

AREA OF CAPACITY ASSESSMENT	Evaluation of Capacity			
	1	2	3	4
<b>Women's Health</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Promotion of preconceptional counseling</li> <li><input type="checkbox"/> Family Planning</li> <li><input type="checkbox"/> Immunizations</li> <li><input type="checkbox"/> Other _____</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Pregnancy-related Health</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Prenatal education</li> <li><input type="checkbox"/> Poor pregnancy outcomes, e.g. LBW, IM</li> <li><input type="checkbox"/> Smoking cessation</li> <li><input type="checkbox"/> Nutrition and breastfeeding</li> <li><input type="checkbox"/> Substance abuse prevention</li> <li><input type="checkbox"/> Home visitation</li> <li><input type="checkbox"/> Referral to services / resources</li> <li><input type="checkbox"/> First doses Hepatitis B in collaboration with local hospitals</li> <li><input type="checkbox"/> Other _____</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Child Health</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Immunizations               <ul style="list-style-type: none"> <li><input type="checkbox"/> Immunization Registry (USIIS)</li> <li><input type="checkbox"/> WIC / Immunization Collaboration</li> </ul> </li> <li><input type="checkbox"/> Medicaid outreach</li> <li><input type="checkbox"/> CHIP outreach</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p><b>Child Health (continued)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Well child exams / Child health education</li> <li><input type="checkbox"/> Lead poisoning</li> <li><input type="checkbox"/> School-linked / based services</li> <li><input type="checkbox"/> Children with special needs</li> <li><input type="checkbox"/> Home visitation</li> <li><input type="checkbox"/> Screenings, such as amblyopia</li> <li><input type="checkbox"/> Referral to health-related services / resources</li> <li><input type="checkbox"/> Other _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></li> </ul>
<p><b>Adolescent Health</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> School-linked based services</li> <li><input type="checkbox"/> Immunizations</li> <li><input type="checkbox"/> Violence prevention</li> <li><input type="checkbox"/> Teen pregnancy prevention</li> <li><input type="checkbox"/> Teen parenting</li> <li><input type="checkbox"/> Youth asset development (protective and risk factors)</li> <li><input type="checkbox"/> Referral to health-related services / resources</li> <li><input type="checkbox"/> Other _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></li> </ul>
<p><b>Strengthening Local Health System for MCH</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Strategic planning for MCH services</li> <li><input type="checkbox"/> Seeking private or public funding for new initiatives</li> <li><input type="checkbox"/> Staff training on MCH public health issues</li> <li><input type="checkbox"/> Building MCH data capacity</li> <li><input type="checkbox"/> Other _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></li> </ul>

<p><b>Assessing MCH Populations</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Standardized data collection tools</li> <li><input type="checkbox"/> Analysis of demographics, economic status, behaviors, health status</li> <li><input type="checkbox"/> Community perceptions of health problems, needs, including users of services</li> <li><input type="checkbox"/> Assessment of needs of MCH populations in districts</li> <li><input type="checkbox"/> Dissemination of information on MCH population needs</li> <li><input type="checkbox"/> Other _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></li> </ul>
<p><b>Diagnose / Investigate MCH health problems</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Use of population data</li> <li><input type="checkbox"/> Use of program client data</li> <li><input type="checkbox"/> Conduct local surveillance of MCH health conditions</li> <li><input type="checkbox"/> Assessments of environmental hazards to women, children and families</li> <li><input type="checkbox"/> Other _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></li> </ul>
<p><b>Promote Positive Beliefs, Attitudes and Behaviors</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Materials focused on MCH issues / problems</li> <li><input type="checkbox"/> Hotlines</li> <li><input type="checkbox"/> Media campaigns focused on MCH issues / problems</li> <li><input type="checkbox"/> Health education activities for MCH problems</li> <li><input type="checkbox"/> Evaluation of health promotion activities and outcomes</li> <li><input type="checkbox"/> Other _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></li> </ul>

<p><b>Community Partnerships</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Public advocacy for policies, legislation &amp; resources</li> <li><input type="checkbox"/> Relationships with community private providers               <ul style="list-style-type: none"> <li><input type="checkbox"/> Rural or community health centers (if one in district)</li> <li><input type="checkbox"/> Hospitals within district</li> <li><input type="checkbox"/> HMOs, if appropriate</li> <li><input type="checkbox"/> Professional organizations</li> </ul> </li> <li><input type="checkbox"/> Partnerships with advocacy groups, community-based coalitions, businesses</li> <li><input type="checkbox"/> Other _____</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p><b>Priority setting / planning / leadership</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Collaboration with community partners on assessment of MCH needs, including users of services</li> <li><input type="checkbox"/> Involvement of Board of Health in planning and priority setting</li> <li><input type="checkbox"/> Setting local target goals for MCH objectives / outcomes based on HP 2010 Goals / MCH Performance and Outcome Measures</li> <li><input type="checkbox"/> Program / service plans tied to needs assessment, including resource allocations</li> <li><input type="checkbox"/> Dissemination of fact sheets / reports on MCH population status</li> <li><input type="checkbox"/> Other _____</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p><b>Promote, enforce laws, regulations, standards</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Consistent coordination policies across programs</li> <li><input type="checkbox"/> Participation in legislative, regulatory and standards development</li> <li><input type="checkbox"/> Promotion of local ordinances related to MCH</li> <li><input type="checkbox"/> Work with Board of Health to establish standards for MCH population needs</li> <li><input type="checkbox"/> Other _____</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<p><b>Link MCH populations to services</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Outreach services for uninsured and hard-to-reach populations</li> <li><input type="checkbox"/> Outreach to ethnic or racial minority populations in district</li> <li><input type="checkbox"/> Culturally appropriate outreach materials</li> <li><input type="checkbox"/> Referral systems, resource directories, advertising &amp; enrollment assistance</li> <li><input type="checkbox"/> Transportation &amp; other access-enabling services</li> <li><input type="checkbox"/> Non-traditional sites: detention centers, foster care, mental health facilities</li> <li><input type="checkbox"/> Promote medical home for MCH populations</li> <li><input type="checkbox"/> Assistance with effective use of health care services / systems</li> <li><input type="checkbox"/> Facilitate access to Medicaid               <ul style="list-style-type: none"> <li><input type="checkbox"/> To CHIP</li> <li><input type="checkbox"/> To PCN</li> <li><input type="checkbox"/> To WIC</li> <li><input type="checkbox"/> To Baby Your Baby</li> <li><input type="checkbox"/> To VFC</li> </ul> </li> <li><input type="checkbox"/> Identify alternative resources to expand capacity, e.g., private funding, third party payer contacts</li> <li><input type="checkbox"/> Other _____</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p><b>Assure capacity, competency of public health workforce</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Provide infrastructure / capacity for MCH functions</li> <li><input type="checkbox"/> Staff training on public health core functions</li> <li><input type="checkbox"/> Support staff continuing education</li> <li><input type="checkbox"/> Promote staff professional development</li> <li><input type="checkbox"/> Assess public health workforce capacity in district</li> <li><input type="checkbox"/> Infuse cultural sensitivity in staff day-to-day operations</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Section I  
Attachment B  
MCH Capacity Assessment

<input type="checkbox"/> Other _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Evaluate effectiveness, accessibility &amp; quality of MCH Services</b>	
<input type="checkbox"/> Conduct customer satisfaction survey with adaptation of programs as needed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Assess community provider knowledge, attitudes, & practices	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Assess barriers and gaps in services for MCH populations	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Assess community perceptions of health problems and needs	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Assess provider capacity in district	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Research / Demonstration projects</b>	
<input type="checkbox"/> Conduct special studies for in-depth understanding of health problems for MCH populations	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Develop model programs or “Best Practice” models	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

- 1 = Excellent capacity
- 2 = Good capacity
- 3 = Inadequate capacity
- 4 = No capacity