

Performance Measures Reporting Instructions for Calendar Year 2023

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 2023. Reporting for 2023 will open in spring 2024. Aside from performance measures, there are a few additional questions related to voluntary public health accreditation and the Local Public Health Act.

- Use these instructions prior to sitting down to enter data into REDCap to help ease the data entry process.
- Please 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.

What is LPH Act annual reporting?

LPH Act annual reporting collects data to create a big picture that helps identify and understand trends in how Minnesota's local public health system operates.

The MDH Center for Public Health Practice coordinates LPH Act annual reporting.

LPH Act annual reporting for this period consists of three areas: Finance, Staffing, and Performance Measures. These instructions pertain to performance measures section. The instructions for finance and staffing can be found here: [Modules in LPH Act annual reporting - MN Dept. of Health](#)

Help and questions

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/contact.html>), or
- refer to LPH Act annual reporting FAQ (<https://www.health.state.mn.us/communities/practice/lphact/annualreporting/faq.html>)

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January 2024 To obtain this information in a different format, call: 651-201-3880. Printed on recycled paper.

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How to use these instructions

These instructions mirror the data collection instruments in REDCap under the project “2023 Local Public Health Act performance measures”: one form for performance measures, one form for additional questions, and one form for validation.¹

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 **2023 Local Public Health Act Performance Measures**.

After you select this project, you will see two data collection instruments (“Performance Measures” and “2023 Additional Questions”) 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 of 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, but **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 reference only, and MDH does not use them to track progress.)

¹ The form for validation is only open to CHS administrators.

Questions and assistance

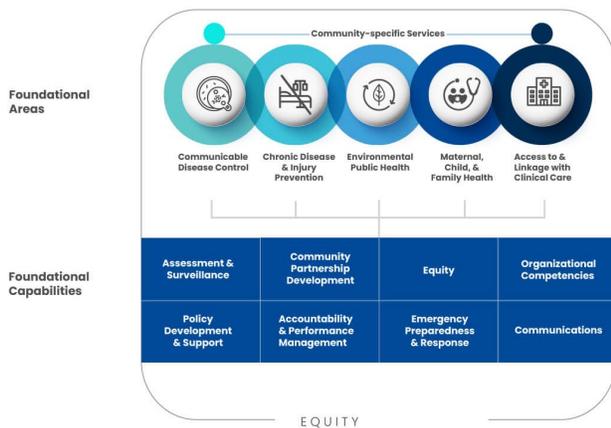
If you need help troubleshooting REDCap, visit this resource page: [Help with REDCap for LPH Act annual reporting - MN Dept. of Health](#). You can also let us know at health.ophp@state.mn.us.

Performance measures reporting

The responses you enter during this reporting period should reflect the CHB’s status during January 1, 2023 through December 31, 2023.

The measures CHBs report on are listed in this document and can be found in [Public Health Accreditation Board standards and measures for initial accreditation, version 2022](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>).

The 24 measures are a subset of PHAB measures and align with the foundational public health responsibilities in the framework (below).



February 2022

Navigating REDCap

When you log into REDCap to report your data, find “My Projects” at the top of your screen, and select **2023 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.

Engage key staff in reviewing the 24 measures on the following pages, considering the requirements and related elements for each measure. In an effort for consistency in reporting, the measures with several requirements and elements are numbered, and the number accomplished can be used to consider the response selection. Thoroughness and quality should also be considered. Note whether your community health board can fully, substantially, minimally, or not meet each measure. The at-a-glance worksheet can be used for organizing responses that will go into REDCap. **You are not required to submit any documentation.**

A multi-county community health board should report on the lowest level of capacity of member health departments. 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. If the third cannot meet the measure at all, the entire community health board should report cannot meet (see example). A table is included after each measure to help multi-county CHBs record. 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.

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 |
| Does not meet | | | | |

At-a-glance worksheet for data entry

| At a glance: domain, standard, measure | Fully meet | Substantially meet | Minimally meet | Does not meet |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 1.1.1 Develop a community health assessment. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.3.3: Use data to recommend and inform public health actions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2.1: Maintain a public health emergency operations plan (EOP) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2.3: Maintain and expedite access to personnel and infrastructure for surge capacity. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2.4: Ensure training for personnel engaged in response. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2.7: Conduct exercises and use After Action Reports (AAR) (and Improvement Plans (IPs)) from exercises (and responses) to improve preparedness and 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. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1.4: Use a variety of methods to make information available to the public and assess communication strategies. | <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. | <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. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1.1: Maintain awareness of public health issues that are being discussed by those who set policies and practices that impact on public health. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2.2: Adopt a community health improvement plan. | <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. | <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. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1.5: Coordinate notification of enforcement actions among appropriate agencies. | <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. | <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. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.1.1: Collaborate to promote the development of future public health workers. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.2.2: Provide professional and career development opportunities for all staff. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.1.1: Establish a performance management system. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.1.2: Implement the performance management system. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.1.3: Implement a systematic process for assessing customer satisfaction with health department services. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.2.2: Evaluate programs, processes, or interventions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.2.1: Manage operational policies including those related to equity. | <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 the last 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.

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- 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 | | | | | |
| Does not 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 the last 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. See PHAB version 2022 guidance for examples.

- 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 does not meet any parts of the requirement and related elements for this measure.

Table for multi-county CHBs

| 1.3.3 Use data to recommend and inform public health 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 | | | | | |
| Does not meet | | | | | |

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

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 the last 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

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- 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 | | | | | |
| Does not meet | | | | | |

2.2.3: Maintain and expedite access to personnel and infrastructure for surge capacity.

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

The purpose of this measure is to assess the health department's ability to access necessary equipment and engage personnel for surge, as well as to expedite administrative processes during a response. Access to personnel, requisite infrastructure, and laboratory services is critical when the capacity for response to an emergency exceeds normal health department capacity. Administrative preparedness ensures fiscal, legal, and administrative practices are in place to ensure continuity of operations and remove barriers that can prevent timely response during an emergency. Plans and processes that govern funding, procurement, contracting, and hiring require appropriate integration into all stages of emergency preparedness and response. A lack of administrative preparedness planning may have detrimental consequences during an emergency, such as, a delay in the acquisition of essential goods, resources, services, or in the hiring, assignment or reassignment of response personnel. Administrative preparedness might also consider the disposition of emergency funds and legal determinations needed to implement protective health measures.

2.2.3: Maintain and expedite access to personnel and infrastructure for surge capacity.

Requirements and related elements:

1. The CHB has inventory or other documentation which details types of equipment or other infrastructure necessary for responding to an emergency that exceeds the health department's capacity and how those resources are accessed. The inventory or other documentation may include resources the health department has readily available but must include the health department's access to material resources outside of what is available to them during non-surge situations.
2. The inventory or other documentation is dated within the past 5 years.
3. The CHB has a comprehensive protocol or set of protocols for engaging personnel in a surge scenario dated within the past 5 years.
4. Protocols for engaging personnel in a surge scenario, that must minimally include the following:
 - a. How the health department manages the list of who it can contact for surge staffing, including a list of any entity with whom it has an MOU for surge personnel.
 - b. How surge personnel are notified.
 - c. How personnel are informed of their roles and responsibilities for the surge scenario.
 - d. How the health department addresses the safety of personnel during a surge scenario.
5. The CHB has a process or set of processes for expedited administrative procedures used during a response to an event dated within 5 years.
6. The process(es) for expedited administrative procedures used during a response to an event for all of the following:
 - a. Accepting, allocating, or spending funds.
 - b. Managing or hiring the workforce.
 - c. Contracting or procuring mutual aid

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.

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- 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

| 2.2.3 Maintain and expedite access to personnel and infrastructure for surge capacity. | 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 | | | | | |
| Does not meet | | | | | |

2.2.4 Ensure training for personnel engaged in response.

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

The purpose of this measure is to assess the health department’s ability to provide necessary training to staff who are engaged in response activities. This includes both training that is planned in advance so that staff are prepared to operate using incident command, as well as just-in-time training that is responsive to the needs of the particular emergency.

2.2.4 Ensure training for personnel engaged in response.

Requirements and related elements:

1. The CHB has a schedule for training or exercises to prepare personnel who will serve in a response capacity.
2. The schedule for training or exercises is dated with 5 years.
3. The schedule for training or exercises includes at a minimum basic FEMA trainings on incident command. This must include surge personnel as well as personnel for whom response is part of their normal job responsibilities. Preparedness does not have to be the sole focus of the trainings or exercises but must be an identifiable component of the trainings.
4. The CHB has an example of proactive or just-in-time training for individuals in response activities dated within 5 years or a process of how just-in-time trainings would be 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 (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

| 2.2.4: Ensure training for personnel engaged in 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 | | | | | |
| Does not 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.

Actual responses can be considered

- 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

| 2.2.7 Conduct exercises and use After Action Reports (AAR) from exercises to improve preparedness and 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 | | | | | |
| Does not 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 | | | | | |

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| 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) |
|--|---------------|---------------|---------------|---------------|---|
| Minimally meets | | | | | |
| Does not meet | | | | | |

3.1.4 Use a variety of methods to make information available to the public and assess communication strategies.

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

The purpose of this measure is to assess the health department’s use and assessment of a variety of methods and formats to keep the public informed about public health and environmental public health issues, health status, public health laws, health programs, and other public health information. Health departments need to

present public health information to different audiences through a variety of methods, including the website and use of social media. Health departments should assess their communications efforts to understand how well they are reaching community members.

3.1.4 Use a variety of methods to make information available to the public and assess communication strategies.

Requirements and related elements:

1. The CHB has a website dated within 1 year.
2. The website includes the following information:
 - a. 24/7 contact number for reporting health emergencies.
 - b. Contact number or link to report notifiable or reportable conditions.
 - c. The jurisdiction’s community health assessment and community health improvement plan.
 - d. Public health data specific to the health department’s jurisdiction.
 - e. Links to public health related laws or codes including enforcement related laws.
 - f. If applicable, links to permits and license applications, as applicable.
 - g. Information about or materials from public health program activities conducted by the department.
 - h. Links to CDC and other public health-related federal, state, or local agencies, as appropriate.
 - i. The name of the health department director.
 - j. The address of the health department.
 - k. A method for the public to submit comments to the health department.
 - l. Evidence of at least one update to the website within the past year.
3. The CHB has two examples of social media used to provide information to the general public about public health issues or health department functions, dated within 2 years.
4. The CHB has an example of the conducting an assessment of one communication strategy, 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

| 3.1.4 Use a variety of methods to make information available to the public and assess communication strategies. | Health dept 1 | Health dept 2 | Health dept 3 | Health dept 4 | CHB (select the lowest level of capacity) |
|---|---------------|---------------|---------------|---------------|---|
| Fully meets | | | | | |
| Substantially meets | | | | | |

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| 3.1.4 Use a variety of methods to make information available to the public and assess communication strategies. | Health dept 1 | Health dept 2 | Health dept 3 | Health dept 4 | CHB (select the lowest level of capacity) |
|---|---------------|---------------|---------------|---------------|---|
| Minimally meets | | | | | |
| Does not 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 health department’s communication strategies to the populations that it serves 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.

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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 | | | | | |
| Does not meet | | | | | |

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

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 does not 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 | | | | | |
| Does not meet | | | | | |

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

5.1.1 Maintain awareness of public health issues that are being discussed by those who set policies and practices that impact on public health.

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

The purpose of this measure is to assess the health department’s ability to be aware of and knowledgeable about what policies and laws are being considered and their impact on public health. This could enable the health department to influence the development of those policies. An important role for health departments is influencing the adoption of effective public health policies and laws by being a resource for science-based public health information. A Health in All Policies (HiAP) approach could focus the health department’s attention on the range of laws that could impact the health of the population.

5.1.1 Maintain awareness of public health issues that are being discussed by those who set policies and practices that impact on public health.

Requirements and related elements:

1. The CHB has two examples showing evidence that the health department stays informed of the public health issues that are being discussed by the health department’s governing entity or advisory board, elected officials, or other individuals or entities that set policies and laws that impact public health or the health department, 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 does not meet any parts of the requirement for this measure.

Table for multi-county CHBs

| 5.1.1.1 Maintain awareness of public health issues that are being discussed by those who set policies and practices that impact on public 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 | | | | | |
| Does not 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.

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- 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 | | | | | |
| Does not 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

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| 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 | | | | | |
| Does not 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 does not 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 | | | | | |
| Does not meet | | | | | |

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

6.1.5 Coordinate notification of enforcement actions among appropriate agencies.

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

The purpose of this measure is to assess the health department’s communication with other agencies about enforcement activities. It is important that the health department shares information concerning enforcement actions or any resulting follow-up with other agencies that have a role in educating or providing follow-up with the regulated entity.

6.1.5 Coordinate notification of enforcement actions among appropriate agencies.

Requirements and related elements:

1. The CHB has two examples of communication protocols or one protocol that covers multiple enforcement programs/areas, dated within 5 years.
2. The CHB has one example of notification to another agency of enforcement action, 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 does not meet any parts of the requirement for this measure.

Table for multi-county CHBs

| 6.1.5 Coordinate notification of enforcement actions among appropriate agencies. | 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 | | | | | |
| Does not 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 | | | | | |
| Does not 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 does not meet any parts of the requirement and related elements for this measure.

Table for multi-county CHBs

| 7.1.2 Implement and evaluate strategies to improve 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 | | | | | |

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| 7.1.2 Implement and evaluate strategies to improve access to health care services. | Health dept 1 | Health dept 2 | Health dept 3 | Health dept 4 | CHB (select the lowest level of capacity) |
|--|---------------|---------------|---------------|---------------|---|
| Does not meet | | | | | |

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

8.1.1 Collaborate to promote the development of future public health workers.

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

The purpose of this measure is to assess the local health department’s collaborative activities to encourage public health as a career choice. Collaborative efforts promote public health as a career option and the health department as an employer of choice and open new pathways for recruitment. Collaboration with academic programs and other organizations can create opportunities for internships, guest lectures, and other ways to expose individuals to public health practice.

8.1.1 Collaborate to promote the development of future public health workers.

Requirements and related elements:

1. The CHB has one example of participation in a collaborative activity that promotes public health as a career choice, 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 does not meet any parts of the requirement for this measure.

Table for multi-county CHBs

| 8.1.1 Collaborate to promote the development of future public health workers. | 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 | | | | | |
| Does not 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 does not 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 | | | | | |
| Does not 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 | | | | | |
| Does not 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 | | | | | |
| Does not meet | | | | | |

9.1.3 Implement a systematic process for assessing customer satisfaction with health department services.

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

The purpose of this measure is to assess the health department’s process for systematically collecting and using customer feedback. Collection of customer feedback helps the health department to understand performance in the eyes of those it serves in order to be responsive to their needs. Customer satisfaction processes involve standardized data collection and use of the data to inform future action. Taking actions based on customer feedback demonstrates a commitment to accountability and fosters trust among community members.

9.1.3 Implement a systematic process for assessing customer satisfaction with health department services.

Requirements and related elements:

1. The CHB has two examples of feedback from external customers assessing customer satisfaction with health department services, dated within 5 years.
Feedback from external customers assessing customer satisfaction with health department services includes each of the following:
2. Data collection efforts that facilitate feedback collection from individuals of varying languages or ability, or who are otherwise disproportionately affected by health issues, higher health risks or poorer health outcomes.
3. Summary of findings about external customer feedback.
4. Actions taken based on the findings from customer feedback.

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

| 9.1.3 Implement a systematic process for assessing customer satisfaction with health department 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 | | | | | |
| Does not 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 does not 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 | | | | | |
| Does not meet | | | | | |

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

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 | | | | | |
| Does not meet | | | | | |

Additional questions

Select the form “Additional questions” in REDCap. This form contains questions about voluntary accreditation and re-accreditation and a question related to LPH Act requirements. Select the response that best reflects the CHBs status in calendar year 2023.

Voluntary public health accreditation

This information will be used to help understand and improve Minnesota’s public health system. Systematic information on accreditation preparation and reaccreditation will be useful for networking, mentoring, and sharing among community health boards. Additional benefits include information to focus technical assistance and training, and information for community health boards on how their decisions/actions related to accreditation compare with others. For information about accreditation, see Public Health Accreditation Board www.phaboard.org.

1. Which of the following best describes your community health board with respect to participation in the Public Health Accreditation Board accreditation program?
 - My community health board has achieved accreditation (also answer Q2-Q4)
 - My community health board is in the process of accreditation (e.g., has completed a readiness assessment) (also answer Q5)
 - My community health board is planning to apply (but is not in the process of accreditation) (also answer Q5)
 - My community health board is undecided about whether to apply for accreditation (also answer Q6)
 - My community health board has decided not to apply at this time. (also answer Q6)
 - Individual jurisdictions within my community health board are participating in accreditation differently (also answer Q7)

2. What year did it achieve initial accreditation?

3. Do you plan to seek first cycle reaccreditation? If yes, answer questions 3a-3c. If no, please describe why the CHB is not seeking accreditation.

If your CHB is seeking reaccreditation:

3a. When will you be applying for reaccreditation?

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LOCAL PUBLIC HEALTH ACT ANNUAL REPORTING

3b. Where are you at in the reaccreditation process? (submitted reaccreditation application, submitted documentation)

3c. What version of PHAB are you submitting under?

4. Has your community health board achieved reaccreditation?

4a. If yes, what year?

4b. What cycle of reaccreditation are you on?

5. If your community health board is planning to apply but is not in the process of accreditation, in what calendar year is your community health board planning to apply for accreditation?

6. If your community health board is undecided or has decided not to apply for accreditation at this time, why? (rank primary and secondary reasons.)

- Accreditation standards are not appropriate for my community health board.
- Fees for accreditation are too high.
- Other costs associated with staff time and activities needed to carry out duties to achieve accreditation.
- Accreditation standards exceed the capacity and expertise of my community health board.
- Time and effort for accreditation application exceed the benefits of accreditation.
- No support from governing body for accreditation.
- Interest/capacity varies within the jurisdictions of my community health board.

7. If individual jurisdictions within your community health board are participating in accreditation differently, please briefly explain.

8. What else would you like to share about your community health board and accreditation or reaccreditation?

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 **2023 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 2024 performance measures for annual reporting.

2023 Performance Measures validation form

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: | <input type="text" value="Aitkin-Itasca-Koochiching"/> |
| Enter your email address: | <input type="text"/> |
| 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. | <input type="text"/> |
| Enter Your Name as Your Electronic Signature | |
| Form Status | |
| Complete? | <input type="text" value="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.