



**ILLINOIS
VOLUNTARY ACCREDITATION PROJECT**

**Standards, Measures and Evidence
Interpretation Guide**

**Prepared by
The Illinois Accreditation Development Task Force
Performance Measures Committee**

April 2009

Introduction

In April 2009 the Illinois Accreditation Task Force (IATF) approved a revised panel of performance standards, measures and evidence for further testing by Illinois local health departments. Key changes established by the IATF are:

- ❖ the use of standards and domains used by the national Public Health Accreditation Board (PHAB),
- ❖ a streamlined and clarified set of performance measures, and
- ❖ potential evidence and documentation suggestions based on the actual evidence provided by local health department pilot sites in 2007.

The framework of standards was examined carefully by both the IATF and its Performance Measures Committee in early 2009. Both groups believed that a rearrangement of the Illinois measures into the PHAB framework of domains would be a progressive move, positioning Illinois into the flow of where the public health field is moving. Both groups also believe that there is a clear link of the Illinois measures back to standards used in the Illinois certification program. Further testing should illuminate these relationships more clearly and provide excellent background for informed decisions about the potential future establishment of an Illinois voluntary accreditation program.

This guide presents the domain, measure, and its associated potential evidence along with some additional interpretive background information. A paragraph of guidance is presented for each measure, describing the purpose and scope of the measure. In addition, examples of good evidence are listed where available from the 2007 pilot accreditation process.

Use of these revised performance measures will prepare local health departments for an accreditation process, whether it is an Illinois-based program or the national PHAB accreditation process. Although the Illinois panel of measures is smaller in number than PHAB, the Illinois measures and evidence together are highly consistent with the draft PHAB accreditation measures for local health departments.

This interpretation guide is provided to improve understanding of the purpose and scope of the measure. The Guide should be helpful to local health department staff as they consider the scope of evidence that needs to be produced in an accreditation process.

**Illinois Performance Standards, Measures, and Evidence
Interpretation Guide
2009**

Part A1: Administration: Provide infrastructure for public health services

Measure #1

Measure: The LHD has an operational infrastructure that supports effective agency performance, including:

- ❖ A safe work environment,
- ❖ Policies and procedures regarding agency operations,
- ❖ A human resources system, and
- ❖ Information systems that support the agency's work.

Potential Evidence:

- LHD organizational chart that includes the functional elements of the organization and their relationship to each other
- Job descriptions with minimum qualifications for each position
- Policies requiring routine personnel evaluations
- Set of agency policies and procedures that are accessible to agency staff
- LHD budget for agency operations (e.g., support for basic office supplies, equipment, and maintenance; provisions for a safe work environment, workforce safety, and violence prevention, etc.)
- Inventory of computer and other equipment to assist staff in efficiently carrying out work tasks
- Inventory of software to support staff work (e.g. data analysis, word processing, internet access)
- Other evidence not listed above that demonstrates the LHD adequately carries out this activity

Guidance

Evidence of an appropriate administrative infrastructure for the LHD should document each of the four key areas outlined in the measure - - a safe work environment, policies and procedures, a human resources system, and information systems. A human resources system is defined here as a framework for managing the workforce of the agency, including an organization chart, job descriptions, job qualifications, and an internal requirement for routine personnel evaluations. Appropriate documentation should demonstrate processes, not persons responsible for these functions.

Examples of Good Evidence

- ❖ None noted

Part A2: Administration: Provide financial management systems

Measure #2

Measure: The LHD maintains effective financial management systems.

Potential Evidence:

- Annual agency budget, most recent audited financial statement, budget reports to the board of health
- Written contracts for program implementation
- Budget requests for resources to meet population needs, grant applications seeking new resources to implement priorities
- Other evidence not listed above that demonstrates the LHD adequately carries out this activity

Guidance

Effective fiscal stewardship of public resources is an obligation of every LHD. Fiscal stewardship includes systematic budget functions, third-party audits of agency financial statements, appropriate contracting with other entities when necessary, and actively pursuing financial support for current and future needs. Evidence should address all of these elements of fiscal stewardship and should be for the agency as a whole, rather than just a single program.

Examples of Good Evidence

- ❖ Winnebago - Employee Survey

Domain 1: Conduct assessment activities focused on population health status and health issues facing the community

Measure #3

Measure: The LHD maintains community level health data sets.

Potential Evidence:

- IPLAN Data System
- Cornerstone Data System
- Other community health data sets
- List or inventory of available data from federal (CHSI), state and local sources
- List of primary data collected by the LHD (surveys, etc.)
- List of mortality data, morbidity data, natality data, and health behavior data maintained by the LHD
- Policy or protocol on collection, assembly, and maintenance of community health data
- Other evidence not listed above that demonstrates the LHD adequately carries out this activity

Guidance

Community level health data sets may be assembled from many secondary sources, including federal sources (e.g., Community Health Status Indicators), state sources (e.g., IPLAN Data System, BRFSS, Cornerstone data) and other local sources (e.g., city, county, other local government agencies). The LHD may also conduct primary data collection activities, such as community surveys. An inventory of data that are maintained from primary and secondary sources would be extremely useful evidence for this measure. The scope of community level data will likely encompass mortality, morbidity, natality, and health behavior data. The LHD may want to produce examples of actual data and/or an inventory of data sets that are maintained as a basis for understanding health in the community. Accessibility to these data sets is extremely important and is measured in Measure #18.

Examples of Good Evidence

- ❖ Adams—ABC Report
- ❖ Adams—BFRS Frequency Data
- ❖ Adams—Birth and Death Statistics
- ❖ Clay—Cornerstone Policy
- ❖ Clay—IPLAN Policy
- ❖ Logan—Community Action
- ❖ Logan—Report to Community 2007

Domain 1: Conduct assessment activities focused on population health status and health issues facing the community

Measure #4

Measure: The LHD produces a report on the health of the community at least biennially.

Potential Evidence:

- Annual community health report that presents progress in achieving community health outcomes
- Minutes of Board of Health meeting in which a profile of community health status is presented
- Health status reports prepared for specific programs
- PowerPoint presentation about health in the community, based on the most up-to-date available data
- Other evidence not listed above that demonstrates the LHD adequately carries out this activity

Guidance

This measure assures that LHDs examine new and updated health data more often than for a community health needs assessment every five years. Given the lag time in key data sets becoming available for use annually, the measure suggests that at least every two years the LHD should produce a report on community health, either in written form, PowerPoint or other format to communicate the “state of health in the community.” To describe changes in the prevailing health of the population, the contents of such a report may contain updated data on a selected set of key community health indicators (outcomes and risk factors), an overview of LHD efforts to provide programs and services to improve health status, and a discussion of emerging public health problems. The LHD annual report may suffice as evidence if it contains these content elements.

Examples of Good Evidence

- ❖ Adams—Substance Abuse Coalition

Domain 1: Conduct assessment activities focused on population health status and health issues facing the community

Measure #5

Measure: The LHD leads the development of a community health needs assessment every five years. The assessment must:

- ❖ Describe the prevailing health status in the jurisdiction,
- ❖ Use, at a minimum, the IPLAN data categories, and
- ❖ Establish at least three priority health needs of the population.

Potential Evidence:

- IPLAN Community Health Needs Assessment and Community Health Plan
- Other evidence not listed above that demonstrates the LHD adequately carries out this activity

Guidance

This measure is consistent with the community needs assessment requirements found in Illinois Administrative Code, Certified Local Health Department Code. A needs assessment developed for this measure can be used towards meeting certification requirements. Likewise, a needs assessment developed to meet certification requirements is the best evidence for meeting this measure. For LHDs using a MAPP process for community health planning, this measure represents the Community Health Status Assessment portion of the MAPP assessment process.

Examples of Good Evidence

- ❖ Peoria—Problem Analysis

Domain 1: Conduct assessment activities focused on population health status and health issues facing the community

Measure #6

Measure: The LHD analyzes available data to identify:

- ❖ Health trends,
- ❖ Health problems, risk and protective factors,
- ❖ Populations at risk of poor health status due to social and economic conditions that adversely affect the public's health, and
- ❖ Underserved populations and needed health resources.

Potential Evidence:

- IPLAN Community Health Needs Assessment identifying populations at risk
- Asset map of the community
- Other strategic plans examining community resources
- Examples of reports identifying underserved populations in the community
- Other evidence not listed above that demonstrates the LHD adequately carries out this activity

Guidance

Analyzing available community health data is an essential activity in using data to increase understanding of health problems and to support future decision-making on priorities, policies and programs. Evidence should demonstrate data analysis occurs broadly across the LHD's programmatic areas (e.g. MCH, environmental health, communicable disease, chronic disease and injury). Each of the four sub-parts of the measure should be demonstrated in special program reports, plan excerpts, and/or needs assessments.

Examples of Good Evidence

- ❖ Lake – Women's Health Report

Domain 1: Conduct assessment activities focused on population health status and health issues facing the community

Measure #7

Measure: The LHD improves disease reporting by developing relationships with community providers.

Potential Evidence:

- INEDSS showing community providers that are linked into and reporters to the INEDSS system
- Preparedness reports indicating provider contacts for disease reporting
- Education to mandated reporters of various diseases, including STDs
- Meeting notes or other reports indicating collaborative relationship between the LHD and community providers
- Trend reports tracking number of community providers that a contributing to disease reporting over several years
- Other evidence not listed above that demonstrates the LHD adequately carries out this activity

Guidance

This measure focused on improved disease reporting by community providers. The means suggested in the measure for accomplishing improved disease reporting is the development and nurturing by the LHD of relationships with potential disease reporters in the community. Evidence should include both aspects: first, the changes in disease reporting and number of providers from the community reporting and, second, the efforts of the LHD to develop relationships that will produce appropriate reporting.

Examples of Good Evidence

- ❖ Clay—Policy
- ❖ Logan—INEDSS Assess Tool
- ❖ Logan—West Nile Response Plan
- ❖ Winnebago—Influenza Consortium Presentation
- ❖ Winnebago—Influenza Consortium Survey

Domain 2: Investigate health problems and environmental public health hazards to protect the community

Measure #8

Measure: The LHD carries out investigations of infectious disease and environmental hazards in the community, using epidemiologic case investigation protocols.

Potential Evidence:

- IDPH site review reports, showing substantial compliance with LHPG requirements
- INEDSS for standardized case investigation protocols
- Evidence of an appropriately conducted, documented and reported outbreak investigation (if applicable)
- Other evidence not listed above that demonstrates the LHD adequately carries out this activity

Guidance

This is a universally-recognized core activity of LHDs. Outbreak investigations should be conducted in a standardized way. Evidence should be provided to demonstrate that the LHD is fully cognizant of epidemiologic case investigation protocols and has experience in the actual conduct of an outbreak investigation.

Examples of Good Evidence

- ❖ None noted

Domain 2: Investigate health problems and environmental public health hazards to protect the community

Measure #9

Measure: The LHD maintains a communicable disease surveillance system that supports data reporting, investigating and tracking activities to control the spread of communicable disease.

Potential Evidence:

- Participation in the INEDSS disease reporting platform
- INEDSS local self-assessment
- LHD internal log of disease reports not otherwise reported on INEDSS platform (e.g. well water, lead) with disposition of LHD activities to mitigate problem
- Public health response to an identified problem, such as an information release on disease prevention and control actions
- Other evidence not listed above that demonstrates the LHD adequately carries out this activity

Guidance

Maintaining this real-time surveillance process for communicable disease incidence should not be confused with maintaining community level data sets called for in Measure #3. Measure #3 is about collecting, assembling and maintaining largely retrospective data on community health (e.g. vital statistics), while the communicable disease surveillance system is focused on diseases reported as they are diagnosed. Investigation and tracking activities that are prompted by disease reports occur quickly, as opposed to the development of chronic disease prevention programs that can be prompted by examining vital statistics and health behavior data. Communicable disease surveillance is basically a shared function by the state and local health departments, as reflected in the evidence needed from the INEDSS system operated by IDPH.

Examples of Good Evidence

- ❖ Peoria—Influenza Surveillance

Domain 2: Investigate health problems and environmental public health hazards to protect the community

Measure #10

Measure: The LHD coordinates its investigation activities with government agencies working at the local level, such as EPA, Education, Human Services, and local officials.

Potential Evidence:

- Logs of investigations of disease outbreaks in the local jurisdiction
- Logs of investigations of environmental hazard and exposures in the jurisdiction
- Logs of investigations of chronic disease problems (e.g. cancer investigations) in the jurisdiction
- Meeting notes showing interagency communication about progress in ongoing investigations
- Protocols for interagency communication during investigations
- Other evidence not listed above that demonstrates the LHD adequately carries out this activity

Guidance

Effective interagency coordination will help to assure thorough and competent investigations of adverse health events. Coordination efforts can help the LHD to leverage its staff resources and use the expertise found in other agencies, as needed. Logs or reports that track communications and other coordination activities should help to manage coordination activities and to avoid misunderstandings and gaps in the investigation process.

Examples of Good Evidence

- ❖ None noted

Domain 2: Investigate health problems and environmental public health hazards to protect the community

Measure #11

Measure: The LHD maintains access to laboratory, epidemiologic, and bio-statistical expertise for capacity to monitor community health status and detect health problems.

Potential Evidence:

- IDPH site reviews for LHPG, indicating that local staffing requirements are met
- Protocols/procedures for access to state lab services through INEDSS platform
- Rapid response team (RRT) records, indicating appropriate requests for and use of RRT in local jurisdiction
- List of in-house LHD staff with expertise documented
- Other documentation of ways LHD maintains access (e.g. contact info, participation in regional groups focused on monitoring health and detecting health problems)
- Other evidence not listed above that demonstrates the LHD adequately carries out this activity

Guidance

In documenting access to and use of appropriate expertise, the LHD should consider each type of expertise separately - - laboratory, epidemiology and biostatistics. Access to these important public health disciplines may be maintained in-house by LHD staff, or may be sought from outside the LHD, or a combination of internal and external discipline-specific expertise. The LHD should assure that external expertise can be used appropriately to focus on problems in the LHD jurisdiction, so LHD experience in using that expertise is important to demonstrate.

Examples of Good Evidence

- ❖ None noted

Domain 2: Investigate health problems and environmental public health hazards to protect the community

Measure #12

Measure: The LHD maintains the technology and policies necessary for urgent communications and electronic data exchange in the event of an emergency.

Potential Evidence:

- Preparedness reports with checklist on emergency communication capacity and results of exercises
- Written policy on urgent communications and data exchange, including 24/7 communications policy
- Evidence of real event or exercise evaluating communications policy, with debriefing or After-Action Report
- Reports showing LHD use of the Health Alert Network
- Report on the methods used by the LHD for emergency communications (e.g. email, redundant phone lines, blast faxes, etc.)
- Report or interagency agreement for LHD participation in mutual assistance with neighboring jurisdictions, and communication exercise among mutual assistance entities
- Other evidence not listed above that demonstrates the LHD adequately carries out this activity

Guidance

Preparedness activities have emphasized the need for effective communications approaches. During an emergency, 24/7 communications capability is essential to maintain a coordinated approach with governmental and non-governmental responding agencies. 24/7 communications capability supports notification of an emergency, coordination of response, and continuous assessment of the adequacy of the response. Communications capacity will include several approaches, but the capabilities that need to be demonstrated here are electronic and computer-driven.

Examples of Good Evidence

- ❖ Adams—On Call Notebook
- ❖ Winnebago—Phone Protocol

Domain 3: Inform and educate about public health issues and functions

Measure #13

Measure: The LHD routinely communicates with other governmental agencies, health-related organizations, health providers, and community residents to advocate for public health issues.

Potential Evidence:

- Presentations at public meetings/meeting agendas
- Newspaper clippings about community health priorities and public health
- Distribution list for Community Health Plan
- LHD website, routinely updated
- General or topic-specific Newsletters (and their general distribution lists)
- Other evidence not listed above that demonstrates the LHD adequately carries out this activity

Guidance

Communication with partners and the public about public health issues of concern to the community will help the LHD build an active knowledgeable constituency for public health. The evidence demonstrating routine communications to advocate for public health issues suggests a variety of communications approaches and products, all of which can be used to “get the word out.”

Examples of Good Evidence

- ❖ Winnebago—Pandemic Influenza Brochure
- ❖ Winnebago—Tobacco Community Project

Domain 3: Inform and educate about public health issues and functions

Measure #14

Measure: The LHD informs the community, governing bodies, and elected officials about the need for governmental public health services, including:

- ❖ Services currently being provided,
- ❖ Efficacy of the delivery of public health services, and
- ❖ Priority health issues not yet being adequately addressed by services.

Potential Evidence:

- Dissemination list for IPLAN community assessment and community health plan
- LHD annual reports
- Minutes of meetings at city councils, county boards sharing information about services provided
- Testimony and/or letters to elected officials about needed policy changes
- Example of how LHD budget was altered and documentation of changes made to improve LHD effectiveness in achieving goals
- Examples of communication about LHD services needs to the community
- Other evidence not listed above that demonstrates the LHD adequately carries out this activity

Guidance

This measure focuses on communication about the LHD and its services, for the purpose of advocating for improved support of both current and needed future service delivery. The LHD should be its own best advocate. Evidence should demonstrate the variety of methods it uses to accomplish this knowledge about LHD needs, particularly in the governing bodies and elected officials that have the authority to allocate resources for LHD service delivery. The efficacy of LHD services should address the effectiveness of current services in achieving their desired outcomes and the efficiency of the LHD in using its resources.

Examples of Good Evidence

- ❖ Clay—BOH Bulletin
- ❖ Lake—2006 Annual Report
- ❖ Lake—2006 EHS Annual Report
- ❖ Peoria—Agenda Briefing

Domain 3: Inform and educate about public health issues and functions

Measure #15

Measure: The LHD serves as a primary resource to governing bodies and policymakers regarding public health responsibilities, policies, practices, and capacity based on current science and best practice.

Potential Evidence:

- A representative sample of Board of Health, City Council and/or County Board meeting minutes indicating discussion of public health policy issues
- Reports on LHD activities, press releases, annual reports, indicating major health policy, practice and capacity issues
- Written communication with legislative bodies, commentary on administrative rules, or other formal participation in the public policymaking process
- Documentation of LHD participation on local legislative or executive task forces or committees exploring issues with public health impact
- Log tracking contacts and requests for information from local policymakers and governing body members
- Other evidence not listed above that demonstrates the LHD adequately carries out this activity

Guidance

This measure addresses the important role of the LHD as the “go-to” agency in the community about appropriate public health policy and practice. The public health expertise of the LHD must be used by policymakers for public policy to reflect up-to-date public health knowledge about effective health protection and health promotion policy and methods of program and service delivery. Evidence demonstrating LHD activities should show that policymakers have sought to use the public health expertise of the LHD. Recognizing that these relationships between the LHD and policymakers may occur informally, this measure suggests that the LHD should begin or continue to systematically track and monitor its relationships with policymakers.

Examples of Good Evidence

- ❖ None noted

Domain 3: Inform and educate about public health issues and functions

Measure #16

Measure: The LHD provides health promotion programs to address identified health problems.

Potential Evidence:

- Health promotion program reports or reviews
- Documentation of all health promotion programs, including free-standing programs and programs that are embedded in other programs
- Evaluation summaries of health promotion programs showing that performance data are used to improve programs
- Other evidence not listed above that demonstrates the LHD adequately carries out this activity

Guidance

Health promotion activities are any combination of education and organizational, economic, and environmental supports aimed at the stimulation of healthy behavior in individuals, groups, or communities. In this measure health promotion programs are distinguished from health education as broader interventions involving a larger set of policy tools. Health education, as a set of well-designed learning experiences aimed at behavior change, can be part of a larger health promotion effort. An example of a health promotion effort is reducing tobacco use, an objective supported by clean air laws and ordinances, education on smoking cessation, social marketing activities targeted at teen smoking, and workplace rules prohibiting smoking.

Examples of Good Evidence

- ❖ None noted

Domain 3: Inform and educate about public health issues and functions

Measure #17

Measure: The LHD develops and uses media relationships to convey information about public health issues and to serve as an essential resource for the media.

Potential Evidence:

- Notes from meetings with media representatives on current and emerging public health issues
- Log of calls from media about public health events or stories
- Health reports disseminated to media (media may be print, broadcast, electronic or other type of media)
- LHD press releases and associated media news stories
- Copy of LHD media plan
- Other evidence not listed above that demonstrates the LHD adequately carries out this activity

Guidance

Effective use of the media is a skill set that every LHD should possess. Media relationships need to be a two-way street - - media, whether print, broadcast or electronic, should use the LHD to marshal information about public health concerns. Likewise, the LHD should use the media to get its key messages out to a broad audience. Evidence for this measure should demonstrate this interactive relationship with the media where information is conveyed by the LHD and information is sought by the media. Strategies for managing media relationships may be addressed in an agency media plan.

Examples of Good Evidence

- ❖ Logan—Staying Alive
- ❖ Peoria—Media Log

Domain 3: Inform and educate about public health issues and functions

Measure #18

Measure: The LHD exchanges information and data with community groups and the public about physical, behavioral, environmental, social, economic, and other issues affecting the public's health.

Potential Evidence:

- Notes from meetings with community stakeholders (e.g. open forums, topical health issue meetings, such as on infectious disease, preparedness, MCH, etc.) demonstrating communication and exchange with key community partners
- Reports on public health topics disseminated by LHD
- LHD newsletters
- Distribution lists for health reports and newsletters
- Up-to-date LHD web site
- Data access policy
- Other evidence not listed above that demonstrates the LHD adequately carries out this activity

Guidance

Communication with the community about health issues and the broad set of economic and social circumstances that affect health is a core responsibility of the LHD. Communication with policymakers is addressed in Measures #14 and 15. This communication may take the form of community meetings, forums, reports, newsletters and an updated web site. The goal of health communications is a knowledgeable public that has an understanding of health and its determinants. An effective communications process will improve the LHD's ability to lead a community health assessment and planning process and to implement and evaluate health programs. Evidence should demonstrate the array of methods used by the LHD to reach out to its community to both give and receive important health information and data.

Examples of Good Evidence

- ❖ Adams—View of Website
- ❖ Lake—Flu Newsletter
- ❖ Lake—Flu Newsletter-Spanish
- ❖ Lake—Food News
- ❖ Lake—Prescription Disposal
- ❖ Lake—Septic Systems Booklet
- ❖ Logan—Newsletter Index
- ❖ Logan—Newsletter Sept 2007

Domain 3: Inform and educate about public health issues and functions

Measure #19

Measure: The LHD provides targeted, culturally appropriate information to help individuals understand what decisions they can make to be healthy.

Potential Evidence:

- Cultural competency training provided for LHD staff and contractors
- Example reports describing health education efforts
- Publication of health information in different languages represented in the community
- LHD annual report demonstrating how services are targeted to at risk populations
- Use of local media for health messages
- Log tracking health education meeting attendance for reach into target populations
- Pre-test – post-test studies showing the extent to which people understood the information and messages delivered to them
- Other evidence not listed above that demonstrates the LHD adequately carries out this activity

Guidance

This measure reflects a health education approach to delivering specific health information to target audiences and reviewing whether the information was understood. Effective health education must be delivered in a culturally appropriate manner; the LHD must understand community values, traditions, and customs to work well with members of the community to develop targeted communications. Publication of health information in different languages is important but only part of the scope of a culturally competent organization. The delivery of the information must produce understanding, thus evidence should be presented demonstrating a pre-test/post-test study or other method for determining the effectiveness of the educational effort.

Examples of Good Evidence

- ❖ None noted

Domain 4: Engage with the community to identify and solve health problems

Measure #20

Measure: The LHD participates in health assessment and data collection efforts of other organizations in the community.

Potential Evidence:

- Statewide survey participation
- Convening IPLAN community group
- Membership in groups conducting assessments (e.g. hospital planning)
- United Way or other community needs assessments
- Meeting minutes showing health data and community health assessments are shared
- LHD participation in City or County Board community improvement projects
- Other evidence not listed above that demonstrates the LHD adequately carries out this activity

Guidance

LHD participation in assessment processes conducted by or sponsored by other organizations in the community is important in assuring that a public health perspective is integrated into the development of community projects. The public health perspective, as unique from other perspectives, focuses on preventing identifying and countering threats to the health of the public. Community examples where the public health perspective is important are (1) a city streets department that is planning sidewalks, walkways, or hiking trails (2) a community service agency that is setting up services for a homeless population, and (3) a hospital or community clinic closure that impacts underserved populations. Each of these examples offer an opportunity the LHD assess the public health impact of community projects and offer recommendations for implementation that will protect or improve community health.

Examples of Good Evidence

- ❖ Adams-Community Assessment-pgs C5-C7
- ❖ Adams—Logic Model
- ❖ Clay—Employee Community Participation
- ❖ Winnebago—VFC Report

Domain 4: Engage with the community to identify and solve health problems

Measure #21

Measure: The LHD engages community participation in the health needs assessment, community health planning, and other health issues in the community.

Potential Evidence:

- Lists of active participants in IPLAN Community Health Needs Assessment and Community Health Plan, including a description of the community participation process
- Lists of participants and meeting notes from coalitions focused on public health topics (e.g. pandemic flu, cardiovascular disease prevention, etc.)
- List of participants in a local public health system assessment (NPHPSP)
- Other evidence not listed above that demonstrates the LHD adequately carries out this activity

Guidance

Engaging the community in public health work empowers the LHD's partners in the local public health systems to take collective action to improve community health. Informed community decision-making about health priorities and the implementation of improvements can be a powerful force in leveraging the sometimes limited resources of the LHD. Building public health constituencies is the primary focus of this measure and evidence needs to demonstrate a dynamic and inclusive engagement of community organizations and community residents in public health issues.

Examples of Good Evidence

- ❖ Adams—Community Planning Meeting

Domain 4: Engage with the community to identify and solve health problems

Measure #22

Measure: The LHD leads or participates in partnerships to implement community health priorities and address other new and emerging public health issues.

Potential Evidence:

- IPLAN Community Health Plan and a progress report on partnerships formed to implement community health priorities
- Grant proposals to fund community priorities or strategies around new and emerging issues developed by LHD or other community agencies
- Letters of support for grant proposals
- Lists of members of topic-oriented coalitions and efforts each coalition has made to implement new strategies
- Linkage agreements among strategic partners
- Annual report that lists external relationships maintained by the LHD
- Other evidence not listed above that demonstrates the LHD adequately carries out this activity

Guidance

This measure focuses on partnerships designed to implement strategies found in the Community Health Plan and strategies to address new and emerging public health issues. The LHD may lead or sponsor these partnerships, or, alternatively, participate as an active member in partnerships sponsored by other community partners. Active efforts to implement important strategies can be demonstrated by grant applications seeking funding to implement, active groups establishing strategies, and clear linkages among strategic community partners. Active partnerships organized around implementation issues can improve the effectiveness of public health efforts in meeting community needs.

Examples of Good Evidence

- ❖ Clay—Linkage 1
- ❖ Clay—Linkage 2

Domain 5: Develop public health policies and plans

Measure #23

Measure: The LHD leads public health emergency planning, exercises, and response activities in the community in accordance with the National Incident Management System.

Potential Evidence:

- Local preparedness reports to IDPH demonstrating LHD preparedness activities and coordinating relationships with government agencies
- Minutes of local preparedness meetings, sponsored by the LHD
- After-Action Reports of exercises and drills led by the LHD
- Reports of the LHD's participation as a Public Health Ready site
- Report on any real emergency event in which the LHD played a major response role
- Other evidence not listed above that demonstrates the LHD adequately carries out this activity

Guidance

This measure focuses on preparedness activities that are led by the LHD. The activities are rather broad in scope and include emergency planning, exercises and response activities. The evidence provided to demonstrate performance of this measure should include each of these components: planning, exercises, and response. If LHD preparedness has been tested in a real emergency event, a report of LHD performance in the event would be excellent evidence that each component is being carried out. According to NIMS requirements, the LHD should be coordinating its preparedness efforts with other local, state, and federal agencies; these coordination activities should be highlighted.

Examples of Good Evidence

- ❖ None noted

Domain 5: Develop public health policies and plans

Measure #24

Measure: The LHD participates in planning, exercises and response activities established in state and regional preparedness plans.

Potential Evidence:

- Local preparedness reports, highlighting participation of LHD as a partner in preparedness activities at the regional, state or federal level
- After-Action reports showing the participation of LHD in exercises sponsored by regional or state agencies
- Reports on the LHD's participation as a Public Health Ready site
- Other evidence not listed above that demonstrates the LHD adequately carries out this activity

Guidance

Unlike Measure #23 which focuses on the leadership activities of the LHD in preparedness, Measure #24 examines LHD participation in the preparedness work of other levels of government. This measure recognizes a larger system of preparedness relationships that are of critical importance to effective planning and response in an emergency. The key purpose of this measure is to set the stage for the LHD to respond to an emergency in concert with other agencies and as a member of a larger team.

Examples of Good Evidence

- ❖ None noted

Domain 5: Develop public health policies and plans

Measure #25

Measure: The LHD advocates for policies that improve the physical, behavioral, environmental, social, and economic conditions in the community in order to reduce health disparities.

Potential Evidence:

- IPLAN assessment and plan showing populations at risk, differences in health status among various population groups, health disparities
- LHD annual reports the present issues of special populations and root causes of health problems
- Special reports on health disparities
- Grant applications targeted at programs to reduce disparities
- Governing body's approval of resources to address disparities
- Participation in local committees working on community development or environmental issues, etc.
- Other evidence not listed above that demonstrates the LHD adequately carries out this activity

Guidance

Health disparities are usually caused by one or more factors or determinants influencing the health of populations. These determinants of health include biology and genetics, lifestyle choices, environment, social and cultural factors and access to health care services. Often thought of as differences in health status in racial and ethnic minority populations, disparities can also be observed in rural populations that have little racial or ethnic diversity. Populations at special risk of poor health status are analyzed and identified in the type of data analysis addressed in Measure #6. Using a “determinants of health” framework, the advocacy interests of the LHD will extend to the reduction of poverty, homelessness, alcohol and drug use, toxic environmental “hot spots”, unsafe built environments, etc. Reductions of these adverse conditions in the community will result in improved population health status.

Examples of Good Evidence

- ❖ None noted

Domain 5: Develop public health policies and plans

Measure #26

Measure: The LHD shall develop a community health plan that addresses at least three priority health needs.

Potential Evidence:

- IPLAN Community Health Plan, containing at least one measurable outcome objective covering a 5-year time frame related to each priority health need and at least one measurable impact objective related to each outcome objective.
- Letter to IDPH from Board of Health confirming adoption of the community health plan
- Board of Health meeting minutes on presentation and discussion of community health assessment and plan
- Other evidence not listed above that demonstrates the LHD adequately carries out this activity

Guidance

Illinois LHDs develop a community health plan every five years as a requirement of IDPH's local health department certification process. These plans are developed in a community engagement process and address priority health needs identified in their community health needs assessment (Measure #5). The local board of health reviews and adopts the community health plan, also part of the certification process. Many LHDs in Illinois have begun to use a MAPP process as a more strategic approach to meeting these needs assessment and health plan requirements.

Examples of Good Evidence

- ❖ None noted

Domain 5: Develop public health policies and plans

Measure #27

Measure: The LHD assesses its organizational capacity to carry out public health functions and develops an organizational strategic plan within the previous five years.

Potential Evidence:

- IPLAN Organizational Capacity Self-Assessment
- Organizational strategic plan document
- Annual budget forecast
- LHD mission or guiding principles statement
- Use of Local Instrument of the National Public Health Performance standards as an examination of the local health department role in the larger public health system
- Analysis of local results for the 2007 Performance Assessment Survey conducted by the IL Accreditation Task Force
- Use of NACCHO Self-Assessment Tool as method of assessing LHD capacity
- Other evidence not listed above that demonstrates the LHD adequately carries out this activity

Guidance

Illinois LHDs are required by local health department certification rules to conduct an organizational capacity self-assessment every five years. This accreditation measure builds on the self-assessment activity and expands it to include the use of assessment data in the development of an organizational strategic plan. The strategic plan should serve as a blueprint for improving capacity and processes of the health department to improve the overall effectiveness of local public health efforts. Strategic planning is a disciplined process of assessing a changing environment to create a vision of the future and determining how the organization fits into the anticipated environment, based on its mission, strengths, and weaknesses. The resulting strategic plan lays out decisions on actions that need to be taken by the LHD to make needed improvements (e.g., to improve the LHD's ability to meet accreditation standards). The strategic plan is different from the community health plan (Measure #26) in its focus on LHD capacity and processes, rather than the outcomes-oriented focus of the community health plan.

Examples of Good Evidence

- ❖ Winnebago—Capacity Assessment
- ❖ Winnebago—Infrastructure Improvement Plan

Domain 6: Enforce public health laws and regulations

Measure #28

Measure: The LHD reviews existing laws and regulations and works with governing bodies and policymakers to update them as needed.

Potential Evidence:

- Any formal code review by the County Board or City Council
- Review of compliance of the local jurisdiction with state laws and regulations
- Meetings with policymakers on keeping public health laws up-to-date
- Participation in legislative committees of one of the local public health administrators associations
- Testimony or other tangible participation in legislative processes aimed at updating public health laws
- Access to legal counsel
- Other evidence not listed above that demonstrates the LHD adequately carries out this activity

Guidance

The review of state and local laws designed to protect the health of the public needs to occur periodically to assure that law reflects modern and up-to-date public health knowledge. This measure suggests that LHDs play an active participatory role in reviewing existing laws and regulations and working with elected officials to update laws and regulations. LHD activities in this arena may range from participation in formal legal code reviews led by a county state's attorney to participation in legislative committees or ad hoc responses to proposed legislation.

Examples of Good Evidence

- ❖ Adams—Communication with Legal Personnel
- ❖ Lake—Advocacy Email
- ❖ Lake—NIPHC Advocacy
- ❖ Lake—NPDES Commentary

Domain 6: Enforce public health laws and regulations

Measure #29

Measure: The LHD educates individuals and organizations on the meaning, purpose, and benefit of public health laws, regulations, and ordinances and how to comply.

Potential Evidence:

- Trainings held for regulated entities (e.g. restaurants)
- Job descriptions of inspectors indicating education is part of their performance expectations
- Inspection case notes indicating education delivered. (NOTE: education delivered through the inspection process is not currently documented on state regulatory report forms)
- Education to individuals and families on complying with public health laws, such as seat belt and child safety seat use, immunizations, smoking cessation in public places, etc.
- Education to mandated reporters of diseases (also see Measure #7)
- Other evidence not listed above that demonstrates the LHD adequately carries out this activity

Guidance

The best way to implement laws is to encourage compliance. This measure allows the LHD to demonstrate broad implementation of educational programs designed to encourage compliance with public health laws and regulations. Targets of these educational efforts are individuals that need to comply with laws on individual behavior (immunizations, seat belts, smoking in public places, etc.) and organizations that need to comply with laws and regulations on their operations (restaurants, waste management, hospitals, etc.). Evidence should demonstrate broad implementation of this measure, and not focus on a single regulated entity (such as restaurants).

Examples of Good Evidence

- ❖ None noted

Domain 6: Enforce public health laws and regulations

Measure #30

Measure: The LHD monitors and analyzes complaints, violations and enforcement activities to determine patterns, trends, compliance, and effectiveness of regulatory programs.

Potential Evidence:

- Updated lists of regulated entities in the jurisdiction
 - Tracking forms listing milestones in the process of investigating each complaint and violation
 - LHD Quality Assurance reports with summaries of most critical violations and most frequently-occurring violations
 - Violations trends report examining level of violations over time in the jurisdiction
 - Violations trends report examining level of violations over time by regulated entity
- Example of a study of patterns, compliance and effectiveness of regulation for one type of regulated entity
- Other evidence not listed above that demonstrates the LHD adequately carries out this activity

Guidance

Developing and using a tracking system for complaints, violations and enforcement activities will supply much needed data to inform analyses of compliance issues in the jurisdiction. This measure addresses the monitoring function and the analytic function that should be present in all regulatory programs. Regulatory programs should be considered broadly in producing evidence for this measure; such programs may target individual actions such as childhood immunizations or smoking in public places; they will also target organizations that are regulated entities such as food service establishments and organizations maintaining community water supplies. The analytic skills of the LHD should increase the agency and the public understanding of public health regulatory activities.

Examples of Good Evidence

- ❖ Adams—Food Service Data
- ❖ Kendall—Tracking Document

Domain 6: Enforce public health laws and regulations

Measure #31

Measure: The LHD conducts enforcement activities.

Potential Evidence:

- Tracking system showing timeframes, frequencies, and disposition of formal enforcement activities
- Enforcement intervention reports, including administrative interventions and legal interventions
- LHD annual report that summarizes enforcement activities by type of regulated entity
- Other evidence not listed above that demonstrates the LHD adequately carries out this activity

Guidance

When education of regulated entities and the routine inspection process fails to bring entities into compliance with public health laws and regulations, enforcement actions become necessary to protect the health of the public. A simple tracking form or other log system would be adequate evidence to demonstrate the level of enforcement activity conducted by the LHD over time.

Examples of Good Evidence

- ❖ Adams—Staff Competency Data
- ❖ Adams—Training Schedule
- ❖ Clay—Training Tracking
- ❖ Logan—Performance Evaluation
- ❖ Logan—Training Plan 2007
- ❖ Peoria—Training Plan Evaluation

Domain 6: Enforce public health laws and regulations

Measure #32

Measure: The LHD coordinates notification of violations among other governmental agencies that enforce laws and regulations that protect the public's health.

Potential Evidence:

- A flow chart or map of government agencies with enforcement responsibilities and contact information
- File/log of "inter-organizational" notifications with back-up notification forms
- Procedures for inter-agency communication
- Memoranda of Understanding or other formal written inter-agency agreements assuring notification and coordination of enforcement activities
- Other evidence not listed above that demonstrates the LHD adequately carries out this activity

Guidance

This measure addresses the issue of overlapping jurisdictions in an enforcement investigation and action. The LHD is in the position of coordinating appropriate notifications to other state and local government entities that need to know or to act in the enforcement situation. The evidence presented should demonstrate that the LHD understands its various interagency notification responsibilities for a variety of enforcement situations, as the organizational players will differ by type of enforcement problem. The evidence should also show that notifications do occur and that there is a foundation of interagency agreements that express common understandings of the coordination of enforcement responsibilities.

Examples of Good Evidence

- ❖ Clay—Violation Tracking Form

Domain 7: Promote strategies to improve access to health care services

Measure #33

Measure: The LHD conducts prevention and mitigation programs that target special populations at risk of adverse health effects from communicable disease, chronic disease, or injury.

Potential Evidence:

- IPLAN, demonstrating use of data on the prevalence of conditions to target interventions
- Personal and community health interventions to mitigate chronic disease and injuries
- Examples of prevention programs or mitigation efforts aimed at special populations at adverse risk (examples in communicable, chronic and injury)
- Other evidence not listed above that demonstrates the LHD adequately carries out this activity

Guidance

This measure should demonstrate that analysis of data on at risk populations (Measure #6) results in the identification of special populations that require targeted program efforts to prevent or mitigate adverse health effects. Examples may include a MCH program to prevent unwanted pregnancies in teens; a diabetes prevention program for low-income minority communities; a mental health program that targets returning soldiers; or a mitigation program that targets a community located near a toxic waste dump. Each of these examples target populations that are at special risk of adverse health effects due to socioeconomic factors, location or environmental exposures. The LHD's ability to identify target populations and intervene to reduce adverse effects has been found to be an important organizational performance indicator by researchers.

Examples of Good Evidence

- ❖ None noted

Domain 7: Promote strategies to improve access to health care services

Measure #34

Measure: The LHD coordinates its prevention activities with government and non-government agencies working at the local level to provide community or clinical prevention services, such as EPA, Medicaid, Education, Human Services, hospitals, and other community providers.

Potential Evidence:

- Inter-governmental councils, meeting notes, agendas
- Public-private prevention coalitions, meetings notes, agendas
- Memoranda of Understanding with various agencies that are conducting prevention programs in the community
- Other evidence not listed above that demonstrates the LHD adequately carries out this activity

Guidance

Many different community agencies conduct prevention programs. The LHD's coordination of prevention activities with government and non-government agencies in the community will help to assure that prevention activities are efficiently delivered and are effective in achieving their goals. Coordination will help all providers understand how they operate as a system serving the population of the community; effective coordination will also enable prevention providers to problem-solve around emerging issues.

Examples of Good Evidence

- ❖ Lake—Intergovernmental Agreement

Domain 7: Promote strategies to improve access to health care services

Measure #35

Measure: The LHD, using community engagement, identifies gaps in culturally competent, appropriate, and equitable personal health care services and prevention and health promotion programs.

Potential Evidence:

- Program assessments and plans, (e.g. HIV plans, MCH plans, preparedness plans, etc.) that identify gaps in culturally competent, appropriate and equitable public health and health care services
- Community forums report that identifies gaps
- IPLAN that identifies cultural competency and access as issues or community priorities
- Use of a local public health system assessment using the National Public Health Performance Standards showing weaknesses in meeting standards related to access to care
- Other evidence not listed above that demonstrates the LHD adequately carries out this activity

Guidance

The identification of gaps in personal and preventive health services is a prerequisite for taking action to close the gaps and improving access to care for the population of the local health jurisdiction. Measure #36 is closely associated with this measure as it addresses the implementation of strategies to close gaps in access to care. While the community health needs assessment may result in a priority to improve access to care, it likely does not identify specific gap problems that can be identified in program assessments and plans. Therefore, the best evidence for Measure #35 is program assessments and plans that identify specific gaps in access that are in need of improvement. Similar to other measures, the primary method for identifying gaps is a robust community engagement process.

Examples of Good Evidence

- ❖ Kendall—Cultural Competency
- ❖ Winnebago—Minority Health Survey Contents

Domain 7: Promote strategies to improve access to health care services

Measure #36

Measure: The LHD, with its community partners, implements strategies to increase access to a system of personal and preventive health care in the community.

Potential Evidence:

- Partnership meeting notes demonstrating the development of implementation strategies
- Inventory of personal health care and prevention services in the community, along with their eligibility requirements
- Memoranda of Understanding with community partner organizations to implement improvements in access to care
- Report identifying organizational roles and responsibilities for service delivery (e.g., preparedness roles, roles in addressing the needs of vulnerable populations)
- Subcontracts with community partners to implement services
- Community planning processes and plans for action
- Grant applications by members of community partnerships
- Letters of support from LHD for grants to other community agencies and letters of support from community agencies for LHD grants
- Other evidence not listed above that demonstrates the LHD adequately carries out this activity

Guidance

Responding to gaps in access to care identified primarily in Measure #35, the LHD leads an implementation effort among its community partners to improve the performance of the community's system of personal and preventive care.

Improvements in access to care can directly benefit vulnerable populations with better care and improved health status. This measure positions the LHD as the leader among community and systems partners in implementing improvements to access. Evidence for this measure should demonstrate a partnership effort to develop and implement strategies for improvement, an understanding of the scope of the personal and preventive care system in the community, specific interagency agreements for implementation, and a collaborative effort to obtain the resources necessary to make improvements in access.

Examples of Good Evidence

- ❖ Clay—System of Care
- ❖ Peoria—Program Narrative

Domain 7: Promote strategies to improve access to health care services

Measure #37

Measure: The LHD links individuals to available, accessible personal health care providers.

Potential Evidence:

- Reports on LHD's outreach, case-finding, and case management services designed to link individuals to needed care
- Logs of referrals to health care providers
- Inventory of safety-net programs and providers in the community
- Other evidence not listed above that demonstrates the LHD adequately carries out this activity

Guidance

Local health departments have a long history of identifying individuals that need care or treatment and linking them to the care they need. Examples of this important public health activity are often found in the communicable disease area (STDs, HIV), in maternal and child health (WIC, Family Case Management), and in chronic disease program outreach (diabetes, cardiovascular screening). Evidence should demonstrate the LHD's efforts to reach into populations at risk to find individuals in need of referrals to care.

Examples of Good Evidence

- ❖ Lake—Specialty Care

Domain 8: Maintain a competent public health workforce

Measure #38

Measure: The LHD recruits and retains a staff reflective of the community's diversity.

Potential Evidence:

- Written plans or policies regarding staff recruitment, selection, development, and retention
- Comparison of the community's racial and ethnic composition and the LHD staff racial and ethnic composition
- Affirmative action plan
- EEOC statement
- Other evidence not listed above that demonstrates the LHD adequately carries out this activity

Guidance

The public health workforce is universally considered to be one of the most important elements of public health practice. Acceptance of LHD staff by the community influences the effectiveness of health protection, health promotion, and health care services programs. Recruiting and retaining an appropriately diverse staff can enable community acceptance of LHD services. A diverse staff can facilitate understanding of cultural practices in the community that influence health behaviors; a diverse staff may be able to provide communication skills in languages spoken by LHD clients. An effective agency will continuously seek to improve its staff composition to reflect the demographics of its jurisdiction.

Examples of Good Evidence

- ❖ None noted

Domain 8: Maintain a competent public health workforce

Measure #39

Measure: The LHD evaluates the public health competencies of its staff and seeks to improve workforce competency through continuing education, training and leadership development activities.

Potential Evidence:

- Performance evaluations including worker objectives and continuing education and training plans, based in part on Learning Management System or other type of employee self-assessments
- Learning Management System (LMS) report on annual reassessment of all staff competency levels and training needs
- Written policy on staff development
- LHD training plan (based on LMS data, performance evaluations, or other assessments)
- LHD tracking system for staff participation in training and education
- Other evidence not listed above that demonstrates the LHD adequately carries out this activity

Guidance

Evidence should be presented showing both component activities expressed in the measure. First, each LHD should demonstrate how it assesses the public health competencies of its staff. Second, it must demonstrate how it improves those competencies. If the Learning Management System is not used by the LHD, some other form of competency assessment should be in use. Competencies should be considered as general public health competencies and as appropriate discipline-specific competencies. For example, a sanitarian should be skilled at general core public health competencies and the more specific competencies appropriate for sanitarians. The nationally-adopted Core Competencies for Public Health Professionals are a set of skills, knowledge, and attitudes necessary for the broad practice of public health and can be accessed at <http://www.phf.org/link/corecomp.pdf>. Each employee should understand the set of core competencies and discipline-specific competencies that he/she should attain. Improvement activities should match the competency assessment results for each employee to available training (can be in-person courses or online). Training for all employees should be systematically tracked and monitored.

Examples of Good Evidence

- ❖ None noted

Domain 8: Maintain a competent public health workforce

Measure #40

Measure: The LHD provides practice- and competency-based educational experiences for the future public health workforce, through partnerships with educational institutions, professional associations or other entities.

Potential Evidence:

- Internships or preceptorships at the LHD
- Guest lectures for public health classes
- LHD staff as faculty at conferences, workshops, trainings where students are participating
- Letters to educational institutions offering LHD as a preceptorship site
- Participation of students in drills and exercises
- Other evidence not listed above that demonstrates the LHD adequately carries out this activity

Guidance

In light of the decreasing public health workforce and increasing need and demands for public health programs and services, it is vitally important to interact with the future public health workforce. These interactions provide an opportunity for the LHD to potentially build its future capacity, assist students in understanding local public health practice, and marshal extra staff help for the LHD. This learning experience at the local level may be of critical importance in recruiting new employees into public health. Evidence for this measure may range from delivering a presentation at the IL Public Health Association annual meeting to developing formal linkages with academic institutions to providing LHD internships for public health students.

Examples of Good Evidence

- ❖ None noted

Domain 9: Evaluate and continuously improve processes, programs and interventions

Measure #41

Measure: The LHD monitors programs to assess progress in improving community health outcomes, including progress towards meeting community health objectives in the community health plan.

Potential Evidence:

- Master listing of community health outcomes across program areas that are routinely monitored by LHD staff
- Community health assessment examining a wide scope of health outcomes (IPLAN)
- Examples of monitoring health outcomes that result in redirected program efforts
- Annual reviews of progress in reaching outcome and impact (addressing risk factors) objectives
- Description of monitoring local public health system efforts to implement programs to improve community health
- Monitoring of progress of local public health system towards meeting community health objectives as stated in the community health plan
- Other evidence not listed above that demonstrates the LHD adequately carries out this activity

Guidance

This measure focuses on outcomes monitoring, an activity that is a building block to effective evaluation efforts. The activities conducted to meet this measure are broader than monitoring IPLAN priorities for improving community health and include monitoring progress on objectives from all LHD programs. The scope of monitoring activities may also be directed to systems efforts carried out by community agencies that are implementing programs to improve health. Organizing a robust monitoring function by creating a master list or other similar working document can produce many benefits for the LHD, including focusing staff and board of health attention on effectiveness of LHD programs.

Examples of Good Evidence

- ❖ Kendall—Evaluation Logic Model

Domain 9: Evaluate and continuously improve processes, programs and interventions

Measure #42

Measure: The LHD uses evidence-based principles and methods in its evaluation activities.

Potential Evidence:

- Protocol(s) for LHD program evaluation describing reasonable evaluation frameworks, including use of externally-developed standards, benchmarks, and baseline data
- Evidence of literature searches, research references, or use of experts in evaluation processes
- Use of CDC's Guide to Program Evaluation, which can be accessed at <http://www.cdc.gov/eval/framework.htm> or use of the Kellogg Evaluation Toolkit, which can be accessed at <http://www.wkcf.org/default.aspx?tabid=101&CID=281&CatID=281&ItemID=2813720&LanguageID=0>
- List of all LHD program goals, objectives and performance measures
- Other evidence not listed above that demonstrates the LHD adequately carries out this activity

Guidance

This measure focuses on the LHD's evaluation process and addresses the question - - how are evaluations done by the LHD? Protocols or other written document should describe the evaluation framework used by the LHD and cite the evidence-base source of the principles and methods used in evaluations. Evaluation activities may include both outcome and process evaluation and should be focused on programs. In addition, overall agency evaluations may be part of the LHD's evaluation process, as well as public health system evaluations using the National Public Health Performance Standards. The overall framework should describe how all evaluation activities fit into the LHD's quality improvement process.

Examples of Good Evidence

- ❖ Lake—CABS Review
- ❖ Lake—CSS Review
- ❖ Peoria—Program Narrative

Domain 9: Evaluate and continuously improve processes, programs and interventions

Measure #43

Measure: The LHD evaluates the effectiveness of its programs and services and uses evaluation results to improve the quality of LHD performance.

Potential Evidence:

- Protocol or tracking document for LHD program evaluations describing the scope (e.g. required evaluations and non-required) and timing of evaluation activities
- Program review documents that demonstrate LHD compliance with applicable professional and regulatory standards
- Examples of written program evaluations conducted within the last three years
- Policies and protocols for quality improvement, or performance improvement, process
- Reports on the use of evaluation results in a quality improvement process
- Other evidence not listed above that demonstrates the LHD adequately carries out this activity

Guidance

Unlike Measure #42 which focuses on how the LHD approaches its evaluation activities, this measure focuses on what evaluations are actually conducted by the LHD. The scope of LHD evaluation efforts can be demonstrated by a protocol or tracking document indicating how many program evaluations are done by the LHD and how often. Examples of program evaluations should be presented as evidence and should demonstrate the scope of evaluations activities across several program areas. The use of evaluation results in a quality improvement process is a compelling reason for conducting evaluations, so evidence demonstrating how results were used to improve LHD performance in programs and services must be provided.

Examples of Good Evidence

- ❖ Winnebago--WIC

Domain 9: Evaluate and continuously improve processes, programs and interventions

Measure #44

Measure: The LHD provides assistance to improve the evaluation and quality improvement of public health interventions provided by other entities in the community.

Potential Evidence:

- Meeting notes of community councils or coordination groups demonstrating that the LHD had input into evaluation and/or QI efforts
- IPLAN process, indicating level of coordination among community organizations in providing services that improve the health of the public
- Newsletters, training workshops for community providers about public health
- Examples of assistance provided to other community agencies to improve service delivery
- Other evidence not listed above that demonstrates the LHD adequately carries out this activity

Guidance

This measure focuses on technical assistance provided by the LHD to other entities in the community on evaluation and quality improvement activities. While Measure #43 highlights internal LHD evaluation and quality improvement, Measure #44 targets external agencies for LHD assistance. Research has shown that one-quarter of total local public health effort may be provided by community entities external to the LHD. While the proportion of public health effort undoubtedly varies by community, the LHD needs to provide assistance to improve the quality of all public health activities in the community. Evidence for this measure should demonstrate the LHD role in providing assistance to other community agencies.

Examples of Good Evidence

- ❖ None noted

Domain 10: Contribute to and apply the evidence base of public health

Measure #45

Measure: The LHD participates in or contributes to public health research efforts.

Potential Evidence:

- LHD policy on data sharing
- Participation in public health surveys
- Collecting data that can be used in research (e.g. West Nile data)
- Relationship with a university, community college, or other college or training program, where available
- Use of internships (e.g. LHD as a classroom for research, translating knowledge into practice)
- Other evidence not listed above that demonstrates the LHD adequately carries out this activity

Guidance

This measure recognizes that the LHD will most likely not be in a position to conduct research, but instead can serve as a contributor to the research of others in a variety of ways. These contributions may take the form of participating in surveys that will be used in research into innovative public health practices; providing community data to researchers (e.g. West Nile data); and maintaining relationships with research entities like colleges or universities. If the LHD has provided suggestions for research agendas of other entities or participated in other ways in investigations into innovative practices that would be excellent evidence.

Examples of Good Evidence

- ❖ Peoria—Internship Guidelines

Domain 10: Contribute to and apply the evidence base of public health

Measure #46

Measure: The LHD uses evidence-influenced programs and innovative practices to implement effective services.

Potential Evidence:

- Inventory of implementation strategies by source (sources may include, but not be limited to, evidence-based approaches and/or best practices from grants, CDC's Guide to Community Preventive Services, Guide to Clinical Preventive Services, etc.)
- Participation in processes to develop evidence-based and best practices for public health programs (e.g., Best Practices Committee convened by a state agency or local association)
- Certificates of accreditation received by the LHD from accrediting bodies (e.g. mental health, home health, etc.)
- Examples from several different LHD programs of the use of evidence in program design
- Logic models showing evidence upon which programs are based
- Other evidence not listed above that demonstrates the LHD adequately carries out this activity

Guidance

The LHD needs to stay up-to-date on the evolving knowledge base about the effectiveness of public health practices. Adjustments should be made in program design and implementation - - influenced by new information, research, and evaluations about what works and what does not work to improve health. This measure recognizes that public health practice cannot remain static and must always be open to innovative methods and approaches for meeting community health needs. This link of practice to evidence can be made clear by grantor agencies when they issue Requests for Proposals, contracts, or other grant opportunities. Evidence for this measure should demonstrate that the LHD is knowledgeable about the scientific and administrative evidence that should be used to formulate their strategies and implementation of programs.

Examples of Good Evidence

- ❖ None noted

Domain 10: Contribute to and apply the evidence base of public health

Measure #47

Measure: The LHD shares results of research, program evaluations and promotes the use of innovative practices with other public health practitioners and agencies engaged in public health interventions.

Potential Evidence:

- Presentations at community groups to share research, evaluations and innovative practices
- Annual reports to Board of Health on basic evaluation of programs, target groups, reach into the population at risk
- Meeting notes indicating LHD communication of best practices with other public health practitioners
- Consultations with other agencies on effective public health practices
- Other evidence not listed above that demonstrates the LHD adequately carries out this activity

Guidance

This measure focuses on the provision of technical information to community partners who are engaged in public health efforts. Carrying out activities related to this measure requires the LHD to be knowledgeable itself about research, evaluation and innovative practices (addressed in Measure #46). The LHD also needs to maintain an interactive and assistive relationship with community partners that are engaged in public health work in the community (addressed in Measure #44). Information provided should focus on improved methods of delivering public health services.

Examples of Good Evidence

- ❖ None noted