Iowa Public Health Standards

Presented by the Work Group for Redesigning
Public Health in Iowa

December 2007

INTRODUCTION

The Iowa Public Health Standards provide a consistent, accountable approach to promoting and protecting the health of Iowans. The standards describe the basic public health services and infrastructure that all Iowans can reasonably expect from their local and the state public health departments. These standards provide a framework that can be used to assess how well the governmental public health system is working. The governmental public health system includes local boards of health, local public health agencies, the Iowa Department of Public Health, and the State Board of Health. Each of these entities contributes to building and promoting healthy communities in Iowa.

The Iowa Public Health Standards strengthen the public health system, which in turn benefits all Iowans. Significant benefits include:

- Consistent basic public health infrastructure and services across the state
- Integration of public health services
- A common set of expectations for public health
- Defined responsibilities and functions for local and state public health
- Increased accountability for public health
- Increased visibility and marketability for public health
- Professionalization of disciplines under the umbrella of public health
- Elevation of the roles and responsibilities of boards of health

The Iowa Public Health Standards "raise the bar" for public health but are tempered with realistic expectations. The standards represent the collaborative effort of over 150 local and state public health professionals and public health partners. The combined public health expertise, scientific knowledge, and practical experience of these professionals provided the foundation for defining responsibilities of governmental public health.

Background of the Public Health System in Iowa

In Iowa, local boards of health have responsibility for local public health matters. County boards of supervisors appoint the members of the local boards of health. The Iowa Code grants broad authority to local boards of health to determine what public health services to provide and how to provide them within their jurisdictions. The size and structure of local public health agencies and the services they provide varies greatly throughout the state. The Iowa Department of Public Health (IDPH) provides technical support, consultation, and funding to Iowa's 98 county boards of health, two city boards of health, and one district board of health. The State Board of Health is the policy making body for IDPH. Iowa's governor appoints State Board of Health members.

Background on Redesigning Public Health in Iowa

Redesigning Public Health in Iowa is a collaborative effort between local and state public health. The goal of the initiative is to improve the quality and performance of Iowa's public health system and ensure a basic standard of service delivery to all Iowans. The essential question of the initiative is "What should every Iowan reasonably expect from local and state public health?"

In 2004, IDPH launched the initiative in response to challenges facing the public health system. The Work Group for Redesigning Public Health in Iowa was commissioned and asked to assess public health service delivery and make recommendations for redesigning the public health system. The Work Group consisted of 13 local and 12 state public health professionals.

Process for Developing the Iowa Public Health Standards

The Work Group decided to develop public health standards as an initial step to enhance the governmental public health system. Between October 2005 and March 2006, over 150 local and state public health professionals and partners served on committees to draft local public health standards. Committee members included representatives from local public health agencies, local boards of health, county boards of supervisors, the state legislature, academic institutions, the State Board of Health, IDPH, and other state agencies. Committee members represented 37 of Iowa's 99 counties. Committee members used resources from federal agencies, national organizations, and other states in addition to their own expertise and input from colleagues and stakeholders to write the standards.

The Work Group presented the initial draft of the Iowa Local Public Health Standards at the Public Health Conference in March 2006. During a three-month public comment period IDPH Executive Team conducted community visits across the state to discuss the draft standards. The local standards development committees reconvened in June 2006 to review public comments and to make recommendations for revisions. The Work Group approved Version One of the Iowa Local Public Health Standards, dated September 1, 2006.

The next step in developing the standards was to focus on state-level responsibilities. The Work Group determined that Iowa needed only one set of standards to encompass both local and state-level responsibilities. Generally, the standards drafted for local public health also applied to state-level public health. The Work Group established committees in October 2006 to write state criteria (measurements of the standards). Many of the same individuals served on both the local and state standards development committees. The committees completed their initial work in March 2007. The Work Group released a draft of the Iowa Public Health Standards at the Public Health Conference on April 3, 2007. Again public comments were reviewed and revisions were made.

The final step in the process was to make sure those programs at IDPH that don't directly serve local public health, but still provide valuable public health services were also included within the standards. Members of the committee represented the Work Group, local public health, vital records, professional licensure, emergency medical services, executive team, administrative rules, certificate of need, state registries, radiological health, and health care access. Recommendations were made to the Work Group based on the outcomes of this group's work. Upon approval of those revisions a third public comment period was held. That public comment period ended in November 2007. The Work Group made its final revisions to the standards and criteria based on feedback received in the open comment period. The final version of the Iowa Public Health Standards dated December 2007 was approved unanimously by members of the Work Group.

Iowa's Approach to the Public Health Standards

The Iowa Public Health Standards apply to local boards of health and the State Board of Health. The standards recognize the governance responsibilities of boards of health in safeguarding the community's health. Local boards of health are responsible for assuring compliance with the local criteria of the Iowa Public Health Standards within their jurisdictions (city, county, or district). Local boards of health will assure compliance through a designated local public health agency. The standards allow for local discretion on the method by which a board of health will oversee the designated local public health agency (i.e., as governing body or through contract). The State Board of Health is responsible for assuring compliance with the state criteria of the Iowa Public Health Standards. The State Board of Health will assure compliance through the Iowa Department of Public Health.

Standards were developed in 11 component areas. The first six identify the infrastructure that must be in place to deliver public health services. These are titled organizational capacity standards. The criteria listed in the organizational capacity standards apply universally to each of the six public health services.

Organizational Capacity Standards
- Governance
- Administration
- Communication and Information Technology
- Workforce
- Community Assessment and Planning
- Evaluation

Public Health Services Standards
- Prevent Epidemics and the Spread of Disease
- Protect Against Environmental Hazards
- Prevent Injuries
- Promote Healthy Behaviors
- Prepare for, Respond to, and Recover from Public Health Emergencies

Questions about the Iowa Public Health Standards can be sent electronically through the Redesigning Public Health in Iowa Web site at the following link: www.idph.state.ia.us/rphi

Questions can also be asked through e-mail, regular mail, and telephone to the person listed below.

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Using This Document

Information for reading the Iowa Public Health Standards

Definitions

1. Public Health: The term ”public health,” as used in the standards, encompasses the various disciplines under the broad umbrella of public health such as epidemiology, public health nursing, environmental health, etc., unless otherwise noted. The standards describe the basic population-based prevention and promotion services expected in every jurisdiction and may not reflect other services, such as personal health services, which local public health agencies may provide.

2. Local public health agency: Any local entity providing public health services.

3. Designated local public health agency: An agency designated by the local board of health to comply with the Iowa Public Health Standards for its jurisdiction.

Key to numbering system for the Iowa Public Health Standards

GV	Governance
AD	Administration
IT	Communication and Information Technology
WK	Workforce
CA	Community Assessment and Planning
EV	Evaluation
PE	Prevent Epidemics and the Spread of Disease
EH	Protect Against Environmental Hazards
IN	Prevent Injuries
HB	Promote Healthy Behaviors
ER	Prepare for, Respond to, and Recover from Public Health Emergencies
L	local criteria
S	state criteria

Criteria Definitions and Clarifications

Definitions and clarifications are indicated in the shaded areas under the criteria. These sections are intended to assist readers in understanding the criteria for the standards. The purposes of these sections are to:

- List specific requirements for criteria
- Define terms used in criteria
- Clarify the intent of criteria
- Provide further explanation for criteria
- Provide examples of how to meet the requirements of criteria

GOVERNANCE

Governance (GV) - The Governance Standards address the obligations of the boards of health in Iowa to oversee public health matters. These standards apply directly to the respective boards of health. The local criteria are the responsibility of the local boards of health and state criteria are the responsibility of the State Board of Health.

The Iowa Code chapter 137 and Iowa Administrative Code 641, chapters 77 and 78 give local boards of health jurisdiction over public health matters within their local service areas. Local boards of health are responsible for taking an active role in setting public health goals and priorities, shaping delivery service systems, and ensuring efficient and effective use of resources. The local criteria require each local board of health to designate a local public health agency to comply with the Iowa Public Health Standards for its jurisdiction. The local criteria require the board of health to assure that the designated local public health agency complies with the standards.

The Iowa Code chapter 136 gives the State Board of Health the authority to be the policy making body for the state public health department. The State Board of Health has the power to advise or make recommendations to the state public health department, governor, and legislature regarding health and sanitation matters. The state criteria require the State Board of Health to assure that the state public health department complies with the standards.

Standard GV1 - Secure commitment from governmental oversight bodies to comply with the Iowa Public Health Standards.

Standard GV2 - Comply with Iowa Code and Iowa Administrative Code.

Standard GV3 - Assure administration of public health services and compliance with the Iowa Public Health Standards.

Standard GV4 - Develop public policy to address public health issues.

Standard GV5 - Assure state health laws and public health regulations and local ordinances are enforced.

Standard GV6 - Practice fiscal oversight.

Standard GV1 - Secure commitment from governmental oversight bodies to comply with the Iowa Public Health Standards.

Local Criteria

GV1a-L - At least every two years, provide written commitment from the local board of health to comply with the Iowa Public Health Standards.

GV1b-L - At least every two years, secure written commitment from the local board(s) of supervisors to support the local board of health's compliance with the Iowa Public Health Standards.

State Criteria

GV1a-S - At least every two years, provide written commitment from the State Board of Health to comply with the Iowa Public Health Standards.

GV1b-S - At least every two years, secure written commitment from the governor to support the State Board of Health and the state public health department's compliance with the Iowa Public Health Standards.

Standard GV2 - Comply with Iowa Code and Iowa Administrative Code.

Local Criteria

GV2a-L - Comply with Iowa Code chapter 137 and 641 Iowa Administrative Code (IAC) chapter 77 and 641 IAC chapter 78.

GV2b-L - In addition to complying with Iowa Code and IAC, meet at least six times a year and prepare and distribute an annual report.

GV2c-L - Comply with other requirements of Iowa Code and IAC pertaining to local boards of health.

GV2d-L - Assure that legal counsel is available for the local board of health and designated local public health agency.

Assure legal counsel through methods such as organizational design (e.g., county attorney), employment, or contractual arrangement.

State Criteria

GV2a-S - Comply with Iowa Code chapter 136.

GV2b-S - Assure that legal counsel is available to the State Board of Health and the state public health department.

GV2c-S - Assure that the state public health department provides an annual orientation for state and local board of health members regarding their roles and responsibilities under Iowa Code and IAC.

GV2d-S - Support the provision of education on public health law to county attorneys, boards of supervisors, and boards of health by the state public health department's legal counsel in coordination with professional associations.

Standard GV3 - Assure administration of public health services and compliance with the Iowa Public Health Standards.

Local Criteria

GV3a-L - Designate a local public health agency (LPHA) for the jurisdiction to administer public health services and comply with the Iowa Public Health Standards.

GV3b-L - Comply with applicable requirements for either directly governing the designated LPHA or for contracting with an entity to serve as the designated LPHA.

1) If the local board of health is the governing body of the designated LPHA, the following requirements apply:
   - Assure that the person who directs the designated LPHA meets the qualifications of a Public Health Administrator as defined in Workforce Standard WK1b-L.
   - Designate a physician Medical Director through employment, or contractual arrangement, or a physician on the local board of health with clearly defined written roles and responsibilities. Assure that the Medical Director has appropriate qualifications as defined in Workforce Standard WK1b-L.
   - Assure that the person who coordinates or supervises public health services meets the qualifications of a Public Health Coordinator/Supervisor as defined in Workforce Standard WK1b-L.
   - Assure that the person who coordinates or supervises environmental health services meets the qualifications of an Environmental Health Coordinator/Supervisor as defined in Workforce Standard WK1b-L.
   - Require in-person and written reports on a regular basis to the local board of health.

(2) If the local board of health contracts with an entity to serve as the designated LPHA for the purpose of complying with the Iowa Public Health Standards, the following requirements apply:
   - Retain documentation of executed agreements.
   - Executed agreements must meet audit requirements, be reviewed annually, and be updated as appropriate.
   - Executed agreements must contain the following:
     a. A requirement to meet the Iowa Public Health Standards.
     b. Designation of the LPHA as a duly authorized agent of the local board of health for the purpose of entering into agreements and contracts with other entities to comply with the Iowa Public Health Standards.
     c. A requirement that the local board of health must approve agreements and contracts between the designated LPHA and other entities to comply with the Iowa Public Health Standards.
     d. Requirements listed in definitions and clarifications GV3b-L(1).

LOCAL CRITERIA

GV3c-L - Approve agreements and contracts between the designated LPHA and other entities to comply with the Iowa Public Health Standards.

GV3d-L - Annually review the progress of the designated LPHA in complying with the Iowa Public Health Standards.

GV3e-L - Advocate for adequate resources for state and local public health to comply with the Iowa Public Health Standards.

STATE CRITERIA

GV3a-S - Advise the state public health department on issues that promote and protect the health of Iowans.

GV3b-S - Assure that the state public health department complies with the Iowa Code, Iowa Administrative Code, and Iowa Public Health Standards.

GV3c-S - Provide guidance to the director of the state public health department in the discharge of the director's duties.

GV3d-S - Offer consultation to the governor in appointing the director of the state public health department.

GV3e-S - Annually review the progress of the state public health department in complying with the Iowa Public Health Standards.

GV3f-S - Advocate for adequate resources for state and local public health to comply with the Iowa Public Health Standards.

GV3g-S - Assure that the state health department prepares and distributes an annual report.

STANDARD GV4 - DEVELOP PUBLIC POLICY TO ADDRESS PUBLIC HEALTH ISSUES.

LOCAL CRITERIA

GV4a-L - Identify health priorities and develop policy using results of the community health assessment and reports from the designated local public health agency.

GV4b-L - Serve as the public health policy making body for the jurisdiction in accordance with Iowa Code.

GV4c-L - Adopt rules and regulations for the protection of the public's health.

STATE CRITERIA

GV4a-S - Identify health priorities and develop policy using results of the state-level community health assessment and reports from the state public health department.

GV4b-S - Serve as the policy making body for the state public health department in accordance with Iowa Code.

GV4c-S - Adopt administrative rules for the protection of the public's health.

GV4d-S - Advise or make recommendations to the governor and general assembly relative to public health matters.

STANDARD GV5 - ASSURE STATE HEALTH LAWS AND PUBLIC HEALTH REGULATIONS AND LOCAL ORDINANCES ARE ENFORCED.

LOCAL CRITERIA

GV5a-L - Issue lawful orders as deemed appropriate based on investigations.

GV5b-L - Review local public health regulations and ordinances at least every five years and update as needed.

STATE CRITERIA

GV5a-S - Review state public health regulations at least every five years and revise as needed.

GV5b-S - Investigate the conduct of the work of the state public health department as deemed necessary.

Standard GV6 - Practice fiscal oversight.

Local Criteria

GV6a-L - Develop an annual budget for complying with the Iowa Public Health Standards.

GV6b-L - At least twice a year at local board of health meetings, review and monitor the designated local public health agency's budget and fiscal management for complying with the Iowa Public Health Standards.

State Criteria

GV6a-S - Annually approve the state public health department's budget request for the subsequent fiscal year prior to submission. Include a review of how the request addresses compliance with the Iowa Public Health Standards.

GV6b-S - At least twice a year at State Board of Health meetings, review and monitor the state public health department's budget

ADMINISTRATION

Administration (AD) - The Administration Standards address operational procedures and management systems that are necessary to lead effective local public health agencies and the state public health department. The local criteria apply to designated local public health agencies. These agencies will be responsible for administering public health services and complying with the Iowa Public Health Standards.

State criteria apply to the state public health department. The department is responsible for providing technical support, consultation, and funding to local public health agencies and for complying with the Iowa Public Health Standards.

Standard AD1 - Provide public health services.

Standard AD2 - Develop and maintain written contracts with entities providing services for the purpose of complying with the Iowa Public Health Standards.

Standard AD3 - Comply with and enforce public health laws, rules, and regulations.

Standard AD4 - Use a human resource management system and compensation plan.

Standard AD5 - Conduct organizational strategic planning activities.

Standard AD6 - Practice fiscal management.

Standard AD7 - Collect and manage public health data.

Standard AD1 - Provide Public Health Services.

Local Criteria

Public health services are described in the public health services components of the Iowa Public Health Standards.

AD1a-L - Assure that facilities meet state and local building and fire codes.

AD1b-L - Maintain written policy and procedure to assure privacy and security of public health records in accordance with applicable state and federal regulations.

AD1c-L - Maintain written safety plan and emergency procedures.

AD1d-L - Provide services that reasonably accommodate populations within the jurisdiction, with efforts to eliminate transportation barriers and barriers for special populations.

Special populations: Any individual, group, or community whose circumstances create barriers to obtaining or understanding information, or the ability to access available public health services. Circumstances that may create barriers include, but are not limited to: age, physical, mental, emotional or cognitive status, culture, ethnicity, religion, language, citizenship, or socio-economic status, or health literacy level.

AD1e-L - Offer office hours that reasonably accommodate the public with a flexible schedule, as determined locally.

AD1f-L - Maintain written protocols to guide the delivery of services.

State Criteria

AD1a-S - Provide local public health agencies with technical assistance and referrals to appropriate resources regarding facilities and service delivery.

AD1b-S - Assure that the state public health department meets applicable fire codes.

AD1c-S - Maintain written policy and procedure to assure privacy and security of public health records in accordance with applicable state and federal regulations.

AD1d-S - Maintain written safety plan and emergency procedures for the state public health department.

AD1e-S - Provide services that reasonably accommodate populations throughout the state with efforts to eliminate transportation barriers and barriers for special populations.

Special populations: Any individual, group, or community whose circumstances create barriers to obtaining or understanding information, or the ability to access available public health services. Circumstances that may create barriers include, but are not limited to: age, physical, mental, emotional or cognitive status, culture, ethnicity, religion, language, citizenship, or socio-economic status, or health literacy level.

STATE CRITERIA

AD1f-S - Offer office hours that reasonably accommodate the public.

AD1g-S - Maintain written protocols to support delivery of services.

STANDARD AD2 - DEVELOP AND MAINTAIN WRITTEN CONTRACTS WITH ENTITIES PROVIDING SERVICES FOR THE PURPOSE OF COMPLYING WITH THE IOWA PUBLIC HEALTH STANDARDS.

LOCAL CRITERIA

AD2a-L - Retain documentation of executed agreements according to policy. This may include contracts with agencies or individuals.

AD2b-L - Written agreements must be reviewed annually, be updated as appropriate, and contain required items.

Required items for written agreements:
- Requirement to comply with the applicable standards of the Iowa Public Health Standards
- List of the work and services to be performed by the contractor
- Requirement for evaluation of contracted services. Evaluation must be consistent with Evaluation Standard EV1.
- Contract policies and requirements
- Provision for the designated local public health agency and any of their duly authorized representatives to have access, for the purpose of audit and examination, to any documents, papers, and records of the contractor pertinent to the contract
- Budget
- Period of performance
- Key personnel
- Any additional contract conditions

STATE CRITERIA

AD2a-S - Provide written guidance for contractual agreements to local public health agencies.

AD2b-S - Retain documentation of executed agreements according to policy. This may include contracts with agencies or individuals.

AD2c-S - Assure that executed agreements meet the requirements of the Iowa Code and Iowa Administrative Code including the Accountable Government Act.

Standard AD3 - Comply with and enforce public health laws, rules, and regulations.

Local Criteria

AD3a-L - Comply with applicable sections of the Iowa Code and Iowa Administrative Code, federal regulations, and local public health regulations and ordinances.

AD3b-L - Educate individuals and organizations on the meaning, purpose, and benefit of public health laws, regulations, and ordinances and how to comply.

Examples of methods of providing education: brochures, Web site links, newspaper articles, interviews, presentations, etc. Refer to Communication and Information Technology Standard IT4.

AD3c-L - Conduct enforcement activities in a timely manner in accordance with laws, regulations, and ordinances.

AD3d-L - Report findings of investigations to local board of health.

State Criteria

AD3a-S - Comply with applicable sections of the Iowa Code and Iowa Administrative Code and federal regulations.

AD3b-S - Write administrative rules to implement the Iowa Code.

AD3c-S Provide education and referral services as needed to county attorneys regarding public health laws.

AD3d-S - Facilitate communication among other state agencies regarding regulatory issues having a public health impact.

AD3e-S - In coordination with other state agencies, promote consistent Iowa Code and Iowa Administrative Rule interpretation within and across state agencies.

Examples of state agencies: Department of Natural Resources, Department of Inspections and Appeals, Department of Human Services, Department of Elder Affairs, and Department of Public Safety.

AD3f-S - Educate individuals and organizations on the meaning, purpose, and benefit of public health laws, regulations, and ordinances and how to comply.

Examples of methods of providing education: brochures, Web site links, newspaper articles, interviews, presentations, etc. Refer to Communication and Information Technology Standard IT4.

AD3g-S - Conduct enforcement activities in a timely manner in accordance with laws, regulations, and ordinances.

Standard AD4 - Use a human resource management system and compensation plan.

Local Criteria

AD4a-L - Maintain required human resources policies and update annually.

Minimum required human resources policies include:
- Conditions of employment including recruitment, selection, disciplinary procedures, termination, promotion, and compensation
- Leave of absence
- Grievance procedure
- Employee performance evaluation
- Nondiscrimination policy
- Employee orientation program
- Provision for career development or continuing education
- Fringe benefits

AD4b-L - Assure employment application forms comply with civil rights regulations.

AD4c-L - Maintain position descriptions that delineate qualifications, responsibilities, and essential functions; are dated; and are reviewed annually to reflect current responsibilities.

AD4d-L - Assure that human resources policies and procedures are communicated to staff.

AD4e-L - Maintain a current salary schedule.

AD4f-L - Maintain a current table of organization.

AD4g-L - Comply with Title VII of the Civil Rights Act, the Americans with Disabilities Act of 1990 (ADA), and Section 504 of the 1973 Rehabilitation Act.

AD4h-L - Comply with Equal Employment Opportunity and Affirmative Action requirements.

State Criteria

AD4a-S - Provide information and resource referral to local public health agencies regarding human resources policies and compensation plans.

AD4b-S - Conduct and disseminate the results of a salary survey of the local public health workforce at least every three years.

The state may solicit assistance from professional associations such as Iowa Association of Local Public Health Agencies, Iowa Public Health Association, and Iowa State Association of Counties.

STATE CRITERIA

AD4c-S - Provide a survey for local use regarding building accessibility under the Americans with Disabilities Act (ADA).

AD4d-S - Comply with the human resources policies of the State of Iowa and maintain required policies.

Minimum required human resources policies include:
- Conditions of employment including recruitment, selection, disciplinary procedures, termination, promotion, and compensation
- Leave of absence
- Grievance procedure
- Employee performance evaluation
- Nondiscrimination policy
- Employee orientation program
- Provision for career development or continuing education
- Fringe benefits

AD4e-S - Maintain position descriptions that delineate qualifications, responsibilities, and essential functions; are dated; and are reviewed annually to reflect current responsibilities.

AD4f-S - Assure that personnel policies and procedures are communicated to staff.

AD4g-S - Maintain and make available a current table of organization.

AD4h-S - Comply with Title VII of the Civil Rights Act, the Americans with Disabilities Act of 1990 (ADA), and Section 504 of the 1973 Rehabilitation Act.

AD4i-S - Comply with Equal Employment Opportunity and Affirmative Action requirements.

STANDARD AD5 - CONDUCT ORGANIZATIONAL STRATEGIC PLANNING ACTIVITIES.

LOCAL CRITERIA

AD5a-L - Annually evaluate and update strategic plan.

Process for evaluating strategic plan should include but not be limited to:
- Review of strategic plan to determine how goals, objectives, strategies, and resources can best be aligned with the community health improvement plan
- Utilization of program evaluation findings
- Evaluation of efficient use of resources

AD5b-L - Review strategic plan with board of health to demonstrate the plan's alignment with the community health improvement plan and the capacity of the organization to continue as the designated local public health agency.

STATE CRITERIA

AD5a-S - Annually evaluate and update strategic plan.

(1) Process for evaluating strategic plan should include but not be limited to:
- •Review of strategic plan to determine how goals, objectives, strategies, and resources can best be aligned with the community health improvement plan
- •Utilization of program evaluation findings
- •Evaluation of efficient use of resources

(2) The state public health department's strategic plan should include goals, objectives, and strategies to support local public health through the following but not be limited to:
- •direct funding
- •assistance with locating funding
- •integrating assets
- •legislative issues
- •technical assistance

AD5b-S - Distribute strategic plan to local public health agencies and local boards of health.

AD5c-S - Review strategic plan with State Board of Health to demonstrate the plan's alignment with the state-level health improvement plan and the capacity to comply with the Iowa Public Health Standards.

STANDARD AD6 - PRACTICE FISCAL MANAGEMENT.

LOCAL CRITERIA

AD6a-L - Secure funding for local public health through federal, state, local, and other sources.

AD6b-L - Develop an annual budget.

AD6c-L - At least twice a year at local board of health meetings, present the designated local public health agency's financial report for public health services.

AD6d-L - At least twice a year at local board of health meetings, present a quarterly summary of the state public health department's contracts that support local public health services in the jurisdiction.

AD6e-L - Assure fiscal policies and procedures follow accepted accounting practices.

AD6f-L - Assure an annual audit is performed.

AD6g-L - Maintain written documentation of inventory of equipment.

STATE CRITERIA

AD6a-S - Secure funding for the public health system through federal, state, and other sources.

AD6b-S - Notify local boards of health when the state public health department issues contracts for public health services in their jurisdictions.

AD6c-S - Provide a quarterly summary on the state public health department's Web site of each contract with a local agency which includes contract purpose, contractor, dates of contract, amounts, and counties served by the contract.

The quarterly summary should be in a searchable format or listed under each county served for a multi-county contract.

AD6d-S - Develop an annual budget.

AD6e-S - At least twice a year at State Board of Health meetings, present the state public health department's financial report.

AD6f-S - Assure fiscal policies and procedures follow accepted accounting practices.

AD6g-S - Assure an annual audit is performed.

AD6h-S - Maintain written documentation of inventory of equipment.

STANDARD AD7 - COLLECT AND MANAGE PUBLIC HEALTH DATA.

STATE CRITERIA

AD7a-S - Develop and maintain public health data collection systems.

Includes but not limited to population-based health data and program data.

AD7b-S - Collaborate with data reporting entities to assure timely collection, analysis, and dissemination of data.

Data reporting entities include but are not limited to local public health agencies, hospitals, physicians, laboratories, and funeral directors.

AD7c-S - Assure security and confidentiality of personal health information.

AD7d-S - Interpret and analyze public health data to monitor the state's health status.

AD7e-S - Publish and disseminate data, reports, and analyses for health information users.

AD7f-S - Comply with recognized national and international standards to assure data quality.

COMMUNICATION AND INFORMATION TECHNOLOGY

Communication and Information Technology (IT) - Information technology and communication systems are vital to the delivery of public health services. The Communication and Information Technology Standards specify the communication infrastructure and systems needed to interface with community partners and the public for both routine and urgent communications. These standards also stipulate the information technology and systems that must be in place to access critical information and data to serve and protect the public.

Standard IT1 - Maintain information technology infrastructure.

Standard IT2 - Maintain communication infrastructure.

Standard IT3 - Maintain a system for routine and urgent communications.

Standard IT4 - Provide education, information, and resources to protect and promote the public's health.

Standard IT5 - Establish and maintain a statewide public health data warehouse.

Standard IT1 - Maintain information technology infrastructure.

Local Criteria

IT1a-L - Maintain a computer infrastructure that meets the specifications needed to interface with the state public health department.

Specifications include but are not limited to:
- Secure high-speed Internet connection
- Equipment and software that are compatible with Microsoft operating systems and Microsoft Office
- An Internet browser that supports 128-bit encryption

IT1b-L - Maintain written policies and procedures to assure system security, including virus and firewall protection and other levels of security to safeguard the privacy of electronic information. Review policies and procedures at least annually.

Refer to Administration Standard AD1b-L regarding privacy and security of public health records.

IT1c-L - Assure access to an information technology specialist to maintain operations of computer infrastructure.

Assure access through methods such as organizational design, employment, or contractual arrangement.

IT1d-L - Assure the ability to access a GIS (geographic information system) to analyze data related to the local public health service area.

IT1e-L - Assure compatibility with data requirements of state agencies and other contractors.

IT1f-L - Maintain written procedures for collecting, storing, retrieving, and retaining records and data related to day-to-day operations of the designated local public health agency.

State Criteria

IT1a-S - Maintain a computer infrastructure needed to interface with the state public health laboratory and other relevant state and local agencies.

Computer infrastructure includes hardware such as PCs, servers, switches, etc. Infrastructure also includes data applications that are built to collect program-specific data requirements. For example, the state public health department's immunization program uses a data application called the Immunization Registry Information System (IRIS).

IT1b-S - Provide data requirements to local agencies to assure compatibility with state public health programs.

STATE CRITERIA

IT1c-S - Provide policy and procedure guidelines to local public health agencies for assuring system security.

Guidelines will include templates and examples as appropriate.

IT1d-S - Provide policy and procedure guidelines to local public health agencies for collecting, storing, retrieving, and retaining records and data.

Guidelines will include templates and examples as appropriate.

IT1e-S - Maintain written policies and procedures to assure state public health department system security, including virus and firewall protection and other levels of security to safeguard the privacy of electronic information. Review policies and procedures at least annually.

IT1f-S - Maintain written procedures for collecting, storing, retrieving, and retaining records and data for the state public health department.

IT1g-S - Maintain and utilize a GIS (geographic information system) to analyze statewide data related to public health.

STANDARD IT2 - MAINTAIN COMMUNICATION INFRASTRUCTURE.

LOCAL CRITERIA

IT2a-L - Provide access to interpretation and translation services for languages used within the public health service area.

IT2b-L - Use redundant modes of communication.

(1) Redundant modes of communication include but are not limited to:

- •Health Alert Network (HAN)
- •Individual e-mail address for each employee
- •Computers with secure high-speed Internet connectivity
- •800 MHz radios
- •Answering/voice mail system
- •Telephone line
- •Dedicated fax line
- •Cell phones
- •Pagers

(2) The designated local public health agency may have its own Web site or be part of another entity's internet domain (e.g., county or hospital).

IT2c-L - Assure the existence and maintenance of a Web site for the designated local public health agency.

IT2d-L - Have access to or provide a public information officer (PIO) with an understanding of public health issues to manage media relationships, messages, news releases, and news conferences.

Have access to or provide PIO through methods such as organizational design, employment, or contractual arrangement.

STATE CRITERIA

IT2a-S - Provide assistance to local public health agencies in locating associations and networks that may have access to interpretation and translation resources.

The state public health department will provide information to requesting agencies regarding known associations and networks for interpretation and translation services.

IT2b-S - Maintain required communication infrastructure to interface with local public health agencies.

Required communication infrastructure:
- Health Alert Network (HAN)
- 800 MHz radios
- A 24-hour, seven days a week, 365 days a year duty officer and toll-free number(s).

IT2c-S - Use redundant modes of communication.

Redundant modes of communication include but are not limited to:
- Health Alert Network (HAN)
- Individual e-mail address for each employee
- Computers with secure high-speed Internet connectivity
- 800 MHz radios
- Answering/voice mail system
- Telephone line
- Dedicated fax line
- Cell phones
- Pagers

IT2d-S - Assist local public health agencies with managing media relationships, creating messages, writing news releases, and facilitating news conferences.

IT2e-S - Provide consultation and policy guidelines to local public health agencies for managing media relationships, news releases, and news conferences.

IT2f-S - Assure the existence and maintenance of a Web site for the state public health department.

STANDARD IT3 - MAINTAIN A SYSTEM FOR ROUTINE AND URGENT COMMUNICATIONS.

LOCAL CRITERIA

IT3a-L - Assure 24-hour, seven days a week, 365 days a year routine, intermediate, and emergency alerting or notification and information sharing with internal and external partners.

Local Criteria

IT3b-L - Maintain and review annually written communication procedures for public information and community education.

Written communication procedures should address:
- •Disseminating and documenting clear and accurate routine public health messages
- •Coordinating with community partners for the dissemination of public health messages
- •Implementing Crisis Emergency Risk Communication (CERC) methods to convey appropriate and accurate information to manage community concern
- •Describing responsibilities for positions interacting with the news media and the public. Positions may include local board of health members, any public health staff member, and PIO.
- •Identifying the expectations for all staff regarding internal and external communications

IT3c-L - Assure that public health messages address the community's special populations.

Special populations: Any individual, group, or community whose circumstances create barriers to obtaining or understanding information, or the ability to access available public health services. Circumstances that may create barriers include, but are not limited to: age, physical, mental, emotional or cognitive status, culture, ethnicity, religious, language, citizenship, or socio-economic status, or health literacy level.

State Criteria

IT3a-S - Assure 24-hour, seven days a week, 365 days a year routine, intermediate, and emergency alerting or notification and information sharing with the appropriate audiences.

IT3b-S - Maintain directories of contact information of state public health department employees and programs for use by local public health agencies. Update contact information monthly.

Information will be posted monthly on the Health Alert Network and the state public health department's intranet.

IT3c-S - Provide guidelines for local public health agencies for public information and community education procedures.

IT3d-S - Identify and provide access to resources that address communications with special populations.

Special populations: Any individual, group, or community whose circumstances create barriers to obtaining or understanding information, or the ability to access available public health services. Circumstances that may create barriers include, but are not limited to: age, physical, mental, emotional or cognitive status, culture, ethnicity, religious, language, citizenship, or socio-economic status, or health literacy level.

STATE CRITERIA

IT3e-S - Maintain and review annually the state public health department's written communication procedures for public information and community education.

Written communication procedures should address:
- Disseminating and documenting clear and accurate routine public health messages
- Coordinating with community partners for the dissemination of public health messages
- Implementing Crisis Emergency Risk Communication (CERC) methods to convey appropriate and accurate information to manage community concern
- Describing responsibilities for positions interacting with the news media and the public. Positions may include local board of health members, any public health staff member, and PIO.
- Identifying the expectations for all staff regarding internal and external communications

STANDARD IT4 - PROVIDE EDUCATION, INFORMATION, AND RESOURCES TO PROTECT AND PROMOTE THE PUBLIC'S HEALTH.

LOCAL CRITERIA

IT4a-L - Provide the general public, community leaders, and elected officials with education and information on health risks, health status, and health needs in the community as well as information on policies and programs that can improve community health.

(1) Refer to stakeholder list in Community Assessment and Planning Standard CA3.
(2) Information should include program evaluation and best practices.

IT4b-L - Assure usage of various communication methods when providing the public with information and education needed to reduce health risks and improve health.

Examples of communication methods: Public Service Announcements, news releases, community presentations, health fairs, publications, and Web site.

IT4c-L - Assure that special populations are provided targeted prevention and health protection messages in a format to eliminate barriers to understanding.

Special populations: Any individual, group, or community whose circumstances create barriers to obtaining or understanding information, or the ability to access available public health services. Circumstances that may create barriers include, but are not limited to: age, physical, mental, emotional or cognitive status, culture, ethnicity, religious, language, citizenship, or socio-economic status, or health literacy level.

STATE CRITERIA

IT4a-S - Provide the general public, policy makers, and partners with education and information on statewide health needs, health risks, health status, and information on policies and programs that can improve health.

IT4b-S - Assure usage of various communication methods when providing the general public, policy makers and partners with information and education needed to reduce health risks and improve health.

IT4c-S - Provide public health educational materials in multiple languages and in formats that accommodate special populations.

Special populations: Any individual, group, or community whose circumstances create barriers to obtaining or understanding information, or the ability to access available public health services. Circumstances that may create barriers include, but are not limited to: age, physical, mental, emotional or cognitive status, culture, ethnicity, religious, language, citizenship, or socio-economic status, or health literacy level.

STANDARD IT5 – ESTABLISH AND MAINTAIN A STATEWIDE PUBLIC HEALTH DATA WAREHOUSE.

STATE CRITERIA

IT5a-S - Establish and maintain a public health data warehouse that resides at the state public health department.

The data warehouse will contain but not be limited to a common set of population-based core public health indicators.

IT5b-S - Disseminate public health data via a Web-based application.

The state public health department will establish security levels for the data made available through the Web-based application.

IT5c-S - Identify and provide access to resources that address data not collected by the state public health department, if available.

WORKFORCE

Workforce (WK) - A qualified and well-trained public health workforce is essential to deliver consistent high-quality public health services statewide. To meet the diverse and dynamic public health needs of Iowans now and in the future, the Workforce Standards provide for appropriately qualified workers, a sufficient number of personnel and skill mixes, and on-going training to maintain competency and currency in the public health workforce.

Standard WK1 - Assure a qualified public health workforce.

Standard WK2 - Assure an adequate public health workforce.

Standard WK3 - Assure a competent public health workforce.

STANDARD WK1 - ASSURE A QUALIFIED PUBLIC HEALTH WORKFORCE.

LOCAL CRITERIA

WK1a-L - Assure that the local public health workforce complies with federal, state, and local guidelines and licensure and certification requirements for providing public health services.

WK1b-L - Assure that the local public health workforce complies with the qualifications listed below:

•Public Health Administrator--Bachelor's degree from an accredited college or university in public health, health administration, or other applicable field; a minimum of five years of experience in public health; and completion of a program in public health management, leadership, or sciences from an accredited school of public health or recognized public health organization or completion of an advanced degree in public health or other applicable field within five years of employment date. OR Master's degree or higher from an accredited college or university in public health, health administration, or other applicable field and a minimum of two years of experience in public health.

•Public Health Coordinator/Supervisor--Bachelor's degree or higher from an accredited college or university in public health, health administration, nursing or other applicable field and a minimum of two years of related experience.

•Environmental Health Coordinator/Supervisor--Currently a Registered Sanitarian (RS) or Registered Environmental Health Specialist (REHS) with the National Environmental Health Association (NEHA) or bachelor's degree in a science field, a minimum of two years related experience, and attainment of registration within one year of employment.

•Medical Director--A physician licensed in the state of Iowa as a doctor of medicine and surgery or as an osteopathic physician and surgeon, as defined by law, and preferably two years of training and/or experience in epidemiology and/or public health.

(1) Exemption provisions: Individuals who hold the positions of Public Health Administrator, Public Health Coordinator/Supervisor, and Environmental Health Coordinator/Supervisor that do not meet the position qualifications for education and experience are exempt from meeting those qualifications at the time the standards become effective. However, Public Health Administrators must complete a program in public health management, leadership, or sciences, or complete an advanced degree in public health or other applicable field within five years of the effective date of the standards.
(2) A program in public health management, leadership, or sciences is defined as public health education or training offered by an accredited school of public health or recognized public health organization.
(3) If a national or state public health worker credential program is established, the Public Health Administrator and Public Health Coordinator/Supervisor positions will be expected to comply.

STATE CRITERIA

WK1a-S - Assure that the state public health workforce complies with federal and state guidelines and licensure and certification requirements for providing public health services.

WK1b-S - Assure that the state public health workforce complies with the qualifications listed below:

•Public Health Director--Master's degree or higher from an accredited college or university in public health, health administration, or other applicable field and a minimum of six years of experience in public health or a public health related field.

•Deputy Director and Division Director--Master's degree or higher from an accredited college or university in public health, health administration, or other applicable field; a minimum of six years of experience in public health or another applicable field. Individuals who have Master's degrees in areas other than public health must complete a program in public health management, leadership, or sciences from an accredited school of public health or recognized public health organization within five years of employment date.

•Bureau Chief--Bachelor's degree or higher from an accredited college or university in public health, health administration, or other applicable field; and a minimum of five years of related experience. Individuals who have degrees in areas other than public health must complete a program in public health management, leadership, or sciences from an accredited school of public health or recognized public health organization or complete an advanced degree in public health from an accredited college or university within five years of employment date.

•Medical Director--A physician licensed in the state of Iowa as a doctor of medicine and surgery or as an osteopathic physician and surgeon, as defined by law, and a minimum of six years of training and/or experience in epidemiology and/or public health.

(1) The Governor of Iowa appoints the Public Health Director. This individual is the voice of Iowa's public health system at the state and federal level. Experience in public health is preferred for Public Health Director nominees.
(2) Qualifications for Deputy Director, Division Director, and Bureau Chief are based on the Public Service Executive series in the state classification system.
(3) Exemption provisions: Individuals who hold the positions of Deputy Director, Division Director, and Bureau Chief that do not meet the position qualifications for education and experience are exempt from meeting those qualifications at the time the standards become effective. However, these individuals must complete a program in public health management, leadership, or sciences, or complete an advanced degree in public health or applicable field within five years of the effective date of the standards.
(4) A program in public health management, leadership, or sciences is defined as public health education or training offered by an accredited school of public health or recognized public health organization.
(5) If a national or state public health worker credential program is established, Department Director, Deputy Director, Division Director, and Bureau Chief positions will be expected to comply.

STATE CRITERIA

WK1c-S - Assure protection of individuals served by the public health workforce through licensure, certification, permits to practice and regulation of providers, service programs, trauma facilities, and training programs.

(1) Emergency Medical Services (Iowa Code Chapter 147A; administrative rule authority 641-130/641-143).
Electronic link: http://www.legis.state.ia.us/IowaLaw.html
(2) Licensure Boards for the Health Related Professions (Iowa Code Chapter 147; enabling code chapters and administrative rule authority for 23 boards).
Electronic link: http://www.legis.state.ia.us/IowaLaw.html
(3) Radiological Health (Iowa Code Chapters 136B, 136C, and 136D; administrative rule authority 641-38 through 641-46).
Electronic link: http://www.legis.state.ia.us/IowaLaw.html

STANDARD WK2 - ASSURE AN ADEQUATE PUBLIC HEALTH WORKFORCE.

LOCAL CRITERIA

WK2a-L - Maintain an adequate level of appropriately qualified local staff that provides technical assistance, consultation, and resource referral for local public health and the public.

(1) Determine criteria for what is an adequate workforce.
(2) Resource referral means identifying and engaging those who have knowledge and expertise in related fields, and identifying sources of relevant information.

WK2b-L - Conduct an assessment at least every five years to determine the workforce necessary to maintain organizational capacity and assure the provision of public health services.

(1) Review assessment data prior to filling vacancies, expanding workforce, or expanding scope of services.
(2) Updates should occur as needed.

WK2c-L - Establish and implement a plan of action to address needs identified from the workforce assessment.

Components of the workforce plan may include:

- workforce supply (number, type, and diversity)
- training needs
- policy changes needed
- partnerships with professional organizations, academia, and other resources to address workforce needs
- recruitment and retention
- human and financial resources

WK2d-L - Evaluate the results of the workforce plan of action.

STATE CRITERIA

WK2a-S - Maintain an adequate level of appropriately qualified state staff that provides technical assistance, consultation, and resource referral for local public health and the public.

(1) Determine criteria for what is an adequate workforce.
(2) Resource referral means identifying and engaging those who have knowledge and expertise in related fields, and identifying sources of relevant information.

WK2b-S - Identify and/or develop workforce assessment tools for use by local public health.

WK2c-S - Conduct an assessment at least every five years of the state public health department's workforce to determine the workforce necessary to maintain organizational capacity and assure the provision of public health services.

(1) Review assessment data prior to filling vacancies, expanding workforce, or expanding scope of services.
(2) Updates should occur as needed.

STATE CRITERIA

WK2d-S - Conduct and disseminate a statewide analysis of local and state public health workforce assessments every five years to identify workforce needs.

WK2e-S - Collaborate with professional organizations and academia to develop a statewide plan to address needs identified in workforce assessments.

Components of the workforce plan may include:

- workforce supply (number, type, and diversity)
- training needs
- policy changes needed
- partnerships with professional organizations, academia, and other resources to address workforce needs
- recruitment and retention
- human and financial resources

STANDARD WK3 - ASSURE A COMPETENT PUBLIC HEALTH WORKFORCE.

LOCAL CRITERIA

WK3a-L - Regularly assess competencies of the public health workforce using state or nationally recognized competency models.

Examples of competency models: Iowa Learning Management System and Council on Linkages.

WK3b-L - Use the assessment of competencies to identify individual and organizational training needs and establish learning goals that incorporate lifelong learning and development of leadership skills.

Local Criteria

Promote lifelong learning and public health leadership through continuing education, training, and mentoring.

WK3c-L - Implement training plans which at a minimum meet all local, state, and federal training requirements.

Example of required training: National Incident Management System (NIMS).

WK3d-L - Assure that employees in the following positions obtain 15 hours of public health related continuing education each year: Public Health Administrator, Public Health Coordinator/Supervisor, and Environmental Health Coordinator/Supervisor.

(1) The continuing education requirement applies to employees who hold administrative positions when the Iowa Public Health Standards become effective and employees hired after the effective date of the standards. Employees will document their own continuing education units.
(2) Examples of applicable continuing education includes:
- education related to position responsibilities (e.g., leadership, fiscal management, supervisory skills, etc.)
- education related to the components of the Iowa Public Health Standards (e.g. community assessment, environmental health, promote healthy behaviors, etc.)

State Criteria

WK3a-S - Identify evidence based state or nationally recognized public health competency models for use by local and state public health.

WK3b-S - Regularly assess competencies of the state public health department workforce using state recognized competency models.

WK3c-S - Use the assessment of competencies to identify individual and organizational training needs and establish learning goals that incorporate lifelong learning and development of leadership skills.

Promote lifelong learning and public health leadership through continuing education, training, and mentoring

WK3d-S - Implement training for the state public health department's workforce that at a minimum meet all state and federal training requirements.

Example of required training: National Incident Management System (NIMS).

WK3e-S - Assure the availability of practice-based and competency-based education and training for the public health workforce.

The state public health department will provide training if applicable.

WK3f-S - Provide learning opportunities for the public health workforce through partnerships with academia.

Examples of learning opportunities: internships, job shadowing, mentorship, practicum, and research projects.

STATE CRITERIA

WK3g-S - Assure state-level employees that provide technical assistance and consultation to local public health obtain 15 hours of public health related continuing education each year.

(1) The continuing education requirement applies to employees who hold these positions when the Iowa Public Health Standards become effective and employees hired after the effective date of the standards. Employees will document their own continuing education units.
(2) Examples of applicable continuing education includes:
- •education related to position responsibilities
- •education related to the components of the Iowa Public Health Standards (e.g., community assessment, environmental health, promote healthy behaviors, etc.)
- •Continuing Education Units (CEUs) approved by an accredited body for public health related professions such as nursing

(3) Positions include: Department Director, Deputy Director, Division Director, Bureau Chief, Medical Director, and other staff as described in WK3g-S.

COMMUNITY ASSESSMENT AND PLANNING

Community Assessment and Planning (CA) - The Community Assessment and Planning Standards address the key elements of community health assessment, including developing a community health profile, building community collaboration, developing a community health improvement plan, and evaluating the outcome. The standards require a community assessment every five years; however, communities experiencing rapid change may need a community health assessment as frequently as every three years.

Standard CA1 - Complete a comprehensive assessment of the community's health status at a minimum of every five years.

Standard CA2 - Maintain a community health profile.

Standard CA3 - Build and maintain collaborative relationships that support assessment and planning processes.

Standard CA4 - Develop a comprehensive community health improvement plan at a minimum of every five years.

Standard CA5 - Communicate information on the health status and health needs of the community.

STANDARD CA1 - COMPLETE A COMPREHENSIVE ASSESSMENT OF THE COMMUNITY'S HEALTH STATUS AT A MINIMUM OF EVERY FIVE YEARS.

LOCAL CRITERIA

CA1a-L - Conduct regular community health assessments which identify health risks and health service needs, vital statistics and health indicators, and community assets and resources.

(1) Community is defined as the geographic area that an entity is responsible for or that an entity is serving. Examples: city, county, multi-county area, and state.
(2) Community health assessment: Process of analyzing the needs and assets of a community to assist in setting priorities. Provides the general public and policy leaders with information on health risk, health status, and health needs in the community and information on policies and programs that can improve community health.

STATE CRITERIA

CA1a-S - Provide technical assistance, consultation, information, capacity building, training and resource referral to local public health agencies regarding the community health needs assessment process and reporting system.

(1) Community is defined as the geographic area that an entity is responsible for or that an entity is serving. Examples: city, county, multi-county area, and state.
(2) Community health assessment: Process of analyzing the needs and assets of a community to assist in setting priorities. Provides the general public and policy leaders with information on health risk, health status, and health needs in the community and information on policies and programs that can improve community health.

CA1b-S - Conduct regular state-level community health assessments which include health risks and health services needs, vital statistics and health indicators, community assets and resources, and results of the local community health assessment process.

Standard CA2 - Maintain a community health profile.

Local Criteria

CA2a-L - Establish methods to update the community health profile annually.

Community health profile: A common set of population-based core public health indicators that describe the health status of the community.

CA2b-L - Adopt methods for collecting and analyzing trend data for the community health profile.

CA2c-L - Compare local data to data from other localities and state and national indicators.

State Criteria

CA2a-S - Establish and support an advisory user group comprised of state and local representatives to guide development and maintenance of a community health profile.

1) Community health profile: A common set of population-based core public health indicators that describe the health status of the community.
2) Recommended user group responsibilities:
   - •Identify data to be included in the public health data warehouse. Refer to Communication and Information Technology Standard IT5.
   - •Identify a common set of population-based core public health indicators (a group of measures that contribute to a description of a broader health category, e.g., Kids Count to measure child health status).
   - •Guide functionality and capabilities for reports and data retrieval.

CA2b-S - Establish methods to update health profiles annually.

CA2c-S - Adopt methods for collecting and analyzing trend data for the state-level health profile.

CA2d-S - Compare state data to local data and other states and national indicators.

STANDARD CA3 - BUILD AND MAINTAIN COLLABORATIVE RELATIONSHIPS THAT SUPPORT ASSESSMENT AND PLANNING PROCESSES.

LOCAL CRITERIA

CA3a-L - Invite at least the minimum recommended stakeholders to participate in the community assessment and planning process.

Minimum recommended stakeholders:

- •Local board of health
- •Local health care providers (e.g., hospitals, clinics, practitioners)
- •Other public health system agencies (e.g., substance abuse, problem gambling, and mental health providers)
- •Community-based organizations
- •Members of the general public
- •Emergency management
- •Fire department
- •Educational system
- •Law enforcement
- •Business/Industry representatives
- •Human service agencies
- •Elected official representation
- •Media
- •EMS
- •Judicial system

CA3b-L - Use multiple strategies to facilitate communication and collaboration.

Examples of strategies: letters, community meetings, coalition development, and automated e-mail delivery systems.

CA3c-L - Maintain engagement of stakeholders in community health assessment and planning activities to aid in identifying community issues and themes.

STATE CRITERIA

CA3a-S - Invite at least the minimum recommended stakeholders to participate in the community assessment and planning process.

Minimum recommended stakeholders:

- •State board of health
- •Other public health system agencies
- •Educational system
- •State government
- •Emergency management
- •Judicial system
- •Local public health representatives
- •Community-based organizations
- •Law enforcement
- •Members of the general public
- •EMS
- •Business/Industry representatives
- •Health care providers
- •Human service agencies
- •Elected official representation
- •Media
- •Fire department
- •Professional health organizations

STATE CRITERIA

CA3b-S - Use multiple strategies to facilitate communication and collaboration.

Examples of strategies: letters, community meetings, coalition development, and automated e-mail delivery systems.

CA3c-S - Maintain engagement of stakeholders in community health assessment and planning activities to aid in identifying community issues and themes.

STANDARD CA4 - DEVELOP A COMPREHENSIVE COMMUNITY HEALTH IMPROVEMENT PLAN AT A MINIMUM OF EVERY FIVE YEARS.

LOCAL CRITERIA

CA4a-L - Develop a health improvement plan to address identified community health priorities based on the results of the community health assessment.

Health improvement plan: A comprehensive plan that addresses community health priorities based on the results of the community health assessment process. The plan contains timelines, responsible parties, and a method for evaluation.

CA4b-L - Partner with community groups and organizations on defined health improvement projects.

CA4c-L - Align community health improvement plan with state and national priorities.

Example: Reference Healthy Iowans 2010. Unique local issues may not have a state/local standard or benchmark to align with.

CA4d-L - Evaluate and update the community health improvement plan annually.

STATE CRITERIA

CA4a-S - Develop a community health improvement plan reporting process that is designed according to user group recommendations.

(1) Health improvement plan: A comprehensive plan that addresses community health priorities based on the results of the community health assessment process. The plan contains timelines, responsible parties, and a method for evaluation.
(2) Community health improvement plan reporting process: Collection and dissemination of community health improvement plans (local and state).
(3) User group should be comprised of both local and state representatives.

STATE CRITERIA

CA4b-S - Develop a state health improvement plan to address identified community health priorities based on the results of the state-level community health assessment.

CA4c-S - Align the state-level community health improvement plan with local and national priorities.

CA4d-S - Evaluate and update the state-level community health improvement plan annually.

STANDARD CA5 - COMMUNICATE INFORMATION ON THE HEALTH STATUS AND HEALTH NEEDS OF THE COMMUNITY.

LOCAL CRITERIA

CA5a-L - Disseminate results of the community health assessment process to stakeholders.

CA5b-L - Educate and engage community partners and stakeholders on use of the community health assessment findings and health improvement plan.

CA5c-L - Evaluate effectiveness of communication strategies.

Examples of effectiveness could include: increased levels of engagement, increased levels of awareness, and use of the results of the community health needs assessment process in organizational strategic planning.

STATE CRITERIA

CA5a-S - Disseminate results of the state-level community health assessment process to stakeholders.

CA5b-S - Educate and engage community partners and stakeholders on use of the state-level community health assessment findings and health improvement plan.

CA5c-S - Evaluate effectiveness of the communication strategies.

Examples of effectiveness could include: increased levels of engagement, increased levels of awareness, and use of the results of the community health needs assessment process in organizational strategic planning.

EVALUATION

Evaluation (EV) - On-going evaluation and systematic critical review of the effectiveness, accessibility, and quality of public health services are key functions of public health. The Evaluation Standards require evaluation of programs and services and allow for discretion on the method of evaluation.

Standard EV1 - Conduct comprehensive evaluation of programs and services.

Standard EV1 - Conduct comprehensive evaluation of programs and services.

Local Criteria

EV1a-L - Develop, implement, and maintain a systematic process to evaluate individual programs. The evaluation process must include minimum required components.

The minimum required components of an evaluation process:

- Written goals, objectives, and performance measures that use appropriate data and are analyzed regularly. Performance measures include both process measures (Did you do what you said you would do?) and outcome measures (What happened because of what you did?).
- Strategies to monitor program and service compliance with local, state, and federal requirements
- Evidence that programs and services align with state and/or local community health priorities
- Steps to determine cost effectiveness of programs and services
- Evaluate programs and services against evidence based criteria and established best practices

EV1b-L - Establish a process to report evaluation outcomes to stakeholders.

Stakeholders should include community partners, boards of health, and members of the community at large.

EV1c-L - Adjust programs and services based on evaluation results.

State Criteria

EV1a-S - Provide technical assistance, consultation, information, and resource referral to local public health agencies on evaluation of individual programs or services.

EV1b-S - Develop, implement, and maintain a systematic process to evaluate individual programs. The evaluation process must include minimum required components.

The minimum required components of an evaluation process:

- Written goals, objectives, and performance measures that use appropriate data and are analyzed regularly. Performance measures include both process measures (Did you do what you said you would do?) and outcome measures (What happened because of what you did?).
- Strategies to monitor program and service compliance with local, state, and federal requirements
- Evidence that programs and services align with state and/or local community health priorities
- Steps to determine cost effectiveness of programs and services
- Evaluate programs and services against evidence based criteria and established best practices

EV1c-S - Establish a process to report evaluation outcomes to stakeholders.

Stakeholders should include community partners, boards of health, and members of the community at large.

EV1d-S - Adjust programs and services based on evaluation results.

Prevent Epidemics and the Spread of Disease

Prevent Epidemics and the Spread of Disease (PE) - Controlling infectious or communicable disease is fundamental to public health. Prevent Epidemics and the Spread of Disease Standards address surveillance, investigation, and prevention and control measures. These measures must be in place for every-day activities such as reportable disease follow-up as well as events of disease outbreaks. Epidemiology, environmental health, and laboratory functions are equal elements in this system.

Standard PE1 - Provide and maintain a surveillance system to gather information about common, rare, and environmental diseases, including disease outbreaks.

Standard PE2 - Provide and maintain a comprehensive reportable disease follow-up and disease outbreak investigation system that incorporates epidemiology, environmental, and laboratory functions.

Standard PE3 - Provide and maintain measures to prevent and control the spread of infectious, communicable, and environmental diseases.

STANDARD PE1 - PROVIDE AND MAINTAIN A SURVEILLANCE SYSTEM TO GATHER INFORMATION ABOUT COMMON, RARE, AND ENVIRONMENTAL DISEASES, INCLUDING DISEASE OUTBREAKS.

LOCAL CRITERIA

PE1a-L - Develop and maintain a 24 hour, seven days a week, 365 days a year surveillance system.

Components of the system must include:
- •mechanism for notification among partners
- •process to educate and inform partners and the public
- •process for disease confirmation
- •epidemiological review of disease activities

PE1b-L - Conduct disease surveillance activities in accordance with state recommended resources.

State recommended resources include but are not limited to:
- •Iowa Department of Public Health (IDPH) EPI Manual
- •University Hygienic Laboratory (UHL) Web site
- •Communicable Disease Manual
- •IDPH Foodborne Outbreak Investigation Manual
- •Iowa Disease Surveillance System
- •Federal, state, local laws and ordinances
- •Epidemiology and Prevention of Vaccine Preventable Diseases (Pink Book)
- •Centers for Disease Control and Prevention (CDC) and Food and Drug Administration (FDA) Web sites

PE1c-L - Establish partnerships and work cooperatively on disease surveillance initiatives.

Partners should include but not be limited to:
- •other state health departments
- •Federal Government (CDC, HHS, FDA, etc.)
- •UHL personnel
- •infection control practitioners
- •health care professionals
- •school nurses
- •child care providers
- •local public health agencies
- •national health organizations (ASTHO, APHA, CSTE, etc.)
- •public/environmental health personnel
- •laboratorians
- •veterinarians
- •academicians
- •institutions (educational, long-term care, residential care, correctional facilities)
- •all other state agencies (e.g., Homeland Security, Department of Inspections and Appeals, Department of Natural Resources, etc.)

PE1d-L - Assure timely collection and delivery of specimens to designated laboratory.

PE1e-L - Evaluate the effectiveness of the surveillance system annually.

PE1f-L - Develop and implement an improvement plan annually based on evaluation of the surveillance system.

PE1g-L - Assure that staff members are knowledgeable and trained in current practices in disease surveillance.

STATE CRITERIA

PE1a-S - Develop and maintain a 24 hour, seven days a week, 365 days a year surveillance system.

Components of the system must include:
- mechanism for notification among partners
- process to educate and inform partners and the public
- process for disease confirmation
- epidemiological review of disease activities

PE1b-S - Provide technical assistance, epidemiological consultation, information, and resource referral to local public health agencies regarding disease surveillance on federal, state, local laws and ordinances.

PE1c-S - Provide state epidemiological capacity and expertise as a resource regarding disease education and outbreak management.

PE1d-S - Develop and maintain state recommended resources to conduct disease surveillance.

PE1e-S - Assure the state public health laboratory identifies and detects infectious diseases and, contributes to a statewide surveillance system.

PE1f-S - Assure the state public health laboratory has the ability to respond to the needs of health care providers and public health practitioners.

In addition to assuring laboratory services:
- Support the need for a state public health lab to develop and/or implement new technologies so that the latest and most effective methods to accurately detect pathogens are available for public health and health care providers.
- Support state public health laboratory in informing and educating other reference labs throughout the state with current guidelines.
- Support state public health lab in maintaining federal Clinical Laboratory Improvement Amendment (CLIA) standard.

PE1g-S - Assure that disease surveillance training is available to local public health agencies.

PE1h-S - Conduct disease surveillance activities according to state recommended epidemiology resources.

State recommended resources include but are not limited to:
- Iowa Department of Public Health (IDPH) EPI Manual
- University Hygienic Laboratory (UHL) Web site
- Communicable Disease Manual
- Federal, state, local laws and ordinances
- Centers for Disease Control and Prevention (CDC) and Food and Drug Administration (FDA) Web sites
- IDPH Foodborne Outbreak Investigation Manual
- Iowa Disease Surveillance System
- Epidemiology and Prevention of Vaccine Preventable Diseases (Pink Book)

STATE CRITERIA

PE1i-S - Provide timely statewide reportable disease summaries in a manner consistent with the state code.

PE1j-S - Establish partnerships and work cooperatively on disease surveillance initiatives.

Partners should include but not be limited to:

- other state health departments
- Federal Government (CDC, HHS, FDA, etc.)
- UHL personnel
- infection control practitioners
- health care professionals
- school nurses
- child care providers
- local public health agencies
- national health organizations (ASTHO, APHA, CSTE, etc)
- public/environmental health personnel
- laboratorians
- veterinarians
- academicians
- institutions (educational, long-term care, residential care, correctional facilities)
- all other state agencies (e.g., Homeland Security, Department of Inspections and Appeals, Department of Natural Resources, etc.)

PE1k-S - Evaluate the effectiveness of the surveillance system and provide updates annually to partners.

PE1l-S - Develop and implement an improvement plan annually based on evaluation of the surveillance system.

PE1m-S - Assure that state public health department staff members are knowledgeable and trained in current practices in disease surveillance.

STANDARD PE2 - PROVIDE AND MAINTAIN A COMPREHENSIVE REPORTABLE DISEASE FOLLOW-UP AND DISEASE OUTBREAK INVESTIGATION SYSTEM THAT INCORPORATES EPIDEMIOLOGY, ENVIRONMENTAL, AND LABORATORY FUNCTIONS.

LOCAL CRITERIA

PE2a-L - Develop, implement, and maintain written policies and procedures, including assignment of responsibilities for reportable disease follow-up and disease outbreak investigations.

PE2b-L - Conduct reportable disease follow-up investigations and disease outbreak investigation activities in accordance with state recommended resources.

State recommended resources include, but are not limited to:

- Iowa Department of Public Health (IDPH) EPI Manual
- University Hygienic Laboratory (UHL) Web site
- Communicable Disease Manual
- IDPH Foodborne Outbreak Investigation Manual
- Iowa Disease Surveillance System
- Federal, state, local laws and ordinances
- Epidemiology and Prevention of Vaccine Preventable Diseases (Pink Book)
- Centers for Disease Control and Prevention (CDC) and Food and Drug Administration (FDA) Web sites

Local Criteria

PE2c-L - Establish partnerships and work cooperatively with community partners on reportable and disease outbreak investigations.

Partners should include but not be limited to:

- other state health departments
- Federal Government (CDC, HHS, FDA, etc.)
- UHL personnel
- infection control practitioners
- health care professionals
- school nurses
- child care providers
- institutions (educational, long-term care, residential care, correctional facilities)
- all other state agencies (e.g., Homeland Security, Department of Inspections and Appeals, Department of Natural Resources, etc.)
- local public health agencies
- national health organizations (ASTHO, APHA, CSTE, etc.)
- public/environmental health personnel
- laboratorians
- veterinarians
- academicians

PE2d-L - Evaluate the effectiveness of the investigation system annually.

PE2e-L - Complete a lessons learned report following significant events.

PE2f-L - Develop and implement an improvement plan annually based on evaluation of the investigation system and lessons learned reports.

PE2g-L - Assure that staff members are knowledgeable and trained in current practices in disease follow-up and outbreak investigation.

State Criteria

PE2a-S - Develop, implement, and maintain written policies and procedures, including assignment of responsibilities between local and state public health departments.

PE2b-S - Develop comprehensive communication plan between local and state public health departments.

PE2c-S - Develop and maintain state based resources for disease follow-up and outbreak management.

PE2d-S - Provide state epidemiological capacity and expertise as a resource regarding disease education and outbreak management.

PE2e-S - Provide technical assistance, epidemiological consultation, information, and resource referral to local public health agencies regarding disease education and outbreak management.

STATE CRITERIA

PE2f-S - Assure that disease follow-up and outbreak management is available for local public health agencies.

PE2g-S - Conduct reportable disease follow-up investigations and disease outbreak investigation activities in accordance with state recommended resources.

State recommended resources include, but are not limited to:

- Iowa Department of Public Health (IDPH) EPI Manual
- University Hygienic Laboratory (UHL) Web site
- Communicable Disease Manual
- IDPH Foodborne Outbreak Investigation Manual
- Iowa Disease Surveillance System
- Federal, state, local laws and ordinances
- Epidemiology and Prevention of Vaccine Preventable Diseases (Pink Book)
- Centers for Disease Control and Prevention (CDC) and Food and Drug Administration (FDA) Web sites

PE2h-S - Establish partnerships and work cooperatively with community partners on reportable disease and outbreak investigations.

Partners should include but not be limited to:

- other state health departments
- Federal Government (CDC, HHS, FDA, etc.)
- UHL personnel
- infection control practitioners
- health care professionals
- school nurses
- child care providers
- local public health agencies
- national health organizations (ASTHO, APHA, CSTE, etc.)
- public/environmental health personnel
- laboratorians
- veterinarians
- academicians
- institutions (educational, long-term care, residential care, correctional facilities)
- all other state agencies (e.g., Homeland Security, Inspections and Appeals, Department of Natural Resources, etc.)

PE2i-S - Evaluate the effectiveness of the investigation system and provide updates annually to partners.

PE2j-S - Complete a lessons learned report following significant events.

PE2k-S - Develop and implement an improvement plan annually based on evaluation of the investigation system and lessons learned reports.

PE2l-S - Assure that state public health department staff members are knowledgeable and trained in current practices in disease follow-up and outbreak management.

Standard PE3 - Provide and maintain measures to prevent and control the spread of infectious, communicable, and environmental diseases.

Local Criteria

PE3a-L - Identify, design, and implement prevention and control measures for individuals, communities, and the environment.

Prevention and control measures should include, but are not limited to:
- public information and education
- vaccinations/immunizations for children and adults
- quarantine and isolation strategies
- environmental health controls
- treatment guidelines

PE3b-L - Provide clear, culturally appropriate, timely, and effective education, information, and consultation about prevention, management, and control of communicable diseases to the public and health care community.

PE3c-L - Evaluate the effectiveness of the prevention and control measures annually.

PE3d-L - Develop and implement an improvement plan annually based on evaluation of the prevention and control measures.

PE3e-L - Assure that staff members are knowledgeable and trained in current practices to prevent and control the spread of infectious, communicable, and environmental diseases.

State Criteria

PE3a-S - Identify, design, and implement prevention and control measures for individuals, communities, and the environment.

Prevention and control measures should include, but are not limited to:
- public information and education
- vaccinations/immunizations for children and adults
- quarantine and isolation strategies
- environmental health controls
- treatment guidelines

PE3b-S - Review, update, and distribute date-marked prevention and control measures to partners.

PE3c-S - Provide technical assistance, epidemiological consultation, information, and resource referral to local public health agencies regarding disease prevention and control on federal, state, local laws and ordinances.

PE3d-S - Provide models to measure effectiveness of disease prevention and control interventions.

STATE CRITERIA

PE3e-S - Serve as surge capacity for local public health agencies directly involved in outbreak control.

PE3f-S -Assure that training in prevention and control of infectious, communicable and environmental diseases is available for local public health agencies.

PE3g-S -Provide clear, culturally appropriate, timely, and effective education, information, and consultation about prevention, management, and control of communicable diseases to the public and health care community.

PE3h-S -Evaluate the effectiveness of the prevention and control measures annually.

PE3i-S - Develop and implement an improvement plan annually based on evaluation of the prevention and control measures.

PE3j-S - Assure that state public health department staff members are knowledgeable and trained in current practices to prevent and control infectious, communicable and environmental diseases.

PROTECT AGAINST ENVIRONMENTAL HAZARDS

Protect Against Environmental Hazards (EH) - The control of environmental and sanitary living conditions is a foundation of public health practice. Protect Against Environmental Hazards Standards focus the need for the public health system to have established procedures in place for monitoring and controlling sanitary living conditions. The standards emphasize the importance of monitoring environmental conditions of risk and enforcing health rules and regulations that minimize or eliminate those risks.

Standard EH1 - Provide comprehensive environmental health services.

Standard EH2 - Monitor for environmental health risks and illnesses.

Standard EH3 - Enforce environmental health rules and regulations.

Standard EH4 - Assure a competent environmental health workforce.

Standard EH1 - Provide comprehensive environmental health services.

Local Criteria

EH1a-L - Shall provide core environmental health inspection or consultative services.

"Core services" are defined as:

- •Non-public water wells
- •On-site wastewater
- •Public health nuisances
- •Vector control
- •Animal control protocol for rabies cases
- •Time of Transfer inspections for on-site wastewater and private water wells

EH1b-L - May provide supplemental environmental health inspection or consultative services.

"Supplemental services" may include the following:

- •Food safety/lodging
- •Childhood lead poisoning prevention
- •Pool safety
- •Indoor air quality
- •Tattoo
- •Tanning beds
- •Other programs determined by the local board of health

EH1c-L - Maintain a policy and procedure manual for all environmental health services provided. The manual must address minimum required components.

The minimum required components of the policy and procedure manual include:

- •Complaint handling
- •Permit process
- •License process
- •Inspection requirements
- •Investigation procedures
- •Fee requirements
- •Enforcement protocols
- •Appeal process
- •Record keeping and documentation
- •Contractor and service provider competency and certification requirements

State Criteria

EH1a-S - In coordination with other key state agencies, establish minimum inspection criteria for core and supplemental environmental health services.

The inspection criteria will be published in the form of checklists, brochures, procedure manuals, Web sites, etc. for distribution to local programs.

EH1b-S - In coordination with other key state agencies, establish minimum components for local policies and procedures that are consistent with the requirements of EH1c-L.

The minimum components will be published in the form of checklists, brochures, procedure manuals, Web sites, etc. for distribution to local programs.

EH1c-S - Standardize local environmental health specialists on the core and supplemental environmental health services.

EH1d-S - Provide consultation, technical assistance, and resource referral on the delivery of environmental health services.

Standard EH2 – Monitor for environmental health risks and illnesses.

Local Criteria

EH2a-L - Assess data on environmentally related illnesses within the jurisdiction.

EH2b-L - Analyze environmental testing data and use to assess threats.

EH2c-L - Link to local, state, and federal sources of environmental data.

EH2d-L - Establish partnerships with other local jurisdictions, agencies, and/or departments to monitor environmental conditions.

EH2e-L - Engage community stakeholders in the process of reviewing health data and recommending action such as further investigation, new program efforts, or policy direction.

EH2f-L - Review local environmental health indicators at least annually and provide data and information to the community health assessment process.

Refer to Community Assessment and Planning Standards CA1 and CA2.

State Criteria

EH2a-S - Establish criteria for data collected by local environmental health programs.

EH2b-S - Create Web-based databases for environmental health programs administered by the state public health department.

Programs such as pool/spa, tattoo, and tanning.

EH2c-S - Monitor research on environmentally related diseases and provide summary to local environmental health programs on current issues.

EH2d-S - Inform local environmental health programs of data sources available at the state and federal level.

EH2e-S - Identify technical resources relating to environmentally based health concerns.

Technical resources such as research articles, health registries, Web-based resources (e.g., Epi-Manual, Environmental Protection Agency (EPA), and Centers for Disease Prevention and Control (CDC)), professional associations, etc. Local programs can use this information to determine health risks and/or other concerns.

STATE CRITERIA

EH2f-S - Provide consultation, technical assistance, and resource referral on environmental health risks and illnesses.

EH2g-S - Establish environmental health indicators to measure the impact of state and local environmental health programs.

Refer to criteria CA2a-S regarding indicators for all public health.

STANDARD EH3 – ENFORCE ENVIRONMENTAL HEALTH RULES AND REGULATIONS.

LOCAL CRITERIA

Refer to Governance Standard GV5 and Administration Standard AD3 regarding enforcement of state health laws.

EH3a-L - Conduct inspections and investigations and follow-up to verify compliance with appropriate rules and laws.

EH3b-L - Annually document number of inspections and investigations conducted.

EH3c-L - Annually document number of resolved and unresolved cases.

EH3d-L - Document the review of policies defined in EH1c-L at a minimum of every five years.

STATE CRITERIA

EH3a-S - Enforce regulatory and contractual requirements placed on local environmental health programs.

EH3b-S - Provide consultation and technical assistance on environmental health regulations.

EH3c-S - Review and update program regulations and fees every five years.

EH3d-S - Conduct inspections and investigations, and follow-up to verify compliance with appropriate rules and laws.

EH3e-S - Annually document number of inspections and investigations conducted.

EH3f-S - Annually document number of resolved and unresolved cases.

Standard EH4 – Assure a competent environmental health workforce.

Local Criteria

EH4a-L - Assure environmental health staff members attend a minimum of 12 hours of environmental health related training per year as approved by the Iowa Environmental Health Association registration program.

(1) Individuals who hold the position of Environmental Health Coordinator/Supervisor are required to obtain 15 hours of public health related continuing education units each year. Refer to Workforce Standard WK3d-L.
(2) Registration on a calendar year basis.
(3) Training may be completed through formal training, in-service, on-line, etc.

EH4b-L - Assure all environmental health staff members receive a minimum of one training per year related to the "Core Competencies to Practice Environmental Health," May 2001.

EH4c-L - Assure key environmental health staff members are educated in risk communication.

State Criteria

EH4a-S - Provide in-person orientation on the programs referenced in Standard EH1 within 45 days of hire of an Environmental Health Coordinator/Supervisor.

EH4b-S - Provide regular environmental health issue updates to local environmental health programs.

Updates should be incorporated into a format such as the EPI Update and the Iowa Department of Public Health Legislative Update.

EH4c-S - In coordination with other state agencies and professional organizations, identify training on technical skills and core competencies.

EH4d-S - Assure that local environmental health training needs are met.

Assure training for local public health staff and service providers, including emergency management administrators (EMAs), Haz-Mat teams, etc.

EH4e-S - Assure state environmental health staff members meet the requirements of EH4a-L through EH4c-L.

PREVENT INJURIES

Prevent Injuries (IN) - Intentional and unintentional injuries are a serious public health problem in Iowa. Injuries often result in trauma, loss of independence, lifelong disabilities, or death. Under the Prevent Injuries Standards, local and state public health will monitor injury trends, provide leadership with community partners to focus on injury prevention, and coordinate prevention strategies.

Standard IN1 - Monitor for intentional and unintentional injuries.

Standard IN2 - Provide leadership in involving community stakeholders in efforts to prevent intentional and unintentional injuries.

Standard IN1 - Monitor for intentional and unintentional injuries.

Local Criteria

IN1a-L - Conduct an annual surveillance of injury trends within the jurisdiction to determine the need for targeted intentional and unintentional injury prevention activities.

Surveillance data sources: State and local behavior, injury, and fatality data. Examples: Behavioral Risk Factor Surveillance System (BRFSS); Iowa Youth Survey (IYS); Iowa Farm Injury Report; Iowa Trauma System; Brain & Spinal Cord Injury Report; Highway Traffic Safety Reports; Emergency Medical Services (EMS) run reports; hospital discharge data; vital statistics; and Uniform Crime Reports (UCR).

IN1b-L - Use the community health assessment and community health profile to determine the need for targeted intentional and unintentional injury prevention activities.

Refer to Community Assessment and Planning Standards CA1 and CA2.

State Criteria

IN1a-S - Assure availability of statewide intentional and unintentional injury data to the extent that privacy and confidentiality are maintained where required.

State will use stakeholder input to identify statewide injury data.

IN1b-S - Conduct an annual surveillance of statewide injury trends.

IN1c-S - Use the state-level community health assessment and state-level health profile to determine the need for targeted statewide intentional and unintentional injury prevention activities.

Refer to Community Assessment and Planning Standards CA1 and CA2.

Standard IN2 - Provide leadership in involving community stakeholders in efforts to prevent intentional and unintentional injuries.

Local Criteria

IN2a-L - Mobilize community organizations and build coalitions to promote injury prevention activities.

(1) Encourage linkages among community stakeholders to establish and enhance targeted intentional and unintentional injury prevention activities.
(2) Examples of stakeholders: fire department, law enforcement, EMS, hospitals, civic groups, public health professionals, county extension services, schools, and other local public health agencies.

Local Criteria

IN2b-L - Promote promising and best practices, and/or evidence based injury prevention interventions.

Examples of resources for best practices: Healthy Iowans/Healthy People 2010; Centers for Disease Control and Prevention (CDC)/National Center for Injury Prevention and Control; CDC Injury Trends Data Report; U.S. Surgeon General reports; National Highway Traffic Safety Administration; Children's Safety Network Fact Sheets; Injury Prevention Research Center (IPRC); Iowa Department of Public Health (IDPH) Bureau of EMS; IDPH Bureau of Disability and Violence Prevention; Iowa Department of Public Safety; Poison Control Center; Safe Kids Coalition; and Criminal & Juvenile Justice Planning.

IN2c-L - Support and advocate for strategies to reduce intentional and unintentional injuries.

Examples of strategies: development of a local injury prevention strategic plan (policies/procedures, program development, and/or enhancement); and collaboration with other local public health and state level injury prevention initiatives.

IN2d-L - Provide summary information and education to the public describing the strategies to reduce intentional and unintentional injuries.

Examples of information: press releases, fact sheets, and community education (e.g., displays, health fair presentations, and workshops).

State Criteria

IN2a-S - Assist local public health agencies in the development of strategies to reduce intentional and unintentional injuries.

Examples of assistance: development of an injury prevention strategic plan (policies/procedures, program development, and/or enhancement); and collaboration with other public health and injury prevention initiatives.

IN2b-S - Identify and disseminate information on promising and best practices and/or evidence based injury prevention interventions.

Examples of methods for disseminating information: Web streaming, ICN presentations, regional and local professional conferences, and providing linkage with local public health agencies.

IN2c-S - Establish and support a statewide injury prevention advisory council.

IN2d-S - Establish and maintain statewide injury prevention programs to address needs as identified through the state-level community health assessment process.

Examples of programs: Poison Control/Prevention, Child Passenger Safety, Brain & Spinal Cord Injury, Violence Prevention, Agricultural Injuries, and others identified by statewide need.

IN2e-S - Provide summary information and education to the public describing the strategies to reduce intentional and unintentional injuries.

Examples of information: press releases; fact sheets; community education (e.g., displays, health fair presentations, and workshops); social marketing campaigns; and IDPH Web site and links.

Promote Healthy Behaviors

Promote Healthy Behaviors (HB) - Unhealthy behaviors, including tobacco and other substance abuse, poor nutrition, and lack of physical activity, are the root causes for many chronic diseases and premature deaths. Helping individuals develop healthy behaviors will result in increased wellness and quality of life and decrease chronic disease, premature mortality, and disease burden. The Promote Healthy Behaviors Standards focus on the primary prevention and promotion measures needed to keep illnesses, injuries, and diseases from occurring. Public health is expected to take a leadership role in assuring that services that promote healthy behaviors are available. The services specified in these standards apply to behaviors throughout the lifespan.

Standard HB1 - Assure review of health promotion and prevention services that promote healthy behaviors in individuals, groups, and communities to prevent and reduce illness, injury, and disease.

Standard HB2 - Provide leadership in engaging community stakeholders to support health promotion and preventive services.

Standard HB3 - Assure health promotion and prevention services.

STANDARD HB1 - ASSURE REVIEW OF HEALTH PROMOTION AND PREVENTION SERVICES THAT PROMOTE HEALTHY BEHAVIORS IN INDIVIDUALS, GROUPS, AND COMMUNITIES TO PREVENT AND REDUCE ILLNESS, INJURY, AND DISEASE.

LOCAL CRITERIA

HB1a-L - Conduct an annual review of the existence of health promotion and prevention services within the jurisdiction.

At a minimum, the following health promotion and prevention services should be reviewed:

- •Substance abuse
- •Physical activity
- •Sexual health and behavior
- •Infectious disease
- •Injury prevention
- •Other preventive services offered in the jurisdiction
- •Home and community services (home care aide, homemaker, public health nursing) *
- •Tobacco
- •Oral health
- •Vaccination/immunization
- •Maternal and child health
- •Environmental health
- •Nutrition
- •Mental health
- •Family home visiting
- •Preventive screenings and tests
- •Problem gambling

*Home and community services: Personal health services provided through a variety of funding sources to individuals for the purpose of preventing or delaying institutionalization. Services include skilled nursing, monitoring of health status/health maintenance, assistance with personal cares (home care aide), and maintaining a healthy and safe home environment (homemaking).

HB1b-L - Encourage entities providing health promotion and prevention services in the jurisdiction to address the health risks identified in the community health assessment and community health profile.

Refer to Community Assessment and Planning Standards CA1 and CA2.

STATE CRITERIA

HB1a-S - Provide technical assistance to local public health agencies to conduct an annual review of the existence of health promotion and prevention services.

Examples of topics for technical assistance are coalition building and facilitating meetings.

HB1b-S - Advocate for the continuation and expansion of statewide and/or regional electronic directories of community programs.

Examples of statewide and regional directories: 211, Lifelong Links, and Compass. This criterion is intended to assist local public health agencies in the annual review for health promotion and prevention services.

HB1c-S - Require state public health department contractors to submit and update program information in statewide and/or regional electronic directories of community programs.

STATE CRITERIA

HB1d-S - Request other state agencies to require their contractors to participate in statewide and/or regional electronic directories of community programs.

HB1e-S - Encourage other entities providing health promotion and prevention services to address the health risks identified in the state-level community health assessment and state-level health profile.

Examples of other agencies providing services: Department of Transportation, seat belt usage, helmet usage; Department of Education, school wellness; Iowa State Extension, food safety.

STANDARD HB2 - PROVIDE LEADERSHIP IN ENGAGING COMMUNITY STAKEHOLDERS TO SUPPORT HEALTH PROMOTION AND PREVENTIVE SERVICES.

LOCAL CRITERIA

HB2a-L - Advocate for and develop strategies to address gaps in health promotion and prevention services.

Refer to Governance Standard GV4 regarding public policy development and Community Assessment and Planning Standard CA3 regarding collaborative relationships.

STATE CRITERIA

HB2a-S - Educate and advocate with stakeholders on a statewide basis on the benefits of primary prevention.

Examples of stakeholders include insurance companies, employers, and policymakers.

HB2b-S - Provide technical assistance and tools for advocacy and strategy development.

Standard HB3 - Assure health promotion and prevention services.

Local Criteria

HB3a-L - Provide health promotion and primary prevention services for required categories when no other providers can be identified within the jurisdiction.

(1) Required categories:

- •Tobacco
- •Physical activity
- •Infectious disease
- •Nutrition
- •Vaccination/immunization
- •Preventive screenings and tests

(2) Primary prevention consists of health promotion and specific protection measures that keep illness or injury from occurring and reduce the threat of a specific disease. A key strategy is educational programs that focus on healthy living and favorable environmental conditions.

HB3b-L - Promote the use of promising practices, best practices, and/or evidence based public health services.

HB3c-L - Provide information to the public about health promotion and prevention services available in the jurisdiction.

Examples of methods for providing information: mass media, Web sites, community events, and partnerships with community and private sector organizations.

HB3d-L - Link the public to available health promotion and prevention services.

The statewide and/or regional electronic directories of community programs referenced in HB1b-S will assist in linking the public to resources.

State Criteria

HB3a-S - Identify and disseminate relevant information on new and emerging health promotion and primary prevention issues.

HB3b-S - Identify and disseminate relevant information on promising and best practices and evidence based public health services.

HB3c-S - Provide information to the public about health promotion and prevention services available in Iowa.

Examples of methods for providing information: mass media, Web sites, community events, and partnerships with community and private sector organizations.

HB3d-S - Link the public to available health promotion and prevention services.

The statewide and/or regional electronic directories of community programs referenced in HB1b-S will assist in linking the public to resources.

STATE CRITERIA

HB3e-S - Assist jurisdictions in identifying funding sources for services referenced in HB3a-L when no other providers can be identified.

The state public health department is responsible to assist jurisdictions in identifying funding sources in addition to the state's responsibility to seek funding under Administration Standard AD6.

Prepare for, Respond to, and Recover from Public Health Emergencies

Prepare for, Respond to, and Recover from Public Health Emergencies (ER) - Public health issues are inherent in community disasters. Iowa's public health system must be prepared to respond to public health threats, disasters, and emergencies and be ready to assist communities in recovery. The critical activities in this component involve preparedness and planning with community partners to respond to public health emergencies, including environmental-related emergencies. Some activities that are utilized in general public health matters but also during an emergency (e.g., epidemiological surveillance) are addressed in other component standards as well.

Standard ER1 - Maintain and update the Public Health Emergency Response Plan.

Standard ER2 - Participate in local and regional multidisciplinary response planning groups.

Standard ER3 - Annually test the Public Health Emergency Response Plan.

Standard ER4 - Assure public health preparedness through education and training.

Standard ER1 - Maintain and update the Public Health Emergency Response Plan.

Local Criteria

ER1a-L - Annually review and update the Public Health Emergency Response Plan.

ER1b-L - Secure approval of the local Public Health Emergency Response Plan from local board of health, local board of supervisors and local Emergency Management Agency (EMA) Manager at a minimum of every three years or upon substantive change. Provide a copy of the plan to the EMA.

The county Emergency Management Agency assists public officials, emergency responders, public health, schools, hospitals, industry, and the public to promote emergency preparedness, and assists with the coordination of disaster response and recovery operations.

ER1c-L - Assure that the Public Health Emergency Response Plan meets the minimum requirements as established by the state public health department.

(1) Minimum requirements to be included in the Public Health Emergency Response Plan:
- •Minimum equipment/supplies for public health emergency response
- •Standard operating procedures (SOP) for Point of Dispensing
- •Continuity of Operations (COOP)
- •Memorandums of understanding (MOU) with private and public resources
- •Surge capacity to include staff, equipment, supplies, and demonstrate inter-agency collaboration and links
- •Role of public health in mass care
- •Role of public health in behavioral and counseling services
- •Quarantine and isolation SOP
- •Role of environmental health response
- •Identification of whether county is signatory of Iowa Mutual Aid Compact (IMAC) and how it impacts public health's ability to respond
- •24 hour, seven days a week, and 365 days a year contact person available to respond
- •Position descriptions for volunteers
- •Job action sheets for all roles
- •Procedures to verify credentials for licensed professionals
- •Epidemiological surveillance and response and procedures for notifying appropriate agencies of identified clusters and trends. Examples of appropriate agencies: hospitals, clinics, and Emergency Medical Services (EMS).
- •Identify public health role in investigation, recovery and mitigation of all public health emergencies
- •Public Information Officer and risk communications

(2) Standard operating procedures (SOP) are detailed instructions for carrying out specific responsibilities in an emergecy response plan.
(3) The Public Health Emergency Response Plan may assign entities other than the designated local public health agency with the primary responsibility for components of the plan. For example, another entity may have primary responsibility for mass care. In that case, the designated local public health agency would be responsible to address public health needs that arise during a mass care situation.

STATE CRITERIA

ER1a-S - Annually review and update the State Public Health Emergency Response Plan.

ER1b-S - Assure that the State Public Health Emergency Response Plan meets the minimum requirements as established by Homeland Security and Emergency Management, the Department of Health and Human Services, and the Centers for Disease Control and Prevention (CDC).

Minimum requirements to be included in the Public Health Emergency Response Plan:

- Minimum equipment/supplies for public health emergency response
- Standard operating procedures (SOP) for Point of Dispensing
- Continuity of Operations (COOP)
- Memorandums of understanding (MOU) with private and public resources
- Surge capacity to include staff, equipment, supplies, and demonstrate inter-agency collaboration and links
- Role of public health in mass care
- Role of public health in behavioral and counseling services
- Quarantine and isolation SOP
- Role of environmental health response
- 24 hour, seven days a week, and 365 days a year contact person available to respond
- Job action sheets for all roles
- Procedures to verify credentials for licensed professionals
- Epidemiological surveillance and response and procedures for notifying appropriate agencies of identified clusters and trends. Examples of appropriate agencies: hospitals, clinics, and Emergency Medical Services (EMS).
- Identify public health role in investigation, recovery and mitigation of all public health emergencies
- Public Information Officer and risk communications

ER1c-S - Review and update the local public health agency (LPHA) emergency response plan template annually.

ER1d-S - Review and update any guidelines and templates distributed to hospitals and Emergency Medical Services annually.

ER1e-S - Review local plans annually to ensure template changes are incorporated.

ER1f-S - Coordinate with Homeland Security and Emergency Management Division (HSEMD) to assist LPHA and hospitals to work with local EMA for public health emergency response plan development and approval.

ER1g-S - Provide technical assistance, consultation, and resource referral for local public health agencies and hospitals regarding the Public Health Emergency Response Plan.

ER1h-S - Secure approval of state public health emergency response plan from state board of health and HSEMD at a minimum of every three years or upon substantive change. Provide a copy to HSEMD.

Standard ER2 - Participate in local and regional multidisciplinary response planning groups.

Local Criteria

ER2a-L - Collaborate with local multidisciplinary response partners that may affect emergency response for updating and reviewing emergency response plans at a minimum of two times a year.

Local multidisciplinary response groups include but are not limited to: EMA, EMS, law enforcement, fire, and hospital and elected/appointed officials.

ER2b-L - Assure public health representation is available for the Emergency Operations Center (EOC) for any event with public health implications.

ER2c-L - Collaborate with regional multidisciplinary response partners that may affect a regional emergency response for updating and reviewing local emergency response plans at a minimum of one time a year.

Regional is defined as surrounding counties and/or states that are in a geographical area proximate to the designated LPHA.

State Criteria

ER2a-S - Collaborate with state multidisciplinary response partners that may affect emergency response for updating and reviewing emergency response plans at a minimum of two times a year.

State multidisciplinary response partners include but are not limited to: HSEMD, CDC, DHS, FEMA, IGOV, DNR, IDALS, DPS, and DAS.

ER2b-S - Collaborate with Homeland Security and Emergency Management Division (HSEMD) to encourage local EMA managers include public health and hospital representation in the Emergency Operations Center (EOC).

ER2c-S - Assure state public health representation is available for the EOC for any event with public health implications.

ER2d-S - Collaborate with appropriate multidisciplinary response partners and other areas that may affect a regional emergency response at a minimum of one time a year.

Standard ER3 - Annually test the Public Health Emergency Response Plan.

Local Criteria

ER3a-L - Participate in actual events or plan, implement, and evaluate one exercise with other appropriate response partners.

(1) Examples of testing a portion of the plan include: activate the call tree, discuss Point of Dispensing set-up, and review quarantine and isolation procedures.
(2) An actual event is defined as an event that is not planned. This criterion can be met with one or multiple exercises.

State Criteria

ER3a-S - Develop standardized exercise tool-kit for local public health agencies and hospitals, review the tool kit annually, and update as needed.

ER3b-S - Participate in actual events or plan, implement, and evaluate one exercise with other appropriate response partners.

ER3c-S - Provide technical assistance, consultation, and resource referral for local public health agencies and hospitals regarding the testing of the Public Health Emergency Response Plan.

Standard ER4 - Assure public health preparedness through education and training.

Local Criteria

ER4a-L - Assure that staff members responsible for components of the Public Health Emergency Response Plan receive annual training regarding their role in the Public Health Emergency Response Plan and document their training participation.

Examples of training include: National Incident Management System (NIMS) compliancy; basic EPI; proper use of Personal Protective Equipment (PPE); Bio-Chemical Threat Agents; isolation and quarantine; risk communication; Health Alert Network; and hazardous materials awareness.

State Criteria

ER4a-S - Provide technical assistance, consultation, training sessions, and resource referral for public health and hospital training needs.

ER4b-S - Assure that state public health department staff members responsible for components of the Public Health Emergency Response Plan receive annual training regarding their role in the Public Health Emergency Response Plan and document their training participation.

ER4c-S - Identify and disseminate relevant information about promising and best practices for public health preparedness.

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