerships to develop shared priorities, strategies and outcome measures.***

1. **Intervention and Control**

***These standards examine the ability of the agency to implement multifaceted prevention and health promotion policies, programs and strategies across the lifespan to mitigate or enhance the health impact of social determinants, improve health equity and address specific health topics that contribute to chronic disease.***

1. **Evaluation**

***In this standard, the agency demonstrates how to implement a culture of quality improvement using nationally recognized tools and resources to determine how effectively it handles chronic disease management and determines how to improve processes and programs in the future.***



**2 – Chronic Disease and Injury Prevention**

**Resources (additional resources may be found at** [**http://michweb.org/accreditation-resources/**](http://michweb.org/accreditation-resources/)**)**

**MDHSS – Missouri Information for Community Assessment (MICA):** <http://health.mo.gov/data/mica/MICA/>

**MDHSS – Behavioral Risk Factor Surveillance System (BRFSS):** <http://health.mo.gov/data/brfss/index.php>

**CDC:** <https://www.cdc.gov/chronicdisease/index.htm>, and <https://www.cdc.gov/injury/index.html>

**ASTHO:** <http://www.astho.org/Prevention-Policy/>

**Health Finder:** <https://healthfinder.gov/FindServices/SearchContext.aspx?topic=250&show=1>

**Healthy People 2020**: <https://www.healthypeople.gov/2020/topics-objectives/topic/injury-and-violence-prevention>

**Community Commons:** <https://www.communitycommons.org/>

**The Guide to Community Preventive Services (The Community Guide):** <https://www.thecommunityguide.org/>

**Community Tool Box:** <http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources>

**The United States Census Bureau:** <https://www.census.gov/data.html>

**Section 2 – Chronic Disease & Injury Prevention**

1. ***Information and Data***

***This standard examines the agency’s ability to collect, analyze and disseminate locally relevant epidemiological data.***

**Standard #9 Provide timely, statewide, and locally relevant and accurate information to the health care system and service area on chronic disease and injury prevention and control**.

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 9.1 | Ensure that chronic disease and injury prevention information is included in the community health assessment (CHA) and community health improvement plan (CHIP), every five years. | CHA and CHIP with chronic disease and injury prevention information highlighted |  |  |  |
| 9.2 | Using CHA data, provide evidence-based assessment of the health impacts of chronic disease and injury prevention. This assessment will include an analysis of the data, conclusions drawn from the data, and any action taken. | Fact sheets with sources cited, summary reports, outbreak reports, annual reports |  |  |  |
| 9.3 | Use evidence-based assessment of health impacts, CHA, and other data sources to identify priorities and develop planning documents for strategies to address chronic disease and injury prevention issues to share with community partners in developing the CHIP. | Coalition meeting minutes, staff meeting minutes, networking and team planning documentation, meeting minutes showing discussion of chronic disease and injury prevention planning tied to CHA |  |  |  |
| 9.4 | Analyze and communicate issues on chronic disease and injury prevention, including disparities, to agency staff, governing body and service area partners. | Analysis reports, meeting minutes with staff, service area partners and governing body, presentations |  |  |  |

**Section 2 – Chronic Disease & Injury Prevention**

1. ***Community Partnership***

***This standard demonstrates how the agency participates and provides leadership in community partnerships to develop shared priorities, strategies and outcome measures.***

**Standard #10 Identify and work with statewide and local chronic disease and injury prevention service area partners; develop and implement a prioritized prevention plan; and seek funding for high priority initiatives.**

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 10.1 | Develop and maintain strategic, cross-sector partnerships and collaborations across systems and settings to enhance chronic disease and injury prevention activities. | Advisory or stakeholder group meeting minutes with attendance list, partnership agendas and notices, letters of support on joint projects |  |  |  |
| 10.2 | Provide information on chronic disease and injury prevention policies, programs and strategies to communities, partners, policy makers, and others to demonstrate the importance of interconnected efforts needed to prevent and control these issues. | Advisory or stakeholder group meeting minutes with attendance list, examples of social and other media postings and notices, educational materials, fact sheets, email distribution lists, school health educational materials, legislative report or letters, presentations |  |  |  |
| 10.3 | Work with partners, stakeholders, and community members to identify community resources and understand community needs and priorities for CD issues. | Advisory or stakeholder group meeting minutes with attendance list, educational materials, email distribution lists, CHA, CHIP |  |  |  |
| 10.4 | Develop and implement prevention and health promotion programs identified in the CHIP or other local priorities (e.g., trauma, chronic stress, addiction or violence) | Programs developed from CHIP, town hall meetings, grant applications/narratives, examples of social and other media postings and notices, community gatherings utilizing evidence-based programing or researching the best practice or evidence-based trainings |  |  |  |

**Section 2 – Chronic Disease & Injury Prevention**

1. ***Interventions and Activities***

***These standards examine the ability of the agency to implement multifaceted prevention and health promotion policies, programs and strategies across the lifespan to mitigate or enhance the health impact of social determinants, improve health equity and address specific health topics that contribute to chronic disease.***

**Standard #11 Initiate activities and /or programs that address chronic disease and injury prevention that have been identified in the CHIP.**

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 11.1 | Maintain subject matter expertise in:   * Policy, systems, and environmental change; * Evidence-based and emerging best practices; * Social determinants of health and the health impact of chronic disease and injury prevention; and * Chronic disease and injury prevention areas. | Training logs for all staff that work in chronic disease and injury prevention that show training in all points outlined in the measure, training schedules, certifications of attendance to trainings, meetings, seminars and workshops, CE completion. |  |  |  |
| 11.2 | Disseminate innovative, emerging, and evidence-based best practices with community partners. | Program research as developed and shared with others via meeting minutes, fact sheets, emails, social media posts |  |  |  |
| 11.3 | Educate consumers about health impacts of unhealthy behaviors such as using tobacco products; lack of nutrition, physical activity or oral health; and unintentional and intentional injuries. | Examples of social and other media postings and notices |  |  |  |
| 11.4 | Implement local policies, programs, and strategies to improve social, emotional, and physical health and safety at the level supported by existing funding. | Worksite wellness programs, policies shared with community partners such as Livable Streets, implementation of evidence-based programs, social and other media postings and notices |  |  |  |

**Section 2 – Chronic Disease & Injury Prevention**

***D. Evaluation***

***In this standard, the agency demonstrates how to implement a culture of quality improvement using nationally recognized tools and resources to determine how effectively it handles chronic disease management and determines how to improve processes and programs in the future.***

**Standard #12 Evaluate and assess chronic disease and injury prevention activities.**

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 12.1 | Using the agency Communication Plan's message evaluation strategy, evaluate the effectiveness of chronic disease and injury prevention materials and communications developed or presented by the agency. | Client surveys, internal monitors, agency QI projects, PDSAs, Story Boards, evaluation reports, analytics on social and other media postings and notices |  |  |  |
| 12.2 | Assess chronic disease and injury prevention and other health promotion activities conducted locally. | Pre-& post-evaluations of programs, client surveys, QI items such as PDSAs, governing body or coalition meeting minutes |  |  |  |
| 12.3 | Evaluate results for quality and process improvement initiatives for chronic disease and injury prevention activities. | AARs, QI report, performance management system (PMS) tracking with results, QI project summaries/reports/evaluations |  |  |  |
| 12.4 | Monitor and implement opportunities for improvement as indicated in the evaluation results. | Evaluation reports and work plans |  |  |  |
| 12.5 | Staff, agency management, and governing body work cooperatively to evaluate activities and interventions to improve chronic disease and injury prevention processes, activities and programs. | Staff and Board meeting minutes that show discussion on QI activities |  |  |  |



**3 – Environmental Health**

1. **Information and Data**

***This standard examines the agency’s ability to monitor the environment to identify and solve community environmental health problems.***

1. **Community Partnership**

***This standard demonstrates how the agency participates and provides leadership***

***in community partnerships to identify and solve environmental health problems.***

1. **Intervention and Activities**

***These standards examine the ability of the agency to enforce laws and regulations that protect health and ensure safety.***

1. **Evaluation**

***In this standard, the agency demonstrates how to implement a culture of quality improvement using nationally recognized tools and resources to determine how effectively it handles environmental health concerns and determines how to improve processes and programs in the future.***

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**3 – Environmental Health**

**Resources (additional resources may be found at** [**http://michweb.org/accreditation-resources/**](http://michweb.org/accreditation-resources/)**)**

**CDC:** <https://www.cdc.gov/nceh/ehs/envphps/resources.htm>

**Healthy People 2020:** <https://www.healthypeople.gov/2020/topics-objectives/topic/environmental-health>

**Community Tool Box**: <http://ctb.ku.edu/en/table-of-contents/implement/physical-social-environment/environmental-quality/main>

**United States Environmental Protection Agency**: <https://www.epa.gov/environmental-topics>

**Journal of Environmental and Public Health**: <https://www.hindawi.com/journals/jeph/>

**Missouri Department of Natural Resources**: <https://dnr.mo.gov>

**National Institute of Environmental Health Sciences**: <https://www.niehs.nih.gov/health/index.cfm>

**Section 3 – Environmental Public Health**

1. ***Information and Data***

***This standard examines the agency’s ability to monitor the environment to identify and solve community environmental health problems.***

**Standard #13 Provide timely and locally relevant and accurate information to the state, health care systems, and service area on environmental public health issues and health impacts from environmental or toxic exposures.**

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 13.1 | Ensure that environmental health information is included in the community health assessment (CHA) and community health improvement plan (CHIP), every five years. | CHA and CHIP with environmental health information highlighted |  |  |  |
| 13.2 | Using CHA data and/or other sources, provide evidence-based assessment of the health impacts of environmental health and environmental hazards. This assessment will include an analysis of the data, conclusions drawn from the data, and any action taken. | Fact sheets with sources cited, summary reports, outbreak reports, annual reports, hazardous assessments, assessments of regulated facilities where environmental containments are allowed in facility, MICA data on cancer and disease or death with a link to environmental hazards, Tier 2 Reports |  |  |  |
| 13.3 | Use evidence-based assessment of health impacts, CHA, and other data sources to identify priorities and develop planning documents for strategies to address environmental health issues to share with community partners in developing the CHIP. | Coalition meeting minutes, staff meeting minutes, networking and team planning documentation, meeting minutes showing discussion of CD planning tied to CHA |  |  |  |
| 13.4 | Analyze and communicate environmental health concerns with state and regional Environmental Health Specialists, governing entities and service area partners. Include high risk groups when appropriate. | Outcome and summary reports for environmental factors in the CHA, MICA, GIS mapping that is shared with community or service partners, analysis reports, meeting minutes with staff, service area partners, and/or governing body, emails with state and regional Environmental Health Specialists, presentations |  |  |  |

**Section 3 – Environmental Public Health**

***B. Community Partnerships***

***This standard demonstrates how the agency participates and provides leadership in community partnerships to identify and solve environmental health problems.***

**Standard #14 Identify and work with local environmental public health service area partners to develop and implement a prioritized prevention plan.**

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 14.1 | Develop and maintain strategic, cross-sector partnerships and collaborations across systems and settings to enhance environmental public health activities. | Memorandums of Understandings (MOUs), Memorandums of Agreements (MOAs) with partners, advisory or stakeholder group meeting minutes with attendance list, food safety task forces, work with major manufacturers or industry |  |  |  |
| 14.2 | Provide information on environmental public health policies, programs and strategies to communities, partners, policy makers, and others to demonstrate the importance of environmental health hazards and conditions. | Clean indoor air information or ordinance, community education programs, advertisements, social and other media postings and notices, testimony given before legislative or governing entities, evidence of the impacts on Environmental Public Health (EPH) program, released restaurant inspections, presentations |  |  |  |
| 14.3 | Work with partners, stakeholders, and community members to identify community conditions in the environment that may pose health risks, such as industry and hazardous waste sites, failing sewage disposal or treatment systems, indoor air quality to better understand community needs and priorities for environmental health issues. | Environmental health conditions detailed in the CHA, advisory or stakeholder group meeting minutes with attendance list, educational materials, email distribution lists, CHIP priorities, assessment/surveys of local members/partners on priorities and health risks |  |  |  |
| 14.4 | Develop and implement environmental health activities and programs identified in the CHIP or other local priorities. | Programs developed from CHIP, Strategic Plan, Operations Plan, enforcement of law/ordinances such as clean indoor air, work plans, timelines, examples of social and other media postings and notices |  |  |  |

**Section 3 – Environmental Public Health**

***C. Intervention and Activities***

***These standards examine the ability of the agency to enforce laws and regulations that protect health and ensure safety.***

**Standard #15 Identify, disseminate, and promote emerging and evidence-based information about environmental public health issues.**

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| --- | --- | --- | --- | --- | --- |
| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 15.1 | Maintain subject matter expertise in:   * Policy, systems, and environmental change; * Evidence-based and emerging best practices; * Health impact of conditions in the environment that impact public health; and   Environmental public health areas. | Training logs for all staff working in environmental health that show training in all points listed in measure, training schedules, certifications of attendance to trainings, meetings, seminars and workshops in childcare, lodging, food practices, vector control, Public Health Emergency Preparedness, truck wreck investigations, evidence-based practices, and other CE completion. |  |  |  |
| 15.2 | Ensure timely and accurate reporting of conditions in the environment that impact public health. | Lead poisoning reports, animal bites reports, complaint logs, monthly/semiannual investigation reports, summaries of environmental conditions reporting |  |  |  |
| 15.3 | Educate regulated facilities and individuals on environmental health laws, regulations, and ordinances | Food handler’s or safety classes, inspection forms documenting education to the facility, training manual that includes the required educational components in each inspection, checklists from completed child care or food establishment inspection |  |  |  |

**Section 3 – Environmental Public Health**

***C. Intervention and Activities***

***These standards examine the ability of the agency to enforce laws and regulations that protect health and ensure safety.***

**Standard #16 Prevent and investigate environmental health hazards as required by service area environmental health laws, regulations and ordinance(s).**

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 16.1 | Develop, implement, and enforce environmental health laws, regulations and ordinances. | Examples of ordinance written, documentation of investigations based on ordinances, evidence of implementing state environmental guidelines |  |  |  |
| 16.2 | Ensure consistent application of agency environmental protocols and procedures. | Protocol and procedure manual to show guidelines agency follows, outside audit of inspections to show agency is following guidelines consistently, log of complaints and timelines |  |  |  |
| 16.3 | Implementation of state-mandated programs (e.g., food safety programs, lodging, child care) | Inspection forms, tracking logs |  |  |  |
| 16.4 | Deliver effective and timely outreach on environmental health hazards and protection recommendations to regulated facilities, the public, and stakeholder organizations. | Inspection forms, pamphlets, examples of social and other media postings and notices, educational classes/meetings, health fair exhibits |  |  |  |

**Section 3 – Environmental Public Health**

***C. Intervention and Activities***

***These standards examine the ability of the agency to enforce laws and regulations that protect health and ensure safety.***

**Standard #17 Conduct environmental public health laboratory testing and inspections to protect food, septic systems, and identify other public health hazards related to environmental factors in accordance with federal and state laws and regulations and local ordinances.**

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 17.1 | Conduct timely inspection and review of regulated entities and facilities. | Inspection summary reports, investigation reports, inspection schedule and log |  |  |  |
| 17.2 | Perform and assist with outbreak investigations that have an environmental component, such as outbreak investigations involving a food event, standing water issue, or temporary food stands. | Investigation summary reports, outbreak reports, inspection reports |  |  |  |

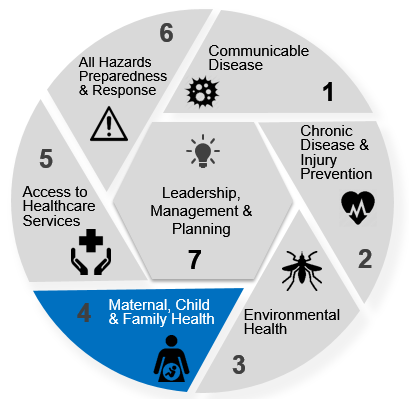
**Section 3 – Environmental Public Health**

***D. Evaluation***

***In this standard, the agency demonstrates how to implement a culture of quality improvement using nationally recognized tools and resources to determine how effectively it handles environmental health concerns and determines how to improve processes and programs in the future.***

**Standard #18 Evaluate and assess environmental health investigations, interventions and programs.**

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 18.1 | Using the agency Communication Plan's message evaluation strategy, evaluate the effectiveness of environmental health materials and communications developed or presented by the agency. | Client surveys, internal monitors, agency QI projects, PDSAs, Story Boards, evaluation reports, analytics on social and other media postings and notices, AARs |  |  |  |
| 18.2 | Assess environmental health efforts conducted locally. | Pre-& post-evaluations of programs, client surveys, QI items such as PDSAs, governing body or coalition meeting minutes, AARs |  |  |  |
| 18.3 | Evaluate results for quality and process improvement initiatives for environmental health activities. | AARs, QI report, performance management system (PMS) tracking with results, QI project summaries/reports/evaluations |  |  |  |
| 18.4 | Monitor and implement opportunities for improvement as indicated in the evaluation results. | Evaluation reports and work plans |  |  |  |
| 18.5 | Staff, agency management, and governing body work cooperatively to evaluate activities and interventions to improve environmental health processes, investigations interventions and programs. | Staff and Board meeting minutes that show discussion on QI activities |  |  |  |



**4 – Maternal, Child, & Family Health**

1. **Information and Data**

***This standard examines the agency’s ability to provide data and information to healthcare providers, coalitions, decision-makers, legislators and other stakeholders to support health care planning relevant to access to maternal, child and family health.***

1. **Community Partnership**

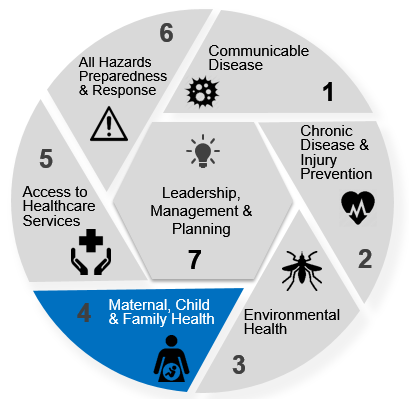
***This standard examines the agency’s ability to ensure ongoing planning with healthcare system partners, community members and organizations that represent members of priority populations.***

1. **Intervention and Activities**

***This standard examines the ability of the agency to promote emerging and evidence-based information about early intervention that promote lifelong health. They will also examine the agency’s ability to implement local policies, programs and strategies to address the social determinants of health.***

1. **Evaluation**

***In this standard, the agency demonstrates how to implement a culture of quality improvement using nationally recognized tools and resources to determine how effectively it addresses maternal, child and family health activities and determines how to improve processes and programs in the future.***



**4 – Maternal, Child, & Family Health**

**Resources (additional resources may be found at** [**http://michweb.org/accreditation-resources/**](http://michweb.org/accreditation-resources/)**)**

The Life Course Perspective (as mentioned in Measure 21.2) suggests that a complex interplay of biological, behavioral, psychological, and social protective and risk factors contributes to health outcomes across the span of a person’s life” <http://cchealth.org/lifecourse/pdf/lci_fact_sheet.pdf>

**Missouri Department of Health & Senior Services**: <http://health.mo.gov/living/families/mch-block-grant/> , <http://health.mo.gov/living/families/>

**Healthy People 2020:** <https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health>

**Health Resources & Services Administration, Maternal & Child Health**: <https://mchb.hrsa.gov>

**NACCHO**: <http://www.naccho.org/programs/community-health/maternal-child-adolescent-health>

**ASTHO:** <http://www.astho.org/Programs/Maternal-and-Child-Health/?terms=Maternal%2c+child>

**Section 4 – Maternal, Child and Family Health**

**[NOTE: For the purposes of these standards, children are defined as 19 years and under.]**

***A. Information and Data***

***This standard examines the agency’s ability to provide data and information to healthcare providers, coalitions, decision-makers, legislators and other stakeholders to support health care planning relevant to access to maternal, child and family health.***

**Standard#19 Provide timely, locally relevant, and accurate information to inform the health care system and service area on emerging and on-going maternal, child and family health trends.**

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 19.1 | Ensure that maternal, child and family health information is included in the community health assessment (CHA) and community health improvement plan (CHIP), every five years. | CHA and CHIP with maternal, child and family health information highlighted |  |  |  |
| 19.2 | Using CHA data and/or other sources, provide evidence-based assessment of the health impacts of maternal, child and family health. This assessment will include an analysis of the data, conclusions drawn from the data, and any action taken. | MICA, Pregnancy Risk Assessment Monitoring System (PRAMS), Birth Reports, Kids Count, Community Commons, Youth Risk Behavior System (YRBS), Missouri Student Survey, Pre-& Posttests, survey data analysis document, work plans/reports |  |  |  |
| 19.3 | Use evidence-based assessment of health impacts, CHA, and other data sources to identify priorities and develop planning documents for strategies to address maternal, child and family health issues to share with community partners in developing the CHIP. | Coalition meeting minutes, emails with partners, staff meeting minutes, networking and team planning documentation, meeting minutes showing discussion of MCH planning tied to CHA |  |  |  |
| 19.4 | Analyze and communicate issues on maternal, child and family health, including disparities, to agency staff, governing body, legislators and service area partners. | Analysis reports, meeting minutes with staff, service area partners and governing body, presentations, legislative briefs or reports |  |  |  |

**Section 4 – Maternal, Child and Family Health**

**[NOTE: For the purposes of these standards, children are defined as 19 years and under.]**

***B. Community Partnerships This standard examines the agency’s ability to ensure ongoing planning with healthcare system partners, community members and organizations that represent members of priority populations.***

**Standard#20 Identify and work with maternal, child and family service area partners to develop and implement a prioritized prevention plan and seek funding for high priority initiatives.**

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 20.1 | Develop and maintain strategic, cross-sector partnerships and collaborations across systems and settings to enhance maternal, child and family health activities. | Advisory or stakeholder group meeting minutes with attendance list, partnership agendas and notices, letters of support on joint projects |  |  |  |
| 20.2 | Provide information on maternal, child, and family health policies, programs and strategies to communities, partners, policy makers, and others to demonstrate the importance of interconnected efforts between early prevention and educational achievement, health outcomes, intergenerational outcomes, and other life course outcomes. | Advisory or stakeholder group meeting minutes with attendance list, examples of social and other media postings and notices, educational materials, fact sheets, email distribution lists, school health educational materials, legislative report or letters, presentations |  |  |  |
| 20.3 | Work with partners, stakeholders, and service area members to identify community resources and understand community needs and priorities as they relate to maternal, child and family health. | Advisory or stakeholder group meeting minutes with attendance list, educational materials, email distribution lists, CHA, CHIP |  |  |  |
| 20.4 | Develop and implement maternal, child and family health programs, policies and/or activities identified in the CHIP or other local priorities. | Programs developed from CHIP, town hall meetings, grant applications/narratives, examples of social and other media postings and notices, community gatherings utilizing evidence-based programing or researching the best practice or evidence-based trainings |  |  |  |

**Section 4 – Maternal, Child and Family Health**

**[NOTE: For the purposes of these standards, children are defined as 19 years and under.]**

***C. Intervention and Activities This standard examines the ability of the agency to promote emerging and evidence-based information about early intervention that promote lifelong health. They will also examine the agency’s ability to implement local policies, programs and strategies to address the social determinants of health.***

**Standard#21 Initiate activities and/or programs that address maternal, child and family health issues that have been identified in the CHIP.**

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 21.1 | Maintain subject matter expertise in:   * Policy, systems, and environmental change; * Evidence-based and emerging best practices; * Social determinants of health and the health impact of prenatal/early childhood experiences; and   Prevention and health promotion | Training logs for all staff that work in maternal, child and family health programs that show training in all points outlined in the measure, training schedules, certifications of attendance to trainings, meetings, seminars and workshops, CE completion |  |  |  |
| 21.2 | Identify, disseminate, and promote emerging and evidence-based information about early interventions in the prenatal and early childhood period that promote lifelong health and positive social-emotional development. | Promotional materials, fact sheets, social and other media postings and notices including who and how the materials were distributed |  |  |  |
| 21.3 | Implement local policies, programs, and strategies to improve social, emotional, and physical health and safety at the level supported by existing funding. | Program and intervention documentation/records, program summary reports, annual reports, policies shared with local partners |  |  |  |

**Section 4 – Maternal, Child and Family Health**

**[NOTE: For the purposes of these standards, children are defined as 19 years and under.]**

***D. Evaluation***

***In this standard, the agency demonstrates how to implement a culture of quality improvement using nationally recognized tools and resources to determine how effectively it addresses maternal, child and family health activities and determines how to improve processes and programs in the future.***

**Standard#22 Evaluate and assess maternal, child and family health activities.**

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 22.1 | Using the agency Communication Plan's message evaluation strategy, evaluate the effectiveness of maternal, child and family health materials and communications developed or presented by the agency. | Client surveys, internal monitors, agency QI projects, PDSAs, Story Boards, evaluation reports, analytics on social and other media postings and notices |  |  |  |
| 22.2 | Assess maternal, child and family health activities and educational efforts conducted locally. | Pre-& post-evaluations of programs, client surveys, QI items such as PDSAs, governing body or coalition meeting minutes |  |  |  |
| 22.3 | Evaluate results for quality and process improvement initiatives for maternal, child and family health interventions and programs. | QI report, performance management system (PMS) tracking with results, QI project summaries/reports/evaluations |  |  |  |
| 22.4 | Monitor and implement opportunities for improvement as indicated in evaluation results. | Evaluation reports and work plans |  |  |  |
| 22.5 | Staff, agency management, and governing body work cooperatively to evaluate activities and interventions to improve maternal, child and family heath processes, activities and programs. | Governing body meeting minutes, strategic plan, staff meeting minutes that show QI activities, QI plan, evaluation plan or reports, annual reports |  |  |  |



**5 – Access to Healthcare Services**

1. **Information and Data**

***This standard examines the agency’s ability to provide data and information to healthcare providers, coalitions, decision-makers, legislators and other stakeholders to support healthcare planning for access to healthcare services.***

1. **Community Partnership**

***This standard examines the agency’s ability to conduct and/or participate in ongoing planning with healthcare system partners, community members and organizations that represent members of priority populations.***

1. **Intervention and Activities**

***These standards examine the ability of the agency to provide or link priority populations to clinical preventive services. They also examine the agency’s ability to recommend implementation of evidence-based clinical and community interventions for disease prevention, early detection and self-management.***

1. **Evaluation**

***In this standard, the agency demonstrates how to implement a culture of quality improvement using nationally recognized tools and resources to determine how effectively it works with system partners in assessing healthcare access and determines how to improve healthcare access promotion efforts in the future.***

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**5 – Access to Healthcare Services**

**Resources (additional resources may be found at** [**http://michweb.org/accreditation-resources/**](http://michweb.org/accreditation-resources/)**)**

**MDHSS, MICA:** <https://webapp01.dhss.mo.gov/MOPHIMS/MICAHome>

**Healthy People 2020:** <https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>

**CDC:** <https://www.cdc.gov/nchs/fastats/access-to-health-care.htm>

**CDC, BRFSS:** <https://www.cdc.gov/brfss/>

**The Henry J. Kaiser Family Foundation**: <http://kff.org/disparities-policy/issue-brief/disparities-in-health-and-health-care-five-key-questions-and-answers/>

**News Medical Life Sciences**: <http://www.news-medical.net/health/Disparities-in-Access-to-Health-Care.aspx>

**Rural Health Information Hub:**  <https://www.ruralhealthinfo.org/topics/healthcare-access>

**HRSA:** <https://www.hrsa.gov/about/strategicplan/goal1.html>

**Institute for Healthcare Improvement:** <http://www.ihi.org/Topics/PrimaryCareAccess/Pages/default.aspx>

**Community Commons:** <https://www.communitycommons.org>

**Section 5 – Access to Healthcare Services**

1. ***Information and Data***

***This standard examines the agency’s ability to provide data and information to healthcare providers, coalitions, decision-makers, legislators and other stakeholders to support healthcare planning for access healthcare services.***

**Standard#23 Provide accurate, timely and locally relevant information to the healthcare system and service area on access and linkage to clinical care, including behavioral health, dental, healthcare system access.**

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 23.1 | Ensure that access to healthcare information is included in the community health assessment (CHA) and community health improvement plan (CHIP), every five years. | CHA and CHIP with access to healthcare information highlighted |  |  |  |
| 23.2 | Using CHA data and/or other sources, provide evidence-based assessment of the health impacts of lack of access to healthcare. This assessment will include an analysis of the data, conclusions drawn from the data, and any action taken. | MICA, Kids Count, BRFSS, Community Commons, Pre-& Posttests, survey data analysis document, work plans/reports |  |  |  |
| 23.3 | Use evidence-based assessment of health impacts, CHA, and other data sources to identify priorities and develop planning documents for strategies to address lack of healthcare access issues to share with community partners in developing the CHIP. | Coalition meeting minutes, emails with partners, staff meeting minutes, networking and team planning documentation, meeting minutes showing discussion of access to healthcare planning tied to CHA |  |  |  |
| 23.4 | Analyze and communicate issues on access to healthcare, including uninsured and underinsured rates and disparities, to agency staff, governing body, legislators and service area partners. | Analysis reports, meeting minutes with staff, service area partners and governing body, presentations, legislative briefs or reports |  |  |  |

**Section 5 – Access to Healthcare Services**

1. ***Community Partnerships***

***This standard examines the agency’s ability ensure ongoing planning with healthcare system partners, community members and organizations that represent members of priority populations.***

**Standard#24 Identify and work with local providers of healthcare to develop and implement a prioritized plan for increasing access to health homes and quality health care and seek funding for high priority policy initiatives.**

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 24.1 | Develop and maintain strategic, cross-sector partnerships and collaborations across systems and settings to enhance access to healthcare activities. | Advisory or stakeholder group meeting minutes with attendance list, partnership agendas and notices, letters of support on joint projects |  |  |  |
| 24.2 | Provide information on access to healthcare policies, programs and strategies to communities, partners, policy makers, and others to demonstrate the importance of interconnected efforts needed to assure adequate access issues. | Advisory or stakeholder group meeting minutes with attendance list, examples of social and other media postings and notices, educational materials, fact sheets, email distribution lists, school health educational materials, legislative report or letters, presentations |  |  |  |
| 24.3 | Work with partners, stakeholders, and service area members to identify community resources and understand community needs and priorities as they relate to access to healthcare issues. | Policy analysis that addresses priority issues, service area capacity meetings with sign-in sheets, examples of implementation programs, social and other media postings and notices |  |  |  |
| 24.4 | Develop and implement access to healthcare programs, policies and/or activities identified in the CHIP or other local priorities. | Programs developed from CHIP, town hall meetings, grant applications/narratives, examples of social and other media postings and notices, community gatherings utilizing evidence-based programing or researching the best practice or evidence-based trainings |  |  |  |

**Section 5 – Access to Healthcare Services**

1. ***Intervention and Activities***

***These standards examine the ability of the agency to provide or link priority populations to preventive services. They also examine the agency’s ability to recommend implementation of evidence-based clinical and community interventions for disease prevention, early detection and self-management.***

**Standard#25 Identify, disseminate, and promote emerging and evidence-based information about access to healthcare initiatives.**

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 25.1 | Maintain subject matter expertise in:   * Policy, systems, and environmental change; * Evidence-based and emerging best practices; * Social determinants of health and the health impact of access to healthcare activities; and   Access to healthcare areas | Training logs for all staff that work with access to healthcare issues or programs that show training in all points outlined in the measure, training schedules, certifications of attendance to trainings, meetings, seminars and workshops, CE completion. |  |  |  |
| 25.2 | Disseminate innovative, emerging, and evidence-based best practices with community partners. | Program research as developed and shared with others via meeting minutes, fact sheets, emails, social media posts |  |  |  |

**Section 5 – Access to Healthcare Services**

***C. Intervention and Activities***

***These standards examine the ability of the agency to provide or link priority populations to preventive services. They also examine the agency’s ability to recommend implementation of evidence-based clinical and community interventions for disease prevention, early detection and self-management.***

**Standard#26 Implement local policies, programs, and strategies to improve access to healthcare at the level supported by existing funding.**

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 26.1 | Implement programs and interventions identified in the CHIP or other local priorities on access to healthcare initiatives. | Completion dates on action plans, examples of social and other media postings and notices, program examples |  |  |  |

**Section 5 – Access to Healthcare Services**

***C. Intervention and Activities***

***These standards examine the ability of the agency to provide or link priority populations to preventive services. They also examine the agency’s ability to recommend implementation of evidence-based clinical and community interventions for disease prevention, early detection and self-management.***

**Standard#27 Ensure access to effective vaccination programs.**

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 27.1 | Ensure access to all immunization-related services necessary to protect the public and prevent the spread of vaccine preventable disease. | Summary reports, social and other media postings and notices. Examples may include adult immunizations, travel immunizations, Hepatitis A immunizations |  |  |  |
| 27.2 | Ensure access to vaccines as appropriate during public health emergencies. | Emergency Response Plan (ERP)– Mass Vaccination Plan, AARs for mass vaccination exercises |  |  |  |

**Section 5 – Access to Healthcare Services**

***C. Intervention and Activities***

***These standards examine the ability of the agency to provide or link priority populations to preventive services. They also examine the agency’s ability to recommend implementation of evidence-based clinical and community interventions for disease prevention, early detection and self-management.***

**Standard#28 Ensure access to effective preventable disease screening programs.**

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 28.1 | Ensure access to screening for chronic or infectious diseases as appropriate for local community. | Blood pressure screening, A1C screening, referral list, brochures for community screenings services |  |  |  |

**Section 5 – Access to Healthcare Services**

***C. Intervention and Activities***

***These standards examine the ability of the agency to provide or link priority populations to preventive services. They also examine the agency’s ability to recommend implementation of evidence-based clinical and community interventions for disease prevention, early detection and self-management.***

**Standard#29 Ensure access to effective sexually transmitted diseases (STD) screening programs**

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 29.1 | Ensure access to screening and treatment for sexually transmitted infections. | Referral list, brochures, annual reports, list of agency services, social and other media postings and notices |  |  |  |

**Section 5 – Access to Healthcare Services**

***C. Intervention and Activities***

***These standards examine the ability of the agency to provide or link priority populations to preventive services. They also examine the agency’s ability to recommend implementation of evidence-based clinical and community interventions for disease prevention, early detection and self-management.***

**Standard#30 Ensure access to evaluation and effective tuberculosis (TB) treatment programs**

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 30.1 | Provide evaluation of and treatment for TB and latent TB infections. | Brochure, list of services, social and other media notices and postings, AARs and evaluation reports |  |  |  |
| 30.2 | Ensure that all active TB cases and their contacts are diagnosed and treated using directly observed therapy. | Program summary reports, clinical procedures or policies on treatment protocols |  |  |  |
| 30.3 | Ensure diagnosis and treatment of those with latent TB infection. | Program summary reports, clinical procedures or policies on treatment protocols |  |  |  |

**Section 5 – Access to Healthcare Services**

***C. Intervention and Activities***

***These standards examine the ability of the agency to provide or link priority populations to preventive services. They also examine the agency’s ability to recommend implementation of evidence-based clinical and community interventions for disease prevention, early detection and self-management.***

**Standard#31 Ensure access to cost-effective healthcare including behavioral health and dental services.**

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 31.1 | Work with healthcare providers to support provision of evidence-based programs and treatments that are proven to reduce the impact and costs associated with healthcare including behavioral health and dental services. | Advisory or stakeholder group meeting minutes that reference healthcare, behavioral health and/or dental services, referral lists, schedule of services provided, copy of local partners’ brochures |  |  |  |

**Section 5 – Access to Healthcare Services**

***D. Evaluation In this standard, the agency demonstrates how to implement a culture of quality improvement using nationally recognized tools and resources to determine how effectively it works with system partners in assessing healthcare access and determines how to improve healthcare access promotion efforts in the future.***

**Standard#32 Evaluate and assess healthcare access activities.**

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 32.1 | Using the agency Communication Plan's message evaluation strategy, evaluate the effectiveness of access to healthcare materials and communications developed or presented by the agency. | Client surveys, internal monitors, agency QI projects, PDSAs, Story Boards, evaluation reports, analytics on social and other media postings and notices |  |  |  |
| 32.2 | Assess locally available healthcare access activities and information published for jurisdiction, e.g. County Health Ranking Reports | County Health Rankings, CDC, Community Commons, MICA |  |  |  |
| 32.3 | Evaluate results for quality and process improvement initiatives for access to healthcare. | Evaluation surveys, internal monitors, customer feedback surveys, attendance sheet or sign-in sheets at meetings, number of hits on website |  |  |  |
| 32.4 | Monitor and implement opportunities for improvement as indicated in evaluation results. | Evaluation reports and work plans |  |  |  |
| 32.5 | Staff, agency management, and governing body work cooperatively to evaluate activities and interventions to improve access to health care processes, activities and programs. | Staff and Board meeting minutes that show discussion on QI activities |  |  |  |

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**6 - All Hazards Preparedness & Response**

1. **Prepare for Emergencies**

***This standard examines the agency’s ability to develop, exercise and maintain preparedness and response strategies and plans according to established guidelines and to address natural or other disasters and emergencies.***

1. **Respond to Emergencies**

***This standard examines the agency’s ability to activate the emergency response plan when notified of potential disasters and emergencies.***

1. **Coordinate and Communicate Before and During an Emergency**

***These standards examine the ability of the agency to activate the emergency response personnel and communications systems in a public health crisis, coordinate with federal, state and local emergency managers and other first responders, and operate within and, as necessary, lead the incident command system.***

1. **Evaluation**

***In this standard, the agency demonstrates how to implement a culture of quality improvement using nationally recognized tools and resources to determine how effectively it works with system partners in responding to emergency response exercises and/or real events and determines how to improve these efforts in the future.***

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**6 - All Hazards Preparedness & Response**

**Resources (additional resources may be found at** [**http://michweb.org/accreditation-resources/**](http://michweb.org/accreditation-resources/)**)**

**Missouri Department of Health & Senior Services:** <http://health.mo.gov/emergencies/ert/preparedness.php>

**Disaster and Emergency Planning:** <http://health.mo.gov/emergencies/>

**Laboratory Preparedness & Response:** <http://health.mo.gov/lab/epr.php>

**Training & Resources:** <http://health.mo.gov/emergencies/ert/training.php>

**Missouri State Emergency Management Agency (SEMA):** <http://sema.dps.mo.gov>

**FEMA:** <https://www.fema.gov>

**National Incident Management System Training (NIMS):** <https://www.fema.gov/national-incident-management-system>

**Healthy People 2020**: <https://www.healthypeople.gov/2020/topics-objectives/topic/preparedness>

**CDC:** <https://www.cdc.gov/phpr/> and <https://emergency.cdc.gov/planning/responseguide.asp>

**Public Health Foundation**: <http://www.phf.org/programs/preparednessresponse/Pages/Public_Health_Preparedness_and_Response.aspx>

**U.S. Department of Health & Human Services:** <https://www.phe.gov/preparedness/Pages/default.aspx>

**Section 6 – All Hazards Preparedness & Response**

1. ***Prepare for Emergencies***

***This standard examines the agency’s ability to develop, exercise and maintain preparedness and response strategies and plans according to established guidelines and to address natural or other disasters and emergencies.***

**Standard#33 Develop, exercise, improve, and maintain preparedness and response plans in the event of a natural or man-made disaster or an emergency occurs.**

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| --- | --- | --- | --- | --- | --- |
| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 33.1 | Conduct service area assessment of risk, resources, and priority of public health preparedness capabilities. | Assessment reports |  |  |  |
| 33.2 | Maintain public health surveillance and response plans and an active epidemiological surveillance plan. | Annual update of plan, reports from local surveillance systems and/or sites |  |  |  |
| 33.3 | Plan for the distribution and access of pharmaceuticals in the event of an emergency. | Annual update of Emergency Operations Plan (EOP), Non- City Ready Initiative (CRI) or CRI Point of Distribution (POD) Standards, Strategic National Stockpile (SNS) |  |  |  |
| 33.4 | Prepare and maintain public health preparedness plans in accordance with the 15 core public health capabilities, such as public health surveillance and disaster epidemiology, identifying and initiating medical countermeasures dispensing strategies, communications with the public hand partners, outlining public health’s role in fatality management, and monitoring mass care/population health. | EOP Plans, Partner Readiness Evaluation Program (PREP) Assessments |  |  |  |

**Section 6 – All Hazards Preparedness & Response**

***A. Prepare for Emergencies***

***This standard examines the agency’s ability to develop, exercise and maintain preparedness and response strategies and plans according to established guidelines and to address natural or other disasters and emergencies.***

**Standard#33 Develop, exercise, improve, and maintain preparedness and response plans in the event of a natural or man-made disaster or an emergency occurs. (Continued)**

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 33.5 | Maintain a public health preparedness training and exercise plan, including but not limited to the coordination of public health staff training to support the system in public health/medical surge events. | Training logs, training schedules, certifications of attendance to trainings, meetings, seminars and workshops, CE completion. |  |  |  |
| 33.6 | Plan and document emergency preparedness exercises. | AARs, log of exercises, exercise plan |  |  |  |
| 33.7 | Develop public health short-term and long-term goals for recovery operations. | Recovery section of EOP |  |  |  |
| 33.8 | Maintain and execute a plan providing for operations during a disaster or emergency, including a plan for accessing resources necessary to recover from or respond to a disaster or emergency. | EOP & Continuity of Operations Plan (COOP), resource assessment plan |  |  |  |
| 33.9 | Address the needs of vulnerable populations during a disaster or emergency. | EOP, Mass Care, Sheltering, vulnerable population assessments and partnership meeting minutes |  |  |  |

**Section 6 – All Hazards Preparedness & Response**

1. ***Respond to Emergencies***

***This standard examines the agency’s ability to activate the emergency response plan when notified of potential disasters and emergencies.***

**Standard#34 Conduct surveillance for and respond to potential disasters and emergencies. Activate emergency response personnel during a disaster or emergency, and identify if the agency has a primary, secondary, or ancillary role in response activities.**

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 34.1 | Provide efficient and appropriate situation assessment: determine objectives to address the health needs of those affected, allocate resources to address those needs, and determine how to return to routine operations. | Crisis management system software such as WebEOC – Incident Action Plan,  Plan includes prioritizing resources, LPHA Operations Status Board |  |  |  |
| 34.2 | Produce disaster epidemiology reports or AARs. | Outbreak reports, AAR, Health Advisories, Surveillance Reports |  |  |  |
| 34.3 | Issue and enforce emergency health orders, such as isolation, quarantine, environmental issues, etc. | EOP, executed health order or environmental order |  |  |  |

**Section 6 – All Hazards Preparedness & Response**

1. ***Coordinate and Communicate Before and During an Emergency***

***These standards examine the ability of the agency to activate the emergency response personnel and communications systems in a public health crisis, coordinate with federal, state and local emergency managers and other first responders, and operate within and, as necessary, lead the incident command system.***

**Standard#35 Communicate and coordinate with health care providers, emergency service providers, and other agencies and organizations that respond to disasters and emergencies.**

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 35.1 | Build and engage in service area partnerships to support health preparedness, and recovery and resilience efforts. | Meeting minutes and sign-in sheets with local and regional Health Care Coalitions, emergency management agencies, mental health, American Red Cross or faith-based organizations |  |  |  |
| 35.2 | Participate in a public health notification system to ensure dissemination of health alerts to partners. | Documentation of information disseminated with the public health notification system used such as MO-HNS, EMResource / eICS, SNS / WebEOC, or WebSurv / Essence |  |  |  |

**Section 6 – All Hazards Preparedness & Response**

***C. Coordinate and Communicate Before and During an Emergency***

***These standards examine the ability of the agency to activate the emergency response personnel and communications systems in a public health crisis, coordinate with federal, state and local emergency managers and other first responders, and operate within and, as necessary, lead the incident command system.***

**Standard#36 Use communications systems effectively and efficiently during a disaster, emergency, or exercise.**

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 36.1 | Evidence of risk communication plan activated. | AARs or summary reports that detail communications |  |  |  |
| 36.2 | Deliver health alerts and preparedness communication to the general public. | Examples of social and other media postings or notices |  |  |  |

**Section 6 – All Hazards Preparedness & Response**

***D. Evaluation***

***In this standard, the agency demonstrates how to implement a culture of quality improvement using nationally recognized tools and resources to determine how effectively it works with system partners in responding to emergency response exercises and/or real events and determines how to improve these efforts in the future.***

**Standard#37 Evaluate and assess emergency response exercises and/or real events.**

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 37.1 | Using the agency Communication Plan's message evaluation strategy, evaluate the effectiveness of emergency response messages and communications developed by the agency. | Client surveys, internal monitors, agency QI projects, PDSAs, Story Boards, evaluation reports, analytics on social and other media postings and notices |  |  |  |
| 37.2 | Assess emergency response exercises and/or real events conducted locally. | AARs, Outbreak Reports |  |  |  |
| 37.3 | Evaluate results for quality and process improvement initiatives for emergency response exercises. | AARs – Improvement Plan |  |  |  |
| 37.4 | Monitor and implement opportunities for improvement as indicated in After Action Reports. | Semi-Annual Reports, Emergency Response Plan revisions or updates |  |  |  |
| 37.5 | Staff, agency management, and governing body work cooperatively to evaluate activities and interventions to improve emergency response activities. | Staff and Board meeting minutes that show discussion on QI activities or revisions to Emergency Response Plan |  |  |  |



**7 – Leadership, Management & Planning**

In this section, the agency discusses its approach to management and how it interacts with their governing body.

1. **Leadership, Governance, Policy Development and Communications**

***These standards examine the role of senior management and the governing body in establishing public health policy and setting strategic goals for the agency and the service area. Additional roles examined include*** ***directing and coordinating internal agency planning, policy development and how the agency communicates and uses information technology.***

1. **Performance Management & Quality Improvement**

***These standards examine how the agency is able to maintain a performance management system to monitor achievement of organizational objectives and examines the agency’s ability to maintain an organization-wide culture of quality improvement by coordinating the evaluations of all the sections of the standards together to implement and monitor the performance management/quality improvement process for their internal programs and activities.***

1. **Risk Management, Financial Management, Contracts and Procurement**

***These standards examine how the agency is able to establish a budgeting, auditing, billing, and financial system and chart expenses and review accounts in compliance with state, and local standards and policies. Additional standards examine the agency’s ability to procure, maintain, and manage safe facilities and efficient operations.***

1. **Human Resources**

***These standards examine how the agency provides and manages personnel needs, issues, benefits and a workforce development plan to assure a competent and appropriately trained workforce.***

1. **Community Planning**

***These standards examine how the agency engages in community health planning and policy setting.***

1. **Health Equity and Cultural Responsiveness**

***This standard examines how the agency fosters an environment that is culturally appropriate and responsive to the service area needs.***

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**7 – Leadership, Management & Planning**

**Resources (additional resources may be found at** [**http://michweb.org/accreditation-resources/**](http://michweb.org/accreditation-resources/)**)**

**Leadership, Governance and Strategic Planning**

**Leadership and Governance:**

**Leadership Learning Portal, Heartland Center for Learning Management:** <http://www.heartlandcenters.com>

**National Association of Local Boards of Health (NALBOH):** <http://www.nalboh.org>

**For Board education:** <https://nalboh.site-ym.com/page/GovernanceInAction>

**Missouri Association of Local Boards of Health (MALBOH):** <http://www.moalpha.org/malboh/>

**CDC National Leadership Academy:** <https://www.cdc.gov/stltpublichealth/nlaph/> **and**

**CDC’s National Health Initiatives, Strategies, and Action Plans:** <https://www.cdc.gov/stltpublichealth/strategy/index.html>

**NACCHO:** <http://www.naccho.org/advocacy>

**Strategic Planning:**

**NACCHO:** <https://www.naccho.org/uploads/downloadable-resources/Programs/Public-Health-Infrastructure/StrategicPlanningGuideFinal.pdf>

**Michigan Association for Local Public Health: A Guidebook for Local Health Departments (check out Appendix A Check Sheet and Appendix E Internal Assessment for their SWOT Template:** <https://www.malph.org/sites/default/files/files/Health%20Improvement/Strategic%20Plans/Key%20Components%20to%20a%20Strategic%20Plan.pdf>

**Community Toolbox, Chapter 8 Developing a Strategic Plan:** <https://ctb.ku.edu/en/table-of-contents/structure/strategic-planning>

**ASTHO, Strategic Planning Guide:** <http://www.astho.org/Accreditation-and-Performance/Strategic-Planning-Guide/Home/>

**Policy Development**

**APHA:** <https://www.apha.org/apha-communities/member-sections/community-health-planning-and-policy-development>

**CDC:** <https://www.cdc.gov/stltpublichealth/policy/>

**National Library of Medicine, National Institutes of Health:** Policy Development Strategy, Developing goals for public health at the national state and local levels <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1580121/>

**NACCHO:** <http://www.naccho.org/advocacy>

**Community Tool Box**: <http://ctb.ku.edu/en/influencing-policy-development>

**Communications** (for Word templates on communication plans and strategies see: **http://michweb.org/accreditation-resources/**

**Communication Plans:** <https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthSystemsTransformation/StrategicCommunicationsPlan> , **Communication Strategies Template (page 39):** <https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/9011.pdf>

**Community Toolbox**: <https://ctb.ku.edu/en/table-of-contents/participation/promoting-interest/communication-plan/main>

**Public Health Foundation:** <http://www.phf.org/resourcestools/Pages/Planning_Before_You_Communicate_Tool.aspx>

**Northwest Center for Public Health Practice:** <http://www.nwcphp.org/communications/news/more-than-words-public-health-communication-series>  **and** <http://www.nwcphp.org/communications/news/communications-planning-a-step-by-step-guide>

**NACCHO:** <http://www.naccho.org/communications>

**CDC and CDC’s social media policy:** <https://www.cdc.gov/maso/policy/SocialMediaPolicy508.pdf> **,** <https://www.cdc.gov/healthcommunication/healthbasics/whatishc.html> **,** <https://www.cdc.gov/workplacehealthpromotion/planning/communications.html>,

**Free trainings opportunities:** <http://socialmediatraining.com/social-media-training/> , social media training for beginners: <https://blogs.constantcontact.com/social-media-quickstarter/>

**The Guide to community Preventive Services; The Community Guide:** <https://www.thecommunityguide.org/sites/default/files/assets/What-Works-Health-Communication-factsheet-and-insert.pdf>

**Evaluating your communications plan and tools:** <https://www.cdc.gov/eval/tools/communication/index.html> ,<https://c.ymcdn.com/sites/chronicdisease.site-ym.com/resource/resmgr/2014_1305_Grantee_Meeting/How_to_read_a_plan_-_Social_.pdf>

**Assessment of health literacy friendliness (written materials):** <https://www.cdc.gov/ccindex/> , <https://www.nih.gov/sites/default/files/institutes/plain-language/nih-plain-language-checklist.pdf>

**Information Technologies**

**NACCHO:** <http://www.naccho.org/programs/public-health-infrastructure/health-it>

**Healthy People 2020, Health Communication & Health Information Technology:** <https://www.healthypeople.gov/2020/topics-objectives/topic/health-communication-and-health-information-technology>

**Healthcare Information and Management Systems Society (HIMSS):** <http://www.himss.org/public-health-informatics>

**APHA Health Informatics Information:** <https://www.apha.org/apha-communities/member-sections/health-informatics-information-technology>

**US Department of Health & Human Services (HHS):** <https://www.hhs.gov/hipaa/for-professionals/special-topics/health-information-technology/index.html?language=es>

**Performance Management**

Performance Management is the overall framework using performance data to improve the public’s health. Quality improvement processes and QI tools are the ways an agency manages the change and achieves the improvements in their processes. For more information about the Performance Management System Framework go to<http://www.phf.org/focusareas/performancemanagement/Pages/Performance_Management.aspx>

**Public Health Foundation**: <http://www.phf.org/focusareas/performancemanagement/Pages/Performance_Management.aspx>

<http://tools.publichealthsystems.org/tools/tool?name=PHAST/MPROVEMeasuresofLocalPublicHealthServiceDelivery&view=about&id=136>

<http://tools.publichealthsystems.org/homepage?cat=system&name=System%20Structure%20and%20Performance>

**Performance Management Toolkit:** <http://www.phf.org/focusareas/performancemanagement/toolkit/Pages/Performance_Management_Toolkit.aspx>

**Public Health Quality Improvement Exchange**: <https://www.phqix.org>

**CDC, Performance Management Definitions and Concepts:** <https://www.cdc.gov/stltpublichealth/performance/definitions.html>,

**CDC, Performance Management and Quality Improvement:** <https://www.cdc.gov/stltpublichealth/performance/journey.html>

**NACCHO, Quality Improvement: Measuring What Matters in Public Health,** NACCHO’s practical guide to implementing performance management at your health department.  **Performance Improvement:** <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/performance-management> **and** <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/quality-improvement> **Organizational Culture of Quality Self-Assessment Tool Version 2.0.** The QI SAT 2.0 enables organizations to objectively assess quality culture, identify opportunities for improvement, and prioritize strategies to include in a quality improvement (QI) plan. The QI SAT 2.0 Toolkit also includes staff and leadership versions of the assessment, a facilitation guide, a scoring spreadsheet, and PowerPoint slide decks to introduce the assessment to staff and facilitating group scoring and discussion. All of these tools may be downloaded from this link: [http://qiroadmap.org/assess/](https://naccho.us9.list-manage.com/track/click?u=e09b9724b15a348725f3be65c&id=07598ad499&e=73ee71bd7c)

**The Minnesota Dept of Health has great resources; QI templates**: <http://www.health.state.mn.us/divs/opi/qi/toolbox/projectmgmt.html>

**Financial Management**

**NACCHO, Public Health Finance**: <http://www.naccho.org/programs/public-health-infrastructure/public-health-finance>

**Public Health Finance & Management, Training & Education:** <http://www.publichealthfinance.org/training-and-education>

**Public Health Services & Systems Research:**

<http://tools.publichealthsystems.org/homepage?cat=financing&name=Financing%20and%20Economics>

**Human Resources**

**Missouri Public Health Association, Workforce Development** - <http://mopha.org/workforce-development.php>

**Heartland Center for Learning Management**: <http://www.heartlandcenters.com>

**Public Health Foundation, Workforce Development:** [http://www.phf.org/focusareas/workforcedevelopment/Pages/default.asp**x**](http://www.phf.org/focusareas/workforcedevelopment/Pages/default.aspx)

**Examples of Competency Based Workforce Development Plans:** <http://www.phf.org/resourcestools/Pages/Competency_Based_Workforce_Development_Plans.aspx>

**NACCHO, Workforce Development & Training:** <http://www.naccho.org/programs/public-health-infrastructure/workforce-development>

**Community Planning**

**Missouri Department of Health and Senior Services:** <http://health.mo.gov/data/chir/index.html>

**All Things Missouri – Health & Safety Report:** <https://allthingsmissouri.org/reports/health-safety/>(will include immunization info)

**Engagement Network – Assessment Reports, county specific:** <https://engagementnetwork.org/assessment/>

**Community Commons, CHA data:** <https://www.communitycommons.org/chna/> **and CARES from University of Missouri:** <https://cares.missouri.edu/>

**NACCHO, Community Health Improvement Planning:** <http://www.naccho.org/programs/public-health-infrastructure/community-health-assessment> **or** <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment>

**Examples of CHAs and CHIPs:** <http://archived.naccho.org/topics/infrastructure/CHAIP/guidance-and-examples.cfm>

**County Health Rankings & Roadmaps, Action Center:** <http://www.countyhealthrankings.org/policies/cultural-competence-training-health-care-professionals>

**What Works for Health:** <http://www.countyhealthrankings.org/roadmaps/what-works-for-health>

**Community Toolbox:** <http://ctb.ku.edu/en/table-of-contents/overview/model-for-community-change-and-improvement/framework-for-collaboration/main>

**CDC, Community Health Improvement Navigator:** <https://www.cdc.gov/chinav/index.html>

**CDC, CHA & Health Improvement Planning:** <https://www.cdc.gov/stltpublichealth/cha/>

**National Network of Public Health Institutes, CHA & CHIP Initiatives:** <https://nnphi.org/relatedarticle/community-health-assessment-cha-and-community-health-improvement-chip-initiatives/>

**American Hospital Association, Community Health Assessment Toolkit:** <http://www.healthycommunities.org/Education/toolkit/index.shtml#.WRjP11KZMdU>

**Health Equity and Cultural Responsiveness**

***CDC definition: Health equity is achieved when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.” Health disparities or inequities are types of unfair health differences closely linked with social economic or environmental disadvantages that adversely affect groups of people.*** (Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health, Centers for Disease Control and Prevention). <https://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/overview/healthequity.htm>

**Health People 2020:** <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

**The Community Guide:** <https://www.thecommunityguide.org/findings/health-equity-cultural-competency-training-healthcare-providers>

**CDC, A Practitioner’s Guide for Advancing Health Equity:** <https://www.cdc.gov/nccdphp/dch/pdf/HealthEquityGuide.pdf>

**County Health Rankings & Roadmaps, Cultural Competence Training for Health Care Professionals:** <http://www.countyhealthrankings.org/policies/cultural-competence-training-health-care-professionals>

**Health & Human Services (HHS), Think Cultural Health:** <https://www.thinkculturalhealth.hhs.gov/about>

**Health Resources & Services Administration (HRSA), Cultural, Language and Health Literacy:** <https://www.hrsa.gov/culturalcompetence/index.html>

**Section 7 – Leadership, Management, Planning & Capabilities**

1. ***Leadership & Governance***

***This section examines the roles of senior management and the governing body in establishing public health policy and setting strategic goals for the agency and the service area. Additional roles examined include*** ***directing and coordinating internal agency planning, policy development and how the agency communicates and uses information technology.***

**Strategic Planning**

**Standard#38 Agency leadership and the governing body identify the strategic direction necessary to achieve public health goals and align stakeholders in achieving these goals**

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 38.1 | In collaboration with the agency’s governing body, senior leadership and staff will work with local partners to develop a strategic direction for a healthy community. | Governing body and community coalition meeting minutes, agendas, and participants list that shows discussion on agency vision and mission |  |  |  |
| 38.2 | A Strategic Plan that includes:  a. Mission, vision, and values;  b. Environmental scan;  c. Analysis of results and selected strategic priorities and how they align with CHA, CHIP and QI Plan;  d. Goals, objectives and strategies to address priorities with timelines and evaluation plans; | A strategic plan with all points listed in measure included, developed within the last 5 years with planning process described. Examples of strategic planning process: Mobilizing for Action through Planning and Partnerships (MAPP) or NACCHO's Developing a Local Health Department Strategic Plan: A How-To Guide |  |  |  |
| 38.3 | The Strategic Plan is implemented, monitored and annually evaluated. Revisions are made based on evaluation. This includes communicating the plan and its monitoring with leadership, staff and governing body. | Annual progress and evaluation reports, communication strategies, i.e., email, annual presentation at Board meetings, staff meetings, etc. |  |  |  |

**Section 7 – Leadership, Management, Planning & Capabilities**

***A. Leadership & Governance***

***This section examines the roles of senior management and the governing body in establishing public health policy and setting strategic goals for the agency and the service area. Additional roles examined include*** ***directing and coordinating internal agency planning, policy development and how the agency communicates and uses information technology.***

**Policy Development**

**Standard#39 Agency leadership and governing body are current on public health practice, laws, regulations, ordinances, and any changes or recommended modifications.**

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 39.1 | Orientation process includes current public health practice. | Orientation checklist, meeting materials (handouts, presentations), participants certificates |  |  |  |
| 39.2 | The governing body will participate in quarterly board updates that include roles and responsibilities and laws, regulations and ordinances that govern agency activities. | Membership of Missouri Association of Local Boards of Health (MALBOH) or the National Association of Local Boards of Health (NALBOH), University of Missouri Extension Service presentations, MDHSS board training, Sunshine Law training, factsheets or updates on legislative issues, governing body meeting minutes. |  |  |  |
| 39.3 | In collaboration with the agency’s governing body, senior leadership will review, identify, and analyze applicable public health laws and responsibilities. Using analysis, develop ordinances that are necessary to address identified public health issues or in a change in state or federal law or regulation | Ordinances identified, analyzed and developed, governing body meeting minutes, agendas, laws and/or regulations that were presented or adopted |  |  |  |

**Section 7 – Leadership, Management, Planning & Capabilities**

***A. Leadership & Governance***

***This section examines the roles of senior management and the governing body in establishing public health policy and setting strategic goals for the agency and the service area. Additional roles examined include*** ***directing and coordinating internal agency planning, policy development and how the agency communicates and uses information technology.***

**Policy Development**

**Standard#39 Agency leadership and governing body are current on public health practice, laws, regulations, ordinances, and any changes or recommended modifications. (Continued)**

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 39.4 | Monitor and respond to state and local public health issues that impact local authorities and, upon request, participate in policy initiatives that include multiple authorities. | Meeting agendas/minutes, policies implemented locally, MOUs with other authorities, mutual aid, shared personnel |  |  |  |
| 39.5 | Engage members of the service area in implementing, monitoring, evaluating, and modifying community health policies. | Service area meeting attendance and minutes, surveys |  |  |  |
| 39.6 | Evaluate the effectiveness of policy change with staff. | Evaluation report of the policy changes. Examples of policy changes may include staff wellness programs, changing hours of operations, changing schedules, adding or deleting services, changing how you deliver services, etc. |  |  |  |

**Section 7 – Leadership, Management, Planning & Capabilities**

***A. Leadership & Governance***

***This section examines the roles of senior management and the governing body in establishing public health policy and setting strategic goals for the agency and the service area. Additional roles examined include*** ***directing and coordinating internal agency planning, policy development and how the agency communicates and uses information technology.***

**Policy Development**

**Standard#40 Agency leadership and governing body will provide written operations policies/procedures.**

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 40.1 | Agency operating policies will include policies such as record retention and back-up procedures, events planning, procurement of office supplies, facilities operations, use of department equipment, etc.   1. Review of policies must be done at least every 5 years; and 2. Policies/procedures must be readily available to staff | Policy and procedure manual or individual policies, dates of reviews on policies, location of policy/procedure manuals |  |  |  |

**Section 7 – Leadership, Management, Planning & Capabilities**

***A. Leadership & Governance***

***This section examines the roles of senior management and the governing body in establishing public health policy and setting strategic goals for the agency and the service area. Additional roles examined include*** ***directing and coordinating internal agency planning, policy development and how the agency communicates and uses information technology.***

**Policy Development**

**Standard#41 Agency leadership and governing body will provide Human Resources policies and procedures**

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 41.1 | Agency Human Resources policies and procedures include:   1. Personnel recruitment, selection, and appointment; 2. Employee confidentiality; 3. Equal opportunity employment; 4. Salary structure and hours of work; 5. Benefits package; 6. Performance evaluation process based on job descriptions and training plans; and 7. Problem solving and complaint handling. | Human Resources policies and procedures with review by governing body and dated within the past 5 years |  |  |  |

**Section 7 – Leadership, Management, Planning & Capabilities**

***A. Leadership & Governance***

***This section examines the roles of senior management and the governing body in establishing public health policy and setting strategic goals for the agency and the service area. Additional roles examined include*** ***directing and coordinating internal agency planning, policy development and how the agency communicates and uses information technology.***

**Communications**

**Standard#42 Agency implements and maintains a communication plan that provides public health information to the service area during normal operations and emergency response actions.**

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 42.1 | A Communications Plan based on the Foundational Public Health Service area that includes: **a.** Purpose and Objectives; **b**. Audience identification (internal, external, media) with contact information - updated annually; **c.** Pathway/channel identification for ach audience (emails, speeches, PowerPoint Presentations, newspaper articles, radio, billboard, social media, website, etc.); **d.** Policies/processes for developing and disseminating information (approved sources, approval process, timeliness, accuracy, transparency, limitations, legal considerations, social media, non-communication staff restrictions); **e**. Staff designated as public information officer and spokespersons, roles and responsibilities and training requirements for each role; **f**. Key message development (including templates); **g.** Message evaluation strategy | Communication Plan that contains all points listed and includes an audience analysis tool. Job descriptions for staff designated as information officer with certificates of completion for communications training, |  |  |  |

**Section 7 – Leadership, Management, Planning & Capabilities**

***A. Leadership & Governance***

***This section examines the roles of senior management and the governing body in establishing public health policy and setting strategic goals for the agency and the service area. Additional roles examined include*** ***directing and coordinating internal agency planning, policy development and how the agency communicates and uses information technology.***

**Communications, Continued**

**Standard#42 Agency implements and maintains a communication plan that provides public health information to the service area during normal operations and emergency response actions.**

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 42.2 | Develop an emergency communication plan for both internal and external audiences including contact 24/7. | Emergency communications plan |  |  |  |
| 42.3 | Ensure communication is based on health literacy principles to ensure it is accessible, understandable and actionable for the target audience. | Assessment for health literacy friendliness (written materials) |  |  |  |
| 42.4 | Develop a process by which to evaluate communication initiatives. The evaluation report must include: **a.** Internal evaluation: Did the communication work go out on time and to the right audience? What was achieved, with what budget and time? What did we learn from the process and what might we do differently next time? **b.** External evaluation: What was the reach achieved by the output? What was the quality and usefulness of the output? What was the uptake and use of the output? | Evaluation metrics report |  |  |  |

**Section 7 – Leadership, Management, Planning & Capabilities**

***A. Leadership & Governance***

***This section examines the roles of senior management and the governing body in establishing public health policy and setting strategic goals for the agency and the service area. Additional roles examined include*** ***directing and coordinating internal agency planning, policy development and how the agency communicates and uses information technology.***

**Communications, Continued**

**Standard#42 Agency implements and maintains a communication plan that provides public health information to the service area during normal operations and emergency response actions.**

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| 42.5 | Agency website that contains information on: a. 24/7 contact for reporting health emergencies; b. links to public health related laws; c. Notifiable/reportable conditions link or contact number; d. links to CHA, CHIP and other health data; e. Information and materials from program activities; f. Links to CDC and other public health related agencies; g. Names of health department leadership. | Screen shots of the web pages that contain the information required in each of the points listed in measure |  |  |  |
| 42.6 | Using agency's message evaluation strategy, evaluate the overall effectiveness of communication efforts and Communication Plan and use evaluation findings to adjust communications, communications strategies and communication plan accordingly. | Bringing together the evaluation for communication strategies for each accreditation section (standards/measures 8.1, 12.1, 18.1, 22.1, 32.1, 37.1) provide documentation that evaluates agency overall communication strategies and adjustments made |  |  |  |

**Section 7 – Leadership, Management, Planning & Capabilities**

***A. Leadership & Governance***

***This section examines the roles of senior management and the governing body in establishing public health policy and setting strategic goals for the agency and the service area. Additional roles examined include*** ***directing and coordinating internal agency planning, policy development and how the agency communicates and uses information technology.***

**Information Technology**

**Standard#43 The public health agency has a secure information technology (IT) program capable of surveillance, planning and reporting of public health needs.**

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 43.1 | Utilize and maintain local public health technology and resources to support current and emerging public health practice needs. Policies must include protocols for:  a. Encryption and data security;  b. Online and social media | Policies for technology that includes encryption and data security, policy for online and social media use, IT policy |  |  |  |
| 43.2 | Develop, maintain, and review procedures to ensure agency adheres to federal, state, and local privacy protection regulations for handling data. | Policy or procedure for data management, HIPPA agreement, designated HIPAA officer, evaluation and review of risk management plan |  |  |  |
| 43.3 | Each employee will be trained annually on maintaining customer confidentiality and how to protect client health information. Training will include policies on:   1. Confidentiality, including HIPPA requirements; 2. Staff access to records; and 3. Computer use including email, passwords and electronic transfer of data.   Confidentiality forms or agreements must be signed by all employees. | Training logs with examples of training, confidentiality training program, signed confidentiality forms or agreements, signed social media or electronic use agreement forms |  |  |  |

**Section 7 – Leadership, Management, Planning & Capabilities**

1. ***Performance Management & Quality Improvement***

***These standards examine how the agency is able to maintain a performance management system (PMS) to monitor achievement of organizational objectives and examines the agency’s ability to maintain an organization-wide culture of quality improvement by coordinating the evaluations of all the sections of the standards together to implement and monitor the performance management/quality improvement process for their internal programs and activities.***

**Standard #44 The agency uses a PMS or an established process involving all its employees in improving the effectiveness of the agency and achieving the agency’s mission and strategic goals.**

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 44.1 | A QI plan is in place that incorporates the strategies that evaluate the effectiveness and quality for each of the Foundational Public Health Service areas. The QI Plan will include:  a. Purpose and Policy Statement; b. Definitions;  c. Culture of Quality in Agency;  d. Governance structure (formal or informal);  e. Training (New employee orientation, Advanced training for QI team, Ongoing staff training);  f. How quality improvement projects are identified, prioritized, staffed, and initiated;  g. Goals, objectives, and timelines;  h. Alignment with strategic plan and CHIP. | QI plan with all points in the measure addressed, training log for staff that details QI training |  |  |  |
| 44.2 | A QI team meets regularly to implement the QI plan goals and objectives. | QI team charter, agendas, minutes, reports |  |  |  |
| 44.3 | The QI Plan is implemented, monitored and annually evaluated. Revisions are made based on evaluation. This includes communicating the Plan and its monitoring with leadership, staff and governing body. | Annual progress and training evaluation reports, communication strategies, i.e., email, annual presentation at Board meetings, staff meetings, etc. |  |  |  |

**Section 7 – Leadership, Management, Planning & Capabilities**

1. ***Risk Management, Financial Management, Contract, and Procurement Services***

***These standards examine how the agency’s ability to establish a budgeting, auditing, billing, and financial system and chart expenses and review accounts in compliance with state, and local standards and policies. Additional standards examine the agency’s ability to procure, maintain, and manage safe facilities and efficient operations.***

**Standard#45 Perform agency work per accepted business standards and be accountable in accordance with applicable laws, regulations and ordinances.**

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 45.1 | The agency has yearly financial audits. In the event there were material findings, an action plan to correct the findings will be approved by the governing body and implemented by the agency. | Copy of the past two audits; corrective action plans and evidence of implementation, if applicable |  |  |  |
| 45.2 | Use financial analysis methods (e.g., cost-effectiveness, cost-benefit, cost-utility analysis, and return on investment) for decision making and programmatic prioritization. | Return on investment analysis, cost benefit analysis, or other financial analysis used in decision making processes |  |  |  |
| 45.3 | Budget is reviewed annually by the governing body. The agency provides budget updates as required or needed. | Governing body meeting minutes, budget updates |  |  |  |

**Section 7 – Leadership, Management, Planning & Capabilities**

***C. Risk Management, Financial Management, Contract, and Procurement Services***

***These standards examine how the agency’s ability to establish a budgeting, auditing, billing, and financial system and chart expenses and review accounts in compliance with state, and local standards and policies. Additional standards examine the agency’s ability to procure, maintain, and manage safe facilities and efficient operations.***

**Standard#46 Agency will have a risk management policy or incorporate risk management procedures in decision making.**

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 46.1 | Licenses for laboratory services will be current. | License |  |  |  |
| 46.2 | Agency has insurance that protects the agency and governing body against liability for public officials’ errors and omissions, personal injury, contractual, incidental malpractice for medical professionals, and general liability. | Current insurance coverage policy |  |  |  |
| 46.3 | Agency ensures client confidentiality through a risk management policy or procedures. | Risk management policy or risk management procedures used, observation of client confidentiality and access as observed during accreditation site review walk-through |  |  |  |
| 46.4 | Agency is clean and orderly in appearance | Regular cleaning schedule maintained, observed during reviewer walk-through |  |  |  |

**Section 7 – Leadership, Management, Planning & Capabilities**

1. ***Human Resources***

***These standards examine how the agency provides and manages personnel needs, issues, benefits and a workforce development plan to assure a competent and appropriately trained workforce.***

***Individualized Staff Professional Development Plan***

**Standard#47 Assess staff competencies; provide individual training, professional development, and a supportive work environment.**

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 47.1 | All staff members involved in the delivery of agency services must have:  a. Job description that addresses the individual’s responsibilities related to the Foundational Public Health Services (FPHS);  b. Completed Core Competencies Self-Assessment;  c. Role specific job training planning jointly developed by employee and employer;  d. Minimum of 8 contact hours per year that address the employee’s training needs identified in the job training plan;  e. If the employee has a specific license, certification and/or training required by the agency, documentation is provided to verify currency; and  f. An annual appraisal that is reviewed with each employee. | Documentation of all 6 points into an Individualized Staff Professional Development Plan (SPDP) with dated annual review to include to include performance appraisals, training records, etc. |  |  |  |

**Section 7 – Leadership, Management, Planning & Capabilities**

***D. Human Resources***

***These standards examine how the agency provides and manages personnel needs, issues, benefits and a workforce development plan to assure a competent and appropriately trained workforce.***

**Agency Workforce Development Plan**

**Standard#48 Develop and maintain a competent workforce to ensure the effective and equitable provision of public health services by developing and maintaining an agency-wide Workforce Development Plan (WDP).**

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 48.1 | A WDP that includes:   1. Identified foundational public health service capacity gaps and strategies for addressing them; 2. A plan to increase staff learning skills to address the causes of health inequities, promote health equity, and implement culturally responsive programs; 3. An agency-wide training plan based on assessment of staff competencies to address identified needs to deliver agency public health services; 4. Training schedule with a description of topics to be addressed that will meet the gaps identified in the individual core competencies staff assessments; and 5. Plan for addressing gaps with future hires. | WDP that details the process, gaps, strategies and how they will be addressed and evidence of the provided training schedule |  |  |  |
| 48.2 | The WDP is implemented, monitored and annually evaluated. Revisions are made based on evaluation. This includes communicating the WDP and its monitoring with leadership, staff and governing body. | Annual progress and training evaluation reports, communication strategies, i.e., email, annual presentation at Board meetings, staff meetings, etc. Training logs used to track and monitor training |  |  |  |

**Section 7 – Leadership, Management, Planning & Capabilities**

***D. Human Resources***

***These standards examine how the agency provides and manages personnel needs, issues, benefits and a workforce development plan to assure a competent and appropriately trained workforce.***

**Agency Workforce Development Plan**

**Standard#49 Develop and maintain partnerships with institutions of higher education to ensure a competent workforce.**

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 49.1 | Engage partnerships or collaborations that promotes public health as a professional career (e.g., working with high schools, AmeriCorps, schools or colleges of public health, internships, vocational training schools to promote public health, and guest lecturing at an institution of higher learning). | MOUs, collaborative agreements, emails or correspondence detailing collaborations, agendas, trainings, classes, presentations, etc. |  |  |  |

**Section 7 – Leadership, Management, Planning & Capabilities**

***E. Community Planning These standards examine how the agency engages in community health planning and policy setting.***

**Community Health Assessment (CHA)**

**Standard #50 Agency sustains relationships with key health-related organizations; service area groups and organizations representing populations experiencing health disparities or inequities; faith community; private businesses and local health care organizations; relevant federal, state, and local government agencies; and elected and non-elected officials.**

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 50.1 | Support and maintain cross-sector partnerships with health-related organizations; organizations representing priority/focal populations; faith community; private businesses; local, state and federal government agencies; and elected and non-elected officials. | Advisory or stakeholder group meeting minutes, MOUs, collaborative projects, rosters with participant affiliation, agendas, records of conference calls. Include evidence you meet with groups on a regular basis. |  |  |  |

**Section 7 – Leadership, Management, Planning & Capabilities**

1. ***Community Planning***

***These standards examine how the agency engages in community health planning and policy setting.***

**Community Health Assessment (CHA)**

**Standard #51 Agency reviews the collected data and information from each of the internal foundational areas (Communicable Diseases, Chronic Disease and Injury Prevention, Environmental Health, Maternal, Child, & Family Health, Access to Healthcare Services, All Hazards Preparedness & Response) and develops a CHA that includes community residents and stakeholders’ input.**

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 51.1 | Information and data from each of the foundational areas will be compiled, and a community process employed that involves the agency, service area residents and stakeholders. The planning process includes:   1. Broad participation of partners; 2. Demographic study of the community; 3. Identification of the community priority health issues; 4. Description of health needs of special populations 5. Identification of assets and resources for the community; 6. Analysis and discussion on causes of priority health issues; and 7. Identification and prioritization of future issues. | Advisory or stakeholder meeting minutes with participant list or sign in sheets (there may be more than one) that details each of the points listed in the measure. Summary report of planning process. Data sources should be cited. Data sources include MICA, Community Commons, Community Toolbox, US Census data, Vital Statistics, Kids Count, CDC, the National Center for Health Statistics, Behavioral Risk Factor Surveillance System, Medically Underserved Areas Designations, etc. |  |  |  |

**Section 7 – Leadership, Management, Planning & Capabilities**

***E. Community Planning (continued) These standards examine how the agency engages in community health planning and policy setting.***

**Community Health Assessment (CHA)**

**Standard #51 Agency reviews the collected data and information from each of the internal foundational areas (Communicable Diseases, Chronic Disease and Injury Prevention, Environmental Health, Maternal, Child, & Family Health, Access to Healthcare Services, All Hazards Preparedness & Response) and develops a CHA that includes community residents and stakeholders’ input. (Continued)**

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 51.2 | The agency in collaboration with service area partners and residents will monitor and revise the CHA every 5 years. Annual reviews/updates will be given to partners and the community. | Annual reports, social and other media postings and notices that detail CHA reviews/updates |  |  |  |

**Section 7 – Leadership, Management, Planning & Capabilities**

***E. Community Planning (continued) These standards examine how the agency engages in community health planning and policy setting.***

**Community Health Improvement Planning (CHIP)**

**Standard#52 Agency develops CHIP that includes service area residents and stakeholders input.**

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 52.1 | A community planning process is used to develop the CHIP that includes: a. Broad participation of partners;  b. CHA information from each of the foundational public health service areas (1st 6 sections of accreditation standards;  c.  A written description of the process used to identify and prioritize community health strategies with at least one priority issue from each foundational public health service area;  d. Roles and responsibilities for community partners to reach the priority goals and objectives; and e. Service area partners resources that could be leveraged to address priority health issues using evidence-based strategies. | Advisory or stakeholder group meeting minutes, with participant list or sign in sheets, (there may be more than one meeting) that details each of the points listed in the measure, summary report of planning process |  |  |  |
| 52.2 | The agency in collaboration with service area partners and residents will monitor and revise the CHIP every 5 years. Annual reviews/updates will be given to partners and the community. | Annual reports, social and other media postings and notices that detail CHIP reviews/updates |  |  |  |

**Section 7 – Leadership, Management, Planning & Capabilities**

***F. Health Equity and Cultural Responsiveness***

***This standard examines how the agency fosters an environment that is culturally appropriate and responsive to the service area needs.***

**Standard#53 Agency and governing body will build internal capacity to effectively engage service area partners to coordinate activities that address the social and economic determinants of health and advance health equity.**

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| **Measure** | | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 53.1 | All agency employees will participate in two (2) contact hours of health equity and cultural awareness workshops or trainings. (Please note this is in addition to the 8 contact hours required under Measure 47.1) | Training logs with health equity training highlighted, training agenda/curriculum |  |  |  |
| 53.2 | Agency collaborates with service area-based organizations to address the health and mental health related needs of the culturally and linguistically diverse groups in the service area. | Advisory or stakeholder meeting minutes with attendance list, grant applications |  |  |  |
| 53.3 | Agency and service area partners assists consumers to get the supports they need (e.g., flexible service schedules, childcare, transportation, etc.) to access health care. | Advisory or stakeholder meeting minutes with attendance list, grant applications |  |  |  |
| 53.4 | Agency annually reviews health promotion, disease prevention, and treatment procedures that are adapted for culturally diverse groups. | Procedures reflect culturally appropriate processes, annual reviews |  |  |  |
| 53.5 | Agency uses resource materials (including communication technologies) that are culturally and linguistically appropriate to inform diverse groups about health-related issues. | Social and other media postings and notices |  |  |  |