Essential Service #1. Monitor health status to identify EH problems.
This service includes: - Assessment of Area-wide health status and its determinants, including the identification of health threats and the determination of health service needs. - Attention to the vital statistics and health status of specific groups that are at higher risk for health threats than the general population. - Identification of community assets and resources, which support the Area EH system in promoting health and improving quality of life. - Utilization of technology and other methods to interpret and communicate health information to diverse audiences in different sectors. - Collaboration in integrating and managing EH related information systems.

Component	Basic	Intermediate	Comprehensive
Standard 1.1: Formal needs assessments with community engagement conducted.			
1. Environmental Health needs assessments are conducted.	Informal needs assessments are conducted to share information about Service Area (Area, District, SU, Tribal, etc.) concerns/issues. May include verbal or written referrals, casual conversations, phone calls.	Semi-formal needs assessments are conducted to develop a tailored Area EH program in direct response to Service Area (Area, District, SU, Tribal, etc.) requests. May include the addition of several questions related to EH in other public health assessments that are already being implemented.	Formal, extensive local level needs assessments are routinely conducted to develop and inform goals, objectives, design, and evaluations of local EH programs. Includes community assessments directed towards EH issues (e.g., PACE-EH, EH report cards).
2. Sources of data	Use of existing data sources to identify EH issues (WebEHRS, State trauma registries, State Health Alerts, WebCident, WISQARS, NDECI, etc).	Service Areas (Districts, SUs, Chapters, Consortia) are usually included in identifying EH needs (focus groups, meetings, surveys, etc.)	Service Areas (Districts, SUs, Chapters, Consortia) take the lead in identifying EH needs (focus groups, meetings, surveys, etc.)
Standard 1.2: Area Environmental Health profile created.			

Component	Basic	Intermediate	Comprehensive
3. Identification and use of indicators	Area-specific health indicators not identified.	Use of indicators to compare Area-wide EH-related disease, injury, risk factors to national health objectives and other benchmarks.	Routinely compiles and analyzes impact or outcome data for local, Area, national health surveillance efforts.
4. Distribution and format	EH data not regularly disseminated or disseminated no further than IHS Area Office and HQ.	Annually disseminated through fact sheets, reports beyond the IHS Area Office and HQ.	Prepares comprehensive profile of Area EH issues that are distributed widely (beyond the IHS Area Office and HQ). Profiles include trends in health status, risk factors, level of need.
1.3: Quality assurance process in place and used for web-based environmental health data systems.			
5. Quality of data and surveillance system	Conduct an annual review of WebEHRS data.	Develop quality assurance procedures to determine consistent use of WebEHRS data and procedures to correct discrepancies in WebEHRS data and interpretation of facility definitions.	Demonstrated trends over time showing consistent use of WebEHRS.
6. Use of advanced technology	Staff does not use appropriate technology to interpret and communicate health information to diverse audiences, e.g., mapping tools.	Example: Staff use web-based mapping tools or have plotted GPS coordinates of events or facilities.	Example: Staff is trained in GIS or has access to those who are proficient in its use. Can use GIS to capture, manage, analyze, and display spatial information.
7. Policies, procedures, protocols, guidelines on how to use surveillance systems in place.	No written policies, procedures, protocols, guidelines for how to use surveillance systems in place.	Written policies, procedures, etc. in place and reviewed periodically.	Written policies, procedures, etc. in place, reviewed and updated regularly. Staff regularly trained.

Essential Service #2. Diagnose and investigate environmental health problems and hazards in the community.
This service includes: - Epidemiologic investigations of disease outbreaks and patterns of infectious and chronic diseases, injuries, and other adverse health conditions. - Case finding, investigation, and analysis of health problems. - DEHS roles and responsibilities related to physician referrals for communicable diseases and injuries.

Component	Basic	Intermediate	Comprehensive
Standard 2.1: Active Epi Response Teams in place.			
8. Policies, procedures, protocols, guidelines on disease/injury investigation in place.	No written policies, procedures, protocols, guidelines on disease/injury investigation in place.	Written policies, procedures, etc. in place and reviewed periodically.	Written policies, procedures, etc. in place, reviewed and updated regularly. Staff regularly trained.
9. Epi Response Team (communicable disease response team)	There is no Area-wide Epi Response Team in place to respond to communicable diseases.	Epi Response Team in place but must be activated by Area Director, CMO, or other senior leadership. Participants not routinely trained and no practice exercises conducted.	Epi Response Team in place, routinely trained, with regular, periodic practice exercises conducted. Automatically activated when pre-determined disease thresholds exceeded.
Standard 2.2: Risk factors for health threats collected from multiple data sources.			
10. Problem identification and follow-up.	Responds to referrals from the hospitals, clinics, state, law enforcement, etc.	Can query surveillance systems for status of previously identified health conditions or threats (must actively ask for updates).	Surveillance systems and registries send automatic and immediate notification to EHS staff.

Standard 2.3: EHS actively engaged in Area-wide emergency response plan.			
11. Public Health Emergencies	EHS staff do not have an Area-wide public health emergency plan. No formal system in place to alert Service Units/ Districts/ Tribes about possible health threats or disease outbreaks.	A plan is developed with input from State/County/Local/tribal governments, based on identified hazards or risks. EHS has current phone listings of tribal/state/county/national programs to contact about possible health threats or disease outbreaks.	A plan is developed with significant input from all players. An annual Hazard Vulnerability Analysis or equivalent risk assessment is conducted, and the plan is revised accordingly. A formal system is in place to provide public health alerts. The EH staff works with state/county/local/tribal/federal programs to ensure notification and education about true or potential threats.
12. Technical capabilities	EHS staff do not have Bachelors degrees or have Bachelors degrees in other than EH. Staff are relatively new to EH and have few prior assignments in EH.	EHS staff have access to professional expertise and equipment to assess, investigate, and analyze public health threats and hazards. Staff have Bachelors level degrees in EH.	EHS staff have Masters level degrees in EH or PH. Staff have several prior assignments in EH and can draw on that previous experience.

Essential Service #3. Inform, educate, and empower people about environmental health issues.
This service includes: - Health information, health education, and health promotion activities designed to reduce environmental health risk and promote the environmental health program. - Health communication plans and activities such as media advocacy and social marketing. - Health education and promotion program partnerships with schools, communities, tribal health programs, other IHS programs, states, or federal programs to implement and reinforce EH promotion programs and messages. - Activities to promote the IHS and Tribal EH programs within and outside the Agency.

Component	Basic	Intermediate	Comprehensive
Standard 3.1: EH in general, rather than only specific EH issues, promoted by staff.			
13. Materials developed	Culturally appropriate materials about environmental health problems not available. Use previously-developed or mass-produced products that are not customizable to specific audiences or cultures.	Culturally appropriate materials have been developed to increase public awareness about specific environmental health problems (plague, WNV, monkey pox).	Materials and communication channels have been specifically developed to increase awareness about the IHS or tribal EH program and how it relates to EH status.
14. Health promotion and advocacy	Staff has limited involvement in promoting EH. Staff attends "health fairs" and gives annual reports to tribal decision makers regarding EH activities.	Staff presents at conferences or meetings about specific EH issues, when asked. Other IHS Area Office programs recognize EH as an important part of public health	Staff initiates opportunities to advocate for EH at state, tribal, federal levels. Other stakeholders outside IHS understand EH and where it fits in to a comprehensive public health program.

Standard 3.2: Stakeholders engaged in formulating EH policies.			
15. Communications plan	There is no EH communications plan in place.	There is an EH communications plan in place to engage stakeholders in EH decisions and policy development	Stakeholders routinely engaged in EH decisions and policy development. EH training needs of stakeholders routinely assessed.
Standard 3.3: DEHS has a separate CAN with a formal annual spending plan.			
16. Resources available	Resources to plan, develop, and implement health education activities are not available beyond "end of year funding" or "freebies".	Resources to plan, develop, and implement health education activities are mostly available when requested.	Resources to plan, develop, and implement health education activities are budgeted and available.

Essential Service #4. Mobilize partnerships to identify and solve environmental health problems.

This service includes:

- The organization and leadership to convene, facilitate and collaborate with Area-wide partners to identify priorities and create effective solutions.
- Utilization of the full range of available human and material resources to improve the Area's EH status.
- Assistance to partners and communities to organize and undertake actions to improve EH in the Area's communities.

Component	Basic	Intermediate	Comprehensive
Standard 4.1: Partners assist IHS with identifying program goals and objectives and vice versa.			
17. Stakeholder development	Key stakeholders identified in response to specific EH threats.	There is a current up-to-date list of key stakeholders available in anticipation of EH threats.	There are a variety of methods used to engage stakeholders in decisions and policy development.

18. Partnerships exist	Partnerships and collaboration exist only with other IHS programs for EH activities.	Partnerships and collaboration exists with other IHS programs AND state/local entities for EH activities.	Active partnerships and collaboration exist with other IHS programs, state/local AND national/federal entities for EH activities. Formal agreements are established.
Standard 4.2: IHS looked to as primary authority for EH issues.			
19. Extent, quality and /or results of collaboration	Collaboration is limited to sharing of information at meetings and through newsletters, websites, or brochures.	EH staff assists partners in identifying program goals, objectives, and activities. EH staff maintains periodic contact with other groups and agencies to share information on programs.	Collaboration includes developing, implementing, and evaluating activities that fulfill identified goals and objectives. The IHS Area Office is looked to as the primary agency contact for EH issues on tribal lands.
20. Coalitions	Area EH topic-specific coalitions (committees, workgroups, etc.) exist and meet when a specific issue arises.	Area coalitions network with each other through federal, state, or tribal-sponsored EH workshops, conferences, meetings, etc. and meet periodically.	Area coalitions collaborate with other coalitions to resolve EH problems or issues on a regular basis. Collaboration is documented with meeting minutes, recognitions letters, awards, etc.

Essential Service #5: Develop policies and plans that support individual and community environmental health efforts.
This service includes: - Planning is based on Area-specific data, tracks measurable objectives, and establishes action plans to guide activities. - Development of Area plans and policies or assistance to the tribes in developing legislation, codes, rules, regulations, ordinances, and other policies to enable performance of all 10 essential services. - Affected groups are given the opportunity to debate proposed health plans and policies prior to adoption of such plans or policies.

Component	Basic	Intermediate	Comprehensive
Standard 5.1: An Annual EH program plan exists.			
21. Annual Plans exist	There is an annual Area EH plan in written form, with goals and objectives.	Plan is based on IHS-identified priorities and includes benchmarks, timelines, and responsible parties.	Plan is based on stakeholders' priorities using appropriate data and includes benchmarks, timelines, and responsible parties.
22. Annual Plan Distribution	Plan is distributed to IHS EHS staff only.	Plan is distributed to IHS EHS staff and when asked, it is distributed to tribal staff as well.	Plan is distributed to all stakeholders.
23. Evaluation of Efforts	Plan is reviewed by IHS staff annually and adjusted where appropriate.	Plan is reviewed and updated by IHS (and tribal EH staff if they ask to) annually.	Plan is updated and revised annually by IHS and tribal EH staff. Completion of benchmarks is assessed and a written evaluation report is prepared.
24. Policy Development	Policies are developed by IHS EHS staff when specific problems or issues arise.	Policies are developed by IHS EHS staff with input from affected programs, groups, etc. to address threats as they occur.	Policies are developed by IHS EHS staff with input from affected programs, groups, etc. to address potential threats before they occur.

25. Policy Distribution	Policies are distributed to IHS EHS staff when they are initially developed or when a specific problem arises.	Policies are distributed to IHS EHS staff and affected programs, groups, etc. periodically.	Policies are distributed to affected programs, groups, etc. and discussed/practiced on a regular basis in anticipation of problems arising.
Standard 5.2: Area-specific guidelines exist.			
26. Area EH Guidelines Exist	No Area-specific EH guidelines exist.	Area-specific EH Guidelines exist and are updated periodically. EHS staff are aware of these guidelines and often refer to them for guidance.	Area-specific EH Guidelines exist and are updated regularly. All IHS staff (not just EHS staff) are made aware of these guidelines at "New Employee Orientation".
Standard 5.3: DEHS engaged in Area-specific strategic planning efforts.			
27. Strategic Planning Efforts	No Area-specific EH strategic planning is conducted.	EHS is included in Area-specific Strategic planning efforts. EHS conducts limited "strategic planning" without input from stakeholders.	EHS conducts its own strategic planning with extensive input from stakeholders.

Essential Service #6: Support laws and regulations that protect health and ensure safety.
This service includes: - Reviewing, evaluating, and helping to revise laws and regulations that are designed to protect health and safety to assure that they reflect the current best practices and accurately address local problems. - Encouraging compliance with existing laws. - Educating those individuals obligated to obey or to enforce existing laws. - The determination of facility survey priorities. - What happens if no one wants to follow survey recommendations?

Component	Basic	Intermediate	Comprehensive
Standard 6.1: Staff standardized in how to conduct surveys.			
28. Knowledge of existing laws	Specific laws, codes, etc. not referenced during surveys	General laws, codes, etc. referenced during surveys, but specific section not referenced.	Specific section of laws, codes, etc. referenced during surveys. Staff are able to paraphrase specific sections “in English”.
29. Survey techniques	Staff not standardized in how to conduct surveys.	Staff have had training in how to conduct surveys in general. Training may be periodically available to staff.	Staff are trained annually on use of specific formats, procedures, distribution lists, etc. for specific types of surveys. Routine quality assurance is conducted by Area staff (includes evaluation of staff technique or performance as well as facility compliance & responsiveness).

Component	Basic	Intermediate	Comprehensive
Standard 6.2: IHS participates in regular review of tribal, state, or county codes.l			
30. Evaluation of existing laws, codes, etc.	Existing laws, codes not reviewed by anybody, whether tribal, state, or federal. IHS staff not part of review process.	Existing laws, codes reviewed periodically when circumstances require. IHS staff allowed to make presentations to tribal, state, or federal groups regarding existing or proposed laws, codes, etc.	IHS staff regularly review, and comment on existing, proposed, or the need for new laws, codes. IHS staff regularly invited to make presentations to tribal, state, or federal groups regarding existing or proposed laws, codes, etc. In other words, IHS is consulted regularly.
Standard 6.3: IHS has a working relationship with the enforcement authority.			
31. Education and awareness efforts	EH staff do not inform, educate individuals, organizations or regulated entities about purpose, importance or effect of laws, regulations, ordinances.	EH projects incorporate extensive public awareness aspects targeted toward regulated entities or those affected by the regulations.	EH staff inform, educate those who enforce the regulations on the importance and public health impact of the laws, regulations, or ordinances.

Essential Service #7: Link tribal programs to needed services and assure the provision of services when otherwise unavailable.
This service includes: - Assessment of available EH services - Assurances that access to a comprehensive EH program is available. - Partnerships with public, private, and voluntary sectors to provide communities with comprehensive EH services. - Development of a continuous improvement process to assure the equitable distribution of resources for those in greatest need.

Component	Basic	Intermediate	Comprehensive
Standard 7.1: Regularly meet with tribal contacts to address quality and level of services provided.			
32. Assessment of the range of Environmental Health services provided at the tribal level.	Annual planning meetings with tribes to assess level of EH services provided.	Gaps in services identified and plans developed to partner with other programs to close gaps developed.	Partnerships with other programs to meet gaps in EH services.
33. Identify partner agencies and programs available to address gaps in environmental health services.	Partner agencies identified to provide EH services where gaps are identified. (i.e.: EPA, ATSDR, OSHA, state vector program, FDA, HRSA Bioterrorism preparedness, community emergency preparedness, NHTSA)	The Area has periodically used partner agencies to identify EH needs.	The Area has formal interagency agreements or MOUs with partner agencies in place to address gaps in EH services.
Standard 7.2: Formal agreements in place to address gaps in services.			
34. Referral process in place	There is an informal process in place to link people to services.	There is a formal active outreach and referral process in place to link people to services.	Partners periodically convene to assure coordination of service delivery.

Essential Service #8: Assure a competent Environmental Health Workforce.
This service includes: - Education, training, development, and assessment of health professionals – including partners, volunteers and other lay community health workers – to meet needs for environmental health services. - Efficient processes for credentialing technical and professional health personnel. - Adoption of continuous quality improvement and life-long learning programs. - Partnerships with professional workplace development programs to assure relevant learning experiences for all participants - Continuing education in management, cultural competence, and leadership development.

Component	Basic	Intermediate	Comprehensive
Standard 8.1: Annual staff development plans in place and followed.			
35. Education, training, development, and assessment of environmental health professionals.	Support provided for staff for CEUs to maintain professional credential.	Support for IP Fellowship, IEH Residency and/or advanced credential.	Long term and distance training MPH support. Staff encouraged to sponsor Area courses and act as instructors for EHSC and other national courses.
36. Credentialing of EH staff.	Training and organizational support of staff pursuing RS/REHS.	More than 50% of staff with RS/REHS; staff IP Fellowship and Residency trained.	100% Staff Registered EH professionals and some with additional certifications.
37. Continuous improvement of EH staff competency.	Annual training plans for staff developed.	Long range training goals for staff developed. Staff required to have minimum of identified core competencies.	Staff completing long range training goals, moving to more responsible positions.
Standard 8.2: Staff encouraged to participate in national issues and initiatives.			
38. Partnerships with professional workplace development programs to assure relevant training.	Staff members attend EHSC courses.	Area established a partnership with outside agencies/programs/institutions to develop specific staff competencies.	Area invests resources into recruiting qualified staff and visit accredited colleges regularly.

Component	Basic	Intermediate	Comprehensive
Standard 8.3: Development plans include other than technical competencies (i.e., management, leadership, cultural competence).			
39. Continuing education in management, cultural competence, and leadership development.	Plan for staff to take management skills, leadership, and cultural competence training.	50% of staff taking courses in the plan.	Staff members in the Area taking IHS Executive Leadership training.
Essential Service #9: Evaluate effectiveness, accessibility, and quality of Environmental Health Services.			
This service includes: - Evaluation and critical review of health program, based on analyses of health status and service utilization data, are conducted to determine program effectiveness and to provide information necessary for allocating resources and reshaping programs for improved efficiency, effectiveness, and quality. - Assessment of and quality improvement in the Area Environmental Health performance capacity.			

Component	Basic	Intermediate	Comprehensive
Standard 9.1: Internal program reviews regularly conducted.			
40. Use of evaluation to determine program effectiveness.	Plans and policies in place to systematically evaluate program effectiveness.	Identify program strengths and weaknesses based on program evaluation.	Programs reshaped to improve services based on evaluation findings. Expand program capacity based on performance improvement (Add positions; services; etc.)
Standard 9.2: Performance measures developed with stakeholder input.			

Component	Basic	Intermediate	Comprehensive
41. Assessment and quality improvement of performance and capacity.	Staff performance based on presence/absence of complaints by stakeholders or number of activities performed.	Develop or adopt a system to measure performance. (i.e.: program evaluation tool; UNC eval tool) with identified indicators.	Customer satisfaction surveys used to gain stakeholder input on program performance. Stakeholders consulted on program priorities before they are developed.
Standard 9.3: Annual report developed for stakeholders.			
42. Dissemination of evaluation results.	Results of program evaluation shared within Area office and HQ only.	Results of program evaluation sent to stakeholders and others when asked for.	Results of program evaluation routinely provided to stakeholders.

Essential Service #10: Research for new insights and innovative solutions to health problems
This service includes: - A full continuum of research ranging from field-based efforts to foster improvements in environmental health practice to formal scientific research. - Linkage with research institutions and other institutions of higher learning. - Internal capacity to mount timely epidemiologic and economic analyses and conduct needed environmental health services research.

Component	Basic	Intermediate	Comprehensive
Standard 10.1: Staff encouraged and supported to conduct studies of local problems.			
43. Support field-based efforts to foster improvements in public health practice and formal scientific research.	Support staff in conducting “off-the-shelf” or “model” projects.	Encourage staff to engage in special studies of local problems and share findings of staff research within Area and at professional meetings.	Develop an Area research agenda on environmental health issues; implement programmatic changes based on research. Encourage staff to publish studies in peer reviewed journals.

Standard 10.2: Relationships exist with research or academic institutions.			
44. Linkage with IHS EPI Centers, Injury Research Centers, or academic institutions.	Periodically consult with Area Tribal EPI Center, Injury Research Center, or academic institutions on environmental health research issues as they arise.	Area has formal partnerships with EPI Centers, Injury Research Centers, or academic institutions to conduct research of emerging local EH threats. Research/projects linked to identified priorities.	On-going research conducted in partnership with EPI Center, Injury Research Center, or academic institutions to identify EH trends, issues, model practices before issues become problems.
Standard 10.3: Activities and projects routinely evaluated for effectiveness.			
45. Internal Capacity to mount timely epidemiologic and economic analyses and conduct environmental health services research.	Research/projects kept to simple descriptive or ecological epidemiology so EH program staff can address the statistics.	Develop partnerships to provide epidemiologic and biostatistics support to staff conducting research.	Contracted support/formal partnerships for on-going epidemiologic and biostatistics support and professional manuscript preparation.