

District-Level Instrument

Study of the Organization and Management of Communicable Disease Prevention

Phase I
KARNATAKA, INDIA

2001-2002

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Introduction and Instructions

Introduction. This questionnaire is designed to assess the current state of those public health activities at the district level which relate to the prevention of communicable diseases . It focuses mainly on the *District Medical and Health Office*—the government’s main agency for assuring the public’s health at the district level—but it also asks questions about the DMHO’s relationship with other organizations, both governmental and non-governmental, that are active in health-related issues. These organizations include:

- ◆ *Other government departments* such as the Public Health Engineering Department, the Rural Development Department and Urban Development Department (due to their involvement in water and sanitation issues), the Revenue Department (for its role in health emergencies and coordinating the activities of other government units), Municipalities (due to their involvement in these issues in urban areas) and others;
- ◆ *Panchayati Raj Institutions*, which, due to their relationship with the citizenry, can provide a method of promoting community involvement in the planning, delivery or evaluation of public health services;
- ◆ *Non-governmental organizations and community groups* such as Women’s Committees, local interest groups, and other groups with an interest in health issues;
- ◆ *Private medical and health providers* including allopathic, homeopathic, Ayurvedic, Unani and other ISM providers, all of whom are closely involved in the provision of clinic-based health services — and have an important role in public health surveillance.

The effectiveness of a DMHO’s functioning depends on a number of factors. “Internal” factors such as planning and evaluation, personnel management and the quality of program and implementation are important factors, as are “external” issues such as the DMHO’s relationship with other agencies in the district (so-called “horizontal collaboration”) and with its supervising agencies at the State- and Central levels (also known as “vertical integration”). This questionnaire looks at these issues in the context of ten “essential services”—a set of core public health functions which any district-level agency might be expected to carry out—and is designed to enable a comparative analysis to be carried out, both across districts and across time.

Instructions—The questionnaire is divided into ten “essential services”, each of which has a number of “indicators”. For example, the first essential service (“Monitoring health status to identify community health problems”) has three indicators:

Indicator 1.1: Population-Based Community Health Profile (CHP)

Indicator 1.2: Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data

Indicator 1.3: Maintenance of Population Health Registries

Each of these indicators is followed by “Model Community Standards” which describes, in text form, the essential components of that indicator. For Indicator 1.1 above, the model standards begin as follows:

Model Community Standards	◆ The DMHO (including blocks, PHCs, sub-centers etc.) conducts regular community health assessments to monitor progress towards health-related objectives. The information gathered from these assessment activities are also compiled into some form of ‘community health profile’ (CHP). The assessed areas include the following measures of health status and health risks at the individual and community levels: community assets and quality of life; environmental health characteristics; demographic characteristics; socioeconomic characteristics; community health status measures (mortality and morbidity); maternal and child health measures; behavioral risk factors; sentinel events; social and mental health measures; communicable disease measures; and health resource measures.
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Read these “Model Community Standards” carefully, then think about your own district and answer the following question by placing a “tick” in the appropriate box:

1.1.S. To what extent does your DHMO achieve the model standards mentioned above?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
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Following the “Model Community Standards” and this question, there is a series of very specific questions that relate to the given Indicator. For example, for Indicator 1.1, some of the questions include the following:

1.1. Describe the population-based community health profile produced by the DMHO	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The DMHO conducts a periodic community health assessment ➤ <input type="checkbox"/> The data from this assessment are compared to data from other representative areas or populations ➤ <input type="checkbox"/> The DMHO uses data from community health assessments to monitor progress towards health-related objectives ➤ <input type="checkbox"/> The data from the community health assessments are compiled into some sort of community health profile: ➤ <input type="checkbox"/> The DMHO identifies individuals or organizations who can contribute data and/or resources for these assessments. If yes, do these individuals/organizations include: <ul style="list-style-type: none"> ➤ <input type="checkbox"/> Private doctors and nursing homes ➤ <input type="checkbox"/> Homeopathic, Unani or other ISM practitioners ➤ <input type="checkbox"/> Universities, Medical Colleges or other academic institutions ➤ <input type="checkbox"/> Other government departments—PHED, Revenue Department, etc. ➤ <input type="checkbox"/> Panchayati Raj Institutions ➤ <input type="checkbox"/> Community groups—NGOs, Women’s Committees, etc. ➤ <input type="checkbox"/> State Health Department ➤ <input type="checkbox"/> Others (please specify) _____
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Read each question carefully, and then:

- ➔ If you **AGREE** (or if the statement is **CORRECT**), place a **TICK** in the box.
- ➔ If you **DISAGREE** (or if the statement is **INCORRECT**), place a **CROSS** in the box.
- ➔ If you **DON’T KNOW** (or cannot understand the question even after re-reading the model standard), **write “DK” next to the box.**

Please answer these questions truthfully and accurately. You will *not* be identified, and the individual questionnaires will not be copied or distributed to anyone except the study team.

We are grateful for your participation in this survey and will share its results with you for your consideration and feedback.

Essential Service #1: Monitoring Health Status to Identify Community Health Problems

This service includes:	<ul style="list-style-type: none"> ⊕ Accurate, periodic assessment of the community’s health status, including: <ul style="list-style-type: none"> - Identification of health risks and determination of health service needs. - Attention to the vital statistics and health status of groups that are at higher risk than the total population. - Identification of community assets and resources which support the District Medical and Health Office (DMHO) in promoting health and improving quality of life. ⊕ Utilization of appropriate methods and technology to interpret and communicate data to diverse audiences.
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Indicator 1.1: Population-Based Community Health Profile (CHP)

Model Community Standards	<ul style="list-style-type: none"> ⊕ The DMHO (including blocks, PHCs, sub-centers etc.) conducts regular community health assessments to monitor progress towards health-related objectives. The information gathered from these assessment activities are also compiled into some form of ‘community health profile’(CHP). The assessed areas include the following measures of health status and health risks at the individual and community levels: community assets and quality of life; environmental health characteristics; demographic characteristics; socioeconomic characteristics; community health status measures (mortality and morbidity); maternal and child health measures; behavioral risk factors; sentinel events; social and mental health measures; communicable disease measures; and health resource measures. ⊕ Using these data, the DMHO displays information about trends in health status, along with associated risk factors and health resources. These data are periodically updated, and district measures are compared with peer (i.e. other districts), state and national benchmarks. The data and information are displayed in multiple formats for diverse audiences, such as the media and community-based organizations. The DMHO promotes community-wide use of this information and ensures that it can be easily accessed in a timely manner by the community. The CHP is a common set of measures for the community to use to prioritize the health issues that will be addressed through strategic planning and action, to allocate and align resources, and to monitor population-based health status improvement over time.
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1.1.S. To what extent does your DMHO achieve the model standards mentioned above?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
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1.1.1. Describe the population-based community health profile produced by the DMHO	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The DMHO conducts a periodic community health assessment <ul style="list-style-type: none"> If yes, are data collected on the following areas (tick if yes, cross if no, blank if don’t know)? ➤ <input type="checkbox"/> Community assets; ➤ <input type="checkbox"/> Environmental health characteristics; ➤ <input type="checkbox"/> Demographic characteristics; ➤ <input type="checkbox"/> Socioeconomic characteristics; ➤ <input type="checkbox"/> Community health status measures (morbidity and mortality); ➤ <input type="checkbox"/> Maternal and child health measures; ➤ <input type="checkbox"/> Behavioral risk factors; ➤ <input type="checkbox"/> Sentinel events; ➤ <input type="checkbox"/> Social and mental health measures; ➤ <input type="checkbox"/> Communicable disease measures; ➤ <input type="checkbox"/> Health resource measures. ➤ <input type="checkbox"/> The data from this assessment are compared to data from other representative areas or populations ➤ <input type="checkbox"/> The DMHO uses data from community health assessments to monitor progress towards
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	<p>health-related objectives</p> <ul style="list-style-type: none"> ➤ <input type="checkbox"/> The data from the community health assessments are compiled into some sort of ‘community health profile’. ➤ <input type="checkbox"/> Data from current and previous time periods are used to track trends over time ➤ <input type="checkbox"/> A media strategy is in place to promote community-wide use of these data ➤ <input type="checkbox"/> These data are accurate and complete ➤ <input type="checkbox"/> These data are provided in a timely manner ➤ <input type="checkbox"/> These data are used to inform health policy and planning decisions ➤ <input type="checkbox"/> These data are used to monitor progress towards specific health-related objectives ➤ <input type="checkbox"/> These data include data from local epidemiological surveillance system ➤ <input type="checkbox"/> Adequate resources are allocated to maintain and update these data ➤ <input type="checkbox"/> The DMHO identifies individuals or organizations who can contribute data and/or resources for these assessments. <p>If yes, do these individuals/organizations include:</p> <ul style="list-style-type: none"> ➤ <input type="checkbox"/> Private doctors and nursing homes ➤ <input type="checkbox"/> Homeopathic, Unani or other ISM practitioners ➤ <input type="checkbox"/> Universities, Medical Colleges or other academic institutions ➤ <input type="checkbox"/> Other government departments—PHED, Revenue Department, etc. ➤ <input type="checkbox"/> Panchayati Raj Institutions ➤ <input type="checkbox"/> Community groups—NGOs, Women’s Committees, etc. ➤ <input type="checkbox"/> State Health Department ➤ <input type="checkbox"/> Others (please specify) _____
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Indicator 1.2: Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data

Model Community Standards	<p>⊕ The DMHO uses state of the art technology to collect, manage and integrate health profile databases. Data are presented in formats that allow for clear communication and interpretation by end users. Such formats include graphed trend data which allows for comparisons over time by relevant variables such as gender, race, and geographic designation. Appropriate technologies (such as geographic information systems) are used to combine geography, data and computer mapping to support the exploration of spatial relationships, patterns, and trends in health data. Use of geographically coded (matching of street address to a corresponding map) data is promoted, while maintaining appropriate safeguards for confidentiality.</p> <p>⊕ While the information in the Community Health Profile (CHP) is available in paper formats, this information is also available in other forms accessible to individuals, community groups and other organizations in a timely manner. Links to other sources of related information are provided. The DMHO assures that the data included in the CHP are accurate and reliable and that any interpretation provided is consistent with the science and evidence-base of public health practice. Through this ongoing information sharing, the DMHO monitors progress in community health and compares it with health profile benchmarks.</p>				
1.2.S. To what extent does your DMHO achieve the model standards mentioned above?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>	
1.2.1. Describe the geographically-coded health-related data	<p>➤ Does the district health system have access to geographically-coded health-related data? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If no, please continue with Indicator 1.3</i></p> <p>If yes, what is it used for?</p> <ul style="list-style-type: none"> ➤ <input type="checkbox"/> Display health related information ➤ <input type="checkbox"/> Map health resources 				

	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> Link databases using geo-referenced identifiers ➤ <input type="checkbox"/> Analyze health issues ➤ <input type="checkbox"/> Display complex health related information (e.g. time-trends in a given <i>disease</i>).
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Indicator 1.3: Maintenance of Population Health Registries

Model Community Standards	<ul style="list-style-type: none"> ⊕ The DMHO develops, maintains and regularly contributes to health-related registries. Data are collected for registries in accordance with standards that assure comparability of data from public/private, local/state/regional/national sources. The DMHO uses established criteria for reporting identified health events to the appropriate registry and creates and supports systems to assure accurate, timely and unduplicated reporting by data providers. ⊕ Collaboration among multiple partners facilitates the aggregation of individual data to compile a population registry used to inform policy decisions, program implementation, and population research. Registries track health-related events such as disease patterns and preventive health services delivery (i.e., cancer registries facilitate the tracking over time of cancer incidence, cancer stage at diagnosis, treatment patterns, and survival probability; vaccine registries provide the real time status of vaccine coverage for specified age groups in the community). 				
1.3.S. To what extent does your DMHO achieve the model standards mentioned above?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>	
1.3.1 How does DMHO contribute information to health registries?	<ul style="list-style-type: none"> ➤ Does the DMHO contribute information to health registries? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If no, please continue with section 1.3.2.</i> If yes, do the following exist? <ul style="list-style-type: none"> ➤ <input type="checkbox"/> Established criteria and processes for reporting health events to the registry ➤ <input type="checkbox"/> Established partnerships to facilitate the collection and aggregation of data 				
1.3.2. How does the district use information from health registries?	<ul style="list-style-type: none"> ➤ Does the district use information from health registries? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If no, please continue with Essential Service #2</i> If yes, for what purpose? <ul style="list-style-type: none"> ➤ <input type="checkbox"/> Inform decisions ➤ <input type="checkbox"/> Design and implement programs ➤ <input type="checkbox"/> Conduct population research ➤ <input type="checkbox"/> Review immunization status of children ➤ <input type="checkbox"/> Review the status of STDs in the community ➤ <input type="checkbox"/> Review environmental exposures in the community 				

Essential Service #2: Diagnose and Investigate Health Problems and Health Hazards in the Community

Services Included	<ul style="list-style-type: none"> ⊕ Epidemiological investigations of disease outbreaks and patterns of communicable and chronic diseases and injuries, environmental hazards, and other health threats. ⊕ Active communicable disease Epidemiology programs. ⊕ Access to a public health laboratory capable of conducting rapid screening and high volume testing.
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Indicator 2.1: Identification and Surveillance of Health Threats

Model Community Standards	<ul style="list-style-type: none"> ⊕ The DMHO has a comprehensive surveillance system that is integrated with national and state surveillance systems and used to assess and analyze health threats. The DMHO has access to statistical and epidemiological expertise and uses effective information technology and communication systems to support its surveillance and investigation activities. The DMHO uses epidemiological and behavioral science techniques to collect data that may be used to identify risk factors for health threats. ⊕ The DMHO collects reportable disease information from community health providers who submit immediate information on possible disease outbreaks. The DMHO provides timely reports that include all information necessary for state and national surveillance efforts. ⊕ The DMHO has a formal monitoring process to track persistent threats and to alert communities to possible environmental assaults or biological agent outbreaks.
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2.1.S. To what extent does your DMHO achieve the model standards mentioned above?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or Almost fully <input type="checkbox"/>
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2.1.1. How does the DMHO identify and conduct monitoring and surveillance of health threats?	<p>➤ Does the DMHO identify and conduct monitoring and surveillance of health threats? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If no, please continue with Indicator 2.2</i></p> <p>If yes, how?</p> <ul style="list-style-type: none"> ➤ <input type="checkbox"/> Passive case-reporting ➤ <input type="checkbox"/> Active case-finding ➤ <input type="checkbox"/> The DMHO has (or has access to) expertise to support the tracking and analysis of community health threats ➤ <input type="checkbox"/> The DMHO's surveillance system is integrated with the State's surveillance system ➤ <input type="checkbox"/> The DMHO's surveillance system is integrated with the Center's surveillance system ➤ <input type="checkbox"/> The DMHO uses computerized information systems for surveillance purposes. ➤ <input type="checkbox"/> The DMHO communicates effectively with its subsidiaries (<i>e.g. PHCs, Taluk-level facilities</i>) and other cooperating organizations (<i>e.g. PHED, Zilla Panchayat</i>) ➤ <input type="checkbox"/> Community health providers submit timely reports on notifiable disease incidence ➤ <input type="checkbox"/> The DMHO alerts communities to possible health threats in their area ➤ <input type="checkbox"/> The DMHO responds to identified cases of notifiable diseases in a prompt an deffective manner. <p><i>If yes, please indicate what follow-up procedures are typically employed with respect to identified cases:</i></p> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/> <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/>
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Indicator 2.2: Investigation of Public Health Emergencies

Model Community	⊕ The DMHO has current protocols to guide the immediate investigation of communicable disease outbreaks, environmental health hazards, potential biological agent threats, and
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Standard:	large scale disasters.			
2.2.S. To what extent does your DMHO achieve the model standard mentioned above?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
2.2.1. What protocols does the DMHO maintain to investigate public health threats?	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The DMHO has up-to-date protocols to guide the immediate investigation of public health threats ➤ <input type="checkbox"/> The DMHO maintain written protocols for implementing a program of contact and source tracing for communicable diseases or toxic exposures 			

Indicator 2.3: Laboratory Support for Investigation of Health Threats

Model Community Standard:	⊕ The DMHO maintains ready access to laboratories capable of supporting investigations of adverse health events and meeting routine diagnostic and surveillance needs. The DMHO confirms that all regulations and standards for certifying and evaluating these laboratories and equipment are strictly enforced. The DMHO maintains protocols for the handling of laboratory samples, which describe procedures for transporting, delivering, labeling, and collecting laboratory samples, and for determining the chain of custody regarding the handling of these samples.			
2.3. S. To what extent does your DMHO achieve the model standard mentioned above?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
2.3.1. What laboratory support is available for investigation of health threats?	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The DMHO has (or has access to) laboratory services available to support investigations of adverse health events ➤ <input type="checkbox"/> The DMHO documents that these laboratories (including personnel and equipment) are in compliance with regulations and standards for credentialing and evaluation ➤ <input type="checkbox"/> The DMHO maintains current policies and procedures for handling laboratory samples 			

Indicator 2.4: Plan for and Response to Public Health Emergencies

Model Community Standards:	⊕ The DMHO has an emergency response plan which defines and describes public health disasters and emergencies, identifies relevant community assets that can be mobilized to respond, establishes communication and information networks, and defines roles and responsibilities –including administrative command responsibilities for all potential participants in the plan. ⊕ The DMHO plan includes resource allocation strategies, alert protocols, an evacuation plan and command station operational procedures and is tested each year through the staging of one or more “mock events.”			
2.4. S. To what extent does your DMHO achieve the model standards mentioned above?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
2.4.1. How has the DMHO prepared for responding to public health emergencies?	<ul style="list-style-type: none"> ➤ The DMHO has identified specific emergency events that might trigger a response: Yes <input type="checkbox"/> No <input type="checkbox"/> ➤ The DMHO has a written emergency response plan Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If no, please continue with Essential Service 3</i> <p>If yes,</p> <ul style="list-style-type: none"> ➤ <input type="checkbox"/> The plan describes the roles of all participants ➤ <input type="checkbox"/> The plan identifies community assets (individuals, organizations, other resources) that could be accessed by participants in responding to the emergency ➤ <input type="checkbox"/> The plan describes the DMHO’s communications and information networks ➤ <input type="checkbox"/> The plan includes protocols for alerting affected populations 			

	<ul style="list-style-type: none">➤ <input type="checkbox"/> The plan includes an evacuation plan➤ <input type="checkbox"/> The plan include procedures for a command station operation➤ <input type="checkbox"/> Part of the plan been tested through the staging of one or more “mock events” within the past two years➤ <input type="checkbox"/> The plan been reviewed or revised within the past two years
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Essential Service #3: Inform, Educate, and Empower People about Health Issues

This service includes:	<ul style="list-style-type: none"> ⊕ Health information, health education, and health promotion activities designed to reduce health risk and promote better health; ⊕ Health communication plans and activities such as media advocacy and social marketing; ⊕ Accessible health information and educational resources; ⊕ Health education and promotion program partnerships with schools, faith communities, work sites, personal care providers, and others to implement and reinforce health promotion programs and messages.
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Indicator 3.1: Health Education

Model Community Standards:	<ul style="list-style-type: none"> ⊕ The DMHO provides the general public and policy leaders with information on health risk, health status, and health needs in the community. The DMHO also offers information on health behaviors, policies, and programs that could improve community health. The DMHO gathers input from the community on public health issues of local concern and involves the community in the design of educational programs that address those health issues. The DMHO uses print, radio, television, and other media to communicate health information to general and specific populations. ⊕ The DMHO sponsors health education programs that address community concerns and that reinforce health information provided to the community. The DMHO identifies populations at increased risk of negative health outcomes and provides public health information and education services that directly address their needs. The DMHO evaluates the quality, effectiveness, and appropriateness of public health education activities on a regular basis. 				
3.1. S. To what extent does your DMHO achieve the model standards mentioned above?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>	
3.1.1. How does the DMHO provide health information and education?	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The DMHO provides the general public and policy leaders with health information ➤ <input type="checkbox"/> The DMHO provides information on the health status of demographic sub-populations in the community ➤ <input type="checkbox"/> The DMHO sponsors health education programs that help individuals and communities develop the skills/behaviors necessary to reduce their health risks ➤ <input type="checkbox"/> The DMHO provides information on policies or programs that can improve community health ➤ <input type="checkbox"/> The DMHO uses mass media outlets such as print, radio, television, and other media to communicate health information ➤ <input type="checkbox"/> Information is targeted to specific populations ➤ <input type="checkbox"/> The DMHO collaborates with local media to develop news or feature stories on health issues ➤ <input type="checkbox"/> The DMHO involves the community in the <i>development</i> of educational programs that address community concerns ➤ <input type="checkbox"/> The DMHO involves the community in the <i>implementation</i> of educational programs that address community concerns ➤ <input type="checkbox"/> The DMHO targets its information and education programs toward the health risks most commonly faced in the community (<i>e.g. communicable diseases</i>) ➤ <input type="checkbox"/> The DMHO provides populations at increased risk of specific illnesses or injuries with information and education programs designed to assist them in lowering their risk for these illnesses or injuries ➤ <input type="checkbox"/> Health information and education programs consider the language, culture, or other characteristics of the target audience 				

	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The DMHO periodically assesses the quality of its health education activities ➤ <input type="checkbox"/> The DMHO has, within the past two years, evaluated whether its health education programs have had their intended outcomes
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Indicator 3.2: Health Promotion Activities to Facilitate Healthy Living in Healthy Communities

Model Community Standard:	<p>⊕ The DMHO designs and implements a wide range of health promotion activities to facilitate healthy living in healthy communities. Health promotion activities are based on models proven to be effective. The DMHO applies a variety of strategies and methods to effect change on multiple levels of the social environment (e.g., individual, family, organizational, and community levels) in order to accomplish desired health promotion goals and objectives. A strong collaborative network within the DMHO including public and private agencies, voluntary organizations, and community groups plan, support, conduct, and evaluate health promotion activities. The DMHO targets the community-at-large with broad health promotion activities. The DMHO also targets health promotion activities toward populations at increased risk of negative health outcomes. The DMHO evaluates the quality, effectiveness, and appropriateness of health promotion activities on a regular basis.</p>			
3.2. S. To what extent does your DMHO achieve the model standard mentioned above?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
3.2.1. What health promotion activities has the DMHO undertaken to facilitate healthy living?	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The DMHO has conducted one or more health promotion activities in the last year ➤ <input type="checkbox"/> Health promotion activities were based on models that were proven to be effective ➤ <input type="checkbox"/> Multiple interventions were used to effect a change or accomplish a health improvement objective ➤ <input type="checkbox"/> These activities were designed to address the language, culture, or other characteristics of the target audience ➤ <input type="checkbox"/> Collaborative networks for health promotion have been established among public and private agencies, voluntary organizations, and community groups ➤ <input type="checkbox"/> The DMHO has, within the past two years, evaluated whether or not its health promotion activities are having their intended outcomes ➤ <input type="checkbox"/> The DMHO routinely evaluates the quality of its health promotion interventions ➤ <input type="checkbox"/> Health promotion interventions are based on established theories (e.g., published academic literature, experiences from other regions/States etc.) ➤ <input type="checkbox"/> Health promotion methods were appropriate for the target population (e.g., persuasive communication to promote desired behavior, social support systems to aid and reinforce the practice of desired behaviors, policies requiring specific behavior, economic incentives rewarding healthy behavior, and physical structures enabling behavior practice) ➤ <input type="checkbox"/> Health promotion methods were appropriate for the target settings (e.g., school, worksite, faith institution, or the community-at-large) 			

Essential Service #4: Enforce Laws and Regulations that Protect Health and Ensure Safety

This service includes:	<ul style="list-style-type: none"> ⊕ Enforcement of sanitary codes (e.g. in the food industry, sewerage, drainage, solid waste disposal, and housing construction). ⊕ Protection of drinking water supplies. ⊕ Enforcement of clean air standards. ⊕ Animal control and other ordinances. ⊕ Follow-up of hazards, preventable injuries, and exposure-related diseases identified in occupational and community settings. ⊕ Enforcement of regulations and rules governing institutional care and health service delivery (e.g., laboratories, nursing homes, and home health care providers). ⊕ Review of new drug, biologic, and medical device applications.
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Indicator 4.1: Review and Evaluation of Laws, Regulations and Ordinances

Model Community Standard:	<ul style="list-style-type: none"> ⊕ The DMHO identifies public health issues that can only be addressed through laws, regulations, or ordinances. The DMHO reviews all existing central, state, and local laws and regulations relevant to the public health of the community, including laws and regulations addressing environmental quality and health-related behavior. The reviews include an assessment of how well each law, regulation, and ordinance is enforced, the roles and responsibilities of the DMHO, and the impact of each law and regulation on the health of the community. These reviews should focus on the meaning, purpose, relevance, and appropriateness of each law and regulation.
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4.1.S. To what extent does your DMHO achieve the model standard mentioned above?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
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4.1.1. How are laws, regulations and ordinances reviewed and evaluated?	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The DMHO has access to a current compilation of central, state, and local laws, regulations, and ordinances that protect the public’s health. If so, does the compilation include the following: <ul style="list-style-type: none"> ➤ <input type="checkbox"/> Food handling regulations ➤ <input type="checkbox"/> Sewerage regulations ➤ <input type="checkbox"/> Drainage regulations ➤ <input type="checkbox"/> Solid waste disposal regulations ➤ <input type="checkbox"/> Housing sanitary regulations ➤ <input type="checkbox"/> Water quality regulations ➤ <input type="checkbox"/> Clean air regulations ➤ <input type="checkbox"/> Injury prevention regulations (safety inspection of work-sites, schools etc.) ➤ <input type="checkbox"/> Toxic waste and chemical treatment regulations ➤ <input type="checkbox"/> Exposure-related disease regulations ➤ <input type="checkbox"/> Regulation of private medical providers ➤ <input type="checkbox"/> The DMHO reviews laws and regulations necessary for the implementation of public health services at least every 5 years ➤ <input type="checkbox"/> The DMHO determines whether laws and regulations provide the authority to carry out essential public health services ➤ <input type="checkbox"/> The DMHO determines the impact of existing laws and regulations on the health of the community ➤ <input type="checkbox"/> The DMHO assesses the opinions of constituents regarding health-impacting laws and regulations ➤ <input type="checkbox"/> The DMHO determines whether public health laws and regulations require updating ➤ <input type="checkbox"/> The DMHO assesses compliance with laws and regulations that assign specific activities to the DMHO itself (e.g., assembling prescribed reports, enforcing specific
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	<p>regulations, or providing specific services)</p> <p>➤ <input type="checkbox"/> The DMHO has access to competent legal advice for assistance in the review of laws, regulations and ordinances</p>
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Indicator 4.2: Involvement in the Improvement of Laws, Regulations, and Ordinances

Model Community Standard:	<p>⊕ The DMHO identifies local public health issues that are not adequately addressed through existing laws, regulations, and ordinances. The DMHO participates in the modification of existing laws, regulations, and ordinances as well as the formulation of new laws, regulations, and ordinances designed to assure and improve the public’s health. The DMHO provides technical assistance for drafting proposed legislation, regulations, and ordinances, is involved in public hearings, and communicates with legislators and regulatory officials.</p>				
4.2.S. To what extent does your DMHO achieve the model standard mentioned above?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>	
4.2.1 How is the improvement of laws, regulations and ordinances achieved?	<p>➤ <input type="checkbox"/> The DMHO participates in the formulation or modification of new or existing laws, regulations, or ordinances</p> <p>➤ <input type="checkbox"/> The DMHO communicates with legislators, regulatory officials, or other policymakers regarding proposed laws, regulations, or ordinances (identifying issues, responding to inquiries, providing information on health impacts, etc.)</p> <p>➤ <input type="checkbox"/> The DMHO gets involved in public hearings regarding proposed laws, regulations, or ordinances</p> <p>➤ <input type="checkbox"/> The DMHO provides technical assistance to legislative, regulatory or advocacy groups for drafting proposed laws, regulations, or ordinances</p>				

Indicator 4.3: Enforcement of Laws, Regulations and Ordinances

Model Community Standards:	<p>⊕ The DMHO is directly responsible for the enforcement of some public health laws, ordinances and regulations. In such cases, the DMHO exercises its enforcement authority according to written guidelines, and it assures that all enforcement activities are timely and complete. In other cases, the DMHO plays an important supportive role in the enforcement of public health laws, regulations, and ordinances by providing information, education, and coordination, even when it does not directly exercise enforcement authority. Regardless of the scope and extent of its authority to enforce public health laws, regulations, and ordinances, the DMHO:</p> <ul style="list-style-type: none"> ▪ Informs and educates individuals, organizations, and governmental agencies outside the DMHO (such as law enforcement, judiciary, and elected officials) on the meaning, purpose, and importance of public health laws, regulations, and ordinances with which they are required to comply. ▪ Integrates enforcement activities with other DMHO activities (e. g., health education, communicable disease control, health assessment, and planning). <p>⊕ The DMHO supports training programs for staff whose work involves participating in or supporting regulatory enforcement.</p>				
4.3.S. To what extent does your DMHO achieve the model standards mentioned above?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>	
4.3.1. What are the elements of the DMHO’s enforcement role?	<p>➤ <input type="checkbox"/> The DMHO has been granted the authority to enforce any public health laws, regulations, and ordinances</p> <p>➤ <input type="checkbox"/> Documents exist, whether in paper or electronic form, that identify which organizations enforce specific health-related laws, regulations, and ordinances—including those outside the DMHO itself</p> <p>➤ <input type="checkbox"/> These documents identify the roles and responsibilities of each named organization</p> <p>➤ <input type="checkbox"/> The DMHO has up-to-date, written guidelines for its enforcement activities that are</p>				

	<p>approved by state officials</p> <ul style="list-style-type: none"> ➤ <input type="checkbox"/> DMHO staff involved in enforcement activities have access to competent legal advice on their enforcement activities ➤ <input type="checkbox"/> Staff who engage in or support regulatory enforcement activities receive formal training on compliance and enforcement ➤ <input type="checkbox"/> Regulatory enforcement is integrated with other public health activities (e.g., health education, communicable disease control, health assessment, and planning) ➤ <input type="checkbox"/> The DMHO provides information to individuals and organizations (such as law enforcement, judiciary, and elected officials) about the public health laws, regulations, and ordinances with which they are required to comply ➤ <input type="checkbox"/> Information provided to the public about public health laws/ordinances/explanations explains the <i>meaning</i> of these laws, regulations and ordinances ➤ <input type="checkbox"/> The information explains the <i>purpose</i> of applicable laws, regulations, and ordinances ➤ <input type="checkbox"/> The information explains <i>how to comply with</i> applicable laws, regulations, and ordinances ➤ <input type="checkbox"/> The information is made available via community-wide publications or other media designed to ensure distribution throughout the DMHO’s jurisdiction ➤ <input type="checkbox"/> The DMHO reviews the activities of institutions and businesses in the community (e.g., schools, food establishments, day care facilities) to assess their compliance with laws, regulations, and ordinances designed to ensure the public’s health ➤ <input type="checkbox"/> This review process also includes input from the regulated institutions and businesses regarding their perceived difficulties with compliance ➤ <input type="checkbox"/> The DMHO assesses the extent of resistance to, or support for, compliance enforcement on the part of those institutions and businesses being regulated ➤ <input type="checkbox"/> The DMHO receives input from the intended beneficiaries of laws, regulations, and ordinances regarding the extent of their support for the enforcement of these laws
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Essential Service #5: Mobilize Community Partnerships to Identify and Solve Health Problems

This service includes:	<ul style="list-style-type: none"> ⊕ Building coalitions to draw upon the full range of potential human and material resources to improve community health. ⊕ Convening and facilitating partnerships among groups and associations (including those not typically considered to be health-related) in undertaking defined health improvement projects, including preventive, screening, rehabilitation, and support programs.
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Indicator 5.1: Constituency Development

Model Community Standards:	<ul style="list-style-type: none"> ⊕ The DMHO encourages the participation of its constituents in identifying community issues and themes and provides opportunities for volunteers to contribute to public health activities. ⊕ The DMHO practices a communications/media strategy designed to inform the community about the benefits of public health and the role of the DMHO in health promotion and disease prevention and control. This strategy is informed by the following: <ul style="list-style-type: none"> ▪ - identification of key constituents for population-based health in general (improved health and quality of life at the community level) or for specific health concerns (a particular health issue, disease, risk factor, or life stage need) through stakeholder analyses. ▪ - a survey of cross-sectoral community assets that are potential resources for health. ⊕ The DMHO operationalizes this strategy through formal and informal community networks which may include schools, the faith community, and community associations. The strategy is reinforced by the use of technology applications, such as print and audio/visual media, to provide current information about public health services and issues. The DMHO establishes and maintains a comprehensive directory of community organizations, and actively seeks to establish new linkages and to strengthen existing collaborative relationships. 								
5.1. S. To what extent does your DMHO achieve the model standards mentioned above?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border: 1px solid black; padding: 5px;">Not at all or minimally</td> <td style="width: 20%; border: 1px solid black; padding: 5px;">Partially</td> <td style="width: 20%; border: 1px solid black; padding: 5px;">Substantially</td> <td style="width: 20%; border: 1px solid black; padding: 5px;">Fully or almost fully</td> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> </table>	Not at all or minimally	Partially	Substantially	Fully or almost fully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all or minimally	Partially	Substantially	Fully or almost fully						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
5.1.1. How does the DMHO develop a constituency for public health?	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The DMHO maintains a list of the names and contact information of individuals and groups involved in health-related issues, for the purpose of constituency building ➤ <input type="checkbox"/> The DMHO defines and uses a variety of communication methods (e.g., newsletters, email, phone) to maintain contact with specific constituents (individuals/groups) ➤ <input type="checkbox"/> The DMHO provides opportunities for volunteers to help in community health improvement ➤ <input type="checkbox"/> The DMHO has mechanisms to recruit and retain volunteers ➤ <input type="checkbox"/> The DMHO publicizes volunteer opportunities ➤ <input type="checkbox"/> The DMHO uses a variety of mechanisms or events (council, newsletter, community/town hall meetings, etc.) to facilitate communication among organizations ➤ <input type="checkbox"/> The DMHO communicates with constituents (individuals/groups) on a regular basis ➤ <input type="checkbox"/> The DMHO has developed mechanisms to assure the sustainability (e.g. legal incorporation, hiring staff) of these linkages ➤ <input type="checkbox"/> The DMHO obtains feedback from its constituents through mechanisms such as community/town hall meetings, community surveys, or focus groups, etc. 								

Indicator 5.2: Community Partnerships

<p>Model Community Standard:</p>	<p>⊕ Community partnerships are formed to assure a comprehensive approach to improving health in the community. One key partnership is between the DMHO and some form of broad-based “health improvement advisory/action group.” These groups exist in some communities as formally constituted bodies (such as a community health planning councils) while in other communities they are less formal groups. The advisory/action group collects input and feedback from the DMHO’s constituents (community groups, NGOs, citizens, PRIs) and oversees and guides the DMHO in its community health improvement process. The advisory/action group meets regularly to review the community health assessment, to document activities that implement the community’s health improvement plan, and to monitor progress toward prioritized goals. The advisory/action group is a dynamic collaboration. Participation in the advisory/action group varies to meet their needs as they address priority health issues, leverage community resources, and provide preventive, screening, support, and rehabilitative services. The DMHO has a formal mechanism to evaluate the effectiveness of these partnerships.</p>			
<p>5.2. S. To what extent does your DMHO achieve the model standard mentioned above?</p>	<p>Not at all or minimally <input type="checkbox"/></p>	<p>Partially <input type="checkbox"/></p>	<p>Substantially <input type="checkbox"/></p>	<p>Fully or almost fully <input type="checkbox"/></p>
<p>5.2.1 How is community participation established and used?</p>	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The DMHO has formed a health improvement advisory/action group in which community groups (e.g. Panchayati Raj Institutions, Mahila Mandals and others) participate If yes, does this group: <ul style="list-style-type: none"> ➤ <input type="checkbox"/> participate in assessments of the community’s health ➤ <input type="checkbox"/> participate in the implementation of a community health improvement plan ➤ <input type="checkbox"/> monitor progress toward prioritized goals ➤ <input type="checkbox"/> meet at least four times per year ➤ <input type="checkbox"/> The DMHO solicits grassroots community involvement in the development of community health plans and programs If yes, what is the community’s role? <ul style="list-style-type: none"> ➤ <input type="checkbox"/> providing advice and recommendations ➤ <input type="checkbox"/> decision-making ➤ <input type="checkbox"/> monitoring and evaluation ➤ <input type="checkbox"/> support with implementation of programmes ➤ <input type="checkbox"/> use of community-level workers ➤ <input type="checkbox"/> service delivery ➤ <input type="checkbox"/> The DMHO considers community <i>perceptions</i> when identifying priority health issues ➤ <input type="checkbox"/> Community partnerships—between the DMHO, community groups, PRIs, and other groups with an interest in health—are in place, to assure coordination in the <i>provision of services</i> ➤ <input type="checkbox"/> The DMHO reviews and evaluates its partnerships for their effectiveness in improving community health 			

Essential Service #6: Develop Policies and Plans that Support Individual and Community Health Efforts

This service includes:	<ul style="list-style-type: none"> ⊕ Effective local public health governance; ⊕ Systematic community-level and state-level planning for health improvement in all jurisdictions; ⊕ Alignment of the DMHO’s resources and strategies with the community health action plan; ⊕ Development of policy to protect the health of the public and to guide the practice of public health.
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Indicator 6.1: DMHO Governance (General Measures)

Model Community Standard:	<ul style="list-style-type: none"> ⊕ The DMHO assures: 1) the availability of resources (including legal, financial, personnel, facilities, equipment, and supplies) required to perform essential public health services; 2) the participation of all relevant stakeholders in the development and implementation of the community health improvement plan; 3) the development of policies supportive of the community health improvement process (Indicator 5.2); and 4) the delivery of essential public health services to the community. The governmental public health entity exercises appropriate legal authority to fulfill its responsibilities to assure the delivery of the essential public health services. 			
6.1.S. To what extent does your DMHO achieve the model standard mentioned above?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
6.1.1. What is the governance structure of the DMHO?	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The DMHO maintains current documentation (in paper or electronic format) describing its mission and statutory, chartered and/or legal responsibilities? ➤ <input type="checkbox"/> The DMHO assures resources for providing services essential for the protection and promotion of the public’s health? ➤ <input type="checkbox"/> The DMHO has access to competent legal advice on issues related to the provision of essential public health services? ➤ <input type="checkbox"/> The DMHO assures adequate funding for mandated public health programs? ➤ <input type="checkbox"/> The DMHO provides the personnel, facilities, equipment, and supplies required to deliver essential public health services ➤ <input type="checkbox"/> The DMHO assures a community-inclusive process for <i>setting goals</i> for improving community health status? ➤ <input type="checkbox"/> The DMHO assures that a wide range of individuals and community groups participate in <i>achieving</i> public health objectives ➤ <input type="checkbox"/> The DMHO assures that a process exists for <i>monitoring and evaluating</i> the improvement of community health status 			

Indicator 6.2: Community Health Improvement Process

Model Community Standards:	<ul style="list-style-type: none"> ⊕ The community health improvement process is an opportunity to analyze and prioritize health issues identified by a community health assessment. The DMHO identifies measurable health improvement objectives and develops strategies towards their achievement based on knowledge of the community’s health assets and resources. The individuals or organizations who are accountable for the execution of these strategies are specified and agree to assume clearly defined responsibilities. ⊕ The DMHO and its constituents support the development, implementation, and evaluation of the community health action plan that results from this process. 			
6.2. S. To what extent does your DMHO achieve the model standards mentioned above?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
6.2.1. How does the DMHO	<ul style="list-style-type: none"> ➤ Has the DMHO developed a community health improvement plan? 			

develop a community health improvement plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If no, please continue with Indicator 6.3</i> If so, what does it involve? <ul style="list-style-type: none"> ➤ <input type="checkbox"/> The community health improvement process is based on information from the district itself (i.e. on data collected as part of the DMHO’s health assessment activities, rather than on data or information from other districts or the State as a whole) ➤ <input type="checkbox"/> The process includes prioritization of the community’s health needs ➤ <input type="checkbox"/> The DMHO makes available adequate resources to meet these priority health needs ➤ <input type="checkbox"/> The DMHO has, in the past two years, implemented activities to address established priorities ➤ <input type="checkbox"/> The DMHO has developed strategies—within the health action plan—for addressing the community’s priority health needs ➤ <input type="checkbox"/> Have the individuals or organizations responsible for implementing the strategies been identified? ➤ <input type="checkbox"/> Have they agreed to defined responsibilities and timetables for activities? ➤ <input type="checkbox"/> Are they implementing their strategies? ➤ <input type="checkbox"/> Are they monitoring the outcomes of their strategies? ➤ <input type="checkbox"/> Have community assets and resources for addressing these needs been identified? ➤ <input type="checkbox"/> Are the DMHO’s constituents aware of strategies being implemented within the community health improvement process?
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Indicator 6.3: Strategic Planning and Alignment with the Community Health Improvement Plan

Model Community Standard:	<p>⊕ Through strategic planning the DMHO aligns its mission, goals, objectives, and resources with the community health improvement process. Strategic planning includes the identification of forces and trends in the external environment that might impact the health of individuals, the health of the community, or the ability of the DMHO to fulfill its missions. Strategic planning also includes assessment of the strengths and weaknesses of the organization.</p> <p>⊕ The DMHO’s strategic planning process also considers the strategic plans of other organizations that are involved in public health—such as the Public Health Engineering Department, the Municipal Corporation, and other governmental and non-governmental organizations involved in health. Through a collective process, the strategic plans of the DMHO and of these organizations are coordinated with each other and aligned with the community health improvement process. This process results in coordination of the resources, processes, goals and objectives of each organization (including workforce, budgetary, administrative, and operating processes) and prevents duplication of efforts as they all address identified community needs.</p>				
6.3. S. To what extent does your DMHO achieve the model standards mentioned above?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>	
6.3.1. How are the strategic plans of the DMHO and other health-related organizations aligned with each other and with the community health improvement	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The DMHO’s strategic planning process results in an alignment of the DMHO’s missions, goals, resources, and objectives with the community health improvement process (<i>see Indicator 5.2</i>) ➤ <input type="checkbox"/> The DMHO’s strategic planning process includes an assessment of the social, economic, political, and environmental forces that may impact on community health goals ➤ <input type="checkbox"/> The DMHO’s strategic planning process includes assessing its own strengths and weaknesses and those of other organizations involved in health-related issues ➤ <input type="checkbox"/> A process exists for <i>other</i> organizations involved in health-related issues—such as the 				

plan?	<p>Public Health Engineering Department, the Municipal Corporation, and other governmental and non-governmental organizations—to collectively review, revise and align their strategic plans with each other and with the community health improvement process</p> <p>➤ <input type="checkbox"/> These organizations review and revise their plans and activities in response to changes in local health needs or changes in the community health improvement process</p>
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Indicator 6.4: Public Health Policy Development

Model Community Standards:	<p>⊕ The DMHO helps to develop and reviews public health policies. The DMHO provides input to the policy development process through issues briefs, public testimony, participation on policy advisory panels, and other avenues and venues. The DMHO also facilitates community involvement in health policy development. The DMHO works with its constituents to investigate the impact that fiscal, social, or environmental policy could have on the health of the community. The DMHO evaluates existing policies and alerts policymakers and the public of potential unintended consequences and determines where improvements are needed.</p> <p>⊕ The DMHO systematically advocates for prevention and protection policies, particularly for those policies that affect populations with limited power or political influence who bear a disproportionate burden of mortality or morbidity.</p>
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6.4.S. To what extent does your DMHO achieve the model standards mentioned above?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
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6.4.1. How does the DMHO influence the development of public health policies?	<p>➤ Does the DMHO influence the development of public health policies? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If no, please continue with Essential Service #7</i></p> <p>If yes:</p> <ul style="list-style-type: none"> ➤ <input type="checkbox"/> The DMHO advocates for the development of local public health policies based on the community health improvement processes (<i>see Indicator 5.2</i>) ➤ <input type="checkbox"/> The DMHO provides forums for its constituents to raise and analyze policy options ➤ <input type="checkbox"/> The DMHO advocates for the interests of those in the community who bear disproportionate burdens of mortality or morbidity ➤ <input type="checkbox"/> The DMHO periodically evaluates public health policies to assess their outcomes and consequences ➤ <input type="checkbox"/> The DMHO has, within the past two years, been involved in activities that influenced the revision of health policy ➤ <input type="checkbox"/> The DMHO has prepared “issues briefs” for policy-makers ➤ <input type="checkbox"/> The DMHO has participated on local boards or advisory panels responsible for providing health policy advice ➤ <input type="checkbox"/> The DMHO has met with elected officials to inform them of the public health impacts of actions under their consideration ➤ <input type="checkbox"/> The above activities have resulted in changes in public health policy
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Essential Service #7: Link People to Personal Health Services

This service includes:	<ul style="list-style-type: none"> ⊕ Assuring that timely and effective treatment is available for individuals with a communicable disease (e.g. through STD clinics, PHC clinics, TB clinics etc.); ⊕ Targeting high-risk populations with these services, and ensuring that they are aware and make appropriate use of them; ⊕ Targeting populations with barriers to access—e.g. remote populations, slum dwellers, SC/ST, the poor—with these services, and ensuring that they are aware and make appropriate use of them; ⊕ Using culturally and linguistically appropriate materials and staff to assure linkage to services for these special population groups; ⊕ Targeting health education/promotion/disease prevention activities to high risk population groups and groups with barriers to access.
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Indicator 7.1: Identification of Populations with Barriers to the Health Care System

Model Community Standard:	⊕ The DMHO identifies populations within the community who—for reasons of age, lack of education, poverty, caste, race, language, religion, national origin, physical disability, mental disability—may encounter barriers to obtaining necessary health services for their communicable diseases.			
7.1. S. To what extent does your DMHO achieve the model standard mentioned above?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
7.1.1 What efforts are being made to identify populations with barriers to receiving health services?	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The DMHO identifies any populations who may encounter barriers to the receipt of health services for the diagnosis and treatment of communicable diseases ➤ <input type="checkbox"/> The DMHO attempts to identify gender, caste, regional barriers to these services 			

Indicator 7.2: Identifying the Health Services Needs of Populations

Model Community Standard:	⊕ The DMHO defines health services needs for the population; this includes defining specific preventive health service needs for the entire catchment population. The DMHO assesses the extent to which these services are provided. The DMHO identifies the personal health care needs of populations who may encounter barriers to the receipt of personal health services.			
7.2.S. To what extent does your DMHO achieve the model standard mentioned above?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
7.2.1. What does the DMHO do to identify the health service needs of the population?	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The DMHO defines specific health service needs for its entire catchment population ➤ <input type="checkbox"/> The DMHO assesses the extent to which these services are being provided to the catchment population ➤ <input type="checkbox"/> The DMHO identifies the health services needs (including preventive, curative and rehabilitative needs) of any populations who encounter barriers to personal health services 			

Indicator 7.3: Assuring the Linkage of People to Personal Health Services

Model Community Standard:	⊕ The DMHO assures that needed personal health services are provided to their community to help eliminate health disparities among populations. The DMHO provides outreach and linkage services to populations who encounter barriers to needed personal health services. Outreach and linkage services may include providing culturally and linguistically appropriate materials and staff, and providing targeted health promotion and disease prevention programs, etc.			
7.3. S. To what extent does your	Not at all or	Partially	Substantially	Fully or almost

DMHO achieve the model standard mentioned above?	minimally <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fully <input type="checkbox"/>
<p>7.3.1. How does the DMHO assure that people are linked to the health services they require?</p>	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The DMHO assures the provision of needed personal health services to any populations who may encounter barriers to care ➤ <input type="checkbox"/> The DMHO provides outreach and linkage services in the community ➤ <input type="checkbox"/> The DMHO deploys culturally- and linguistically-appropriate staff to assist population groups in obtaining the health services they require ➤ <input type="checkbox"/> The DMHO provides targeted health promotion and disease prevention programs to population groups who have barriers to receiving health services ➤ <input type="checkbox"/> The DMHO assures the coordinated delivery of preventive services to populations who may encounter barriers to personal health services ➤ <input type="checkbox"/> The DMHO ensures that programs targeted to these populations are co-located (i.e. located in the same place) and coordinated to optimize access ➤ <input type="checkbox"/> The DMHO has, during the past three years, conducted an analysis of age-specific participation in preventive services 			

Essential Service #8: Assure a Competent Public Health Workforce

This service includes:	<ul style="list-style-type: none"> ⊕ Education, training, and assessment of personnel (including volunteers and other lay community health workers) to meet community needs for public health services; ⊕ Efficient processes for licensing and certification of professionals; ⊕ Adoption of continuous quality improvement and life-long learning programs; ⊕ Active partnerships with professional training programs to assure community-relevant learning experiences for all students; ⊕ Continuing education in management and leadership development programs for those charged with administrative/executive roles.
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Indicator 8.1: Workforce Assessment

Model Community Standards:	<ul style="list-style-type: none"> ⊕ The DMHO establishes a collaborative process for determining the competencies, composition and size of the public health workforce required to provide the essential public health services. The DMHO maintains publicly-available, written policies for assessing the public and personal health workforce. These organizations review and revise policies at least once every two years through a process that involves their constituents and supports the achievement of acknowledged community health goals. ⊕ The DMHO evaluates the public health workforce on their demonstration of core public health competencies and those competencies specific to a work function or setting. The DMHO evaluates public health officials on their abilities to facilitate community participation in public health initiatives. The DMHO uses this periodic assessment of the health workforce to identify and address gaps in the health workforce and determine areas for improvement through continuing education and training. The DMHO distributes the assessment to community leaders, governing bodies, and public agencies for use in the community health improvement process (Indicator 5.2). 			
8.1.S. To what extent does your DMHO achieve the model standards mentioned above?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
8.1.1. What has the DMHO done to assess the health workforce?	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The DMHO has identified the competencies, composition, and size of the health workforce needed in its jurisdiction ➤ <input type="checkbox"/> The DMHO has written policies for assessing its health workforce ➤ <input type="checkbox"/> Workforce-related policies are reviewed at regular intervals ➤ <input type="checkbox"/> The DMHO has conducted a workforce assessment within the past three years <p style="margin-left: 20px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> </p> <p style="margin-left: 20px;">If no, please continue with Indicator 8.2</p> <ul style="list-style-type: none"> ➤ <input type="checkbox"/> The workforce assessment was used to identify gaps in both the size and composition of the health workforce ➤ <input type="checkbox"/> The workforce assessment was used to identify areas for improvement through education and training ➤ <input type="checkbox"/> Results from the workforce assessment are provided to Zilla Parishads and Block Panchayats ➤ <input type="checkbox"/> The workforce assessment was used in community health improvement and strategic planning processes 			

Indicator 8.2: Public Health Workforce Standards

Model Community Standard:	<ul style="list-style-type: none"> ⊕ The DMHO develops and uses clearly-written job standards and descriptions for all public health positions under their purview, including positions filled by volunteers and other lay community health workers. The DMHO reviews job standards and descriptions annually with input from workers and their supervisors. The DMHO provides workers with annual performance evaluations, which include appropriate adjustments to workers' performance
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goals. The DMHO encourages workers to respond to these evaluations and adjustments.				
8.2. S. To what extent does your DMHO achieve the model standard mentioned above?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
8.2.1 What has been done to maintain standards in the public health workforce?	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The DMHO keeps written job standards (defining required skills, experience etc.) for all public health positions ➤ <input type="checkbox"/> These standards describe the specific job skills required for each position ➤ <input type="checkbox"/> These standards describe the specific types and levels of experience and education required for each position ➤ <input type="checkbox"/> These standards describe the certifications or licenses required for each position ➤ <input type="checkbox"/> Performance descriptions (“terms of reference”) exist for all public health positions ➤ <input type="checkbox"/> These performance descriptions are reviewed annually with inputs from staff ➤ <input type="checkbox"/> A written performance evaluation is conducted for all public health workers on an annual basis ➤ <input type="checkbox"/> Workers are given an opportunity to respond to their evaluations ➤ <input type="checkbox"/> Evaluators are trained in techniques for performance appraisal 			

Indicator 8.3: Continuing Education, Training, and Mentoring

Model Community Standards:	<ul style="list-style-type: none"> ⊕ The DMHO supports continuing education/training programs for its workforce. The public health workforce helps to identify education/training needs and opportunities. The DMHO encourages its public health staff to pursue advanced degrees. Incentives are provided to pursue education/training, including improvements in pay scale. The DMHO requires licensed public health workers to enroll in at least one continuing education program once in three years; these programs are made available to workers in a variety of formats, including distance learning. The DMHO encourages training for workgroups and teams to encourage workgroup productivity. The DMHO conducts cross training to assist workers in integrating new skills and technology into their work routine. The DMHO identifies experienced mentors for less experienced staff to assist with advice, skills-development and other needed career resources. ⊕ The DMHO provides opportunities for staff to work with academic and research institutions, particularly those connected with schools of public health. Staff are given opportunities for internships and mentoring relationships with faculty. 			
8.3. S. To what extent does your DMHO achieve the model standards mentioned above?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
8.3.1. What has DMHO done in the way of Continuing Education (CE), Training and Mentoring?	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The DMHO maintains a written description of all continuing education/training activities available for its public health workforce ➤ <input type="checkbox"/> Certified/licensed public health workers are required to enroll in at least one training (or ‘continuing education’) event per year ➤ <input type="checkbox"/> Workers are reimbursed for training/‘continuing education’ expenses ➤ <input type="checkbox"/> The DMHO partners with universities and other institutions to co-sponsor continuing education programs ➤ <input type="checkbox"/> The DMHO provides opportunities (such as coaching, mentoring, etc.) to enhance skill development for personnel <i>within</i> the work setting 			

Indicator 8.4: Workforce Understanding of the Multiple Determinants of Health

Model Community Standard:	<ul style="list-style-type: none"> ⊕ The DMHO assures that the public health workforce understands the multiple determinants of health. The DMHO provides access to educational opportunities that address these determinants, which enables the workforce to address health and quality of life improvements with a greater variety of interventions and partners. Determinants of health include but are not limited to the social environment, physical environment, economic 			
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status, genetic endowment, behavioral risk factors, and health care.				
8.4.S. To what extent does your DMHO achieve the model standard mentioned above?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
8.4.1. How is the public health workforce made to appreciate the multiple determinants of health?	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The DMHO provides its workers with access to education on multiple determinants of health (such as the impacts of social and physical environments, economic status, etc.) ➤ <input type="checkbox"/> The educational curriculum promotes an understanding of why a wide variety of partners—both inside and outside the government—are needed to improve the community’s health 			

Indicator 8.5: Cultural Competence in the Public Health Workforce

Model Community Standards:	<ul style="list-style-type: none"> ⊕ The DMHO acknowledges that cultural competence is critical to the performance of all of the essential services of public health. The DMHO respects diverse perspectives and cultural values and expects staff to demonstrate cultural competence in all interactions. The diversity within the community is represented within the DMHO workforce and is considered in the recruitment of new employees. The DMHO workforce demonstrates the competence to interact professionally and effectively with persons from diverse backgrounds, cultures, ages and lifestyle preferences. ⊕ The DMHO provides opportunities for the workforce to develop cultural competence. The public health workforce demonstrates the cultural competence to understand health status, risk factors, and health care access and utilization through diverse cultural perspectives and values. The DMHO, in collaboration with its constituents, designs culturally appropriate messages, interventions, and programs that acknowledge community diversity and address differences in values and perspectives with honesty, respect, and sensitivity. The DMHO evaluates cultural competence on both individual and organization levels as part of a continuous improvement process. 			
8.5.S. To what extent does your DMHO achieve the model standards mentioned above?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
8.5.1. How does the DMHO ensure the cultural competence of its public health workforce?	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The DMHO recruits a workforce that is representative of its community’s diversity ➤ <input type="checkbox"/> The DMHO involves local public representatives from diverse backgrounds—such as Panchayati Raj members and municipalities—in reviewing the appropriateness of its programs, messages, and interventions ➤ <input type="checkbox"/> The DMHO sponsors programs that help its workforce to develop cultural competence ➤ <input type="checkbox"/> The DMHO measures the cultural competence of its employees and includes this as part of their performance evaluations ➤ <input type="checkbox"/> The DMHO recognizes workforce members who contribute to improved cultural competence in the DMHO and its activities 			

Indicator 8.6: Development of Public Health Leadership

Model Community Standards:	<ul style="list-style-type: none"> ⊕ DMHO responsibilities go beyond obligations created by law and regulation. The effectiveness of the DMHO depends on the willing cooperation of its constituents who share a common vision for community health and quality of life. DMHO leaders initiate and sustain a continuous improvement process in the practice of public health that includes reaching consensus about priorities, resources, and performance accountability. ⊕ DMHO leaders emerge from local public health governmental entities as well as from its constituents within the public or private sectors. The DMHO encourages the development of leadership capacity that is inclusive, representative of community diversity, and respectful of the community’s perspective. 			
8.6.S. To what extent does your DMHO achieve the model standards mentioned above?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>

<p>8.6.1. How does the DMHO promote public health leadership skills?</p>	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The DMHO encourages potential leaders to attend formal training in leadership or management ➤ <input type="checkbox"/> The DMHO provides mentoring for personnel in middle management or supervisory positions ➤ <input type="checkbox"/> The DMHO encourages widespread leadership by encouraging the creation of a shared vision and participatory decision-making throughout the organization ➤ <input type="checkbox"/> The DMHO uses performance evaluations to establish leadership expectations and to recognize leadership abilities in its staff ➤ <input type="checkbox"/> The DMHO allows community members and community institutions to participate in collaborative decisions regarding priorities, actions, resources, allocations, or evaluations ➤ <input type="checkbox"/> The DMHO also provides coaching and mentoring to develop leadership in <i>community</i> organizations and institutions involved in health
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Essential Service #9: Evaluate Effectiveness, Accessibility, and Quality of Preventive Health Services

This service includes:	<ul style="list-style-type: none"> ⊕ Assessing accessibility and quality of services delivered and the effectiveness of personal and population-based programs provided; ⊕ Providing information necessary for allocating resources and reshaping programs.
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Indicator 9.1: Service Evaluation

Model Community Standards:	<ul style="list-style-type: none"> ⊕ Using specific indicators of performance, the DMHO regularly evaluates the accessibility, quality, and effectiveness of its preventive health services and their progress towards program goals. Organizations and their contractors are evaluated against established criteria for performance. ⊕ The evaluation includes an assessment of community satisfaction with the services and programs in the DMHO. The assessment obtains direct input from residents who are representative of the community (including groups at increased risk of negative health outcomes). They are surveyed on how well services meet their needs, areas where improvements are needed, and their satisfaction with the responsiveness to their complaints or concerns regarding population health services. The evaluation findings are regularly used to modify the DMHO's strategic and operational plans and to improve services and programs. 				
9.1.S. To what extent does your DMHO achieve the model standards mentioned above?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; padding: 5px;">Not at all or minimally <input type="checkbox"/></td> <td style="width: 25%; border: 1px solid black; padding: 5px;">Partially <input type="checkbox"/></td> <td style="width: 25%; border: 1px solid black; padding: 5px;">Substantially <input type="checkbox"/></td> <td style="width: 25%; border: 1px solid black; padding: 5px;">Fully or almost fully <input type="checkbox"/></td> </tr> </table>	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>		
9.1.1. How is any evaluation of population-based health services done?	<ul style="list-style-type: none"> ➤ Is there any evaluation of population-based health services? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, please continue with 9.1.2.</i> <li style="padding-left: 20px;">If yes, how is it done? <li style="padding-left: 40px;">➤ <input type="checkbox"/> Population-based health services are evaluated against established criteria that include accessibility, quality, pre-set targets or program effectiveness <li style="padding-left: 40px;">➤ <input type="checkbox"/> These evaluations identify <i>gaps</i> in service provision (e.g. barriers to access, needs for additional services, reasons for the failure to meet targets, etc.) <li style="padding-left: 40px;">➤ <input type="checkbox"/> The DMHO uses results from these evaluations in the development of its strategic and operational plans 				
9.1.2. How does the DMHO assess the satisfaction of community residents and service users?	<ul style="list-style-type: none"> ➤ Does the DMHO assess the satisfaction of community residents and service users? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, please continue with Indicator 9.2</i> <li style="padding-left: 20px;">If yes, how? <li style="padding-left: 40px;">➤ <input type="checkbox"/> The DMHO solicits input from a representative cross-section of the community? <li style="padding-left: 40px;">➤ <input type="checkbox"/> The assessment determines if residents' needs are being met, including those groups at increased risk <li style="padding-left: 40px;">➤ <input type="checkbox"/> The assessment identifies areas where population-based services can be improved <li style="padding-left: 40px;">➤ <input type="checkbox"/> The assessment determines users' satisfaction with the responsiveness of the DMHO to their complaints and concerns <li style="padding-left: 40px;">➤ <input type="checkbox"/> The DMHO uses the results of the assessment in developing its strategic and operational plans and improving the delivery of services 				

Indicator 9.2: Evaluation of the DMHO

Model Community	⊕ An evaluation of the DMHO is conducted every three to five years to examine: (a) the coordination between the DMHO and other organizations, governmental and otherwise,
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Standards:	<p>involved in health issues; and (b) the comprehensiveness of the preventive health services it offers. A wide variety of organizations—including government entities, community organizations and representatives of the private sector—participate in this evaluation process. The evaluation uses process and outcome measures to assess coordination between the DMHO and these organizations, gaps in the DMHO’s areas of functioning, and the quality and effectiveness of services for which it is responsible.</p> <p>⊕ Information from the evaluation process is used to refine existing community health programs, establish new ones, and to redirect resources as needed to accomplish the DMHO’s goals. The results of the evaluation are shared with the entire community in a format and language that the community understands. The results are used in community health improvement and strategic planning processes described under Essential Service 5.</p>			
9.2.S. To what extent does your DMHO achieve the model standards mentioned above?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
9.2.1. How does the DMHO evaluate itself regularly?	<p>➤ Does the DMHO evaluate itself on a regular basis?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, please continue with Essential Service #10</i></p> <p>If yes, what is evaluated and how is this evaluation used?</p> <ul style="list-style-type: none"> ➤ <input type="checkbox"/> Linkages and relationships between the DMHO and other organizations involved in health are evaluated ➤ <input type="checkbox"/> Quality-improvement activities of the DMHO are evaluated ➤ <input type="checkbox"/> Resources used for coordination among organizations are evaluated ➤ <input type="checkbox"/> Process or outcome measures are used to evaluate services ➤ <input type="checkbox"/> Evaluation findings are used to guide the DMHO in its strategic or operational planning or to improve its services ➤ <input type="checkbox"/> Evaluation findings are communicated to the community 			

Essential Service #10: Research for New Insights and Innovative Solutions to Health Problems

This service includes:	<ul style="list-style-type: none"> ⊕ Full-continuum of innovative solutions to health problems ranging from practical field-based efforts to fostering change in public health practice, to more academic efforts to encourage new directions in scientific research. ⊕ Continuous linkage with institutions of higher learning and research. ⊕ Internal capacity to mount timely epidemiological and health policy analyses and conduct health services research.
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Indicator 10.1: Fostering Innovation

Model Community Standard	<p>⊕ The DMHO enables staff to identify new solutions to health problems in the community. The DMHO provides time and resources for staff to pilot test or conduct experiments to determine the feasibility of implementing new ideas. The DMHO, based upon results from these pilot tests and experiments, encourages implementation of ideas that may lead to improved service delivery or administration practices. The DMHO researches and monitors best practices information from other agencies and organizations at the local, state, and national level. The DMHO encourages community participation in research development and implementation (e.g., identifying research priorities, designing studies, preparing related communications for the general public.)</p>			
10.1.S. To what extent does your DMHO achieve the model standard mentioned above?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
10.1.1. What does the DMHO do to foster innovation?	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The DMHO enables staff to identify new health problems in the community ➤ <input type="checkbox"/> The DMHO encourages staff to develop new solutions to health problems in the community ➤ <input type="checkbox"/> The DMHO identifies barriers to implementing innovative solutions—especially low-technology ones—to health problems within the community ➤ <input type="checkbox"/> The DMHO actively encourages district-based research—especially by its own staff—to find innovative, low-technology or low-cost solutions to the district’s health problems ➤ <input type="checkbox"/> The DMHO implements those innovations determined to be most likely to lead to improved service delivery ➤ <input type="checkbox"/> The DMHO researches “best practices” developed by other public health agencies or organizations (e.g. “best practices” in service delivery, evaluation, or other areas) ➤ <input type="checkbox"/> The DMHO encourages research organizations to include public health issues in their research agendas ➤ <input type="checkbox"/> The DMHO encourages community participation in the development or implementation of research 			

Indicator 10.2: Linkage with Institutions of Higher Learning and Research

Model Community Standard:	<p>⊕ The DMHO collaborates and forms linkages with institutions of higher learning or research to conduct research activities related to essential services of public health. The DMHO develops relationships with these institutions which range from patterns of mutual consultation to formal affiliations with schools of public health and with schools and departments not directly related to public health. The DMHO provides field training and work-study experiences for the students and interns.</p>			
10.2.S. To what extent does your DMHO achieve the model standard mentioned above?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
10.2.1 What does the DMHO	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The DMHO has formed partnerships with at least one institution of higher learning or research to <i>conduct research</i> related to essential public health services 			

do to establish linkages with institutions of higher learning and research?	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The DMHO has formed partnerships with at least one institution of higher learning or research to <i>receive technical assistance</i> related to essential public health services ➤ <input type="checkbox"/> The DMHO has arrangements with one or more Medical Colleges or Nursing schools to provide field training (in the DMHO’s area) for their students or interns
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Indicator 10.3: Capacity to Initiate or Participate in Timely Epidemiological, Health Policy, and Health Services Research

Model Community Standard:	⊕ The DMHO has access to researchers with the expertise and resources necessary to initiate or to participate in epidemiological, health policy, and health services research. Research activities result in the publication of study findings in professional journals, as part of an overall plan to disseminate research findings to public health colleagues. The development, implementation, and impact of the DMHO’s research efforts are evaluated
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10.3.S. To what extent does your DMHO achieve the model standard mentioned above?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
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10.3.1. What capacities exist within the DMHO to initiate or participate in epidemiological, health policy, and health services research?	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The DMHO has access to researchers ➤ <input type="checkbox"/> The DMHO has access to libraries and other sources of information ➤ <input type="checkbox"/> The DMHO disseminates research findings to public health colleagues ➤ <input type="checkbox"/> The DMHO publishes findings from its research ➤ <input type="checkbox"/> The DMHO evaluates its research activities
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