

# Performance Measures Reporting Instructions for Calendar Year 2025

## LOCAL PUBLIC HEALTH ACT ANNUAL REPORTING

These instructions will help you enter performance measures data into the REDCap reporting system for Local Public Health Act (LPH Act) annual reporting for calendar year 2025. Reporting for 2025 will open mid-February 2026 and must be completed by March 31, 2026.

- Review and use these instructions prior to entering data into REDCap to help ease the data entry process.
- Share these instructions with everyone that has a role in annual reporting on Local Public Health Act performance measures. To thoroughly consider each requirement and element listed with each measure, engage appropriate staff and/or subject matter experts as need.
- In multi-county community health boards, identify the most appropriate response(s) in consultation with individual local health departments within the community health board.

These instructions pertain to performance measures section. The instructions for finance and staffing and the performance-related accountability requirement can be found here: [LPH Act Annual Reporting Instructions - MN Dept. of Health](#).

## What is LPH Act annual reporting?

LPH Act annual reporting for this period consists of the following parts: Finance, Staffing, and Performance Measures. Information gathered through LPH Act annual reporting creates a big picture of the Minnesota's local public health system, helping identify and understand trends in how this portion of the governmental public health system operates. This data helps MDH, local public health and elected officials understand the funding sources, expenditures, and staffing capacity of the local public health system. The data is used to track trends over time and is essential of advocacy and partnership discussions at both local and state levels.

To see the CY2024 key findings for performance measures, visit [Past data: LPH Act annual reporting \(https://www.health.state.mn.us/communities/practice/lphact/annualreporting/archive.html\)](https://www.health.state.mn.us/communities/practice/lphact/annualreporting/archive.html).

You can find more information on LPH Act annual reporting at: [Local Public Health Act Annual Reporting \(https://www.health.state.mn.us/communities/practice/lphact/annualreporting/index.html\)](https://www.health.state.mn.us/communities/practice/lphact/annualreporting/index.html).

## Help and questions

The MDH Center for Public Health Practice coordinates LPH Act annual reporting. If you have questions after reviewing these instructions, please either:

- Contact your region's [public health system consultant \(https://www.health.state.mn.us/communities/practice/ta/systemconsultants/index.html\)](https://www.health.state.mn.us/communities/practice/ta/systemconsultants/index.html)
- Refer to [LPH Act annual reporting FAQ \(https://www.health.state.mn.us/communities/practice/lphact/annualreporting/faq.html\)](https://www.health.state.mn.us/communities/practice/lphact/annualreporting/faq.html)
- Attend office hours, held during February and March (more information will be forthcoming)

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651-201-3880 [health.ophp@state.mn.us](mailto:health.ophp@state.mn.us)  
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January 2026 To obtain this information in a different format, call: 651-201-3880.

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## How to use these instructions

These instructions mirror the data collection instruments in REDCap under the project “2025 Local Public Health Act performance measures”: one form for performance measures, one form for the additional question, and one form for validation. **Note:** The form for validation is only open to CHS administrators.

## How to enter data in REDCap

These instructions explain how to collect your data, but this is not a data collection tool to submit itself. You will enter data into the REDCap reporting system. CHS administrators selected staff to receive REDCap reporting accounts for each community health board.

## REDCap at a glance

- To log into REDCap, visit: [MDH REDCap Production Environment \(https://redcap.health.state.mn.us/redcap/\)](https://redcap.health.state.mn.us/redcap/).
- Remember to choose “Save & Exit Form,” “Save & Stay,” or “Save & Go to Next Form” before taking a break or leaving REDCap. **REDCap will automatically close your session, without saving, after a period of inactivity.**
- For further assistance, visit: [Local Public Health Act annual reporting \(https://www.health.state.mn.us/communities/practice/lphact/annualreporting/index.html\)](https://www.health.state.mn.us/communities/practice/lphact/annualreporting/index.html).

## Navigating within REDCap

When you log into REDCap to report your data, find “My Projects” at the top of your screen, and select **2025 Local Public Health Act Performance Measures**.

After you select this project, you will see two data collection instruments (“2025 Performance Measures” and “2025 Additional Question”) and a validation form on the left side of your screen. If you do not see the collection instruments, click on “Show data collection instruments.” Once you choose a data collection instrument, please confirm you are reporting for the correct community health board. **Contact MDH immediately if the community health board listed is incorrect.** CHS administrators have continuous access to all their community health board’s forms in REDCap.

## Tracking your own progress

At the bottom of each form, there is a place to mark called “form status.” This is **for your own reference** whether you've completed a form or not, which you can use to track your own progress. **MDH does not use these indicators to check for completion. CHS administrators must still complete validation.** (You may see these complete/incomplete selections populate red-yellow-green indicators on your forms in the left-hand navigation pane; again, these are for your own internal tracking only, and MDH does not use them to track progress.)

## Questions and assistance

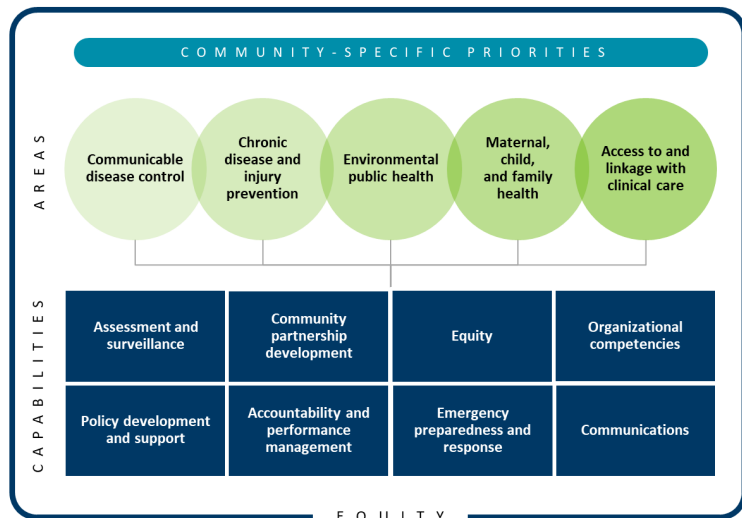
If you need help troubleshooting REDCap, visit this resource page: [Help with REDCap for LPH Act annual reporting \(https://www.health.state.mn.us/communities/practice/lphact/annualreporting/help.html\)](https://www.health.state.mn.us/communities/practice/lphact/annualreporting/help.html). You can also let us know at [health.ophp@state.mn.us](mailto:health.ophp@state.mn.us).

## Performance measures reporting

The responses you enter during this reporting period should reflect the CHB's status during January 1, 2025 through December 31, 2025.

The 46 measures are a subset of PHAB measures and align with the foundational responsibilities (areas and capabilities) in the framework (below). Rationale for selection of these 46 measures can be found in [\(Performance Measurement and Performance-Related Accountability Requirement\)](#).

### Foundational Public Health Responsibilities



### Navigating REDCap

When you log into REDCap to report your data, find “My Projects” at the top of your screen, and select **2025 Local Public Health Act Performance Measures**.

After you select this project, you will see the forms on the left side of your screen. If you do not see them, click on “Show data collection instruments.”

Once you choose a form, please confirm you are reporting for the correct community health board. Contact MDH immediately if the community health board listed is incorrect.

### REDCap hints

**Remember to choose “Save & Exit Form,” “Save & Stay,” or “Save & Go to Next Form” before taking a break or leaving REDCap.** REDCap will automatically close your session—without saving—after a period of inactivity.

You can print REDCap forms with or without your responses at any time.

## How to report

In this guidance and in REDCap, the measures are organized in numerical order by PHAB domain. The at-a-glance worksheet can be used for organizing responses that will go into REDCap.

## Determining the best response

Engage key staff in reviewing the 46 measures on the following pages, discuss and consider the requirements and related elements for each measure. In an effort towards consistency in reporting across the state, the measures with 4 or more requirements and elements are numbered, and the number accomplished can be used to consider the response selection. Thoroughness and quality should also be considered in addition to if it is complete. Note whether your community health board can fully, substantially, minimally, or cannot each measure. **You are not required to submit any documentation.**

## Multi-county community health board reporting

A best practice for determining a response for each measure is to have a discussion with representation from health departments governed by the multi-county CHB. A table is included after each measure to help multi-county CHBs record responses.

For each measure, there is a list of requirements and guidance. **If the measure (and corresponding requirements/guidance) are the function of individual health department governed by the community health board, consider how well each individual health department meets the measure.** A multi-county community health board should report on the **lowest level of capacity** of the individual health departments to understand limitations in system capacity to carry out the work. That is, if two of three local health departments in a multi-county community health board can fully meet a measure, but the third can only minimally meet, the entire community health board should report minimally meet (see example below). There is an optional text box at the end of the REDCap survey for additional context. If CHBs would like to provide context around variation of the health departments in the CHB, they can do so there but it is not required. If you would like to keep record of the variation of health departments within the CHB for your own reference and tracking, [See Appendix A: Record for Multi-county CHBs](#)

### Example for multi-county CHBs

| 1.1.1 Develop a Community Health Assessment | Health dept 1 | Health dept 2 | Health dept 3 | CHB (select the lowest level of capacity) |
|---|---------------|---------------|---------------|---|
| Fully meets                                 | X             |               | X             |   |
| Substantially meets                         |               |               |               |   |
| Minimally meets                             |               | X             |               | X   |
| Cannot meet                                 |               |               |               |   |

## At-a-glance worksheet for data entry

Community health boards and the Minnesota Department of Health will report on their ability to meet each measure below on a 4-point scale from fully meets to cannot meet.

**The (E)** after some of the measures denotes there is an equity component directly related to that measure.

**The (P)** after some of the measures denotes the Pathways measures. The column labeled “FPHR” connects the measure to foundational responsibilities.

### Abbreviations:

AS=Assessment and Surveillance  
 APM=Accountability and Performance Management  
 CPD=Community Partnership Development  
 Comms=Communications  
 EPR= Emergency Preparedness and Response  
 Equity=Equity  
 PDS=Policy Development and Support  
 OC=Organizational Competencies  
 CDC=Communicable Disease Control  
 CDIP=Chronic Disease and Injury Prevention  
 EPH=Environmental Public Health  
 MCFH=Maternal, Child, and Family Health  
 ALC=Access to and Linkage with Care

| National Measures  | FPHR               | Fully meet               | Substantially meet       | Minimally meet           | Cannot meet              |
|--|--------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1.1.1: Develop a community health assessment. (E) (P)  | AS                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2.1: Collect non-surveillance population health data. (P)  | AS                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2.2: (Local) Participate in data sharing with other entities. (P)  | AS and CDC         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.3.1: Analyze data and draw public health conclusions. (P)  | AS                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.3.3: Use data to recommend and inform public health actions.   | AS, CDIP, and MCFH | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1.1: Maintain Surveillance systems. (E) (P)  | AS                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1.3: Ensure 24/7 access to resources for rapid detection, investigation, containment, and mitigation of health problems and environmental public health hazards. (P) | AS                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1.4: Maintain protocols for investigation of public health issues.   | CDC and EPH        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1.5: Maintain protocols for containment and mitigation of public health problems and environmental public health hazards.  | EPH                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1.6: Collaborate through established partnerships to investigate or mitigate public health problems and environmental public health hazards.                         | CDC                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1.7: Use surveillance data to guide improvements.  | CDC                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2.1: Maintain a public health emergency operations plan (EOP)(E)(P)  | EPR                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2.2: Ensure continuity of operations during response. (P)  | EPR                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2.5: Maintain a risk communication plan and a process for urgent 24/7 communication with response partners. (E) (P)  | Comms              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2.6: Maintain and implement a process for urgent 24/7 communications with response partners. (P)   | EPR                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2.7: Conduct exercises and use After Action Reports and Improvement Plans (AAR-IPs) from exercises and responses to improve preparedness and response. (P)           | EPR                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1.1: Maintain procedures to provide ongoing, non-emergency communication outside the health department. (E) (P)  | Comms              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2.2: Implement health communication strategies to encourage actions to promote health. (E) (P)   | Comms              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

# PERFORMANCE MEASURES REPORTING INSTRUCTIONS FOR CALENDAR YEAR 2025

| National Measures  | FPHR                | Fully meet               | Substantially meet       | Minimally meet           | Cannot meet              |
|--|---------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 4.1.1: Engage in active and ongoing strategic partnerships.  | CDIP, MCFH, and ALC | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1.2: Participate actively in a community health coalition to promote health equity. (E) (P)  | CPD                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1.3: Engage with community members to address public health issues and promote health. (E)   | CPD, CDIP and MCFH  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1.2: Examine and contribute to improving policies and laws. (E) (P)  | PDS                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2.2: Adopt a community health improvement plan. (E) (P)  | CPD                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2.3: Implement, monitor, and revise as needed, the strategies in the community health improvement plan in collaboration with partners. | CPD                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2.4: Address factors that contribute to specific populations' higher health risks and poorer health outcomes. (P)                      | Equity              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1.4: Conduct enforcement actions. (E) (P)  | PDS and EPH         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.1.1: Engage with health care delivery system partners to assess access to health care services.  | AS and ALC          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.1.2: Implement and evaluate strategies to improve access to health care services. (E)  | APM                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.2.1: Collaborate with other sectors to improve access to social services. (P)  | CPD and ALC         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.1.2: Recruit a qualified and diverse health department workforce. (E) (P)  | OC                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.2.1: Develop and implement a workforce development plan and strategies. (E) (P)  | OC                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.2.2: Provide professional and career development opportunities for all staff. (P)  | OC                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.1.1: Establish a performance management system. (P)  | APM                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.1.2: Implement the performance management system.  | APM                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.1.5: Implement quality improvement projects. (P)   | APM                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.2.1: Base programs and interventions on the best available evidence. (E) (P)   | APM                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.2.2: Evaluate programs, processes, or interventions.   | APM                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.1.2: Adopt a department-wide strategic plan. (P)  | OC                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.2.1: Manage operational policies including those related to equity. (P)   | Equity              |                          |                          |                          |                          |
| 10.2.2: Maintain a human resource function. (P)  | OC                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.2.3: Support programs & operations through an information management infrastructure. (P)  | OC                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.2.4: Protect information and data systems through security and confidentiality policies. (P)  | OC                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.2.6: Oversee grants and contracts. (P)  | OC                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.2.7: Manage financial systems. (P)  | OC                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.3.3: Communicate with governance routinely and on an as-needed basis. (P)   | OC                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.3.4: Access and use legal services in planning, implementing, and enforcing public health initiatives. (P)                            | OC                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



## Domain 1: Assess and monitor population health status, factors that influence health, and community needs and assets.

### 1.1.1: Develop a community health assessment.

#### Description of purpose and significance (from PHAB v.2022)

*The community health assessment tells the community story and provides a foundation to improve the health of the population. It is the basis for priority setting, planning, program development, policy changes, coordination of community resources, funding applications, and new ways to collaboratively use community assets to improve the health of the population. A health assessment identifies disparities among different subpopulations in the jurisdiction, and the factors that contribute to them, in order to support the community's efforts to achieve health equity. Data within the community health assessment may include information about mortality and morbidity, quality of life, attitudes about health behavior, socioeconomic factors, environmental factors (including the built environment), social determinants of health, community narrative, assets, and stories. Data should be obtained from a variety of sources, using various data collection methods.*

#### 1.1.1 Develop a Community Health Assessment

Requirements and related elements:

1. The CHB has a community health assessment, dated within 5 years.  
A community health assessment that includes all the following:
  2. A list of participating partners involved in the CHA process. Participation must include:
    - a. At least 2 organizations representing sectors other than governmental public health;
    - b. At least 2 community members or organizations that represent populations who are disproportionately affected by conditions that contribute to poorer health outcomes.
  3. The process for how partners collaborated in developing the CHA.
  4. Comprehensive, broad-based data. Data must include primary data, and secondary data from two or more different sources.
  5. A description of the demographics of the population served by the health department, which must, at minimum, include:
    - a. The percent of the population by race and ethnicity;
    - b. languages spoken within the jurisdiction; and
    - c. other demographic characteristics, as appropriate for the jurisdiction.
  6. A description of health challenges experienced by the population served by the health department, based on data listed in required element (4) above, which must include an examination of disparities between subpopulations or sub-geographic areas in terms of both health status and health behaviors.
  7. A description of inequities in the factors that contribute to health challenges (required element 6), which must, include social determinants of health or built environment.
  8. Community assets or resources beyond healthcare and the health department that can be mobilized to address health challenges.

#### How to report

Engage relevant staff to carefully review and consider each of the requirements and elements listed above.

- Fully meets: The CHB meets all (8) requirements and related elements for this measure.
- Substantially meets: The CHB meets a significant portion (6-7) of the requirements and related elements for this measure.
- Minimally meets: The CHB meets some (2-5) of the requirements and related elements for this measure.
- Cannot meet: The CHB meets none or very few parts (0-1) of the requirements and related elements for this measure.

**Table for multi-county CHBs**

| 1.1.1 Develop a Community Health Assessment | Health dept 1 | Health dept 2 | Health dept 3 | Health dept 4 | CHB (select the lowest level of capacity) |
|---|---------------|---------------|---------------|---------------|---|
| Fully meets                                 |               |               |               |               |   |
| Substantially meets                         |               |               |               |               |   |
| Minimally meets                             |               |               |               |               |   |
| Cannot meet                                 |               |               |               |               |   |

## 1.2.1: Collect non-surveillance population health data.

### Description of purpose and significance (from PHAB v.2022)

*The purpose of this measure is to assess the capacity to collect primary data to understand the health issues of the population served, which may include exploration of health disparities or contributing factors or causes of health challenges. Health departments may require additional data to supplement what can be learned from existing data sets to better understand specific situations, issues, and potential solutions. Collection of primary data does not need to be complicated or costly. Rather, it is intended to enhance knowledge and understanding of the population served by the health department. These data may address social conditions that have an impact on the health of the population served, for example, unemployment, poverty, lack of accessible facilities for physical activity, housing, transportation, and lack of access to fresh foods. Health departments need to demonstrate capacity to collect primary data or ensure they have access to another entity that can collect primary data on their behalf.*

### 1.2.1 Collect non-surveillance population health data.

Requirements and related elements:

1. The CHB has two examples of **quantitative** data collection of non-surveillance population data, dated within 5 years.
2. For primary **quantitative** population health data collected for the purpose of understanding health status in the jurisdiction, the CHB (or member departments) have:
  - a. Data collection instrument
  - b. Evidence the instrument was used to collect data
3. Primary **quantitative** population health data must provide information about the health status of the population or the factors contributing to the health status.
4. The CHB has two examples of **qualitative** data collection of non-surveillance population data, dated within 5 years.
5. For primary **qualitative** population health data collected for the purpose of understanding health status in the jurisdiction, the CHB (or member departments) have:

- a. Data collection instrument
  - b. Evidence the instrument was used to collect data.
6. Primary **qualitative** population health data must be collected directly from groups or individuals who are at higher health risk.
7. Primary **qualitative** population health data collected must provide information about the health status of the population or the factors contributing to the health status.

### How to report

Engage relevant staff to carefully review and consider each of the requirements and elements listed above.

- Fully meets: The CHB meets all (7) requirements and related elements for this measure.
- Substantially meets: The CHB meets a significant portion (6) of the requirements and related elements for this measure.
- Minimally meets: The CHB meets some (2-5) of the requirements and related elements for this measure.
- Cannot meet: The CHB meets none or very few parts (0-1) of the requirements and related elements for this measure.

**Table for multi-county CHBs**

| 1.2.1 Collect non-surveillance population health data. | Health dept 1 | Health dept 2 | Health dept 3 | Health dept 4 | CHB (select the lowest level of capacity) |
|--|---------------|---------------|---------------|---------------|---|
| Fully meets  |               |               |               |               |   |
| Substantially meets                                    |               |               |               |               |   |
| Minimally meets  |               |               |               |               |   |
| Cannot meet  |               |               |               |               |   |

### 1.2.2: Participate in data sharing with other entities.

#### Description of purpose and significance (from PHAB v.2022)

*The purpose of this measure is to assess the ability to participate in data sharing among health departments and other entities. A complete picture of the health of the population requires data from multiple sources (e.g., from federal, state, Tribal, and local health departments; health care; education; criminal justice; transportation; or social services). Sharing and receiving data are key steps in generating a better understanding of health within the jurisdiction. To ensure data are shared throughout the public health system, state health departments also have a PHAB measure related to data sharing and exchange.*

#### 1.2.2: Participate in data sharing with other entities.

Requirements and related elements:

1. The CHB has two examples of data sharing with other entities, dated within 2 years.
2. Participation in data sharing record-level data with other entities, by either:
  - a. Providing data to another entity; or
  - b. Receiving data from another entity; or
  - c. Providing a data use agreement with another entity.

**How to report**

Engage relevant staff to carefully review and consider each of the requirements and elements listed above.

- Fully meets: The CHB meets all parts of the requirement and related elements for this measure.
- Substantially meets: The CHB meets most parts of the requirement and related elements for this measure.
- Minimally meets: The CHB meets some parts of the requirement and related elements for this measure.
- Cannot meet: The CHB cannot meet any parts of the requirement and related elements for this measure.

**Table for multi-county CHBs**

| 1.2.2: Participate in data sharing with other entities. | Health dept 1 | Health dept 2 | Health dept 3 | Health dept 4 | CHB (select the lowest level of capacity) |
|---|---------------|---------------|---------------|---------------|---|
| Fully meets   |               |               |               |               |   |
| Substantially meets                                     |               |               |               |               |   |
| Minimally meets   |               |               |               |               |   |
| Cannot meet   |               |               |               |               |   |

**1.3.1: Analyze data and draw public health conclusions.****Description of purpose and significance (from PHAB v.2022)**

*The purpose of this measure is to assess the capacity for data analysis to increase understanding of health problems, behavioral risk factors, environmental public health hazards, social and economic conditions, or other factors that affect the public's health. Analysis of data is important for assessing the contributing factors, magnitude, geographic location, changing characteristics, and potential interventions of a health problem. Data analysis is critical for problem identification, program design, evaluation, and continuous quality improvement. By comparing data from different subpopulations or different geographic locations, the health department can also understand where to focus interventions or allocate resources.*

**1.3.1: Analyze data and draw public health conclusions.**

Requirements and related elements:

1. The CHB has one example of **quantitative analysis** conducted, dated within 5 years.
2. The example of quantitative analysis of data relevant to public health includes:
  - a. Comparisons
  - b. Analytic process used
  - c. Conclusions
3. At least some data used in the quantitative analysis must be specific to the population served by the health department or a subset of the jurisdiction's population.
4. The CHB has one example of **qualitative analysis** conducted, dated within 5 years.
5. The example of qualitative analysis of data relevant to public health includes:
  - a. Analytic process used
  - b. Conclusions
6. At least some data used in the qualitative analysis must be specific to the population served by the health department or a subset of the jurisdiction's population.

## How to report

Engage relevant staff to carefully review and consider each of the requirements and elements listed above.

- Fully meets: The CHB meets all (6) requirements and related elements for this measure.
- Substantially meets: The CHB meets a significant portion (5) of the requirements and related elements for this measure.
- Minimally meets: The CHB meets some (2-4) of the requirements and related elements for this measure.
- Cannot meet: The CHB meets none or very few parts (0-1) of the requirements and related elements for this measure.

## Table for multi-county CHBs

| 1.3.1: Analyze data and draw public health conclusions. | Health dept 1 | Health dept 2 | Health dept 3 | Health dept 4 | CHB (select the lowest level of capacity) |
|---|---------------|---------------|---------------|---------------|---|
| Fully meets   |               |               |               |               |   |
| Substantially meets                                     |               |               |               |               |   |
| Minimally meets   |               |               |               |               |   |
| Cannot meet   |               |               |               |               |   |

## 1.3.3: Use data to recommend and inform public health actions.

### Description of purpose and significance (from PHAB v.2022)

*The purpose of this measure is to assess the health department's use of data to impact policy, processes, programs, and interventions. Public health actions should be based on the most current and relevant data available to improve the health of the population.*

### 1.3.3: Use data to recommend and inform public health actions.

Requirements and related elements:

1. The CHB has two examples of using data to recommend and inform public health actions, dated within 5 years.
2. Data findings were used to inform the development or revision of policies, processes, programs, or interventions designed to improve the health of the population.  
(Policies, processes, programs, or interventions that affect health department employees only do not meet the intent of the requirement.)

## How to report

Engage relevant staff to carefully review and consider each of the requirements and elements listed above.

- Fully meets: The CHB meets all parts of the requirement and related elements for this measure.
- Substantially meets: The CHB meets most parts of the requirement and related elements for this measure.
- Minimally meets: The CHB meets some parts of the requirement and related elements for this measure.
- Cannot meet: The CHB cannot meet any parts of the requirement and related elements for this measure.

**Table for multi-county CHBs**

| <b>1.3.3 Use data to recommend and inform public health actions.</b> | <b>Health dept 1</b> | <b>Health dept 2</b> | <b>Health dept 3</b> | <b>Health dept 4</b> | <b>CHB (select the lowest level of capacity)</b> |
|--|----------------------|----------------------|----------------------|----------------------|--|
| Fully meets  |                      |                      |                      |                      |  |
| Substantially meets  |                      |                      |                      |                      |  |
| Minimally meets  |                      |                      |                      |                      |  |
| Cannot meet  |                      |                      |                      |                      |  |

## **Domain 2: Investigate, diagnose, and address health problems and hazards affecting the population.**

### **2.1.1: Maintain Surveillance systems.**

#### **Description of purpose and significance (from PHAB v.2022)**

*The purpose of this measure is to assess the process for collecting, managing, and analyzing health data for public health surveillance. Public health surveillance is the continuous, systematic collection, management, analysis, and interpretation of health-related data needed for planning, implementation, and evaluation of public health practices. Surveillance activities entail using data to predict and rapidly detect emerging health issues and threats as an early warning system for impending public health emergencies. Surveillance also provides key insight into the epidemiology of health issues and hazards by using data to understand determinants and distribution. Surveillance functions are also integral to documenting the impact of interventions; tracking progress toward specified goals; facilitating priority setting; and informing public health policy and strategies.*

#### **2.1.1: Maintain Surveillance systems.**

Requirements and related elements:

1. The CHB has a current list of surveillance systems used. In addition to a brief description of each, the list includes what public health issue(s) or condition(s) it is monitoring, if that is not evident from the name of the system.
2. The CHB has two processes or protocols for public health surveillance data, OR a process or protocol that addresses 2 or more surveillance systems\* dated within 5 years. One of processes or protocols must be for infectious illness surveillance.

The process or protocol must include:

3. How data are reported or collected 24/7.
4. What data quality control measures are in place.
5. How data are analyzed to identify deviations from expected trends.
6. How data are disaggregated by subpopulation.
7. Which surveillance data are considered confidential.
8. How confidential data are maintained in a secure and confidential manner.
9. How the system to collect data is tested, including the frequency of system tests.

\*If the health department has responsibility related to just one surveillance system, consider elements a-g for that process or protocol. If the health department has a role in a required element, the process or protocol will describe how it fulfills that role. If another entity (such as MDH) handles the surveillance or elements listed above, the protocol will outline that agency's responsibility

### How to report

Engage relevant staff to carefully review and consider each of the requirements and elements listed above.

- Fully meets: The CHB meets all (all 9) requirements and related elements for this measure.
- Substantially meets: The CHB meets a significant portion (7-8) of the requirements and related elements for this measure.
- Minimally meets: The CHB meets some (3-6) of the requirements and related elements for this measure.
- Cannot meet: The CHB meets none or very few parts (0-2) of the requirements and related elements for this measure.
- Unsure: Unsure how to respond to this measure.

**Table for multi-county CHBs**

| 2.1.1: Maintain Surveillance systems. | Health dept 1 | Health dept 2 | Health dept 3 | Health dept 4 | CHB (select the lowest level of capacity) |
|---------------------------------------|---------------|---------------|---------------|---------------|---|
| Fully meets                           |               |               |               |               |   |
| Substantially meets                   |               |               |               |               |   |
| Minimally meets                       |               |               |               |               |   |
| Cannot meet                           |               |               |               |               |   |

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

#### Description of purpose and significance (from PHAB v.2022)

*The purpose of this measure is to assess access to laboratory, epidemiological, and environmental health services which support the rapid detection, investigation, containment, and mitigation of public health problems and environmental public health hazards. Health departments must have 24/7 access to these resources to facilitate prompt response to emergent or escalating health problems and hazards.*

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

Requirements and related elements:

1. The CHB has one policy or procedure or a set of policies or procedures that cover epidemiology and environmental resources, dated within 5 years.
2. Policy(ies) or procedure(s) outlining how the health department maintains 24/7 access to resources for the detection, investigation, containment, or mitigation for both public health problems and environmental public health hazards. The policy(ies) or procedure(s) must address resources for each of the following:
  - a. Epidemiology
  - b. Environmental
3. The CHB has accreditation documentation, certification or licensure appropriate for all labs used by the health department for testing.
4. The accreditation, certification, or licensure appropriate for all laboratories the health department uses for testing:
  - a. Must be current.
  - b. There must be at least one laboratory to which the health department has 24/7 access. If the access to lab capacity is outside the state, local, or Tribal government, formal documentation, such as a contract or MOU, is required to be submitted with the accreditation/ certification/licensure.
5. The CHB must have one comprehensive protocol or set of protocols for how laboratory specimens are packaged and transported 24/7 for testing both during normal business hours and outside business hours.

Note: If you do not have an in-house lab and use MDH lab or another lab for 24/7 access, consider that in your response for elements 3-5.

#### How to report

Engage relevant staff to carefully review and consider each of the requirements and elements listed above.

- Fully meets: The CHB meets all (5) requirements and related elements for this measure.
- Substantially meets: The CHB meets a significant portion (4) of the requirements and related elements for this measure.
- Minimally meets: The CHB meets some (2-3) of the requirements and related elements for this measure.



- Cannot meet: The CHB meets none or very few parts (0-1) of the requirements and related elements for this measure.
- Unsure: Unsure how to respond to this measure.

**Table for multi-county CHBs**

| 2.1.3: Ensure 24/7 access to resources for rapid detection, investigation, containment, and mitigation of health problems and environmental public health hazards. | Health dept 1 | Health dept 2 | Health dept 3 | Health dept 4 | CHB (select the lowest level of capacity) |
|--|---------------|---------------|---------------|---------------|---|
| Fully meets  |               |               |               |               |   |
| Substantially meets  |               |               |               |               |   |
| Minimally meets  |               |               |               |               |   |
| Cannot meet  |               |               |               |               |   |

## 2.1.4: Maintain protocols for investigation of public health issues.

### Description of purpose and significance (from PHAB v.2022)

*The purpose of this measure is to assess the health department's investigation protocols. Protocols outline a standardized approach to conducting timely, consistent, and thorough investigations. Protocols also clarify expectations among staff, including their roles and responsibilities associated with engaging with other entities. A standardized approach fosters transparency and ensures an in-depth investigation into the cause of public health issues for timely response so that further consequences can be prevented.*

### 2.1.4: Maintain protocols for investigation of public health issues.

Requirements and related elements:

1. The CHB has 1 comprehensive Table of Contents of protocols or listing of protocols for conducting investigations of suspected or identified public health issues, dated within 5 years.
2. Protocols must be in place to address investigation for each of the following types of public health issues:
  - a. Infectious disease
  - b. Non-infectious disease
  - c. Injury
  - d. Environment

(If the health department is not the entity with lead responsibility for one (or more) of the types listed, it must know which entity has lead responsibility, but does not need to include the protocol in the Table of Contents or listing.)
3. The CHB has two investigation protocols for illness, environmental health issues, or injury, dated within 5 years.

4. The investigation protocol for illness, environmental health issue, or injury, which must include:
  - a. Assignment of responsibilities for investigations among specific staff position(s) or partner agencies
  - b. Public health issue-specific protocol steps which include:
    - i. Investigation steps.
    - ii. Defined timelines for each investigation step.
    - iii. For reportable conditions, any applicable reporting requirements.

### How to report

Engage relevant staff to carefully review and consider each of the requirements and elements listed above.

- Fully meets: The CHB meets all (4) requirements and related elements for this measure.
- Substantially meets: The CHB meets a significant portion (3) of the requirements and related elements for this measure.
- Minimally meets: The CHB meets some (1-2) of the requirements and related elements for this measure.
- Cannot meet: The CHB meets none or very few parts (0) of the requirements and related elements for this measure.

### Table for multi-county CHBs

| 2.1.4: Maintain protocols for investigation of public health issues. | Health dept 1 | Health dept 2 | Health dept 3 | Health dept 4 | CHB (select the lowest level of capacity) |
|--|---------------|---------------|---------------|---------------|---|
| Fully meets  |               |               |               |               |   |
| Substantially meets  |               |               |               |               |   |
| Minimally meets  |               |               |               |               |   |
| Cannot meet  |               |               |               |               |   |

## 2.1.5: Maintain protocols for containment and mitigation of public health problems and environmental public health hazards.<sup>3</sup>

### Description of purpose and significance (from PHAB v.2022)

*The purpose of this measure is to assess protocols to contain and mitigate health problems or environmental public health hazards, as well as their consideration of social determinants of health and health inequities within containment or mitigation efforts. Health departments are responsible for acting on information concerning health problems and environmental public health hazards to contain or lessen the negative effect on population health. A standardized approach ensures clarity of assigned roles and responsibilities, timely response, and coordination to effectively address disease outbreaks and environmental hazards. Because public health problems and environmental health hazards can often*

*exacerbate disparities within the population, it is important to be intentional about social determinants of health and inequities in containment and mitigation efforts.*

### **2.1.5: Maintain protocols for containment and mitigation of public health problems and environmental public health hazards.**

Requirements and related elements:

1. The CHB has one protocol or a set of protocols for the containment and mitigation of all legally mandated infectious illnesses and environmental issues, dated within 5 years. (The protocol or set of protocols must include all infectious illnesses and environmental issues the health department is mandated to contain or mitigate.)
2. At least one protocol for infectious illness must minimally address the process for:
  - a. Case and contact management
  - b. Exercising legal authority for disease control when thresholds are exceeded.
 Environmental hazard protocols do not need to address required elements a and b
3. The CHB has an example of consideration of social determinants of health or health inequities incorporated into containment or mitigation strategy(ies), dated within 5 years.

#### **How to report**

Engage relevant staff to carefully review and consider each of the requirements and elements listed above.

- Fully meets: The CHB meets all parts of the requirement and related elements for this measure.
- Substantially meets: The CHB meets most parts of the requirement and related elements for this measure.
- Minimally meets: The CHB meets some parts of the requirement and related elements for this measure.
- Cannot meet: The CHB cannot meet any parts of the requirement and related elements for this measure.

**Table for multi-county CHBs**

| <b>2.1.5: Maintain protocols for containment and mitigation of public health problems and environmental public health hazards.</b> | <b>Health dept 1</b> | <b>Health dept 2</b> | <b>Health dept 3</b> | <b>Health dept 4</b> | <b>CHB (select the lowest level of capacity)</b> |
|--|----------------------|----------------------|----------------------|----------------------|--|
| Fully meets  |                      |                      |                      |                      |  |
| Substantially meets  |                      |                      |                      |                      |  |
| Minimally meets  |                      |                      |                      |                      |  |
| Cannot meet  |                      |                      |                      |                      |  |

## 2.1.6: Collaborate through established partnerships to investigate or mitigate public health problems and environmental public health hazards.

### Description of purpose and significance (from PHAB v.2022)

*The purpose of this measure is to assess the working relationships with governmental and community partners needed for investigating or mitigating reportable diseases, disease outbreaks, injury, and environmental issues. Coordinating with other organizations may support faster investigations or more effective mitigation, particularly when public health issues cross jurisdictional lines. In addition, working with community partners may build trust and help reach additional community members.*

### 2.1.6: Collaborate through established partnerships to investigate or mitigate public health problems and environmental public health hazards.

Requirements and related elements:

1. The CHB has two examples of investigation or mitigation action implemented collaboratively to address reportable condition, disease outbreak, injury, or environmental health issue, dated within 5 years.  
The examples must be from two different events. If a health department has not had an investigation or mitigation need within the five years, they have conducted two exercises or drills of their protocol to test how it works in their setting. If only one investigation or mitigation event has occurred during the timeframe, they have an example of one event and one drill or exercise.

### How to report

Engage relevant staff to carefully review and consider each of the requirements and elements listed above.

- Fully meets: The CHB meets all parts of the requirement and related elements for this measure.
- Substantially meets: The CHB meets most parts of the requirement and related elements for this measure.
- Minimally meets: The CHB meets some parts of the requirement and related elements for this measure.
- Cannot meet: The CHB cannot meet any parts of the requirement and related elements for this measure.

Table for multi-county CHBs

| <b>2.1.6: Collaborate through established partnerships to investigate or mitigate public health problems and environmental public health hazards.</b> | <b>Health dept 1</b> | <b>Health dept 2</b> | <b>Health dept 3</b> | <b>Health dept 4</b> | <b>CHB (select the lowest level of capacity)</b> |
|---|----------------------|----------------------|----------------------|----------------------|--|
| Fully meets   |                      |                      |                      |                      |  |
| Substantially meets   |                      |                      |                      |                      |  |
| Minimally meets   |                      |                      |                      |                      |  |
| Cannot meet   |                      |                      |                      |                      |  |

### 2.1.7: Use surveillance data to guide improvements.

#### Description of purpose and significance (from PHAB v.2022)

*The purpose of this measure is to assess the health department's ability to generate reports from its surveillance system and use surveillance data to improve its processes for timely investigation or mitigation. Surveillance data are critical to understanding current and emerging health issues, as well as the existence and extent of health disparities within the health department's jurisdiction. In order to be effective, surveillance systems require the ability to generate reports for the purposes of detecting, monitoring, or mitigating the spread of health hazards or threats. Surveillance data and related systems, as well as investigation and mitigation strategies, should be continually improved to minimize the impact of current and emerging health hazards or threats.*

#### 2.1.7: Use surveillance data to guide improvements.

Requirements and related elements:

1. The CHB has two examples of reports generated from an infectious disease reporting system to demonstrate completeness of reporting, dated within 5 years. (2 examples from different reportable or notifiable conditions)
2. The reports must include:
  - a. Conditions
  - b. Dates associated with investigations
  - c. Investigation results
3. Two examples of surveillance data used to identify differences in population groups, dated within 5 years.
4. Two examples of surveillance data used to improve surveillance system or containment or mitigation strategies, dated within 5 years.

**How to report**

Engage relevant staff to carefully review and consider each of the requirements and elements listed above.

- Fully meets: The CHB meets all (4) requirements and related elements for this measure.
- Substantially meets: The CHB meets a significant portion (3) of the requirements and related elements for this measure.
- Minimally meets: The CHB meets some (1-2) of the requirements and related elements for this measure.
- Cannot meet: The CHB meets none or very few parts (0) of the requirements and related elements for this measure.

**Table for multi-county CHBs**

| <b>2.1.7: Use surveillance data to guide improvements.</b> | <b>Health dept 1</b> | <b>Health dept 2</b> | <b>Health dept 3</b> | <b>Health dept 4</b> | <b>CHB (select the lowest level of capacity)</b> |
|--|----------------------|----------------------|----------------------|----------------------|--|
| Fully meets  |                      |                      |                      |                      |  |
| Substantially meets  |                      |                      |                      |                      |  |
| Minimally meets  |                      |                      |                      |                      |  |
| Cannot meet  |                      |                      |                      |                      |  |

**2.2.1: Maintain a public health emergency operations plan (EOP).****Description of purpose and significance (from PHAB v.2022)**

*The purpose of this measure is to assess that the public health emergency operations plan describes public health functions that are required in emergency response. Health departments play an integral role in preparing communities to respond to and recover from threats and emergencies. Preparedness plans are essential to facilitate preparedness for, response to, and recovery from public health emergencies.*

**2.2.1 Maintain a public health emergency operations plan (EOP).**

Requirements and related elements:

1. The CHB has a public health emergency operations plan (EOP) dated within 3 years. The public health EOP must cover the entire jurisdiction served by the health department or multiple EOPs must be provided to cover the entire jurisdiction.  
The public health emergency operations plan (EOP) or the public health annex to the jurisdiction's emergency response plan must include:
2. A description of the purpose of the plan.
3. The description of incident command system, including designation of staff responsibilities.

4. The identification of individuals who are at higher risk, which must include those with access and functional needs.
5. At least two processes in place to meet the needs of individuals at higher risk (identified in required element 4).
6. The lead role agency(ies), as well as the responsibilities of the health department (if any) specific to the following areas:
  - a. Medical countermeasures
  - b. Mass care
  - c. Mass fatality management
  - d. Mental/behavioral health
  - e. Non-pharmaceutical interventions, including legal authority to isolate, quarantine, and as appropriate, institute social distancing
  - f. Responder safety and health
  - g. Volunteer management (Lead role agency(ies) and page numbers, as appropriate, will be indicated on the Documentation Form.)
7. The process of declaring a public health emergency.
8. Activation of public health emergency operations, including levels of activation based on triggers or circumstances.
9. The process for collaborative review and revision of the plan.

### How to report

Engage relevant staff to carefully review and consider each of the requirements and elements listed above.

- Fully meets: The CHB meets all (all 9) requirements and related elements for this measure.
- Substantially meets: The CHB meets a significant portion (7-8) of the requirements and related elements for this measure.
- Minimally meets: The CHB meets some (3-6) of the requirements and related elements for this measure.
- Cannot meet: The CHB meets none or very few parts (0-2) of the requirements and related elements for this measure.

### Table for multi-county CHBs

| 2.2.1 Maintain a public health emergency operations plan (EOP). | Health dept 1 | Health dept 2 | Health dept 3 | Health dept 4 | CHB (select the lowest level of capacity) |
|---|---------------|---------------|---------------|---------------|---|
| Fully meets   |               |               |               |               |   |
| Substantially meets   |               |               |               |               |   |
| Minimally meets   |               |               |               |               |   |
| Cannot meet   |               |               |               |               |   |

## 2.2.2: Ensure continuity of operations during response.

### Description of purpose and significance (from PHAB v.2022)

*The purpose of this measure is to assess plans to ensure continuity of operations during a response. This ensures that health departments are able to maintain services that are considered essential during an emergency.*

### 2.2.2: Ensure continuity of operations during response.

Requirements and related elements:

1. The CHB has one continuity of operations plan dated within 5 years.

The plan includes:

2. Identification of essential public health functions that must be sustained during a continuity event.
3. Orders of succession.
4. Identification of an alternate location for key health department staff to report, if necessary, or the ability to work virtually.

### How to report

Engage relevant staff to carefully review and consider each of the requirements and elements listed above.

- Fully meets: The CHB meets all (4) requirements and related elements for this measure.
- Substantially meets: The CHB meets a significant portion (3) of the requirements and related elements for this measure.
- Minimally meets: The CHB meets some (1-2) of the requirements and related elements for this measure.
- Cannot meet: The CHB meets none or very few parts (0) of the requirements and related elements for this measure.

**Table for multi-county CHBs**

| 2.2.2: Ensure continuity of operations during response. | Health dept 1 | Health dept 2 | Health dept 3 | Health dept 4 | CHB (select the lowest level of capacity) |
|---|---------------|---------------|---------------|---------------|---|
| Fully meets   |               |               |               |               |   |
| Substantially meets                                     |               |               |               |               |   |
| Minimally meets   |               |               |               |               |   |
| Cannot meet   |               |               |               |               |   |



## 2.2.5: Maintain a risk communication plan and a process for urgent 24/7 communication with response partners.

### Description of purpose and significance (from PHAB v.2022)

*The purpose of this measure is to assess plans for, and implementation of, risk communications during a crisis, disaster, outbreak, or other threat to the public's health. A risk communications plan outlines the health department's approach to providing information to the public about actual and perceived health risks, the current status of the situation, and actions that should or should not be taken by the public to address their needs and concerns. Accurate and timely information—and efforts to dispel misinformation—are critical to influencing behavior and protecting the population's health.*

### 2.2.5: Maintain a risk communication plan and a process for urgent 24/7 communication with response partners.

Requirements and related elements:

1. The CHB has a risk communication plan dated within 5 years.
2. The risk communication plan:
  - a. Describes the process used to develop accurate and timely messages.
  - b. Describes methods to communicate necessary information to the entire community, including subpopulations who are at higher risk.
  - c. Includes methods to address misconceptions or misinformation.
  - d. Describes the process to expedite approval of messages to the public during an emergency.
  - e. Describes how information will be disseminated in the case of communication technology disruption.
  - f. Describes the process for managing and responding to inquiries from the public during an emergency.
  - g. Describes the process to coordinate the communications and development of messages among partners during an emergency.
  - h. Contains a list with media contact information.
  - i. Describes the procedure for keeping the media contact list current and accurate.
3. The CHB has two examples of communication with the public during an emergency, dated within 5 years. One example must demonstrate how the department worked with the news media to disseminate information during a public health emergency. The other example must demonstrate use of social media.
4. One of the two examples must show how the department utilized a strategy specifically focused on communicating with a population that requires special communication considerations.

If no emergencies have occurred within the last 5 years, exclude numbers 3 and 4 from scoring. If there was only one emergency, consider 3 and 4 related to that emergency.

### How to report

Engage relevant staff to carefully review and consider each of the requirements and elements listed above.

- Fully meets: The CHB meets all (4) requirements and related elements for this measure.
- Substantially meets: The CHB meets a significant portion (3) of the requirements and related elements for this measure.

- Minimally meets: The CHB meets some (1-2) of the requirements and related elements for this measure.
- Cannot meet: The CHB meets none or very few parts (0) of the requirements and related elements for this measure.

**Table for multi-county CHBs**

| <b>2.2.5: Maintain a risk communication plan and a process for urgent 24/7 communication with response partners.</b> | <b>Health dept 1</b> | <b>Health dept 2</b> | <b>Health dept 3</b> | <b>Health dept 4</b> | <b>CHB (select the lowest level of capacity)</b> |
|--|----------------------|----------------------|----------------------|----------------------|--|
| Fully meets  |                      |                      |                      |                      |  |
| Substantially meets  |                      |                      |                      |                      |  |
| Minimally meets  |                      |                      |                      |                      |  |
| Cannot meet  |                      |                      |                      |                      |  |

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

### Description of purpose and significance (from PHAB v.2022)

*The purpose of this measure is to assess protocols for, and implementation of, communications with response partners during emergencies that may occur within or outside normal business hours. This includes the health department's ability to receive and issue health alerts and to communicate and coordinate with appropriate public health response partners on a 24/7 basis.*

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

Requirements and related elements:

1. The CHB has one protocol, process, or system for emergency communications with response partners, dated within 5 years.  
An emergency communication protocol, process, or system for contacting response partners 24/7 during a public health emergency includes:
2. A list of response partners that minimally includes health care providers, emergency management, emergency responders, and environmental health agencies.
3. A description of how alerts are sent and received 24/7.
4. The CHB has two examples of evidence that the protocol, process, or system for sending an alert to emergency response partners been used or tested, dated within 5 years. One example must demonstrate use of the protocol, process, or system outside of normal business hours.

### How to report

Engage relevant staff to carefully review and consider each of the requirements and elements listed above.

- Fully meets: The CHB meets all (4) requirements and related elements for this measure.
- Substantially meets: The CHB meets a significant portion (3) of the requirements and related elements for this measure.
- Minimally meets: The CHB meets some (1-2) of the requirements and related elements for this measure.
- Cannot meet: The CHB meets none or very few parts (0) of the requirements and related elements for this measure.

**Table for multi-county CHBs**

| <b>2.2.6: Maintain and implement a process for urgent 24/7 communications with response partners.</b> | <b>Health dept 1</b> | <b>Health dept 2</b> | <b>Health dept 3</b> | <b>Health dept 4</b> | <b>CHB (select the lowest level of capacity)</b> |
|---|----------------------|----------------------|----------------------|----------------------|--|
| Fully meets   |                      |                      |                      |                      |  |
| Substantially meets   |                      |                      |                      |                      |  |
| Minimally meets   |                      |                      |                      |                      |  |
| Cannot meet   |                      |                      |                      |                      |  |

## 2.2.7 Conduct exercises and use After Action Reports (AAR) from exercises to improve preparedness and response.

### Description of purpose and significance (from PHAB v.2022)

*The purpose of this measure is to assess the health department's efforts to improve preparedness and response through planned exercises and development of descriptions and analysis of performance after an emergency operation or exercise (After Action Reports). Effective improvement planning serves as an important tool throughout the integrated preparedness cycle. After Action Reports provide a way for the health department to assess its performance during an emergency operation for quality improvement. It identifies issues that need to be addressed and includes recommendations for corrective actions for future emergencies and disasters. Actions identified during improvement planning help strengthen a jurisdiction's capability to plan, equip, train, and exercise. Effective preparedness planning uses a progressive approach to continually adjust and incorporate learnings to reflect changes in preparedness based on exercises or real-world experiences.*

### 2.2.7 Conduct exercises and use After Action Reports (AAR) from exercises to improve preparedness and response.

Requirements and related elements:

1. The CHB has a plan for conducting response exercises dated within 5 years.
2. The CHB has two examples of After Action Report (AAR) dated within 5 years.
3. The AARs, which may include drills/exercises or real events, includes:
  - a. Name of event or exercise
  - b. Overview of event or exercise
  - c. Response partners involved
  - d. Notable strengths
  - e. Listing and timetable for improvements
4. At least one of the AARs must show collaboration with other health departments (state, Tribal, or local) working together on an exercise or response. One example must include a Tribe, if one exists in the health department's jurisdiction.
5. The CHB has two examples of improvements made based on AARs, dated within 5 years

### **How to report**

Engage relevant staff to carefully review and consider each of the requirements and elements listed above.

- Fully meets: The CHB meets all (5) requirements and related elements for this measure.
- Substantially meets: The CHB meets a significant portion (4) of the requirements and related elements for this measure.
- Minimally meets: The CHB meets some (2-3) of the requirements and related elements for this measure.
- Cannot meet: The CHB meets none or very few parts (0-1) of the requirements and related elements for this measure.

Table for multi-county CHBs

| <b>2.2.7 Conduct exercises and use After Action Reports (AAR) from exercises to improve preparedness and response.</b> | <b>Health dept 1</b> | <b>Health dept 2</b> | <b>Health dept 3</b> | <b>Health dept 4</b> | <b>CHB (select the lowest level of capacity)</b> |
|--|----------------------|----------------------|----------------------|----------------------|--|
| Fully meets  |                      |                      |                      |                      |  |
| Substantially meets  |                      |                      |                      |                      |  |
| Minimally meets  |                      |                      |                      |                      |  |
| Cannot meet  |                      |                      |                      |                      |  |

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

### **3.1.1: Maintain procedures to provide ongoing, non-emergency communication outside the health department.**

#### **Description of purpose and significance (from PHAB v.2022)**

*The purpose of this measure is to assess the health department's procedures for ongoing, non-emergency communications to the public. Procedures are put into practice to ensure consistency in the management of communications on public health issues. Such processes also ensure that the information is in an appropriate format to reach priority sectors or audiences. In order to reach a broad audience, health departments should collaborate with other organizations and work with the news media. Media coverage is a mechanism for disseminating public health information to the community. Knowledge of how media outlets operate (e.g., how to move up in the chain of command or organizational structure) can be a powerful mechanism to ensure messages are heard.*

#### **3.1.1 Maintain procedures to provide ongoing, non-emergency communication outside the health department.**

Requirements and related elements:

1. The CHB has a department-wide procedure or set of procedures for ongoing, nonemergency communications, dated within 5 years.
2. The procedure for ongoing, nonemergency communications includes:
  - a. The process for ensuring information is accurate and timely.

- b. A description of the approach to tailoring communication to different audiences.
  - c. The process for coordinating with community partners to promote the dissemination of unified public health messages.
  - d. A description of the process to maintain a contact list of key stakeholders for communications.
  - e. Identification of which department staff position(s) is designated to perform the functions of a public information officer for regular communications. The procedure must define this position's responsibilities, which must include: a. Maintaining media relationships; b. Creating appropriate, effective public health messages; and c. Managing other communications activities.
3. The CHB has an example or examples of their capacity to communicate with individuals who are non-English speaking, deaf or hard of hearing, and blind or have low vision, dated within 2 years, or if the service is outside of the health department, the health department has a current (non-expired) written agreement (contract or MOA/ MOU) that demonstrates access to such service.
4. The CHB has two examples of evidence of working with the media to provide nonemergency communication dated within 2 years.

### How to report

Engage relevant staff to carefully review and consider each of the requirements and elements listed above.

- Fully meets: The CHB meets all (4) requirements and related elements for this measure.
- Substantially meets: The CHB meets a significant portion (3) of the requirements and related elements for this measure.
- Minimally meets: The CHB meets some (1-2) of the requirements and related elements for this measure.
- Cannot meet: The CHB meets none or very few parts (0) of the requirements and related elements for this measure.

### Table for multi-county CHBs

| 3.1.1 Maintain procedures to provide ongoing, non-emergency communication outside the health department. | Health dept 1 | Health dept 2 | Health dept 3 | Health dept 4 | CHB (select the lowest level of capacity) |
|--|---------------|---------------|---------------|---------------|---|
| Fully meets  |               |               |               |               |   |
| Substantially meets  |               |               |               |               |   |
| Minimally meets  |               |               |               |               |   |
| Cannot meet  |               |               |               |               |   |

### 3.2.2: Implement health communication strategies to encourage actions to promote health.

#### Description of purpose and significance (from PHAB v.2022)

*The purpose of this measure is to assess implementation of the communication strategies to the populations served in order to encourage changes related to health risks, health behaviors, disease*

*prevention, and well-being approaches. Culturally sensitive and linguistically appropriate information ensures that public health information is understandable. To reach intended audiences, communications must be accurate, timely, and provided in a manner that can be understood and used effectively by the priority population. For the information to be trusted, health messaging should be coordinated with others who are providing public health information to the public.*

### 3.2.2 Implement health communication strategies to encourage actions to promote health.

Requirements and related elements:

1. The CHB has two examples of health communication strategy implemented to encourage actions to promote health, dated within 5 years. The two examples must be from different public health topics, one of which must address a chronic disease program.
2. The health communication strategy implemented to encourage actions to promote health includes:
  - a. The final content that references an action that members of the public should take and describes why the action should be taken.
  - b. A description of how the health department strived for cultural humility and considered linguistic appropriateness.
  - c. How the information was shared or distributed.
3. At least one example must be of an evidence-based or promising practice.
4. At least one example must demonstrate how the content or dissemination was shaped by input from the priority audience.
5. The CHB has an example of unified messaging coordinated with other health departments, community partners, or the governing entity, dated within 5 years.

#### How to report

Engage relevant staff to carefully review and consider each of the requirements and elements listed above.

- Fully meets: The CHB meets all (5) requirements and related elements for this measure.
- Substantially meets: The CHB meets a significant portion (4) of the requirements and related elements for this measure.
- Minimally meets: The CHB meets some (2-3) of the requirements and related elements for this measure.
- Cannot meet: The CHB meets none or very few parts (0-1) of the requirements and related elements for this measure.

#### Table for multi-county CHBs

| 3.2.2 Implement health communication strategies to encourage actions to promote health. | Health dept 1 | Health dept 2 | Health dept 3 | Health dept 4 | CHB (select the lowest level of capacity) |
|---|---------------|---------------|---------------|---------------|---|
| Fully meets   |               |               |               |               |   |
| Substantially meets   |               |               |               |               |   |
| Minimally meets   |               |               |               |               |   |
| Cannot meet   |               |               |               |               |   |

## Domain 4: Strengthen, support, and mobilize communities and partnerships to improve health.

### 4.1.1: Engage in active and ongoing strategic partnerships.

#### Description of purpose and significance (from PHAB v.2022)

*The purpose of this measure is to assess the engagement with partners in the public health system or other sectors and how these partnerships enable them collectively to address specific public health issues or their causes and to promote health in particular populations. Building relationships with other organizations takes time and an ongoing commitment to understand the language and culture of the other organization and to determine strategies that benefit both organizations. Well-established partnerships can be leveraged as new needs arise or in the face of emergencies.*

#### 4.1.1: Engage in active and ongoing strategic partnerships.

Requirements and related elements:

1. The CHB has an example from 2 different partner organizations of a collaborative activity to address a specific public health issue or population, dated within 2 years.
2. The CHB should be able to describe:
  - a. Name and description of partner organization.
  - b. How long the partnership has been in place.
  - c. Intentional actions taken to maintain the ongoing relationship.
  - d. How the example provided demonstrates that this is a collaborative activity that builds on the ongoing partnership.

#### How to report

Engage relevant staff to carefully review and consider each of the requirements and elements listed above.

- Fully meets: The CHB meets all parts of the requirement for this measure.
- Substantially meets: The CHB meets most parts of the requirement for this measure.
- Minimally meets: The CHB meets some parts of the requirement for this measure.
- Cannot meet: The CHB cannot meet any parts of the requirement for this measure.

**Table for multi-county CHBs**

| 4.1.1: Engage in active and ongoing strategic partnerships. | Health dept 1 | Health dept 2 | Health dept 3 | Health dept 4 | CHB (select the lowest level of capacity) |
|---|---------------|---------------|---------------|---------------|---|
| Fully meets   |               |               |               |               |   |
| Substantially meets   |               |               |               |               |   |
| Minimally meets   |               |               |               |               |   |
| Cannot meet   |               |               |               |               |   |



### 4.1.2: Participate actively in a community health coalition to promote health equity.

#### Description of purpose and significance (from PHAB v.2022)

*The purpose of this measure is to assess engagement in coalition(s) comprised of partners representing various sectors and community members working together to address issues that impact health and health equity. Coalitions provide the opportunity to leverage resources, incorporate various perspectives and expertise, coordinate activities, and employ community assets in new and effective ways. Coalitions include engagement with community members so that they are involved in the process and participate in the decisions made and actions taken.*

#### 4.1.2: Participate actively in a community health coalition to promote health equity.

Requirements and related elements:

1. The CHB has two examples of active participation in a current, ongoing community coalition that addresses multiple population health topics or in two coalitions that each address a single health topic or population, dated within 2 years. (The health department must actively participate in the coalition, although the coalition may be convened or facilitated by a representative of another community organization or agency.)
2. The CHB should be able to describe:
  - a. Purpose or intended goals of the coalition, including how they address disparities or inequities.
  - b. Representatives from multiple sectors.
  - c. Participation of community members.
  - d. Modes and frequency of interaction.
3. The CHB has two examples of strategies implemented through the work of the coalition(s).

#### How to report

Engage relevant staff to carefully review and consider each of the requirements and elements listed above.

- Fully meets: The CHB meets all parts of the requirement for this measure.
- Substantially meets: The CHB meets most parts of the requirement for this measure.
- Minimally meets: The CHB meets some parts of the requirement for this measure.
- Cannot meet: The CHB cannot meet any parts of the requirement for this measure.

#### Table for multi-county CHBs

| 4.1.2: Participate actively in a community health coalition to promote health equity. | Health dept 1 | Health dept 2 | Health dept 3 | Health dept 4 | CHB (select the lowest level of capacity) |
|---|---------------|---------------|---------------|---------------|---|
| Fully meets   |               |               |               |               |   |
| Substantially meets   |               |               |               |               |   |
| Minimally meets   |               |               |               |               |   |
| Cannot meet   |               |               |               |               |   |

### 4.1.3: Engage with community members to address public health issues and promote health.

#### Description of purpose and significance (from PHAB v.2022)

*The purpose of this measure is to assess the health department's authentic engagement with community members to partner with them in addressing public health issues and concerns. Community engagement is an ongoing process of dialogue and discussion, collective decisions, and shared ownership. Public health improvement requires social change; social change takes place when the population affected by the problem is involved in the solution. Community engagement also has benefits of strengthening social engagement, building social capital, establishing trust, ensuring accountability, and building community resilience.*

#### 4.1.3 Engage with community members to address public health issues and promote health.

Requirements and related elements:

1. The CHB has one example of a strategy implemented to promote active participation or eliminate barriers to participation among community members, dated within 5 years. Examples of strategies (not an exhaustive list):
  - a. Implementing a leadership/civic engagement academy that gives community members the opportunity to build their capacity.
  - b. Offering mini-grants to support community-led initiatives.
  - c. Engaging in participatory budgeting (e.g., letting community members participate in decision making about how to allocate a set amount of financial resources).
  - d. Providing transportation mechanisms or childcare to facilitate participation by community members.
  - e. Providing compensation (monetary or nonmonetary) for time and contributions.
  - f. Making the decision-making structure inclusive and transparent to empower community members or developing mechanisms for shared ownership in the process (e.g., shared ownership in setting agendas or priorities).
  - g. Enhancing residents' capacity to understand levers of power or influence in policy change.
  - h. Supporting grassroots interventions and initiatives with access to funding or eliminating barriers by changing institutional culture to provide access to community leadership or buy-in.
  - i. Ensuring consistency and transparency in how the health department engages with the community, such as, creating space for community participation on workgroups, hosting meetings in locations and times convenient to community members or partners, demonstrating follow through on equity or other commitments, or establishing systems or structures to include community-led initiatives.

#### How to report

Engage relevant staff to carefully review and consider each of the requirements and elements listed above.

- Fully meets: The CHB meets all parts of the requirement for this measure.
- Substantially meets: The CHB meets most parts of the requirement for this measure.
- Minimally meets: The CHB meets some parts of the requirement for this measure.
- Cannot meet: The CHB cannot meet any parts of the requirement for this measure.

Table for multi-county CHBs

| 4.1.3 Engage with community members to address public health issues and promote health. | Health dept 1 | Health dept 2 | Health dept 3 | Health dept 4 | CHB (select the lowest level of capacity) |
|---|---------------|---------------|---------------|---------------|---|
| Fully meets   |               |               |               |               |   |
| Substantially meets   |               |               |               |               |   |
| Minimally meets   |               |               |               |               |   |
| Cannot meet   |               |               |               |               |   |

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

### 5.1.2: Examine and contribute to improving policies and laws.

#### Description of purpose and significance (from PHAB v.2022)

*The purpose of this measure is to assess efforts to review policies or laws and share findings of that review in order to contribute to and influence the development or modification of policies or laws that impact public health. Health departments should act as a champion of policy change in their community. This requires health departments to engage with policy makers to provide sound, science-based, current public health information that should be considered in setting and revising policies and laws. Seeking input from and developing strategic partnerships with health-related organizations, community groups, and other organizations can increase support for policies with public health implications. Health in All Policies (HiAP) considers health as created by a multitude of factors beyond healthcare, requiring a collaborative approach to integrate and articulate health considerations into policy making across sectors.*

#### 5.1.2: Examine and contribute to improving policies and laws.

Requirements and related elements:

1. The CHB has two examples of review of a current or proposed policy or law shared with those who set or influence policy, dated within 5 years.
2. Each review must include:
  - a. Consideration of evidence-based practices, promising practices, or practice-based evidence.
  - b. Assessment of the impacts of the policy or law on equity.
  - c. Input gathered from stakeholders or strategic partners.

#### How to report

Engage relevant staff to carefully review and consider each of the requirements and elements listed above.

- Fully meets: The CHB meets all parts of the requirement for this measure.
- Substantially meets: The CHB meets most parts of the requirement for this measure.

- Minimally meets: The CHB meets some parts of the requirement for this measure.
- Cannot meet: The CHB cannot meet any parts of the requirement for this measure.

**Table for multi-county CHBs**

| <b>5.1.2: Examine and contribute to improving policies and laws.</b> | <b>Health dept 1</b> | <b>Health dept 2</b> | <b>Health dept 3</b> | <b>Health dept 4</b> | <b>CHB (select the lowest level of capacity)</b> |
|--|----------------------|----------------------|----------------------|----------------------|--|
| Fully meets  |                      |                      |                      |                      |  |
| Substantially meets  |                      |                      |                      |                      |  |
| Minimally meets  |                      |                      |                      |                      |  |
| Cannot meet  |                      |                      |                      |                      |  |

## 5.2.2: Adopt a community health improvement plan.

### Description of purpose and significance (from PHAB v.2022)

*The purpose of this measure is to assess the community health improvement plan (CHIP). The health improvement plan provides guidance to the health department, its partners, and stakeholders for improving the health of the population within the health department's jurisdiction. The plan reflects the results of a collaborative planning process that includes significant involvement by key sectors. Partners can use a health improvement plan to prioritize existing activities and set new priorities. The plan can serve as the basis for taking collective action and can facilitate collaborations.*

### 5.2.2 Adopt a community health improvement plan.

Requirements and related elements:

1. The CHB has adopted a community health improvement plan, dated within 5 years  
The community health improvement plan includes all of the following:
2. At least two health priorities.
3. Measurable objective(s) for each priority
4. Improvement strategy(ies) or activity(ies) for each priority.
  - a. Each activity or strategy must include a timeframe and a designation of organizations or individuals that have accepted responsibility for implementing it.
  - b. At least two of the strategies or activities must include a policy recommendation, one of which must be aimed at alleviating causes of health inequities.
5. Identification of the assets or resources that will be used to address at least one of the specific priority areas.
6. Description of the process used to track the status of the effort or results of the actions taken to implement CHIP strategies or activities.

### How to report

Engage relevant staff to carefully review and consider each of the requirements and elements listed above.

- Fully meets: The CHB meets all (6) requirements and related elements for this measure.
- Substantially meets: The CHB meets a significant portion (5) of the requirements and related elements for this measure.

- Minimally meets: The CHB meets some (2-4) of the requirements and related elements for this measure.
- Cannot meet: The CHB meets none or very few parts (0-1) of the requirements and related elements for this measure.

**Table for multi-county CHBs**

| 5.2.2 Adopt a community health improvement plan. | Health dept 1 | Health dept 2 | Health dept 3 | Health dept 4 | CHB (select the lowest level of capacity) |
|--|---------------|---------------|---------------|---------------|---|
| Fully meets                                      |               |               |               |               |   |
| Substantially meets                              |               |               |               |               |   |
| Minimally meets                                  |               |               |               |               |   |
| Cannot meet                                      |               |               |               |               |   |

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

#### Description of purpose and significance (from PHAB v.2022)

*The purpose of this measure is to assess the health department's efforts to ensure that the strategies of the community health improvement plan are implemented, assessed, and revised as indicated by those assessments. Any plan is useful only when it is implemented and provides guidance for activities and resource allocation. Effective community health improvement plans should not be stagnant, but dynamic to reflect the evolving needs of the population served. Health departments should continuously work with multi-sector partnerships to evaluate and improve the community health improvement plan.*

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

Requirements and related elements:

1. The CHB has two examples of community health improvement plan activities or strategies implemented, dated within 5 years.
2. Examples are from different health improvement plan priority areas.
3. The CHB has one example of an annual review of progress made in implementing all strategies and activities in the community health improvement plan, dated within 2 years.
4. The CHB has one example of revisions to the community health improvement plan based on the annual review, dated within 2 years.

#### How to report

Engage relevant staff to carefully review and consider each of the requirements and elements listed above.

- Fully meets: The CHB meets all (4) requirements and related elements for this measure.
- Substantially meets: The CHB meets a significant portion (3) of the requirements and related elements for this measure.

- Minimally meets: The CHB meets some (1-2) of the requirements and related elements for this measure.
- Cannot meet: The CHB meets none or very few parts (0) of the requirements and related elements for this measure.

**Table for multi-county CHBs**

| 5.2.3 Implement, monitor, and revise as needed, the strategies in the community health improvement plan in collaboration with partners. | Health dept 1 | Health dept 2 | Health dept 3 | Health dept 4 | CHB (select the lowest level of capacity) |
|---|---------------|---------------|---------------|---------------|---|
| Fully meets   |               |               |               |               |   |
| Substantially meets   |               |               |               |               |   |
| Minimally meets   |               |               |               |               |   |
| Cannot meet   |               |               |               |               |   |

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

### Description of purpose and significance (from PHAB v.2022)

*The purpose of this measure is to assess the health department's intentional approach to address factors that contribute to specific populations' higher health risks and poorer health outcomes, or health inequities. Differences in populations' health outcomes are well documented. Factors that contribute to these differences are many and include the lack of opportunities and resources, economic and political policies, structural racism and other forms of discrimination, and other aspects of a community that impact on individuals' and population's resilience. These differences in health outcomes require engagement of the community in strategies that develop community resources, capacity, and strength.*

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

Requirements and related elements:

1. The CHB has one example of a policy or procedure that demonstrates how health equity is incorporated as a goal into the development of programs that serve the community, dated within 5 years.

### How to report

Engage relevant staff to carefully review and consider each of the requirements and elements listed above.

- Fully meets: The CHB meets all parts of the requirement for this measure.
- Substantially meets: The CHB meets most parts of the requirement for this measure.
- Minimally meets: The CHB meets some parts of the requirement for this measure.
- Cannot meet: The CHB cannot meet any parts of the requirement for this measure.

Table for multi-county CHBs

| 5.2.4 Address factors that contribute to specific populations' higher health risks and poorer health outcomes. | Health dept 1 | Health dept 2 | Health dept 3 | Health dept 4 | CHB (select the lowest level of capacity) |
|--|---------------|---------------|---------------|---------------|---|
| Fully meets  |               |               |               |               |   |
| Substantially meets  |               |               |               |               |   |
| Minimally meets  |               |               |               |               |   |
| Cannot meet  |               |               |               |               |   |

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

### 6.1.4: Conduct enforcement actions.

#### Description of purpose and significance (from PHAB v.2022)

*The purpose of this measure is to assess the health department's standardized approach to consistently implement enforcement actions. Regulated entities require information on how to achieve compliance with public health laws. Health departments should consider cultural, linguistic, or other communication considerations to improve compliance. If the health department has no enforcement authority, this measure does not apply.*

#### 6.1.4: Conduct enforcement actions.

Requirements and related elements:

1. The CHB has two protocols for enforcement, dated within 5 years.
2. At least one of the two enforcement protocol examples must address infectious illness, if the health department has enforcement authority for at least one infectious illness. If the health department has no enforcement authority, this does not apply.
3. The CHB has two examples of implementation of enforcement protocols, dated within 5 years. (If the health department has no enforcement authority, this does not apply)
4. The CHB has two examples of information provided to regulated entities about their responsibilities related to public health laws, dated within 5 years.
5. Examples include both the information provided and description of its distribution. One of the examples must demonstrate consideration of cultural humility, literacy, or other special communication considerations. (If the health department has no enforcement authority, this does not apply)

#### How to report

Engage relevant staff to carefully review and consider each of the requirements and elements listed above.

- Fully meets: The CHB meets all (5) requirements and related elements for this measure.

- Substantially meets: The CHB meets a significant portion (4) of the requirements and related elements for this measure.
- Minimally meets: The CHB meets some (2-3) of the requirements and related elements for this measure.
- Cannot meet: The CHB meets none or very few parts (0-1) of the requirements and related elements for this measure.

**Table for multi-county CHBs**

| 6.1.4: Conduct enforcement actions. | Health dept 1 | Health dept 2 | Health dept 3 | Health dept 4 | CHB (select the lowest level of capacity) |
|-------------------------------------|---------------|---------------|---------------|---------------|---|
| Fully meets                         |               |               |               |               |   |
| Substantially meets                 |               |               |               |               |   |
| Minimally meets                     |               |               |               |               |   |
| Cannot meet                         |               |               |               |               |   |

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

### 7.1.1: Engage with health care delivery system partners to assess access to health care services.

#### Description of purpose and significance (from PHAB v.2022)

*The purpose of this measure is to assess the health department's participation in a collaborative process to develop an understanding of the population's access to needed health care services, including behavioral health and primary care. Collaborative efforts are required to assess the health care needs of the population of the Tribe, state, or community and to understand the systemic barriers that may make it difficult for some populations to access care. These data can be useful in developing strategies or seeking support to expand services.*

#### 7.1.1 Engage with health care delivery system partners to assess access to health care services.

Requirements and related elements:

1. The CHB has an example on one collaborative assessment of access to health care, dated within 5 years.  
The collaborate assessment of access to health care includes:
2. A list of partners that were involved, which must include primary care and behavioral health providers.
3. Review of data on populations who lack access or experience barriers to care.
4. Review of data on the availability and gaps in services
5. Conclusions drawn about the causes of barriers to access to care.



6. Both primary care and behavioral health care.

### How to report

Engage relevant staff to carefully review and consider each of the requirements and elements listed above.

- Fully meets: The CHB meets all (6) requirements and related elements for this measure.
- Substantially meets: The CHB meets a significant portion (5) of the requirements and related elements for this measure.
- Minimally meets: The CHB meets some (2-4) of the requirements and related elements for this measure.
- Cannot meet: The CHB meets none or very few parts (0-1) of the requirements and related elements for this measure.

### Table for multi-county CHBs

| 7.1.1 Engage with health care delivery system partners to assess access to health care services. | Health dept 1 | Health dept 2 | Health dept 3 | Health dept 4 | CHB (select the lowest level of capacity) |
|--|---------------|---------------|---------------|---------------|---|
| Fully meets  |               |               |               |               |   |
| Substantially meets  |               |               |               |               |   |
| Minimally meets  |               |               |               |               |   |
| Cannot meet  |               |               |               |               |   |

## 7.1.2: Implement and evaluate strategies to improve access to health care services.

### Description of purpose and significance (from PHAB v.2022)

*The purpose of this measure is to assess the health department's collaborative efforts to develop and implement strategies to increase access to health care for those who experience barriers to services while ensuring cultural humility, language, or literacy are addressed. Factors that contribute to poor access to services are varied. A partnership with other organizations and agencies provides the opportunity to address multiple factors and coordinate strategies.*

### 7.1.2 Implement and evaluate strategies to improve access to health care services.

Requirements and related elements:

1. The CHB has two examples of collaborative implementation of a strategy to assist the population in obtaining health care services, dated within 5 years.
2. The CHB has one example of evaluation findings of a strategy to increase access to health care.
3. The evaluation must include collection of feedback from patient populations who were the focus of the strategy.

**How to report**

Engage relevant staff to carefully review and consider each of the requirements and elements listed above.

- Fully meets: The CHB meets all parts of the requirement and related elements for this measure.
- Substantially meets: The CHB meets most parts of the requirement and related elements for this measure.
- Minimally meets: The CHB meets some parts of the requirement and related elements for this measure.
- Cannot meet: The CHB cannot meet any parts of the requirement and related elements for this measure.

**Table for multi-county CHBs**

| <b>7.1.2 Implement and evaluate strategies to improve access to health care services.</b> | <b>Health dept 1</b> | <b>Health dept 2</b> | <b>Health dept 3</b> | <b>Health dept 4</b> | <b>CHB (select the lowest level of capacity)</b> |
|---|----------------------|----------------------|----------------------|----------------------|--|
| Fully meets   |                      |                      |                      |                      |  |
| Substantially meets   |                      |                      |                      |                      |  |
| Minimally meets   |                      |                      |                      |                      |  |
| Cannot meet   |                      |                      |                      |                      |  |

## 7.2.1: Collaborate with other sectors to improve access to social services.

### Description of purpose and significance (from PHAB v.2022)

*The purpose of this measure is to assess collaborative efforts to develop and implement multisector or system strategies to increase access to social services, which may be achieved by integrating health care and social services. As health strategists, health departments play an integral role in engaging across sectors to improve the health of the community by developing systems and interventions that foster health and well-being of the whole person. Factors that contribute to poor access to services are varied, requiring engagement and mobilization of multiple sectors. A partnership with other organizations and agencies provides the opportunity to address multiple factors and coordinate strategies.*

### 7.2.1: Collaborate with other sectors to improve access to social services.

Requirements and related elements:

1. The CHB has two examples of multi-sector implementation of an effort to improve access to social services or to integrate social services and health care, dated within 5 years. (The example should demonstrate how the health department, in partnership with others (e.g., healthcare, social service, and behavioral health providers), has implemented strategies or systems of care designed to connect clients to needed resources.)  
See [Standards-Measures-Initial-Accreditation-Version-2022 \(PDF\) \(https://phaboard.org/wp-content/uploads/Standards-Measures-Initial-Accreditation-Version-2022.pdf\)](https://phaboard.org/wp-content/uploads/Standards-Measures-Initial-Accreditation-Version-2022.pdf), page 203, for list of examples.

**How to report**

Engage relevant staff to carefully review and consider each of the requirements and elements listed above.

- Fully meets: The CHB meets all parts of the requirement and related elements for this measure.
- Substantially meets: The CHB meets most parts of the requirement and related elements for this measure.
- Minimally meets: The CHB meets some parts of the requirement and related elements for this measure.
- Cannot meet: The CHB cannot meet any parts of the requirement and related elements for this measure.

**Table for multi-county CHBs**

| <b>7.2.1: Collaborate with other sectors to improve access to social services.</b> | <b>Health dept 1</b> | <b>Health dept 2</b> | <b>Health dept 3</b> | <b>Health dept 4</b> | <b>CHB (select the lowest level of capacity)</b> |
|--|----------------------|----------------------|----------------------|----------------------|--|
| Fully meets  |                      |                      |                      |                      |  |
| Substantially meets  |                      |                      |                      |                      |  |
| Minimally meets  |                      |                      |                      |                      |  |
| Cannot meet  |                      |                      |                      |                      |  |

## **Domain 8: Build and support a diverse and skilled public health workforce.**

### **8.1.2: Recruit a qualified and diverse health department workforce.**

#### **Description of purpose and significance (from PHAB v.2022)**

*The purpose of this measure is to assess the health department's recruitment or hiring process to ensure a diverse staff that has the capabilities needed to serve the community. Health departments' success, as in all organizations, depends on the capabilities and performance of its staff. Recruitment and hiring strategies should focus on attracting and building a qualified public health workforce, which is necessary for a health department to function at a high level. A diverse workforce reflects the characteristics and demographics of the population using health department services and builds understanding of the perspectives and needs of the community.*

#### **8.1.2: Recruit a qualified and diverse health department workforce.**

Requirements and related elements:

1. The CHB has two examples of recruitment or hiring efforts aimed at securing a qualified and diverse workforce, dated within 5 years. (For health departments with fewer than 2 opportunities to recruit or hire in the last 5 years, the health department should have a process or plan of how they would recruit or hire qualified and diverse new employees in the event of a future vacancy.)

## How to report

Engage relevant staff to carefully review and consider each of the requirements and elements listed above.

- Fully meets: The CHB meets all parts of the requirement for this measure.
- Substantially meets: The CHB meets most parts of the requirement for this measure.
- Minimally meets: The CHB meets some parts of the requirement for this measure.
- Cannot meet: The CHB cannot meet any parts of the requirement for this measure.

**Table for multi-county CHBs**

| 8.1.2: Recruit a qualified and diverse health department workforce. | Health dept 1 | Health dept 2 | Health dept 3 | Health dept 4 | CHB (select the lowest level of capacity) |
|---|---------------|---------------|---------------|---------------|---|
| Fully meets   |               |               |               |               |   |
| Substantially meets   |               |               |               |               |   |
| Minimally meets   |               |               |               |               |   |
| Cannot meet   |               |               |               |               |   |

## 8.2.1: Develop and implement a workforce development plan and strategies.

### Description of purpose and significance (from PHAB v.2022)

*The purpose of this measure is to assess the workforce development plan that assesses the workforce's ability to maintain core public health, equity-focused, and administrative capabilities and identifies strategies to improve the workforce. Health departments must have the capacity to perform core public health functions to meet the current and evolving needs of the community it serves. A competent workforce is equipped with skills and experience needed to perform their duties to effectively carry out the health department's mission and advance the health of the community. This includes ensuring the workforce is equipped to promote equity, diversity, and inclusion. Workforce development strategies are tailored to the needs of the community and designed to support the health department, as well as staff members' training and professional development needs.*

### 8.2.1: Develop and implement a workforce development plan and strategies.

Requirements and related elements:

1. The CHB has one workforce development plan, dated within 5 years.  
The workforce development plan includes:
2. A description of the current capacity of the health department both as a whole and within its sub-units.
3. An organization-wide assessment of current staff capabilities against an accepted set of core competencies.
4. Findings from an equity assessment that considers staff competence in the areas of cultural humility, diversity, or inclusion.
5. Priority gaps identified with an explanation of the prioritization. At least one of the prioritized gaps must relate to the findings of the assessments in required element a, b, or c.

6. Plans to address at a minimum two of the gaps in required element d; for each gap, documentation must include:
  - a. Measurable objectives.
  - b. Improvement strategies or activities with timeframes
7. The CHB has a list of A list of learning or educational opportunities that relate to the gaps in capacity or capabilities identified within the workforce development plan, dated within 2 years.

### How to report

Engage relevant staff to carefully review and consider each of the requirements and elements listed above.

- Fully meets: The CHB meets all (7) requirements and related elements for this measure.
- Substantially meets: The CHB meets a significant portion (6) of the requirements and related elements for this measure.
- Minimally meets: The CHB meets some (2-5) of the requirements and related elements for this measure.
- Cannot meet: The CHB meets none or very few parts (0-1) of the requirements and related elements for this measure.

### Table for multi-county CHBs

| 8.2.1: Develop and implement a workforce development plan and strategies. | Health dept 1 | Health dept 2 | Health dept 3 | Health dept 4 | CHB (select the lowest level of capacity) |
|---|---------------|---------------|---------------|---------------|---|
| Fully meets   |               |               |               |               |   |
| Substantially meets   |               |               |               |               |   |
| Minimally meets   |               |               |               |               |   |
| Cannot meet   |               |               |               |               |   |

## 8.2.2: Provide professional and career development opportunities for all staff.

### Description of purpose and significance (from PHAB v.2022)

*The purpose of this measure is to assess the health department's comprehensive approach to providing opportunities for professional career development for all staff and the department's implementation of leadership/management development activities. All staff should have opportunities for professional development, which include opportunities to learn and to grow in their positions both to improve their own skills and also to address the changing needs of the health department. In addition to their specific public health activities, leaders and managers must oversee the health department, interact with stakeholders and constituencies, seek resources, interact with governance, and inspire employees and the community to engage in healthful activities. Leadership/management development activities can assist staff to employ state-of-the-art techniques to lead people and organizations.*

### 8.2.2 Provide professional and career development opportunities for all staff.

Requirements and related elements:

1. The CHB has two examples of individualized professional development plans for non-managerial staff **and** progress toward completion, dated within 2 years.
2. Each example must be for a different employee's professional development plan.

### How to report

Engage relevant staff to carefully review and consider each of the requirements and elements listed above.

- Fully meets: The CHB meets all parts of the requirement for this measure.
- Substantially meets: The CHB meets most parts of the requirement for this measure.
- Minimally meets: The CHB meets some parts of the requirement for this measure.
- Cannot meet: The CHB cannot meet any parts of the requirement for this measure.

### Table for multi-county CHBs

| 8.2.2 Provide professional and career development opportunities for all staff. | Health dept 1 | Health dept 2 | Health dept 3 | Health dept 4 | CHB (select the lowest level of capacity) |
|--|---------------|---------------|---------------|---------------|---|
| Fully meets  |               |               |               |               |   |
| Substantially meets  |               |               |               |               |   |
| Minimally meets  |               |               |               |               |   |
| Cannot meet  |               |               |               |               |   |

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

### 9.1.1: Establish a performance management system.

#### Description of purpose and significance (from PHAB v.2022)

*The purpose of this measure is to assess the department-wide performance management system. A performance management system encompasses establishing and evaluating the achievement of goals, objectives, and improvements or actions across programs, policies, and processes. The design of the performance management system should consider community health needs and priorities, including health inequities or disparities. Tools like logic models can help health departments determine which objectives to track in order to understand how the work of the health department, along with the broader public health system, contributes to improving health outcomes. An adopted performance management system fosters transparency by communicating across the department how the department will (1) ensure that goals are being met consistently in an effective and efficient manner and (2) identify opportunities for improvement.*

#### 9.1.1 Establish a performance management system.

Requirements and related elements:

1. The CHB has an example of a department-wide performance management system, dated within 5 years.  
The department-wide performance management system includes:
  2. Performance management goals and the associated objectives with time-framed and measurable targets.
  3. A description of how the performance management system operates, including the process for how staff will:
    - a. Enter data in the performance management system.
    - b. Monitor data on performance.
    - c. Communicate results on a regular reporting cycle.
    - d. Use data to guide decision-making.
    - e. Use data to facilitate continuous quality improvement.
  4. Linkages between the performance management system and strategic plan.

### How to report

Engage relevant staff to carefully review and consider each of the requirements and elements listed above.

- Fully meets: The CHB meets all (4) requirements and related elements for this measure.
- Substantially meets: The CHB meets a significant portion (3) of the requirements and related elements for this measure.
- Minimally meets: The CHB meets some (1-2) of the requirements and related elements for this measure.
- Cannot meet: The CHB meets none or very few parts (0) of the requirements and related elements for this measure.
- **Table for multi-county CHBs**

| 9.1.1 Establish a performance management system. | Health dept 1 | Health dept 2 | Health dept 3 | Health dept 4 | CHB (select the lowest level of capacity) |
|--|---------------|---------------|---------------|---------------|---|
| Fully meets                                      |               |               |               |               |   |
| Substantially meets                              |               |               |               |               |   |
| Minimally meets                                  |               |               |               |               |   |
| Cannot meet                                      |               |               |               |               |   |

### 9.1.2: Implement the performance management system.

#### Description of purpose and significance (from PHAB v.2022)

*The purpose of this measure is to assess the health department's use of performance management practices in assessing performance and managing opportunities for improvement. A performance management system ensures that progress is being made toward department goals and allows the department to identify areas for quality improvement. Including customer feedback in the performance management system can amplify community voice and needs, especially among populations facing health disparities or inequities.*

#### 9.1.2 Implement the performance management system.

Requirements and related elements:

1. The CHB has two examples of implementation of the performance management system, dated within 5 years.  
Implementation of the performance management system, must include each of the following for two performance goals:
  2. Objective(s) with identified timeframe(s) for measurement
  3. The data for each objective. At least one of the objectives must use customer feedback data.
  4. Tracking of progress toward achieving objectives.
  5. Next steps for the identified goal, based on tracking progress. Performance management goals and the associated objectives with time-framed and measurable targets.

### How to report

Engage relevant staff to carefully review and consider each of the requirements and elements listed above.

- Fully meets: The CHB meets all (5) requirements and related elements for this measure.
- Substantially meets: The CHB meets a significant portion (4) of the requirements and related elements for this measure.
- Minimally meets: The CHB meets some (2-3) of the requirements and related elements for this measure.
- Cannot meet: The CHB meets none or very few parts (0-1) of the requirements and related elements for this measure.

**Table for multi-county CHBs**

| 9.1.2 Implement the performance management system. | Health dept 1 | Health dept 2 | Health dept 3 | Health dept 4 | CHB (select the lowest level of capacity) |
|--|---------------|---------------|---------------|---------------|---|
| Fully meets  |               |               |               |               |   |
| Substantially meets                                |               |               |               |               |   |
| Minimally meets                                    |               |               |               |               |   |
| Cannot meet  |               |               |               |               |   |

## 9.1.5: Implement quality improvement projects.

### Description of purpose and significance (from PHAB v.2022)

*The purpose of this measure is to assess the use of quality improvement to improve processes, programs, and interventions. Quality improvement projects that use recognized methods and tools to understand the current process and root causes, identify possible solutions, implement solutions, and use data to track the results can increase the effectiveness and efficiency of existing processes.*

### 9.1.5: Implement quality improvement projects.

Requirements and related elements:

1. The CHB has two examples of implementation of quality improvement (QI) projects, dated within 5 years.



The examples demonstrate:

2. How the opportunity for improvement was identified.
3. The measurable and time-framed objective(s) for how the project aims to address the opportunity for improvement.
4. Use of a QI method.
5. Use of QI tools to better understand or make decisions about:
  - a. The current process.
  - b. Root cause(s).
  - c. Possible solutions.
  - d. Prioritization/ selection of solutions for implementation.
6. A description of the outcomes of the QI project, including progress toward the measurable objective(s) established in required element b. The description must include data used to determine whether the project's objective(s) was met and identify next steps resulting from the project.

### How to report

Engage relevant staff to carefully review and consider each of the requirements and elements listed above.

- Fully meets: The CHB meets all (6) requirements and related elements for this measure.
- Substantially meets: The CHB meets a significant portion (5) of the requirements and related elements for this measure.
- Minimally meets: The CHB meets some (2-4) of the requirements and related elements for this measure.
- Cannot meet: The CHB meets none or very few parts (0-1) of the requirements and related elements for this measure.

### Table for multi-county CHBs

| 9.1.5: Implement quality improvement projects. | Health dept 1 | Health dept 2 | Health dept 3 | Health dept 4 | CHB (select the lowest level of capacity) |
|--|---------------|---------------|---------------|---------------|---|
| Fully meets                                    |               |               |               |               |   |
| Substantially meets                            |               |               |               |               |   |
| Minimally meets                                |               |               |               |               |   |
| Cannot meet                                    |               |               |               |               |   |

## 9.2.1: Base programs and interventions on the best available evidence.

### Description of purpose and significance (from PHAB v.2022)

*The purpose of this measure is to assess the health department's identification and use of research and practice-based information in its design of new processes, programs, or interventions or in revisions of existing ones. Health departments should be aware of practices that have been found to be effective through research or experience in other communities and incorporate them into their processes, programs, or interventions, as appropriate.*

### 9.2.1: Base programs and interventions on the best available evidence.

Requirements and related elements:

1. The CHB has two examples of the incorporation of research or practice-based information in the development of a new public health process, program, or intervention or revision to an existing process, program, or intervention, dated within 5 years. (The examples must come from two different program areas, one of which is a chronic disease program or program that seeks to prevent chronic disease.)

The examples include:

2. The research or practice based information source.
3. A new or revised process, program, or intervention that reflects the information in required element a.
4. A description of how the appropriateness of the research or practice-based information was considered for a particular group or community being served, or how the health department modified the process, program, or intervention as needed to be appropriate for the particular group or community being served.

**How to report**

Engage relevant staff to carefully review and consider each of the requirements and elements listed above.

- Fully meets: The CHB meets all (4) requirements and related elements for this measure.
- Substantially meets: The CHB meets a significant portion (3) of the requirements and related elements for this measure.
- Minimally meets: The CHB meets some (1-2) of the requirements and related elements for this measure.
- Cannot meet: The CHB meets none or very few parts (0) of the requirements and related elements for this measure.

**Table for multi-county CHBs**

| 9.2.1: Base programs and interventions on the best available evidence. | Health dept 1 | Health dept 2 | Health dept 3 | Health dept 4 | CHB (select the lowest level of capacity) |
|--|---------------|---------------|---------------|---------------|---|
| Fully meets  |               |               |               |               |   |
| Substantially meets  |               |               |               |               |   |
| Minimally meets  |               |               |               |               |   |
| Cannot meet  |               |               |               |               |   |

## 9.2.2: Evaluate programs, processes, or interventions.

**Description of purpose and significance (from PHAB v.2022)**

*The purpose of this measure is to assess the health department's capacity to conduct or support evaluations to assess the effectiveness or efficiency of its processes, programs, or interventions. Evaluation is a systematic method for collecting, analyzing, and using information to understand how well interventions are achieving their goals and how they could be improved. In both the public and private sectors, stakeholders often want to know whether the programs they are funding, implementing, voting for, receiving, or objecting to, are producing the intended effect (outcomes) and how well they are*

*operating (implementation). Conducting evaluations informs future improvements to processes, programs, or interventions.*

### 9.2.2 Evaluate programs, processes, or interventions.

Requirements and related elements:

1. The CHB has one example of an evaluation of a process, program, or intervention, dated within 5 years. If the evaluation was conducted by another entity, the health department must demonstrate its involvement in both the evaluation and in the process, program, or intervention being evaluated.

#### How to report

Engage relevant staff to carefully review and consider each of the requirements and elements listed above.

- Fully meets: The CHB meets all parts of the requirement for this measure.
- Substantially meets: The CHB meets most parts of the requirement for this measure.
- Minimally meets: The CHB meets some parts of the requirement for this measure.
- Cannot meet: The CHB cannot meet any parts of the requirement for this measure.

**Table for multi-county CHBs**

| 9.2.2 Evaluate programs, processes, or interventions. | Health dept 1 | Health dept 2 | Health dept 3 | Health dept 4 | CHB (select the lowest level of capacity) |
|---|---------------|---------------|---------------|---------------|---|
| Fully meets   |               |               |               |               |   |
| Substantially meets                                   |               |               |               |               |   |
| Minimally meets                                       |               |               |               |               |   |
| Cannot meet   |               |               |               |               |   |

## Domain 10: Build and maintain a strong organizational infrastructure for public health.

### 10.1.2: Adopt a department-wide strategic plan.

#### Description of purpose and significance (from PHAB v.2022)

*The purpose of this measure is to assess the health department's strategic plan. A strategic plan defines and determines the health department's roles, priorities, and direction over a set period of time. The strategic plan provides a roadmap to foster a shared understanding among staff to align towards contributing to what the department plans to achieve, how it will achieve it, and how it will know whether efforts are successful. The strategic plan takes into account leveraging its strengths, including the collective capacity and capability of its units towards addressing weaknesses and challenges. The strategic plan outlines the health department's contributions towards improving health outcomes outlined in the state/ Tribal/community health improvement plan. The performance management system can be used to ensure the health department is on track with meeting the expectations in the strategic plan and quality improvement tools can help the health department meet its objectives.*

**10.1.2: Adopt a department-wide strategic plan.**

Requirements and related elements:

1. The CHB has a strategic plan, dated within 5 years.  
The strategic plan includes:
  2. The health department's mission, vision, and guiding principles or values.
  3. Strategic priorities.
  4. Objectives with measurable and time-framed targets.
  5. Strategies or actions to address objectives.
  6. A description of how the strategic plan's implementation is monitored, including progress towards achieving objectives, and strategies or actions.
  7. Linkage with the community health improvement plan (CHIP).
  8. Linkage with performance management (PM).

If the health department is part of another agency, the health department's strategic plan may be part of a larger organizational plan. If that is the case, the plan must include public health. At minimum, at least one of the strategic priorities must be relevant to public health. If not, then the health department must have supplemented the agency plan to address required elements 2-4 or adopted a health department specific strategic plan that addresses required elements 2-8.

**How to report**

Engage relevant staff to carefully review and consider each of the requirements and elements listed above.

- Fully meets: The CHB meets all (8) requirements and related elements for this measure.
- Substantially meets: The CHB meets a significant portion (6-7) of the requirements and related elements for this measure.
- Minimally meets: The CHB meets some (2-5) of the requirements and related elements for this measure.
- Cannot meet: The CHB meets none or very few parts (0-1) of the requirements and related elements for this measure.

**Table for multi-county CHBs**

| <b>10.1.2: Adopt a department-wide strategic plan.</b> | <b>Health dept 1</b> | <b>Health dept 2</b> | <b>Health dept 3</b> | <b>Health dept 4</b> | <b>CHB (select the lowest level of capacity)</b> |
|--|----------------------|----------------------|----------------------|----------------------|--|
| Fully meets  |                      |                      |                      |                      |  |
| Substantially meets                                    |                      |                      |                      |                      |  |
| Minimally meets  |                      |                      |                      |                      |  |
| Cannot meet  |                      |                      |                      |                      |  |

**10.2.1: Manage operational policies including those related to equity.****Description of purpose and significance (from PHAB v.2022)**

*The purpose of this measure is to assess the health department's process for reviewing, revising, and sharing health department policies and procedures with staff, as well as the incorporation of inclusion, diversity, equity, and anti-racism principles in department-wide policies or initiatives. Standardized*

*policies and procedures ensure consistency across the health department's operations to support the organization's efficiency and effectiveness. Staff need to have ready access to policies and procedures to be informed of organizational and operational expectations. Department-wide policies, declarations, or initiatives related to inclusion, diversity, equity, or anti-racism principles can help infuse those concepts throughout the health department, including in its internal operations. An important first step in those initiatives is having a common understanding of the terminology related to equity.*

### 10.2.1 Manage operational policies including those related to equity.

Requirements and related elements:

1. The CHB has two examples of operational policies or procedures, dated within 5 years.
2. The operational policies or procedures are:
  - a. Reviewed and revised on a routine basis.
  - b. Accessible to staff.
3. The CHB has a list of adopted definitions of equity terms, dated within 5 years.
4. The CHB has an example of department-wide policy, declaration, or initiative that reflects specific intention focused on inclusion, diversity, equity, or anti-racism, dated within 5 years.

#### How to report

Engage relevant staff to carefully review and consider each of the requirements and elements listed above.

- Fully meets: The CHB meets all (4) requirements and related elements for this measure.
- Substantially meets: The CHB meets a significant portion (3) of the requirements and related elements for this measure.
- Minimally meets: The CHB meets some (1-2) of the requirements and related elements for this measure.
- Cannot meet: The CHB meets none or very few parts (0) of the requirements and related elements for this measure.

#### Table for multi-county CHBs

| 10.2.1 Manage operational policies including those related to equity. | Health dept 1 | Health dept 2 | Health dept 3 | Health dept 4 | CHB (select the lowest level of capacity) |
|---|---------------|---------------|---------------|---------------|---|
| Fully meets   |               |               |               |               |   |
| Substantially meets   |               |               |               |               |   |
| Minimally meets   |               |               |               |               |   |
| Cannot meet   |               |               |               |               |   |

### 10.2.2: Maintain a human resource function.

#### Description of purpose and significance (from PHAB v.2022)

*The purpose of this measure is to assess the health department's policies related to human resources. A well-defined and structured human resource function is important to support the workforce, which is the most critical asset of any organization. It provides the health department's hiring, management, and*

*personnel performance evaluation processes. A human resource function supports the health department, individual staff members, staff development, and the overall workplace environment.*

### 10.2.2: Maintain a human resource function.

Requirements and related elements:

1. The CHB has one set human resources policies or procedures, dated within 5 years.
2. The human resources policies or procedures that address each of the following:
  - a. Personnel recruitment, selection, and appointment.
  - b. Equal opportunity employment
  - c. Confidentiality of employee information and personnel records.
  - d. Salary structure.
  - e. Benefits package.
  - f. Performance evaluation process based on either job/position descriptions or annual objectives.
  - g. Process for handling and resolving complaints from or about staff, which must minimally include provisions for protection against retaliation and for complaints related to sexual harassment.

#### How to report

Engage relevant staff to carefully review and consider each of the requirements and elements listed above.

- Fully meets: The CHB meets all parts of the requirement for this measure.
- Substantially meets: The CHB meets most parts of the requirement for this measure.
- Minimally meets: The CHB meets some parts of the requirement for this measure.
- Cannot meet: The CHB cannot meet any parts of the requirement for this measure.

**Table for multi-county CHBs**

| 10.2.2: Maintain a human resource function. | Health dept 1 | Health dept 2 | Health dept 3 | Health dept 4 | CHB (select the lowest level of capacity) |
|---|---------------|---------------|---------------|---------------|---|
| Fully meets                                 |               |               |               |               |   |
| Substantially meets                         |               |               |               |               |   |
| Minimally meets                             |               |               |               |               |   |
| Cannot meet                                 |               |               |               |               |   |

### 10.2.3: Support programs & operations through an information management infrastructure.

#### Description of purpose and significance (from PHAB v.2022)

*The purpose of this measure is to assess the health department's process for improving information management infrastructure. Well-designed and managed information management systems support the health department's work to achieve its mission and support its workforce in planning and evaluating its*

*efforts to improve the health of the population. Continuous advancements in information management technologies require processes to identify needed enhancements or replacements.*

### 10.2.3: Support programs & operations through an information management infrastructure.

Requirements and related elements:

The CHB has one process for how the health department determines what updates, enhancements, or replacement of information management systems are needed, dated within 5 years.

1. The process includes:
  - a. How staff make requests.
  - b. How those requests are reviewed.

#### How to report

Engage relevant staff to carefully review and consider each of the requirements and elements listed above.

- Fully meets: The CHB meets all parts of the requirement for this measure.
- Substantially meets: The CHB meets most parts of the requirement for this measure.
- Minimally meets: The CHB meets some parts of the requirement for this measure.
- Cannot meet: The CHB cannot meet any parts of the requirement for this measure.

**Table for multi-county CHBs**

| 10.2.3: Support programs & operations through an information management infrastructure. | Health dept 1 | Health dept 2 | Health dept 3 | Health dept 4 | CHB (select the lowest level of capacity) |
|---|---------------|---------------|---------------|---------------|---|
| Fully meets   |               |               |               |               |   |
| Substantially meets   |               |               |               |               |   |
| Minimally meets   |               |               |               |               |   |
| Cannot meet   |               |               |               |               |   |

### 10.2.4: Protect information and data systems through security and confidentiality policies.

#### Description of purpose and significance (from PHAB v.2022)

*The purpose of this measure is to assess the protection of the security of its data systems and confidential information. Adopting an information security policy is a critical step in supporting the health department's efforts to ensure data are protected from risks and potential threats, including ransomware attacks. Health departments should maintain protections for safe and redundant storage, handling, and access to classified, confidential, and sensitive information (e.g., client records, surveillance data, and human subjects research sensitive information). Lack of attention to privacy and security controls can lead to breaches in federal, state, or local laws; diminished credibility or trust among community members; and vulnerabilities in maintaining operations and provision of services.*

### 10.2.4: Protect information and data systems through security and confidentiality policies.

Requirements and related elements:

1. The CHB has one information security policy or set of policies, dated within 5 years.
2. An information security policy that includes the following:
  - a. A description of the requirements for password complexity and lifespan.
  - b. A process for ensuring physical security of information and network security.
  - c. A policy for data that require additional privacy protection, which includes:
    - i. A process for identifying such data, which must, at minimum, include all data that are covered by applicable federal, state, and local privacy protection regulations for handling confidential data.
    - ii. A process for maintaining confidentiality of data that are stored as paper versions, as appropriate.
    - iii. A process for user access management for electronic data and data systems.
3. One example of evidence that all staff have participated in information security training, dated within 2 years.
4. Evidence that all staff have participated in information security training, which at a minimum includes:
  - a. Password best practices.
  - b. Cybersecurity.
5. Acknowledgement that all employees received confidential data handling policies (one form and evidence of tracking), dated within 5 years.
6. Acknowledgement includes:
  - a. A confidentiality form or agreement that is signed by employees.
  - b. Evidence the health department tracks that all employees have signed the confidentiality form or agreement.

**How to report**

Engage relevant staff to carefully review and consider each of the requirements and elements listed above.

- Fully meets: The CHB meets all (6) requirements and related elements for this measure.
- Substantially meets: The CHB meets a significant portion (5) of the requirements and related elements for this measure.
- Minimally meets: The CHB meets some (2-4) of the requirements and related elements for this measure.
- Cannot meet: The CHB meets none or very few parts (0-1) of the requirements and related elements for this measure.

**Table for multi-county CHBs**

| 10.2.4: Protect information and data systems through security and confidentiality policies. | Health dept 1 | Health dept 2 | Health dept 3 | Health dept 4 | CHB (select the lowest level of capacity) |
|---|---------------|---------------|---------------|---------------|---|
| Fully meets   |               |               |               |               |   |
| Substantially meets   |               |               |               |               |   |
| Minimally meets   |               |               |               |               |   |
| Cannot meet   |               |               |               |               |   |



## 10.2.6: Oversee grants and contracts.

### Description of purpose and significance (from PHAB v.2022)

*The purpose of this measure is to demonstrate accountable financial stewardship and oversight of agreements with other organizations. This includes the health department's ability to demonstrate its use of funds provided through grants and contracts, as well as the health department's monitoring of organizations that provide services, programs, or interventions on behalf of the health department. Health departments receive funding from a variety of sources. Each funding source has specific requirements for the use of the funds and for reporting to the funding agency. It is important that funds are used appropriately and legitimately, and that the health department has systems for accountability.*

### 10.2.6: Oversee grants and contracts.

Requirements and related elements:

1. The CHB has two examples of program reports submitted by the health department to funding organizations from two different program areas, dated within 5 years.
2. Reports submitted to funders must show progress made with resources provided.

### How to report

Engage relevant staff to carefully review and consider each of the requirements and elements listed above.

- Fully meets: The CHB meets all parts of the requirement for this measure.
- Substantially meets: The CHB meets most parts of the requirement for this measure.
- Minimally meets: The CHB meets some parts of the requirement for this measure.
- Cannot meet: The CHB cannot meet any parts of the requirement for this measure.

Table for multi-county CHBs

| 10.2.6: Oversee grants and contracts. | Health dept 1 | Health dept 2 | Health dept 3 | Health dept 4 | CHB (select the lowest level of capacity) |
|---------------------------------------|---------------|---------------|---------------|---------------|---|
| Fully meets                           |               |               |               |               |   |
| Substantially meets                   |               |               |               |               |   |
| Minimally meets                       |               |               |               |               |   |
| Cannot meet                           |               |               |               |               |   |

## 10.2.7: Manage financial systems.

### Description of purpose and significance (from PHAB v.2022)

*The purpose of this measure is to assess the health department's processes for financial reports and audits. Sound management of financial resources is a basic function of a health department. Health departments are accountable to funders, their governing entity, elected officials, and the public they serve for the responsible use and oversight of funds.*

### 10.2.7: Manage financial systems.

Requirements and related elements:

1. The CHB has two examples of quarterly (or monthly) financial reports, dated within 2 years. Department-wide financial reports, not single program reports)
2. Reports must contain both revenues and expenses.
3. The CHB has two examples of external department-wide financial audit reports, dated with 5 years (last 2 audits). The audits must be full health department audits (not single program audits).
4. One example of improvement steps identified based on findings from the most recent audit. If the most recent audit did not include findings to address (i.e., a clean audit), this does not apply.

### How to report

Engage relevant staff to carefully review and consider each of the requirements and elements listed above.

- Fully meets: The CHB meets all (4) requirements and related elements for this measure.
- Substantially meets: The CHB meets a significant portion (3) of the requirements and related elements for this measure.
- Minimally meets: The CHB meets some (1-2) of the requirements and related elements for this measure.
- Cannot meet: The CHB meets none or very few parts (0) of the requirements and related elements for this measure.

**Table for multi-county CHBs**

| 10.2.7: Manage financial systems. | Health dept 1 | Health dept 2 | Health dept 3 | Health dept 4 | CHB (select the lowest level of capacity) |
|-----------------------------------|---------------|---------------|---------------|---------------|---|
| Fully meets                       |               |               |               |               |   |
| Substantially meets               |               |               |               |               |   |
| Minimally meets                   |               |               |               |               |   |
| Cannot meet                       |               |               |               |               |   |

### 10.3.3: Communicate with governance routinely and on an as-needed basis.

#### Description of purpose and significance (from PHAB v.2022)

*The purpose of this measure is to assess transparency between the health department and governing entity(ies) and advisory boards through ongoing and open dialogue about current and emerging issues facing the health department, public health practice, and the health of the community. Transparent, accountable, and inclusive governance requires flow of information to ensure the governing entity(ies) and advisory boards are informed about context, policies, and practices that impact the health department and health of the community. Sharing with staff about the discussions with the governance helps to build a strong relationship between the governing entity and the health department as a whole.*

#### 10.3.3: Communicate with governance routinely and on an as-needed basis.

Requirements and related elements:

1. One process description of method(s) and frequency of regular communication with its governing entity(ies) and mandated advisory board(s) for each (if has multiple), that is current.
2. One example of communication about an emergent issue with the health department's governing entity or advisory board outside of its regular communications, dated within 2 years.
3. Two examples of sharing information discussed by the governing entity or advisory board with all levels of health department staff, dated within 2 years.

### How to report

Engage relevant staff to carefully review and consider each of the requirements and elements listed above.

- Fully meets: The CHB meets all parts of the requirement for this measure.
- Substantially meets: The CHB meets most parts of the requirement for this measure.
- Minimally meets: The CHB meets some parts of the requirement for this measure.
- Cannot meet: The CHB cannot meet any parts of the requirement for this measure.

**Table for multi-county CHBs**

| 10.3.3: Communicate with governance routinely and on an as-needed basis. | Health dept 1 | Health dept 2 | Health dept 3 | Health dept 4 | CHB (select the lowest level of capacity) |
|--|---------------|---------------|---------------|---------------|---|
| Fully meets  |               |               |               |               |   |
| Substantially meets  |               |               |               |               |   |
| Minimally meets  |               |               |               |               |   |
| Cannot meet  |               |               |               |               |   |

### 10.3.4: Access and use legal services in planning, implementing, and enforcing public health initiatives.

#### Description of purpose and significance (from PHAB v.2022)

*The purpose of this measure is to demonstrate the health department consults or engages with its legal counsel to advance public health law through legal review of policies and laws, and supports the health department to mitigate risk, conduct negotiations, and ensure legal compliance. Access to legal counsel protects the health department from liability and harm by providing advice to mitigate administrative or operational risks. In addition, access to legal counsel provides opportunities for collaboration to advance public health law or legal epidemiology (i.e., the study of how laws affect population health).*

### 10.3.4: Access and use legal services in planning, implementing, and enforcing public health initiatives.

Requirements and related elements:

1. The CHB has one example of engagement with legal counsel, dated within 4 years. If the health department has not consulted with legal counsel in the past 5 years, it must have description of the current process for requesting legal counsel.

## How to report

Engage relevant staff to carefully review and consider each of the requirements and elements listed above.

- Fully meets: The CHB meets all parts of the requirement for this measure.
- Substantially meets: The CHB meets most parts of the requirement for this measure.
- Minimally meets: The CHB meets some parts of the requirement for this measure.
- Cannot meet: The CHB cannot meet any parts of the requirement for this measure.

**Table for multi-county CHBs**

| <b>10.3.4: Access and use legal services in planning, implementing, and enforcing public health initiatives.</b> | <b>Health dept 1</b> | <b>Health dept 2</b> | <b>Health dept 3</b> | <b>Health dept 4</b> | <b>CHB (select the lowest level of capacity)</b> |
|--|----------------------|----------------------|----------------------|----------------------|--|
| Fully meets  |                      |                      |                      |                      |  |
| Substantially meets  |                      |                      |                      |                      |  |
| Minimally meets  |                      |                      |                      |                      |  |
| Cannot meet  |                      |                      |                      |                      |  |

## Additional question

Select the form “Additional questions” in REDCap. This form a question related to LPH Act requirements. Select the response that best reflects the CHBs status in calendar year 2025.

## Statutory requirements

Community health boards have statutory responsibility under the Local Public Health Act. You can find the full text of the Minnesota Local Public Health Act (Minn. Stat. § 145A) online.


1. How many times did the community health board meet during the reporting period?


## Validation and CHS administrator review

CHS administrators are responsible for reviewing all performance measurement forms for completeness and accuracy and certify the responses for the CHB.

To verify this:

1. Click on the **2025 Performance Measures validation form**.
2. Select the name of your community health board from the drop-down list.
3. Read the attestation.
4. Provide your email address and submit your electronic signature by typing your name to certify the data your organization entered for 2025 performance measures for annual reporting.

Data Access Group: **Aitkin-Itasca-Koochiching** 


 Editing existing Participant ID **Aitkin-Itasca-Koochiching**.

**Participant ID** Aitkin-Itasca-Koochiching

Please review responses to all of the questions in each section before completing the Report Validation Survey. REDCap does not indicate questions skipped or unintentionally left blank

**CHS ADMINISTRATOR SIGNATURE**

MDH requires all CHS Administrators certify the data entered for the 2023 performance measurements. To certify your CHB's responses fill in the information below to complete the Report Validation Form. Entering your signature below indicates this information is complete and that the information is ready for MDH staff to review.

Please select the name of your Community Health Board from the dropdown list below: 
 


Enter your email address:

MDH requires that all CHS Administrators certify the data entered for the 2023 Local Public Health Act performance measures.

I certify that all the information provided in this Annual Report is accurate and true.

Enter Your Name as Your Electronic Signature

**Form Status**

Complete? Incomplete 

5. After completing the survey, you will see receive an email message, confirming the receipt of the CHS Administrator's validation. This is the final step in reporting Local Public Health Act Performance Measure data.

## Appendix A: Record for multi-county CHBs

| National Measures   | Member counties | Fully meet               | Substantially meet       | Minimally meet           | Cannot meet              |
|---|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1.1.1: Develop a community health assessment. (E) (P)               | HD1             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD2             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD3             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | CHB Response    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.1.1: Collect non-surveillance population health data. (P)         | HD1             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD2             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD3             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | CHB Response    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2.2: (Local) Participate in data sharing with other entities. (P) | HD1             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD2             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD3             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | CHB Response    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.3.1: Analyze data and draw public health conclusions. (P)         | HD1             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD2             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD3             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | CHB Response    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.3.3: Use data to recommend and inform public health actions.      | HD1             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD2             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD3             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | CHB Response    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1.1: Maintain Surveillance systems. (E) (P)                       | HD1             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD2             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD3             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | CHB Response    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

# PERFORMANCE MEASURES REPORTING INSTRUCTIONS FOR CALENDAR YEAR 2025

| National Measures  | Member counties | Fully meet               | Substantially meet       | Minimally meet           | Cannot meet              |
|--|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 2.1.3: Ensure 24/7 access to resources for rapid detection, investigation, containment, and mitigation of health problems and environmental public health hazards. (P) | HD1             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD2             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD3             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | CHB Response    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1.4: Maintain protocols for investigation of public health issues.   | HD1             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD2             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD3             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | CHB Response    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1.5: Maintain protocols for containment and mitigation of public health problems and environmental public health hazards.  | HD1             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD2             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD3             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | CHB Response    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1.6: Collaborate through established partnerships to investigate or mitigate public health problems and environmental public health hazards.                         | HD1             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD2             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD3             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | CHB Response    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1.7: Use surveillance data to guide improvements.  | HD1             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD2             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD3             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | CHB Response    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2.1: Maintain a public health emergency operations plan (EOP)(E)(P)  | HD1             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD2             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD3             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | CHB Response    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

# PERFORMANCE MEASURES REPORTING INSTRUCTIONS FOR CALENDAR YEAR 2025

| National Measures  | Member counties | Fully meet               | Substantially meet       | Minimally meet           | Cannot meet              |
|--|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 2.2.2: Ensure continuity of operations during response. (P)  | HD1             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD2             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD3             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | CHB Response    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2.5: Maintain a risk communication plan and a process for urgent 24/7 communication with response partners. (E) (P)  | HD1             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD2             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD3             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | CHB Response    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2.6: Maintain and implement a process for urgent 24/7 communications with response partners. (P)   | HD1             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD2             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD3             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | CHB Response    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2.7: Conduct exercises and use After Action Reports and Improvement Plans (AAR-IPs) from exercises and responses to improve preparedness and response. (P) | HD1             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD2             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD3             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | CHB Response    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1.1: Maintain procedures to provide ongoing, non-emergency communication outside the health department. (E) (P)  | HD1             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD2             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD3             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | CHB Response    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2.2: Implement health communication strategies to encourage actions to promote health. (E)(P)  | HD1             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD2             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD3             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | CHB Response    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



# PERFORMANCE MEASURES REPORTING INSTRUCTIONS FOR CALENDAR YEAR 2025

| National Measures  | Member counties | Fully meet               | Substantially meet       | Minimally meet           | Cannot meet              |
|--|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 4.1.1: Engage in active and ongoing strategic partnerships.  | HD1             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD2             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD3             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | CHB Response    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1.2: Participate actively in a community health coalition to promote health equity. (E) (P)  | HD1             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD2             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD3             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | CHB Response    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1.3: Engage with community members to address public health issues and promote health. (E)   | HD1             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD2             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD3             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | CHB Response    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1.2: Examine and contribute to improving policies and laws. (E) (P)  | HD1             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD2             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD3             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | CHB Response    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2.2: Adopt a community health improvement plan. (E) (P)  | HD1             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD2             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD3             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | CHB Response    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2.3: Implement, monitor, and revise as needed, the strategies in the community health improvement plan in collaboration with partners. | HD1             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD2             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD3             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | HD4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | CHB Response    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

# PERFORMANCE MEASURES REPORTING INSTRUCTIONS FOR CALENDAR YEAR 2025

| National Measures   | Member counties | Fully meet               | Substantially meet       | Minimally meet           | Cannot meet              |
|---|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 5.2.4: Address factors that contribute to specific populations' higher health risks and poorer health outcomes. (P) | HD1             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD2             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD3             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | CHB Response    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1.4: Conduct enforcement actions. (E) (P)   | HD1             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD2             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD3             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | CHB Response    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.1.1: Engage with health care delivery system partners to assess access to health care services.                   | HD1             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD2             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD3             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | CHB Response    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.1.2: Implement and evaluate strategies to improve access to health care services. (E)                             | HD1             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD2             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD3             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | CHB Response    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.2.1: Collaborate with other sectors to improve access to social services. (P)                                     | HD1             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD2             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD3             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | CHB Response    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.1.2: Recruit a qualified and diverse health department workforce. (E) (P)   | HD1             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD2             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD3             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | CHB Response    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PERFORMANCE MEASURES REPORTING INSTRUCTIONS FOR CALENDAR YEAR 2025

| National Measures   | Member counties | Fully meet               | Substantially meet       | Minimally meet           | Cannot meet              |
|---|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 8.2.1: Develop and implement a workforce development plan and strategies. (E) (P)   | HD1             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD2             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD3             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | CHB Response    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.2.2: Provide professional and career development opportunities for all staff. (P) | HD1             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD2             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD3             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | CHB Response    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.1.1: Establish a performance management system. (P)                               | HD1             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD2             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD3             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | CHB Response    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.1.2: Implement the performance management system.                                 | HD1             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD2             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD3             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | CHB Response    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.1.5: Implement quality improvement projects. (P)                                  | HD1             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD2             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD3             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | CHB Response    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.2.1: Base programs and interventions on the best available evidence. (E) (P)      | HD1             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD2             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD3             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | CHB Response    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

# PERFORMANCE MEASURES REPORTING INSTRUCTIONS FOR CALENDAR YEAR 2025

| National Measures   | Member counties | Fully meet               | Substantially meet       | Minimally meet           | Cannot meet              |
|---|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 9.2.2: Evaluate programs, processes, or interventions.  | HD1             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD2             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD3             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | CHB Response    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.1.2: Adopt a department-wide strategic plan. (P)   | HD1             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD2             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD3             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | CHB Response    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.2.1: Manage operational policies including those related to equity. (P)                      | HD1             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD2             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD3             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | CHB Response    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.2.2: Maintain a human resource function. (P)   | HD1             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD2             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD3             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | CHB Response    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.2.3: Support programs & operations through an information management infrastructure. (P)     | HD1             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD2             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD3             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | CHB Response    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.2.4: Protect information and data systems through security and confidentiality policies. (P) | HD1             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD2             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD3             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | CHB Response    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

# PERFORMANCE MEASURES REPORTING INSTRUCTIONS FOR CALENDAR YEAR 2025

| National Measures   | Member counties | Fully meet               | Substantially meet       | Minimally meet           | Cannot meet              |
|---|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 10.2.6: Oversee grants and contracts. (P)   | HD1             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD2             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD3             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | CHB Response    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.2.7: Manage financial systems. (P)   | HD1             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD2             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD3             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | CHB Response    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.3.3: Communicate with governance routinely and on an as-needed basis. (P)                                  | HD1             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD2             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD3             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | CHB Response    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.3.4: Access and use legal services in planning, implementing, and enforcing public health initiatives. (P) | HD1             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD2             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD3             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | HD4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | CHB Response    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |