

COMMUNITY ASSETS: LOCAL HEALTH DEPARTMENT INFRASTRUCTURE

Commitment to chronic disease prevention and obesity prevention in particular

1. Does the health department have a current written departmental policy or similar document that identifies overweight/obesity prevention as one of its top priorities?

1 pt ___ Yes: Identify source and year (if completed more than three years ago, check no):

0 pt ___ No

If yes, check those that apply:

1 pt ___ The policy acknowledges the importance of environmental and community influences on the obesity problem.

1 pt ___ The policy has been endorsed by the Health Officer, Director of Public Health or senior leadership in the department.

2. Has the county board of supervisors and/or city council(s) adopted a policy (e.g., resolution) recognizing obesity prevention as a priority?

1 pt ___ Yes

0 pt ___ No

If yes, was the health department involved in its development or adoption (e.g., provided technical assistance, key testimony, etc.)?

1 pt ___ Yes, the health department was involved

0 pt ___ No, the health department was not involved

3. Does the health department have a current strategic plan that sets goals and timelines to improve nutrition, food security, physical activity, and obesity prevention measures?

1 pt ___ Yes: Identify year it was completed (if completed more than three years ago, circle no)

0 pt ___ No

If yes, check all that apply: **up to 2 checks = 1 pt; 3+ checks = 2 pts**

___ There was community involvement in the development of the plan

___ There was wide public health staff involvement in the development of the plan

___ Community partners have made commitments to work on accomplishing the goals in the plan

___ The plan has been endorsed by the Health Officer, Director of Public Health, and other senior leadership in the department

___ The plan includes environmental strategies to address the problem of obesity.

Resources dedicated to obesity prevention

4. What is the total dedicated health department funding allocated to improve nutrition (e.g., increase fruit and vegetable consumption), physical activity, food security and prevent obesity? Identify amount of funding from all possible sources. And, be sure to consider other health promotion programs (e.g., injury prevention) that may include interventions to promote physical activity, etc. (e.g., injury prevention programs that promote walking, built environment improvements). Also, if possible, consider including the nutrition education components of WIC or other programs.

- County/local tax dollars: **1 pt** \$ _____
- Realignment dollars*: **1 pt** \$ _____

Please note: This funding comes from the State to counties, and it is considered discretionary as to how a county can use/allocate it. If your county uses Realignment funding for chronic disease prevention or obesity prevention more specifically, it may be difficult to ascertain the exact amount. A gross estimate is adequate, or, at a minimum, please just note that Realignment funding is utilized but the amount is not known.

- LIA contract with *Network*: **1 pt** \$ _____
- Other State funding (e.g., Project LEAN, (other *Network* contracts, etc.): **1 pt** \$ _____
- Foundation funding (TCE, Kaiser, etc.): **1 pt** \$ _____
- Other funding sources (identify): **up to 2 pts** (assign according to size and scope)
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

4(a) TOTAL health department funding: **7 possible pts** \$ _____

4(b) What is the per capita funding level? \$ _____
 (Divide county population by total funding)

4(c) Approximately what percentage of total obesity prevention funding is prioritized to low-income/at risk populations?
 ___ **1 pt** (0 – 49%) ___ **2 pts** (50% – 75%) ___ **3 pts** (more than 75%)

5. Does the health department leadership actively seek additional revenue to improve nutrition, physical activity and food security and prevent obesity (e.g., foundation funding, additional county resources)?
1 pt ___ Yes
0 pt ___ No

6. Has the department allocated funds to address gaps that were identified through a needs assessment of community programs working on obesity (and chronic disease) prevention?

1 pt ___ Yes
0 pt ___ No

7. Does the department provide in-kind resources to community agencies in an effort to facilitate getting services out to the community?

1 pt ___ Yes
0 pt ___ No

Departmental leadership

8. Check all that apply. Senior health department officials: **1 - 3 checks = 2 pts; 4 - 6 checks = 3 pts; 7+ checks = 5 pts**

___ Is actively involved in advocacy and influencing policy efforts by cities, by the county by the schools, by the health & medical community and by corporate and business sectors.

___ Established partnerships with city and county land use and transportation planners to influence the built environment.

___ Actively participates in such city/county planning commissions and redevelopment committees, and other types of county policy task forces or initiatives.

___ Activity participates in food policy councils and facilitates collaboration with entities such as farmers' markets, agriculture industry or food security programs to increase access to healthy foods.

___ Testifies before governmental agencies (e.g., City County, Planning Committees). Participates in hearings and provides data for testimony.

___ Actively participates on inter-departmental task forces (e.g., social services, education, agriculture, parks and recreation, etc.)

___ Participates in school policy development around food and physical activity.

___ Is partnering with business to improve worksite nutrition and physical activity environments.

___ Engages in collaborative planning & program implementation with neighborhood organizations and community residents.

___ Is well represented and takes an active role in collaboratives involved in obesity prevention, helping to facilitating cross-sector collaboration to jointly promote improved nutrition and physical activity environments.

___ Routinely participates in state and national public health organizations to promote the importance of nutrition, physical activity, obesity prevention and food security as a central concern of public health policies and practices.

Obesity prevention programs

9. Where are the obesity prevention-related programs housed within the department? Are they situated within a Chronic Disease Prevention program/section/division?

1 pt Yes

0 pt No

10. What departmental social marketing, population-based and/or research-based programs targeting at risk populations are in place to improve nutrition, physical activity, food security and obesity prevention? Please list all programs, priority target group(s), primary strategy (e.g., physical activity):

1 – 2 programs = 1 pt; 3 – 4 programs = 2 pts; 5+ programs = 3 pts.

Programs	Target groups	Primary strategy
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10(a) Using a scale of 0 to 2 with 2 being the highest (0=none, 1=a little, 2=a lot), how would you rate the level of coordination among the programs in the department that address some aspect of obesity prevention? _____ **up to 2 pts.**

11. Does the department have a worksite wellness policy encouraging healthy eating and physical activity?

1 pt Yes

0 pt No

11(a) If yes, is it promoted to employees?

2 pts Yes, promoted strongly

1 pt Yes, promoted somewhat

0 pt No, not promoted at all

Staffing for obesity prevention

12. Check the types of in-house staff expertise who are .3 – 1 FTE in existing NUPA (or social marketing/pop based dealing with obesity prevention) programs:

For large health departments: 1-2 checks = 1 pt; 3-5 = 2 pts; 6+ = 3 pts

For small health departments: 1-2 checks = 1 pt; 3 = 2 pts; 4+ = 3 pts

Nutrition/RD

Health education/promotion

- Physical activity
- Community design/urban planning
- Food security
- Paraprofessionals (e.g., peer educators, Promotores)
- Policy/political science
- Communications, advertising, public relations expertise
- Community organizing

Research (if not specifically for obesity prevention, OK to consider expertise serving chronic disease prevention in general):

For large health departments: 1 check = 1 pt; 2+ = 2 pts

For small health departments: any = 2 pts

- Epidemiology
- GIS mapping
- Health impact assessment

Administrative expertise:

1-2 checks = 1 pt

- Accounting
- Contract management

13. Are staff trainings routinely conducted to promote best practices in nutrition, physical activity and obesity prevention for existing health department staff?

1 pt Yes

0 pt No

- 13(a) If yes, **add 1 pt** if routine training is provided to:

- Obesity prevention related staff
- Chronic disease prevention and other health promotion staff
- Any health department staff (e.g., public health nurses)

Obesity prevention research, evaluation and information capacity

14. Are research, evaluation and surveillance systems in place and utilized by local department for its obesity prevention or chronic disease prevention programs?

2 pt Yes, excellent systems are in place

1 pt Somewhat, some systems are in place

0 pt No, very little or no systems in place

- 14(a) If yes or somewhat, does its surveillance system include tracking of environmental indicators, in addition to individual indicators?

1 pt Yes

0 pt No

15. Does the department produce data reports, analyses and policy papers highlighting the burden of obesity and promoting prevention strategies in a form that is easily understandable by elected officials and the public?
2 pt ___ Yes, excellent reports that are easily understandable
1 pt ___ Somewhat, some reports are understandable; others are too complex
0 pt ___ No, few reports are produced and/or are too complex or only designed for public health professionals
 If yes or somewhat, please identify source/year of example:

- 15(a) If yes or somewhat, does the department actively disseminate and publicize these reports (e.g., to key community opinion leaders, local media, community meetings, and presentations to local groups)?
1 pt ___ Yes
0 pt ___ No

16. Does the department use local media to provide obesity prevention messages?
1 pt ___ Yes
0 pt ___ No

Upon completion of this evaluation, consult the attached sheet to add up the points for each section and then the total points. Find the corresponding grade for the overall local health department infrastructure. Please complete your assessment by noting areas for improvement, as well as current strengths for your department to build upon.

Section:	Maximum points	Your Points
• Commitment to obesity prevention	8	___
• Resources dedicated to obesity prevention	13	___
• Departmental leadership	5	___
• Obesity prevention programs	9	___
• Staffing for obesity prevention	8	___
• Obesity prevention research, evaluation and information capacity	7	___

Total points (maximum 50): _____

Your Department's Grade: _____

(Based on the total points received, see attached sheet.)

Summarize strengths and weaknesses that contributed to final grade:

Scoring:

0 – 10: F

11 – 20: D

21 – 30: C

31 – 40: B

41 – 50: A