

LOCAL HEALTH DEPARTMENT INFRASTRUCTURE NEOP ASSESSMENT: How ready is your agency?

This assessment tool measures a local health department's (LHD) ability to prevent obesity. The local health department is the front line health agency in each of California's 58 counties and 3 cities. Since resources are limited, local health departments need to focus efforts on prevention. This tool will help assess a department's readiness to tackle obesity prevention. The ultimate goal is to reduce the incidence of chronic diseases such as diabetes, heart disease, stroke, certain types of cancer, etc.

The following three health department activities are of the utmost importance:

- Obesity prevention and improving nutrition, physical activity, and food security are formal or expressed department priorities.
- Health department actively develops collaborative relationships with communities, school systems, health care providers and other organizations to improve nutrition, physical activity, obesity prevention and food security.
- There is dedicated staff with appropriate expertise for implementing social marketing campaigns and population-based programs to improve nutrition, physical activity, food security and prevent obesity.

The goal is to strengthen the local health department's ability to effect community change -- policy, systems, and the physical environment – that have the potential to improve resident's health. An emphasis is placed on local health department leadership to complement USDA's Supplemental Nutrition Assistance Program (SNAP) Nutrition Education and Obesity Prevention (NEOP) Program activities and extend beyond NEOP parameters.

This assessment contains six major sections that evaluate the department's infrastructure: Commitment; Dedicated Resources; Departmental Leadership; Obesity Prevention Programs; Staffing; and Research, Evaluation and Information Capacity

Instructions

This tool is designed for local health department staff and is divided into the six sections listed above. Please evaluate each section. You will then assign points to each section based on your evaluation to determine the final grade and then summarize the reasons (areas for improvement, strengths) for the grade.

Staff conducting this assessment will need to complete the following steps:

1. Obtain the endorsement of the department's senior officials.
2. Review department documents
3. Hold discussions with department top officials and key department staff to conduct the assessment.

Step 1: Endorsement

First, obtain endorsement of key department opinion leaders to participate in and complete this assessment. The endorsement can use whatever means the department director or health officer uses to communicate with key staff (e.g., e-mail, staff meeting agenda, etc.)

Step 2. Documents

Gather together relevant documents to assist in your assessment. For example, documents that describe the:

- Department's structure, funding and programs (organization chart, different programs, budgetary amounts, staffing patterns);
- Department's strategic plans, list of department priorities, etc.
- County health reports produced by your department, in particular ones that utilize research and surveillance systems for assessing/tracking chronic diseases.

These documents may be on department web pages. They may also be listed under the county web pages. Or, you may need to ask the health officer, director, or public information office for key documents. It may also be helpful to gather county health reports that your department has produced to determine Department priorities could be identified in a budgetary document, county or health department strategic planning document, a status report on the public's health, etc.

Step 3: Informed Discussion

Other information for conducting the assessment is best gathered through "informed" discussions – either one-on-one discussions or focused group discussions. Plan to talk to top-level department officials (e.g., health officer; health department director; division official in charge of chronic disease prevention), if possible, as well as program staff to find out about department actions/activities in key areas. Be sure to set up a meeting to complete assessment and then a follow-up meeting (or two) to determine a course of action based on findings.

Section I. 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?

- Yes: Identify source and year (if completed more than three years ago, circle no):
- No

If yes, check all that apply

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

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 city council(s) adopted a policy (e.g., resolution) recognizing obesity prevention as a priority?

Yes

No

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

Yes, the health department was involved

No, the health department was not involved

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

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

No

If yes, check all that apply:

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.

Actions speak louder than words! It's time to look at resources: funding, staffing, programs, and other evidence of commitment by the health department.

Section II. 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: \$ _____
- Realignment dollars*: \$ _____

* 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.

- *Network for a Healthy California*: \$ _____
- Other State funding (e.g., Project LEAN): \$ _____
- Foundation funding (TCE, Kaiser, etc.): \$ _____
- CTG funding \$ _____
- Other funding sources (identify): \$ _____
 _____ \$ _____

4(a) TOTAL health department funding: \$ _____

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

4(c) Approximately what percentage of total funding is prioritized to low-income/at risk populations?
 ___ 0 – 49% ___ 50% – 75% ___ 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)?
 ___ Yes
 ___ No

6. Has the department conducted an assessment of community programs working on obesity (and chronic disease?) prevention to identify gaps and then allocate department resources accordingly to address these gaps?
- Yes
 No
7. Does the department provide in-kind resources to community agencies in an effort to facilitate getting services out to the community?
- Yes
 No

Section III. Department Leadership

8. Check all that apply. Senior health department officials:

- Is actively involved in advocacy and influencing policy efforts by cities, the county, schools, by the health & medical community, by non-profits, and by the 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.
- Actively 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 (Farm-to-fork; procurement policies, etc.).
- 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.

Section IV. 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?
 Yes
 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):

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

10(a) Using a scale of 1 to 5 with 5 being the highest, how would you rate the level of coordination among the programs in the department that address some aspect of obesity prevention? _____

11. Does the department have a worksite wellness policy encouraging healthy eating and physical activity?
 Yes
 No

11(a) If yes, is it promoted to employees?
 Yes, promoted strongly
 Yes, promoted somewhat
 No, not promoted at all

Section V. Staffing for obesity prevention

12. Check the types of in-house staff expertise who are .3 – 1 FTE in existing nutrition, physical activity and obesity prevention:
 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):

- Epidemiology
- GIS mapping
- Health impact assessment
- Program Evaluation

Administrative expertise:

- Accounting
- Contract management
- Subcontracting ability and monitoring

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

- Yes
- No

13(a) If yes, check all that apply:

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

Section VI. 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?

- Yes, excellent systems are in place
- Somewhat, some systems are in place
- 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?

- Yes
- 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?
- Yes, excellent reports that are easily understandable
 - Somewhat, some reports are understandable; others are too complex
 - 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)?
- Yes
 - No

16. Does the department use local media to provide obesity prevention messages?
- Yes
 - 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:	Points
I. Commitment	_____
II. Resources dedicated to obesity prevention	_____
III. Departmental leadership	_____
IV. Obesity prevention programs	_____
V. Staffing for obesity prevention	_____
VI. Research, evaluation & information capacity	_____

Total points: _____

Your Department's Grade: _____

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

Summarize strengths and weaknesses that contributed to final grade: