Public Health Accreditation Board

Standards &Measures

Proposed Version 1.5

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Introduction

The Public Health Accreditation Board (PHAB) **Standards and Measures** document serves as the official standards, measures, required documentation, and guidance blueprint for PHAB national public health department accreditation. These written guidelines are considered authoritative and are in effect for the application period indicated on the cover page.

The **Standards and Measures** document provides guidance ~~especially~~specifically for public health departments preparing for accreditation and for site visit teams that ~~meet with health department staff and~~ review and assess documentation submitted by applicant health departments. It also serves anyone offering consultation or technical assistance to health departments~~,~~ preparing for accreditation. ~~including~~It guides ~~-~~PHAB's Board of Directors and staff as they administer the accreditation program. This document ~~will~~ assists health departments and their Accreditation Coordinators as they select documentation for each measure. It ~~will~~ directs site visit team members in the review of documentation and in determining whether conformity with a measure is demonstrated.

Credibility in accreditation results from consistent interpretation and application of defined standards and measures. The **Standards and Measures** document sets forth the domains, standards, measures, and required documentation adopted by the PHAB Board of Directors. The document also provides guidance on the meaning and purpose of a measure and the types and forms of documentation that are ~~appropriate~~accepted to demonstrate conformity with each measure.

The **Standards and Measures** document provides assistance to health departments as they work to select the best evidence to serve as documentation. It includes a "Purpose" statement for each standard and measure, a "Significance" statement for each measure, and narrative guidance specific to each required documentation item. PHAB strongly recommends that the health department pay close attention to this document when selecting their most appropriate documentation to meet a measure.

In general, a reference in this document to "the standards" includes references to the entire document including the domains, the standards, the measures, ~~and~~ the required documentation, and the guidance.

Domains, Standards, and Measures

Domains are groups of standards that pertain to a broad group of public health services. There are 12 domains; the first ten domains address the ten Essential Public Health Services. Domain 11 addresses management and administration, and Domain 12 addresses governance.

Standards are the required level of achievement that a health department is expected to meet. Measures provide a way of evaluating if the standard is met. Required documentation is the documentation that is necessary to demonstrate that a health department conforms to a measure.

All of the standards are the same for Tribal, state, and local health departments. The majority of the measures are the same for Tribal, state, and local health departments and these are designated with an "A" for "all." Where the measure is specific to Tribal, state, or local health departments, the measure addresses similar topics but has slight differences in wording or guidance and will be designated with a "T" for Tribal health departments, "S" for state health departments, and "L" for local health departments. Some measures are designated T/S, some are T/L, and some are S/L.

The structural framework for the PHAB domains, standards, and measures uses the following taxonomy:

Domain	*(example – Domain 5)*
Standard	*(example – Standard 5.3)*
Measure	*(example – Measure 5.3.2)*
Tribal, State, Local or ALL	*(example – Measure 5.3.2 S for state health departments) (example – Measure 5.3.2 L for local health departments) (example – Measure 5.3.2 T for Tribal health departments) (example – Measure 5.3.2 A for all health departments)*

Documentation

Health departments vary in size, organizational structure, scope of authority, resources, population served, governance, and geographic region. PHAB's standards, measures, and guidance for documentation apply to all health departments.

PHAB does not intend to be prescriptive about how ~~or what~~ the health department ~~does to~~ meets the standards and measures. The health department is expected to ensure that the standards are met for the population that they serve. The focus of the standards, measures, and required documentation is ~~"what" the health department provides in~~ that the health department ensures that the services and activities are provided to the population, irrespective of "how" thoseey services and activities are provided or through what organizational structure or arrangement. Many health departments have formal agreements, contracts, or partnerships with other organizations or agencies to provide services. Health departments must submit to PHAB formal documentation of the partnership or assignment of responsibility to others (MOU, letter of agreement, contract, legislative action, executive order, ordinance, or rules/regulations). PHAB site visitors will want to see evidence of a formal working relationship in these cases.

Likewise, documentation may have been developed by another entity; however it must currently utilized by the health department. The purpose of PHAB's review of the documentation is to confirm that materials exist and are in use in the health department being reviewed, regardless of who originated the material. Documentation, therefore, may be products of other entities.

Documentation may be developed by:

- health department staff;
- state health departments for use by local health departments;
- community partnerships or collaborations;
- partners, such as non-profits and academic institutions; or
- contracted service providers.

The accountability for meeting the measures rests with the health department being reviewed for accreditation. Documentation that provides evidence of meeting the measure must be provided, even if the documentation is produced by a partner organization and not by the health department. Health departments should include an explanation with its documentation concerning why a measure is met by another organization.

Examples include:

a. **Health departments may have formal agreements or partnerships with other organizations to provide particular functions or activities.** For example, a health department might contract with an academic institution to collect primary data. The health department is accountable and responsible for ensuring the high quality, accuracy, and utility of those data, but they do not have to collect the data themselves. They must show that there is a formal mechanism for the partnership or agreement, such as a Memorandum of Understanding (MOU) or a contract.

b. **Health Departments may share functions or services with other governmental agencies.** For example, environmental public health is a function that is sometimes provided by another state or local agency. There are a number of PHAB standards and measures that include or address environmental public health. A health department's documentation should include some examples from environmental public health and may be documents that are produced by that other agency.

c. **Health departments, as agencies that are a part of a larger governmental unit, may utilize the policies, procedures, or functions of that governmental unit.** For example, a health department may utilize the human resources system of the government of which it is a part. In this case, the documentation for "human resource policy and procedures manual or individual policies" would be the policies and procedures of the city, county, or state government, for example.

   Likewise, the health department may be part of a "Super Public Health Agency" (an agency that oversees public health, primary care, substance abuse, and mental health), a "Super Health Agency" (an agency that oversees public health, primary care, and Medicaid), or "Umbrella Agency" (an agency that oversees public health, primary care, substance abuse, mental health, Medicaid, and other human service programs). For the example of Measure 11.1.4, the health department's human resource policy and procedures manual would be the manual of the Super Public Health Agency, Super Health Agency, or Umbrella Agency, of which it is a part.

d. **Tribal, Local and state health departments may have agreements with each other about the responsibility for and provision of public health functions.** For example, the state may provide the epidemiology function at the Tribal, state and/or local levels. If the state does not serve this function, the Tribal or local health department would need to provide it some other way. And, the Tribal, state, and local health departments need to coordinate and support one another. Therefore, even when the state, for example has the primary responsibility to perform a function that is specified in a measure, the Tribal or local health must still provide documentation that it is being performed. The Tribal or local health department cannot dismiss its accountability for meeting the measure, even if the state health department is performing the function.

Selection of Documentation

The health department should select documentation carefully to ensure that it accurately reflects the health department, how it operates, what it provides, and its performance. Site visitors will develop an overall summary of (1) the health department's three greatest strengths, (2) the three most serious/challenging opportunities for improvement, and (3) the department as a functioning health department. They will base this summary on both the review of documentation and findings during the site visit. Therefore, it is critical that the health department select the most relevant and accurate documentation to submit to PHAB.

a. **Relevant to the Domain, Standard, and Measure**
   In order to ensure that the documentation provides evidence of conformity with a measure, the health department should consider the required documentation within the context of the measure, standard, and domain. For example a required piece of documentation may be "documentation of communications, meetings, and/or trainings." It is important to review the measure and standards to know what the documentation of communications, meetings, and/or trainings should demonstrate (e.g., the provision of technical assistance, collaboration on an activity, or sharing of information on a particular topic).
b. **Specific to "Required Documentation" and "Guidance" in the Standards and Measures Version 1.0**
   The documentation submitted to PHAB will be reviewed by site visitors to determine if it complies with the requirements for documentation and to determine the health department's conformity with each measure. Therefore, the documentation that the health department selects for each piece of Required Documentation should be specific to that measure's requirement and the guidance provided.
c. **Focused**
   Documentation should be limited to the most direct and applicable documentation available to meet the documentation requirement. Additional information is not necessary and will not be helpful.

Health departments are encouraged to select ~~use~~ documentation from a variety of department programs. Both administrative and program activities are appropriate for documentation to meet various measures. Documentation that is drawn from programs should be selected from a variety of programs to illustrate department-wide activity. Documentation should include programs that address causes of public health issues, determinants of health, and chronic disease and should address the ~~needs~~ health of the population in the

jurisdiction that the health department has authority to serve.

~~There are many methods for development of the documents required in the standards. They may be developed by:~~

~~• health department staff,~~
~~• state health departments for use by local health departments,~~
~~• community partnerships or collaborations,~~
~~• partners such as non-profits and academic institutions, or~~
~~• contracted service providers.~~

~~The purpose of documentation review is to confirm that materials exist and are in use in the health department being reviewed, regardless of who originated the material.~~

Additionally:

~~• In many cases a single department document is required (for example, a department-wide policy or procedure). Where documentation requires examples, health departments must submit two examples, unless otherwise noted in the list of required documentation or guidance for each measure.~~

• All documentation must be ~~in effect and~~ in use by the health department at the time of the ~~final~~ submission of documentation to PHAB.

• No draft documents will be accepted for review by PHAB.

• ~~All documents must be signed~~show evidence of authenticity (see "Evidence of Authenticity" section).

• All documents must include a ~~and~~ date~~d in order for reviewers to evaluate conformity to timeframes~~.

• Documentation submitted to demonstrate conformity to a measure does not have to be presented in a single document; several documents may support conformity to a single measure. An explanation should be included that describes how the documents, together, demonstrate conformity with the measure. The specific section(s) of the documents that addresses the measure should be identified.

• A single document may be relevant for more than one measure and may be submitted multiple times. The specific section(s) of the document that addresses the measure for which it is presented should be identified.

• Documentation must directly address the measure. When selecting documentation, the health department should carefully consider the standard and domain in which the measure is located, as well as the measure itself.

• Documentation should be limited to the most relevant to meet the documentation requirement; more is not better.

• Where documentation contains confidential information, the confidential information must be covered or deleted. A specific example is documents from the human resources department.

• Documents must be able to be submitted to PHAB electronically. Hard copies of documents must be scanned into an electronic format for submission. PHAB will not ~~keep~~accept hard copies of any documentation. This applies to documentation that is submitted online to PHAB, as well as any additional documentation requested by the site visitors during the site visit.

Generally, types of documentation that may be used to demonstrate conformity include:

• *Examples of policies and processes:* policies, procedures, protocols, standing operating procedures, emergency response/business continuity plans, manuals, flowcharts, organization charts, and logic models.

• *Examples of documentation for reporting activities, data, decisions:* health data summaries, survey data summaries, data analyses, audit results, meeting agendas, committee minutes and packets, after-action evaluations, continuing education tracking reports, work plans, financial reports, and quality improvement reports. When minutes from meetings are used as evidence for documentation requirements, relevant attachments that are referenced in the minutes or were discussed must be included.

• *Examples of materials to show distribution and other activities:* email, memoranda, letters, dated distribution lists, phone books, health alerts, faxes, case files, logs, attendance logs, position descriptions, performance evaluations, brochures, flyers, website screen prints, news releases, newsletters, posters, and contracts.

~~FurthePHAB guidance concerning documentation can be found in the **PHAB Documentation Guidance**.~~

Timeframes

All plans, policies, procedures, processes, contracts, MOUs, and partner agreements must be in use by the health department when they are submitted to PHAB. All programs from which documentation is selected and submitted must be in place when the documentation is submitted.

All ~~D~~ddocumentation used to demonstrate conformity with measures ~~should~~must be dated within the timeframe indicated in the ~~five years prior to the date of submission to PHAB, unless otherwise directed in the measure, documentation requirements, or required documentation g~~Guidance. The date indicates when the document was created, adopted, reviewed, revised, etc. The date should be on the document. The first purpose of documents being dated is that the dating of all documents is a best practice. Any organization, public health department or otherwise, needs to know when documents were created or last updated both in order to ensure that the information is current and for version control. This is especially true in the public health field as both best practices and populations can change quickly. The second purpose for dates on documents is to enable the PHAB Site Visit Team assess conformity with PHAB Standards and Measures.

The specificity of the date on the document will depend on the documentation requirement and the type of document. For example, emails provide the full date and time. Policies may include the month, day, and year. Reports may include the month and year. A brochure may include only the year. In most cases the month and year will be required for reviewers to evaluate conformity to the timeframes, though in some cases (for example, brochures) only a year will be required.

~~Other t~~Timeframes are ~~defined below and in the **PHAB Acronyms and Glossary of Terms**. There are references throughout the~~

~~measures and required documentation to timeframes,~~ determined by starting from the date of submission of the documentation to PHAB. For example, if the timeframe for a plan is five years, the plan must be dated within the five years previous to submission of the documentation to PHAB.

~~For the purposes of consistency, these are defined as:~~
~~• Annually – within the previous 14 months of documentation submission;~~
~~• Current – within the previous 24 months of documentation submission;~~
~~• Biennially – within each 24-month period, at least, prior to documentation submission;~~
~~Regular – within a pre-established schedule, as determined by the health department; and~~
~~• Continuing – activities that have existed for some time, are currently in existence, and will remain in the future.~~

Evidence of Authenticity

All documents must show evidence of authenticity. That is, the document must have a logo, signature, email address, or some other evidence that the document is “authentic” to the applicant health department. The purpose for this requirement is to provide PHAB site visitors with evidence that the documentation does in fact “belong” to the health department being reviewed. It is also a good business practice. In some cases, documentation will be a written policy and will include the signature of a governor, mayor, or health department director. In other cases, documentation may be an email; the "To" and "From" and the email addresses will serve as evidence that the document is "official" health department business. In other cases, a department logo will provide the evidence that the document is an official health department document. For example, a brochure will not have the health department or program director's signature, but it will include the department's logo. Meeting minutes are usually signed but may include the department’s logo instead, noting that it is an “official” document. Further, a document developed by a partnership or coalition of which the health department is a member, may or may not include the health department's logo. In this case, evidence of the health department's membership or participation in the partnership or coalition will suffice. Documentation developed by another entity (partner, governmental agency, contractor, etc.) should include evidence that the documentation has been adopted by and is in use by the applicant health department.

Quality Improvement

A goal of public health department accreditation is to promote high performance and continuous quality improvement. Domain 9 focuses on the evaluation of all programs and interventions, including key public health processes, and on the implementation of a formal quality improvement process that fosters a culture of quality improvement. Additionally, PHAB has incorporated the concept of continuous quality improvement ~~in~~throughout the standards and measures and ~~in~~throughout the accreditation process. For example, there are several measures that follow a continuous improvement model of (1) develop, (2) implement, and (3) evaluate for improvement. The

accreditation process promotes quality improvement through the provision of a Site Visit Report developed by PHAB trained peer Site Visitors that includes opportunities for improvement. Accredited health departments are required to submit an annual report to PHAB that describes their progress and quality improvement.

PHAB Acronyms and Glossary of Terms

The PHAB Standards and Measures document is accompanied by a sourced **PHAB Acronyms and Glossary of Terms** for many of the terms used in the Standards and Measures. The Glossary also contains a list of acronyms used in the standards. This companion document offers assistance in understanding the standards and measures.

Applicability of Public Health Accreditation Standards – Core Public Health Programs and Activities

The Public Health Accreditation Board (PHAB) is charged with administering the national public health department accreditation program. To that end, PHAB's scope of accreditation extends only to governmental public health departments operated by Tribes, states, local jurisdictions, and territories.

PHAB's public health department accreditation standards address the array of public health functions set forth in the ten Essential Public Health Services. Public health department accreditation standards address a range of core public health programs and activities including, for example, environmental public health, health education, health promotion, community health[1], chronic disease prevention and control, ~~communicable~~ infectious disease, injury prevention, maternal and child health, public health emergency preparedness, access to clinical services, public health laboratory services, management /administration, and governance. Thus, public health department accreditation gives reasonable assurance of the range of public health services that a health department should provide. The standards refer to this broad range of work as health department *processes, programs, and interventions*.

While some public health departments provide mental health, substance abuse, primary care, human, and social services (including domestic violence), these activities are not considered core public health services under the ten Essential Public Health Services framework used for accreditation purposes. PHAB's scope of accreditation authority does not extend to these areas. Documentation from these program areas will not be generally accepted for public health department accreditation. Similarly, documentation from health care facilities and professional licensing programs and the administration of health care financing systems (e.g., Medicaid) cannot be used for public health department accreditation purposes. (See the PHAB guidance one-page tip sheet on **Accepted Program Areas for PHAB Documentation at www.phaboard.org)**.

Some program funding provides support for both population public health and also personal health care services. Documentation related to the a program's population public health activities is appropriate for PHAB document health while documentation related to the individual, personal, or clinical services provided by the same program, is not appropriate as PHAB documentation. That is, irrespective of the program (for example, WIC, Ryan White, dental health, healthy mothers/healthy babies), documentation of activities related to the provision of individual patient care or clinical services is not appropriate for PHAB documentation. For example, PHAB will accept documentation from a public health education program that informs the public of the need for dental hygiene; PHAB will not accept documentation from a dental clinic that provides individual dental services. Documentation of population health education about the use of condoms for disease prevention is acceptable, documentation on individual HIV testing and counseling is not. Documentation concerning population education about the importance of prenatal care is appropriate but documentation of the actual prenatal care or well-baby clinics is not. Of course, this hold true for all PHAB Standards and Measures, Version 1.0. For example, documentation concerning client satisfaction surveys or clinic wait times would not be an appropriate example of a QI project for PHAB documentation.

PHAB standards and measures are applicable to public health activities provided by another governmental department, organization, or partner through a formal written agreement.~~Public health activities may be provided directly by the health department or by another organization or entity through~~ ~~F~~formal arrangements~~, such as~~ may be contracts, compacts, or memoranda of agreement. ~~However, w~~When public health functions are provided by another entity, more than one entity, or through a partnership, the health department must demonstrate how the process, program, or intervention is delivered and how the health department coordinates with the other providers. The fact that an activity is provided by another entity does not abrogate the health department from the responsibility to ensure that it is provided to the population that the health department serves.

~~[1] **Community health** is a discipline of public health that is the study and improvement of the health-related characteristics of the relationships between people and their physical and social environments. The term "community" in community health tends to focus on geographic areas rather than people with shared characteristics. From a community health perspective, health is not simply a state free from disease but is the capacity of people to be resilient and manage life's challenges and changes. Community health focuses on a broad range of factors that impact health, such as the environment (including the built environment), social structure, resource distribution (including, for example, access to healthful foods), social capital (social cohesion) , and socio-economic status. A key approach or methodology of community health is the creation and empowerment of community partnerships to take action that will improve the health of the community. Community health partnerships include representation from a wide variety of sectors of the community, for example, recreation, the faith community, law enforcement, city planners and policy makers, businesses, human and social services, as well as public health and health care providers.~~ **(MOVED to Glossary)**

Sovereignty and Tribal Public Health Systems

There are 565 federally recognized Tribes (U.S. Federal Register) in the United States, each with a distinct language, culture, and governance structure. Native American Tribes exercise inherent sovereign powers over their members and territory. Each federally recognized Tribe maintains a unique government-to-government relationship with the U.S. Government, as established historically and legally by the U.S. Constitution, Supreme Court decisions, treaties, and legislation. No other group of Americans has a defined government-to-government relationship with the U.S. Government. See U.S. Constitution Article I, Section 8.
Treaties signed by Tribes and the federal government established a *trust responsibility* in which Tribes ceded vast amounts of land

and natural resources to the federal government in exchange for education, healthcare, and other services to enrolled members of federally recognized Tribes. The Indian Health Service (IHS), among other federal agencies, is charged with performing the function of the trust responsibility to American Indians and Alaska Natives. (See Section 3 of the Indian Health Care Improvement Act, as amended, 25 U.S.C. § 1602.) Public Law 93-638, the Indian Self-Determination and Educational Assistance Act of 1975 (ISDEAA), provides the authority for Tribes (includes Alaska Native villages, or regional or village corporations, as defined in or established pursuant to the Alaska Native Claims Settlement Act) to enter into contracts or compacts, individually or through Tribal organizations, with the Secretary of Health and Human Services to administer the health programs that were previously managed by the Indian Health Service. More than half of the Tribes exercise this authority under the ISDEAA and have established Tribal Health Departments to administer these programs, which are often supplemented by other public health programs and services through Tribal funding and other sources.

Format for the Standards and Measures

In this document, the PHAB Standards and Measures are preceded by the domain number and brief description of the domain. Standards are repeated at the beginning of each measure for easy reference. The chart below provides an example of the layout for standards, measures, required documentation and guidance for required documentation.

Standard: This is the standard to which the measure applies.

Measure	**Purpose**	**Significance**
This section states the measure on which the health department is being evaluated.	The purpose of this measure is to assess the health department's . . . This section describes the public health capacity or activity on which the health department is being assessed.	This section describes the necessity for the capacity or activity that is being assessed.

Required Documentation Documentation of:	**Guidance**	**Number of Examples**	**Dated Within**
This section lists the documentation that the health department must provide as evidence that	The health department must provide/document that	X examples	X months/years

it is in conformity with the measure. The documentation will be numbered: 1. Xxx 2. Xxx a) xxx b) xxx	This section provides guidance specific to the required documentation. Types of materials may be described, e.g., meeting minutes, partnership member list, etc. Examples may also be provided here. This section will state if the documentation is department-wide or if a selection of programs' documentation is required.	This section will state the number of examples required	This section will state the time frame for the date on the documentation. The date on the documentation must within the number of months or years specified before the date of submission of all of the documentation to PHAB

DOMAIN 1:
CONDUCT AND DISSEMINATE ASSESSMENTS FOCUSED ON POPULATION HEALTH STATUS AND PUBLIC HEALTH ISSUES FACING THE COMMUNITY.

Domain 1 focuses on the ongoing assessment of the health of the population in the jurisdiction served by the health department. The domain includes: systematic monitoring of health status; collection, analysis, and dissemination of data; use of data to inform public health policies, processes, and interventions; and participation in a collaborative process for the development of a shared, comprehensive health assessment of the community~~.~~, its health challenges, and its resources.

Standard 1.1: Participate in or ~~conduct~~lead a collaborative process resulting in a comprehensive community health assessment.

The purpose of the community health assessment is to learn about the community: the health ~~status~~ of the population, contributing factors to higher health risks or poorer health outcomes of identified populations, and community resources available to improve the health status. Community health assessments describe the health ~~status~~ of the population, identify areas for health improvement, ~~determine~~identify contributing factors that impact ~~contribute to~~ health ~~issues~~outcomes, and identify community assets and resources that can be mobilized to ~~address~~improve ~~-~~population health ~~improvement~~. Community health assessments are developed at the Tribal, state, and local levels and cover ~~to address the health of the population in~~ the jurisdiction served by the health department.

A community health assessment is a collaborative process of collecting and analyzing data and information for use in educating and mobilizing communities, developing priorities, garnering resources or using resources in different ways, adopting or revising policies, and planning actions to improve the population's health. The development of a ~~population~~community health assessment involves the systematic collection and analysis of data and information to provide ~~the health department and the population it serves with~~ a sound basis for decision-making and action. Community health assessments are conducted in partnership with other organizations and members of the community and include data and information on demographics; socioeconomic characteristics; quality of life; community resources; behavioral factors; the environment (including the built environment); morbidity and mortality; and other social, Tribal, community, or state determinants of health status. The Tribal, state, or local community health assessment will be the basis for development of the Tribal, state, or local community health improvement plan.

Measure	Purpose	Significance
1.1.1 S	The purpose of this measure is to assess the	The development of a state community health

A state partnership that develops a comprehensive state community health assessment of the population of the state	state health department's collaborative process for sharing and analyzing data and information concerning state health~~status~~, state health ~~issues~~challenges, and state resources to develop a state level community health assessment.	assessment requires partnerships with other organizations in order to access data, provide various perspectives in the analysis of data ~~analysis~~ and determination of contributing factors that impact health outcomes, present data and findings, and share a commitment for using the ~~data~~assessment. Assets and resources in the state should be addressed in the assessment, as well as health ~~status~~ challenges. Data are not limited to traditional public health data but may include, information on issues such as quality of life, attitudes about health behavior, socio-economic factors, environmental factors (including the built environment), and social determinants of health. Data are provided from a variety of sources and through various methods of data collection.

Required Documentation Documentation of:	**Guidance**	**Number of Examples**	**Dated Within**
1. Participation of representatives from a variety of community sectors	1. The state health department must document that the process for the development of a state level community health assessment includes participation of partners outside of the health department that represent state populations and state health challenges. The collaboration ~~could~~ must include~~, but not be limited to,~~ various sectors of the state, as appropriate for the state: for example, state government (for example, community	1	5 years Documentation should include the month and year.

	development, education, aging, etc.), for profits (for example, businesses, industries, and major employers in the state), statewide not for profits (for example, hospital association, Kids Count, Childhood and Women's Death Review organizations, Cancer Society, public health institutes, environmental public health groups, groups that represent minority health, etc.), voluntary organizations, academia, and representatives of local or regional health departments in the state and of Tribal health departments in the state. Representation of populations that are at higher health risk or have poorer health outcomes should be included. State health departments may include Tribal and local health department representatives. Documentation could be a membership list and meeting attendance records.		
2. Regular meetings or communications with partners	2. The health department must document that the partnership meets ~~or~~and communicates ~~throughout the process~~ on a regular basis to consider new data sources, review newly collected data, consider ~~changing~~ assets and resources that are changing, and conduct additional data analysis. The frequency of meetings or communications is determined by the partnership and may change, as required	2 examples of meetings and communications or documentation that identifies the frequency of meetings	5 years Documentation should include the month and year.

	by the stage of the process. Meetings and communications may be in-person, via conference calls, or via other communication methods, such as~~email~~, list serves or other ~~electronic~~digital communication methods. <u>Documentation could be</u> meeting agenda, meeting minutes, and copies of emails. Documentation could also be meeting minutes or other document that shows adoption of meeting frequency.		
3. The process used to identify health issues and assets	3. The state health department must document the collaborative process used to identify and collect data and information, identify health issues, and identify existing state assets and resources to address health issues. The process used may be an accepted state or national model; a model from the public, private, or business sector; or other participatory process model. Examples of models and tools include: Community Indicators process ~~P~~project, Asset Based Community Development model, ACHI Community Health Assessment Toolkit, University of Kansas Community Toolbox, CDC Community Health Assessment and Group Evaluation (CHANGE), Assessing and Addressing Community Health Needs (Catholic Hospital Association of the US). Examples of other tools ~~and processes~~ that may be adapted or useful for the assessment include: National Public Health Performance Standards Program (NPHPSP) system assessment tools, Assessment Protocol for	1 process	5 years

	Excellence in Public Health (APEX/PH), Healthy People 2020, and Protocol for Assessing Community Excellence in Environmental Health (PACE-EH).		

Measure	Purpose	Significance
1.1.1 T/L Tribal/local partnership that develops a comprehensive community health assessment of the population served by the health department	The purpose of this measure is to assess the health department's collaborative process for sharing and analyzing data and information concerning population health ~~status~~, health ~~issues~~challenges, and community resources to develop a community health assessment of the population of the jurisdiction served by the health department.	The development of a Tribal/local level community health assessment requires partnerships with other members of the Tribe/community to access data, provide various perspectives in the analysis data ~~analysis~~ and determination of factors that impact health outcomes, present data and findings, and share a commitment for using the ~~data~~assessment. Assets and resources in the Tribal/local community should be addressed in the assessment, as well as health challenges. Data are not limited to traditional public health data but include, information on issues such as quality of life, attitudes about health behavior, socioeconomic factors, environmental factors (including the built environment), and social determinants of health. Data are provided from a variety of sources and through various methods of data collection.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within

1. Participation of representatives from a variety of community sectors of the Tribal or local community	1. The health department must document that the process for the development of a community health assessment includes participation of partners outside of the health department that represent Tribal/community populations and health challenges. The collaboration must include various sectors of the community, as appropriate for the community: for example, local government (for example elected officials, law enforcement, housing and community development, economic development, parks and recreation, planning and zoning, schools boards, etc.), for profits (for example, businesses, industries, and major employers in the community, not for profits (for example, chamber of commerce, civic groups, hospitals, local Childhood and Women's Death Review organizations, public health institutes, environmental public health groups, groups that represent minority health, etc.), community foundations and philanthropists, voluntary organizations, academia, and representatives of the state health department and of Tribal health departments in the health department's jurisdiction. Representation of populations that are at higher health risk or have poorer health outcomes should be included. Local health departments may include Tribal and state health department representatives. <u>Documentation</u> could be a membership list and meeting attendance records.	1	5 years

2. Regular meetings	2. The health department must document that the partnership meets ~~or~~and communicates on a regular basis to consider new data sources, review newly collected data, consider assets and resources that are changing, and conduct additional data analysis. The frequency of meetings ~~or~~and communications is determined by the partnership and may change, depending on the stage of the process. Meetings and communications may be in-person, via conference calls, or via other communication methods, such as ~~email,~~ list serves or other ~~electronic~~digital communication methods. Documentation could be meeting agenda, meeting minutes, and copies of emails could provide this documentation.	2 examples of meetings and communications or documentation that identifies the frequency of meetings	5years
3. The process used to identify health issues and assets	3. The health department must document the collaborative process used to identify and collect data and information, identify health issues, and identify existing Tribal or local assets and resources to address health issues. The process used may be an accepted state or national model; a model from the public, private, or business sector; or other participatory process model. Examples of models and tools include: Mobilizing for Action through Planning and Partnership (MAPP), NACCHO Resource Center for Community Health Assessment and Community Health Improvement Plans, Community Indicators process project, Asset Based Community Development model, ACHI Community Health Assessment Toolkit,	1 process	5 years

	University of Kansas Community Toolbox, CDC Community Health Assessment and Group Evaluation (CHANGE), Assessing and Addressing Community Health Needs (Catholic Hospital Association of the US), the Tribal Accreditation Readiness Guidebook and Roadmap, and the Inter Tribal Council of Arizona's Tribal CHA Toolkit . ~~Examples of models include: Mobilizing for Action through Planning and Partnership (MAPP), Healthy Cities/Communities, or Community Indicators Project .~~ Examples of other tools ~~and processes~~ that may be adapted for the community assessment include: National Public Health Performance Standards Program (NPHPSP system assessment tools), Assessment Protocol for Excellence in Public Health (APEX/PH), Healthy People 2020, and Protocol for Assessing Community Excellence in Environmental Health (PACE-EH).		

Measure	Purpose	Significance
1.1.2 S A state level community health assessment	The purpose of this measure is to assess the state health department's ~~completion of a~~ comprehensive state level community health assessment of the population of the state.	The state level community health assessment provides a foundation for efforts to improve the health of the population. It is a basis for setting priorities, planning, program development, funding applications, policy changes, coordination of resources, and new ways to collaboratively use assets to improve the health of the population. A community health assessment provides the general public and policy leaders with information on the health ~~status~~ of the population and the broad range of factors that impact health on

		the population level as well as~~and~~ existing assets and resources to address health issues. The population health assessment provides the basis for the development of the state health improvement plan.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. A state level community health assessment that includes: a. Data and information from various sources contributed to the community health assessment and how the data were obtained	1. The state health department must document that the identification and description of the state's health ~~status~~ and areas of health improvement, the factors that contribute to the health challenges, and the existing resources that can be mobilized to address them. The state's community health assessment include all of the following: a. Evidence that comprehensive, broad-based data and information from a variety of sources were used to create the state health assessment. Qualitative data as well as quantitative data must be utilized, Qualitative data may, for example, address issues such as the population's perception of health, factors that contribute to poor health outcomes and health impacts, and attitudes about health promotion and health improvement. Data collection methods include surveys, asset mapping, focus groups, town forums, and state listening sessions. The assessment must include both primary and secondary data. Examples of sources of state secondary data include: Tribal, state, and local health department programs, hospitals and healthcare providers, schools, academic institutions, other	1 community health assessment	5 years Documentation should include the month and year.

b. Demographics of the population c. A description of health issues and specific descriptions of population groups with particular health issues and health disparities or inequities d. A description of contributing factors of state health challenges e. A description of state assets or resources to address health issues	departments of government (for example, departments of education, transportation, community and economic development, etc.), and statewide non-profits. Data sources also include the County Health Rankings, Community Health Needs Assessment Toolkit, CDC Community Health Status Indicators, County Health Rankings, CDC Disability and Health Data System, US Census American Factfinder, Dartmouth Atlas of Health Care, National Health Indicators Warehouse, and CDC Wonder. A resource for data sources is ASTHO's Public Health Data Sources and Assessment Tools: A Resource Compendium to Measure Access and Health Disparities. b. A description of the demographics of the population served by the state health department, such as gender, race, age, socioeconomic factors, income, disabilities, mobility (travel time to work or to health care), educational attainment, home ownership, employment status, etc. c. A description of the health issues in the state and their distribution, based on analyses of the data listed in a) above. The description ~~should~~must include the existence and extent of health inequities between and among sub-populations or areas of the state. d. A discussion of the contributing causes of the health challenges, such as behavioral risk factors, environmental factors (including the built environment), socioeconomic factors, policies (e.g., taxation, educational, transportation, etc.),		

	~~morbidity and mortality,~~ injury, maternal and child health issues, ~~communicable~~infectious and chronic disease, and ~~other~~the unique characteristics of the state that ~~affect~~ affect the health of the population~~status~~. Multiple determinants of health, particularly social determinants, must be included. Health ~~status~~ disparities~~, health equity~~ and high health-risk populations must be addressed. Factors that contribute to higher health risks or poorer health outcomes in populations must be included. e. A listing or description of state assets and resources that can be mobilized and employed to address health issues. These must include other sectors. For example, a state parks system can encourage physical activity. Similarly, a department of agriculture can promote healthful eating, and a state educational policy can encourage the provision of health education.		
2. An opportunity for the state population at large to review drafts and contribute to the community health assessment	2. The health department must document that the preliminary findings of the state level community health assessment were distributed to the population at large and that their input was sought. Examples of methods to seek input include: publication of a summary of the findings in the press with feedback or comment forms, town forums, listening sessions, website comment forms, newsletters, etc.	2 examples	5 years
3. The ongoing monitoring, refreshing, and adding data and data analysis	3. The health department must document the gathering of information, collection of data, conduct of community dialogues, and/or identification of assets specific to populations and/or geographic areas in the state where health inequities or poorer health indicators	2 examples If the CHA is two years or more old, then the	14 months – or, if the CHA is 2 years old or older, 1 example one example within

		were identified in the community health assessment. Additional data analysis should seek to understand health inequities and the factors that create them. Geographic information analysis of socioeconomic conditions would be appropriate information to include in an annual update or supplement. Examples of community dialogue include organizing town meetings, conducting of focus groups, participating in other organization's community meetings (e.g., church community meetings, school public meetings, community association meetings or assemblies, etc.), conducting open forums, and conducting group discussions with specific populations (e.g., teenagers, young mothers, residents of a specific neighborhood, etc.). Documentation could be in the form of reports of data and their analysis, findings from a focus group, meeting minutes where health issues or needs were discussed, reports of open forums, etc. Documentation of just attendance at a meeting is not sufficient; information gathered from the meeting documented and analyzed is required.	examples must be from two different years.	the last 14 months and 1 example from another year since the CHA was adopted.

Measure	Purpose	Significance
1.1.2 T/L A Tribal/local community health assessment	The purpose of this measure is to assess the Tribal or local health department's ~~completion of a~~ comprehensive community health assessment of the population of the jurisdiction served by the health department.	The Tribal or local community health assessment provides a foundation for efforts to improve the health of the population. It is a basis for priorities, planning, program development, funding applications, policy changes, coordination of community resources, and new ways to collaboratively use community

		assets to improve the health of the population. A community health assessment provides the general public and policy leaders with information on the health ~~status~~ of the population and the broad range of factors that impact health on the population level as well as existing assets and resources to address health issues. The health assessment provides the basis for development of the Tribal/local community health improvement plan.

Required Documentation Documentation of:	**Guidance**	**Number of Examples**	**Dated Within**
1. A Tribal or local community health assessment that includes: a. Data and information from various sources contributed to the community health assessment and how the data were obtained	1. The health department must document the identification and description of the Tribe's or community's health ~~status~~ and areas for health improvement, the factors that contribute to the health challenges, and the existing community resources that can be mobilized to address them. The health assessment must include all of the following: a. Evidence that comprehensive, broad-based data and information from a variety of sources were used to contribute to the health assessment. Qualitative data as well as quantitative data must be utilized. Qualitative data may, for example, address issues such as the community's perception of health, factors that contribute to higher health risks or poorer health	One community health assessment	5 years Documentation should include the month and year.

	outcomes, and attitudes about health promotion and health improvement. Data collection methods include surveys, focus groups, town forums, and community listening sessions. The assessment must also include both primary data and secondary data. Examples of sources of data include: federal, Tribal, state, and local data; hospitals and health care providers; local schools; academic institutions; other departments of government (recreation, public safety, etc.) community non-profits;- surveys, asset mapping, focus groups, town forums and listening sessions Data sources also include the County Health Rankings, Community Health Needs Assessment Toolkit, CDC Community Health Status Indicators, County Health Rankings, CDC Disability and Health Data System, US Census American Factfinder, Dartmouth Atlas of Health Care, National Health Indicators Warehouse, and CDC Wonder and Tribal Epidemiology Centers. Non-traditional and non-narrative data collection techniques are ~~acceptable~~encouraged. For example, an assessment may include photographs taken by members of the Tribe or community in an organized assessment process to identify environmental (including the built environment) health challenges.		
b. Demographics of the population	b. A description of the demographics of the population of the jurisdiction served by the		

c. ~~general~~ Description of health issues and specific descriptions of population groups with particular health issues and inequities. ~~d.~~ d.Description of factors that contribute to higher health risks and poorer health outcomes of populations~~ing causes of community health issues~~ e. Description of existing community or	Tribal/local health department, such as gender, race, age, socioeconomic factors, income, disabilities, mobility (travel time to work or to health care), educational attainment, home ownership, employment status, resource distribution, etc. A description of the existence and extent of health inequities between and among sub-populations or areas in the community must be included. c. A ~~narrative~~ description of the health issues of the population and their distribution, based on the analysis of data listed in a) above. The description ~~should~~ must include ~~heath issues of the uninsured/low income and minority populations~~the existence and extent of health inequities. Populations with an inequitable share of poor health outcomes must be identified. Factors that contribute to higher health risks and poorer health outcomes of populations must be considered. d. A discussion of the contributing causes of the health challenges, including: behavioral risk factors, environmental factors (including the built environment), socio-economic factors, ~~morbidity and mortality,~~ policies (e.g., zoning, taxation, education, transportation, etc.) injury, maternal and child health issues, ~~communicable~~infectious and chronic disease, and ~~other~~the unique characteristics of the community that impact on health status. Multiple determinants of health, especially social determinants, must be addressed. ~~-~~Health ~~status~~ disparities~~, health equity,~~ and high health-risk populations must be		

Tribal assets or resources to address health issues	addressed. Community perceptions of factors that contribute to higher health risks and poorer health outcomes of populations must be considered. e. A listing or description of the assets and resources that can be mobilized and employed to address health issues. These may include other sectors. For example, a local park or recreation center can encourage physical activity. Similarly, local farmers' markets can be vehicles to promote healthful eating, and a school district can partner with the health department to provide health education.		
2. Opportunity for the Tribal or local community at large to review and contribute to the assessment	2. The health department must document that the preliminary findings of the assessment were distributed to the community at large and that the community's input was sought. Examples of methods to seek community input include: publication of a summary of the findings in the Tribal/local press with feedback or comment forms, publication on the health department's web page and website comment form, community/town forums, listening sessions, newsletters, presentations and discussions at other organizations' local meetings, etc.	2 examples	5 years
3. The ongoing monitoring, refreshing, and adding data and data analysis	3. The health department must document the gathering of information, collection of data, conduct of community dialogues, and/or identification of community assets specific to populations and/or geographic areas in the community where health inequities or poorer health indicators were identified in the community health assessment. Additional data analysis should be neighborhood/community specific in order to understand	2 examples If the CHA is two years or more old, then the examples must be from two different	14 months – or, if the CHA is 2 years old or older, 1 example one example within the last 14 months and 1

	health inequities and the factors that create them. Geographic information analysis of socioeconomic conditions would be appropriate information to include in an annual update or supplement. Examples of community dialogue include organizing town meetings, conducting of focus groups, participating in other organization's community meetings (e.g., church community meetings, school public meetings, community association meetings or assemblies, etc.), conducting open forums, and conducting group discussions with specific populations (e.g., teenagers, young mothers, residents of a specific neighborhood, etc.). Documentation could be in the form of reports of data and their analysis, findings from a focus group, meeting minutes where health issues or needs were discussed, reports of open forums, etc. Documentation of just attendance at a meeting is not sufficient; information gathered from the meeting documented and analyzed is required.	years.	example from another year since the CHA was adopted.

Measure	Purpose	Significance
1.1.3 A Accessibility of community health assessment to agencies, organizations, and the general public	The purpose of this measure is to assess the Tribal, state, or local health department's efforts to share the community health assessment with other agencies and organizations and to make the assessment results available to the general public.	The community health assessment is a resource for all members of the public health system and the population at large. It is a basis for collaborations and for priority setting, planning, program development, funding applications, coordination of resources, and new ways to collaboratively use assets to improve the health of the population. Other governmental units and non-profits will use the community health

		assessment in their planning, program development, and development of funding applications.

Required Documentation Documentation of:	**Guidance**	**Number of Examples**	**Dated Within**
1. Information provided to partner organizations concerning the availability of the community health assessment	1. Health departments must document how they inform partners, stakeholders, other agencies, associations, organizations, and the general public of the availability of the community health assessment. Documentation could be, for example, emails to partners and stakeholders providing information of how to access the assessment; announcements in department newsletters; articles in newspapers; health department tweet; or Face Book, public service, and local news announcement.	2 examples	5 years
2. The availability of the community health assessment findings to the public	2. Health departments must document how they communicated the community health assessment findings to the public. Documentation could be, for example, evidence of distribution of the assessment to libraries or the publication of the community health assessment on the department's websites. Summaries of the findings could be, for example, published in newspapers, outlined in the department's newsletter, linked to from the Department's Face Book page, or published on the department's website.	2 examples	5 years

Standard 1.2: Collect and maintain reliable, comparable, and valid data that provide information on conditions of public health importance and on the health status of the population.

Reliable data are key building blocks of public health. Health departments must gather timely and accurate data to identify health needs, understand factors that contribute to higher health risks or poorer health outcomes among populations, develop and evaluate programs and services, and determine resources. Health departments require reliable and valid data that can be compared between populations and across time. To best use the information available, health departments require a functional system for collecting data within their jurisdiction and for managing, analyzing, and using the data.

Measure	Purpose	Significance
1.2.1 A Department surveillance system or set of program surveillance systems ~~for receiving reports 24/7 in order to identify health problems, public health threats, and environmental public health hazards~~	The purpose of this measure is to assess the health department's surveillance system. ~~capacity to receive and monitor reports on the health status and health issues of the population in a standardized, systematic manner~~.	Public health surveillance is the continuous, systematic collection, analysis and interpretation of health-related data needed for the planning, implementation, and evaluation of public health practice. Such surveillance can: serve as an early warning system for impending public health emergencies; document the impact of an intervention, or track progress towards specified goals; and monitor and clarify the

		epidemiology of health problems, to allow priorities to be set and to inform public health policy and strategies. (World Health Organization) ~~Surveillance is the systematic monitoring of health status of a population. A surveillance system provides data required to assess the public's health status. Surveillance data are used to estimate the magnitude of a public health problem, determine the geographic distribution of an identified problem, detect emerging problems, develop priorities, develop public health responses, and evaluate changes in infectious agents and non-infectious health problems.~~

Required Documentation Documentation of:	**Guidance**	**Number of Examples**	**Dated Within**
1. Process(es) and/or protocol(s) for ~~to maintain~~ the collection, review, and analysis of comprehensive data on multiple health conditions from multiple sources	1. The health department must provide written ~~process(~~process (es) and/or protocol(s) used to collect ~~comprehensive~~surveillance data from multiple sources and to review and analyze those data. Process (es) and protocol(s) must include how data are collected, such as fax, emails, web reports, phone calls to the health department or to another site, such as emergency management or a 9-1-1 call center. The health department defines from whom reports are received. The surveillance system must be able to receive	One department-wide process or protocol, or a set of processes or protocols	5 years

	reports 24/7. A Tribal surveillance system may include a diverse set of partners, including, but not limited to, federal entities, Tribal epidemiology centers, local and state health departments, or other system partners. Since many Tribal surveillance systems include multiple partners outside of the Tribe, documentation could include MOUs, MOAs or other formal written agreements may be used as documentation to demonstrate processes, protocols, roles and responsibility, confidentiality protection (2 below) and reporting.		
2. Processes and/or protocols to assure that confidential data are maintained in a secure and confidential manner	2. The health department must provide written processes and/or protocols that (1) specify which surveillance data are, and which are not, considered to be confidential and (2) assure that confidential data are maintained and handled in a secure and confidential manner.	One department-wide process or protocols, or a set of processes or protocols	5 years
3. 24/7 contact system or contact protocol	3. The health department must document 24/7 contact capacity to collect data from~~for~~ those who report data to the health department. This may be a designated telephone line (voice or fax), email addresses, or ability to submit a report on the health department's website. There may be a designated contact person for the health department or a list of contacts. The list may be a call-down list that is used if the primary call is received off-site or by another organization. Reports may be received by a contractor or by a call center (for example a poison control center), or via regional or state agreements. If there is a contract or other form of agreement to provide such services, the contract or agreement must be submitted as part of the	One department-wide contact system or protocol or a set of contact systems	14 months)

	documentation.		
4. Testing 24/7 contact systems	4. The health department must provide reports of testing the 24/7 contact system. The health department determines how the system is tested and the frequency of such testing (which should also be defined in the processes and/or protocols). The testing process can include receipt of a sample report by the various elements of the system. For example, if the system is set up to receive reports by internet, fax, email and a designated phone line, then all elements must be tested to ensure the ability to receive reports.	2 examples	5 years

Measure	Purpose	Significance
1.2.2 A Communication with surveillance sites	The purpose of this measure is to assess the health department's regular contact with sites who report surveillance data to the health department.	The department ensures that sites are providing timely, accurate, and comprehensive data by communicating with them about their surveillance responsibilities.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. The identification of providers and public health system partners who are surveillance sites reporting to the surveillance system	1. The health department must provide a list of the individuals or organizations that provide surveillance data to the health department. These will be health care providers, schools, laboratories, Tribal epidemiology centers, and other public health system partners who report to the health department's surveillance system.	1 list	14 months
2. Trainings/meetings held with surveillance sites regarding reporting	2. The health department must document trainings or meetings held with surveillance site members	2 examples of trainings/meeti	14 months

requirements including reportable diseases/conditions, and reporting timeframes	regarding relevant reporting requirements, reportable diseases/conditions, and timeframes. Trainings may address general requirements or topic issue requirements. Documentation must include when the training or meeting was held, who attended the training, and what topics were covered. Documentation could be sign-in sheets and agendas, or reports or minutes of the meeting.	ngs	
3. Surveillance data received concerning two different topics	3. The health department must provide received surveillance data that address two different topics (for example, reports of flu cases, animals with confirmed rabies, a case of antibiotic resistant infection, or environmental public health monitoring data) itemized by reporting site.	2 examples of data received 2 different topics 2 different occasions	14 months
4. The distribution of surveillance data	4. The health department must document the distribution of surveillance data to others. Documentation could be copies of emails, documented phone calls, newsletters, presentations, and meetings.	2 examples	14 months

STANDARD 1.2 PROPOSED NEW MEASURE#1 (A)	**Purpose**	**Significance**
Primary data	The purpose of this measure is to assess the health department's capacity to collect primary data concerning health; health inequities; contributing or causes of health challenges; or	Secondary data can provide a wealth of information concerning the population's health. It is not possible, however, to understand how the reality of those data impact on the

	potential policy, public health and/ or community solutions. This measure addresses data other than surveillance data.	population, what the population's perspectives and priorities are or what community resources or resilience can be mobilized to address situations that cause poor health.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Collection of primary quantitative health data	1. The health department must provide the results of the collection of quantitative primary data from the population. Documentation may be reports, presentations made, minutes of briefings given, or other communications of the data results and conclusions.	2 examples	2 years
2. Collection of primary qualitative health data	2. The health department must provide the results of the collection of qualitative primary data from the population. Data should be collected directly from groups or individuals who are at higher health risk. These data may address social conditions that have an impact on the health of the population served, such as unemployment, poverty, lack of accessible facilities for physical activity, housing, transportation, and lack of access to fresh foods. Data collection methods include open ended survey questions, forums, listening sessions, focus groups, storytelling, group interviews, key informant interviews, etc. Documentation may be reports, presentations made, minutes of briefings given, or other communications of	2 examples	2 years

	the data results and conclusions.		
~~2.~~3. The use of standardized data collection instruments	3. The health department must provide standardized data collection instruments that they have used. Standardized instruments are those that are recognized as national, state-wide, or local data collection tools. They may also be standardized from the standpoint that the same tool was used with all respondents, such as a local survey developed and distributed to a representative sample of potential respondents. The tool may collect quantitative or qualitative data. Tribes often use qualitative data collection methods, such as focus groups, interviews and other methodologies with elders, traditional healers, or ceremonial/cultural leaders. Documentation of qualitative data collection using indigenous methodologies of this type of data and methodology are acceptable. Cultural adaptations of nationally or state-wide recognized data collection tools and methods can be included as examples of data collection instruments. Tribal specific data collection tools that are nationally recognized may or may not exist, in which case, Tribal surveys adapted for their communities should be accepted.	2 examples The health department can provide the tools used for the required documentation listed under the Required Documentation 1 or 2 for this measure, or they can be examples from different data collection activities, showcasing different data collection efforts.	2 years

Measure	Purpose	Significance
1.2.3 A Combined primary and secondary data concerning population health	The purpose of this measure is to assess the health department's ~~compiling~~ utilization of public health status data (other than surveillance data).	Data collected by the health department (primary data) provides data specific to the population that the health department serves. It is important that health departments collect primary data to provide insights into particular health issues in the community. Data collected by others (secondary data) can be very useful

		in assessing the health of the population. These two types of data used together can provide a robust comprehension of the contributing factors to specific health issues of the community or state, as well as provide information about the overall health of the population. The scope of public health data is broad and includes collection of information by other Tribal, state, and local departments, health agencies, and partners on, for example, ~~communicable disease (food/water/air/ waste/vector-borne),~~ injuries (including needle-stick injuries), chronic disease/disability, morbidity/mortality, housing starts, unemployment, green space, and health related behaviors for the purpose of analysis and use in problem identification and solving and for public health data reports.

Required Documentation Documentation of:	**Guidance**	**Number of Examples**	**Dated Within**
1. Aggregated primary and secondary data and the sources of each	1. The health department must document the maintenance and use of ~~provide written sets of aggregated~~ primary and secondary data. Data must be compiled, analyzed, and conclusions drawn. ~~That is, each set must include data that have been collected by the health department (or by others under contract or on behalf of the department) and data collected by others (governmental departments or levels of government, academic institutions, non-profits, or other researchers).~~ The sources of the data used ~~for each report~~ must also be provided.	2 examples	14 months

	(MOVED TO GLOSSARY) ~~Primary data are collected by or on behalf of the health department. Examples of primary data might include: vital statistics, healthcare provider reports of occupational conditions, and environmental public health hazard reports. Other primary data sources include community surveys, disease registries, and other methods of tracking chronic disease and injuries, as well as focus groups and other methods for qualitative data.~~ ~~Secondary data are data published or collected in the past by other entities. Examples include: data from other governmental departments, such as law enforcement, EPA, OSHA, Bureau of Labor Statistics, and workers' compensation bureaus. It may include: graduation rates, Census data, hospital discharge data, Behavioral Risk Factor Surveillance System data, and academic research data.~~ Documentation could be reports, memos, GIS maps, or other written documents.		
~~2. The use of standardized data collection instruments~~	~~2. The health department must provide standardized data collection instruments that they have used.~~ ~~Standardized instruments are those that are recognized as national, state-wide, or local data collection tools. They may also be standardized from the standpoint that the same tool was used with all respondents, such as a local survey developed and distributed to a representative sample of potential respondents. The tool may collect quantitative or qualitative data.~~ ~~Tribes often use qualitative data collection methods, such as focus groups, interviews and other methodologies with elders, traditional healers, or ceremonial/cultural leaders. Documentation~~		~~14 months~~

	~~of qualitative data collection using indigenous methodologies of this type of data and methodology are acceptable. Cultural adaptations of nationally or state-wide recognized data collection tools and methods can be included as examples of data collection instruments. Tribal specific data collection tools that are nationally recognized may or may not exist, in which case, Tribal surveys adapted for their communities should be accepted.~~		

Measure	Purpose	Significance
1.2.4 S Data ~~reports~~ provided to Tribal and local health departments located in the state	The purpose of this measure is to assess the state health department's role in and process for sharing data with Tribal and local health departments located in the state.	Tribal and local health departments should have access to data that pertains to the health status of the population they serve. States should have a process in place to share data that they have collected or to which they have access.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. The provision of ~~written reports of~~ data to local health departments	1. The state health department must document the provision of ~~provide reports that include~~ primary and secondary data ~~that it has distributed~~ to local health departments located in the state.	2 examples	14 months
2 The provision of ~~written reports~~data to Tribal health departments in the state (if one or more is located in the state)	2. If one or more Tribal health departments are located in the state, the state health department must document the provision ~~provide reports~~ of primary and secondary data ~~that it has distributed~~ to the Tribal health department located in the state. For documenting 1 and 2 above, data can be aggregate	2 examples	14 months

	for the state, the Tribal or local health department, or for a region of the state. Data could be collected at the local level and submitted to the state. Some data may be available only at a regional or state level because some local populations are small, and the small data set could impact the statistical power and/or compromise confidentiality. Data could be from registries, such as cancer registries or immunization registries; vital records reports; environmental public health data; or data in web-based ~~communicable~~ infectious disease reporting systems. ~~The reports~~Data may ~~also~~ address social conditions that affect the health of the population served, such as unemployment, poverty, or lack of accessible facilities for physical activity, housing, transportation, ~~.~~or lack of access to fresh foods. Data may be distributed in an electronic or hard copy format. Documentation could be distribution lists, distribution protocols, email confirmation of receipt of reports, screen shots of web pages or portals, etc.		

Measure	Purpose	Significance
1.2.4 L Data provided ~~reports~~ to the state health department and Tribal health departments in the	The purpose of this measure is to assess local health department's role and process for sharing data with their state health departments and	State health departments should have access to local data that pertains to health of the state's population. Likewise, Tribal health

jurisdiction the local health department is authorized to serve	nearby Tribal health departments.	departments should have access to local data that pertains to the health of the Tribe's population. Local health departments should have a process in place to share local data to which they have access with the state and nearby Tribes (if applicable).

Required Documentation Documentation of:	**Guidance**	**Number of Examples**	**Dated Within**
1. The provision of ~~reports of~~ data to the state health department and to a Tribal health department (if one or more is located in the jurisdiction the local health department is authorized to serve)	1. The local health department must document the provision of ~~provide reports that include~~ primary and secondary data ~~that it has provided~~ to the state health departments and ~~one report of primary and secondary data that it has provided~~ to local or Tribal health departments. Local health departments that do not have jurisdictions that overlap with the Tribal health departments do not have to demonstrate that they share local data with Tribes, but must provide documented evidence that there is no jurisdictional overlap. Data distributed may be distributed electronically or via hard copy format. Examples include: registries, such as cancer registries or immunization registries; vital records reports; environmental public health data; or data in web-based infectious~~communicable~~ disease reporting systems. The reports may address social conditions that affect the health of the population served, such as unemployment, poverty, ~~or~~ lack of accessible facilities	Two examples; one example of a report provide to the state and one provided to a local/Tribal health department.	14 months

	for physical activity, and lack of access to healthy foods. Documentation could be distribution lists, distribution protocols, email confirmation of receipt of reports, screen shots of web pages or portal, etc.		

Measure	Purpose	Significance
1.2.4 T Data ~~reports~~ provided to the state health department and to local health departments	The purpose of this measure is to assess Tribal health department's role and process for sharing data with the state health departments and nearby local health departments.	Tribal health departments should have access to data that pertains to health of the state's population. Likewise, state and local health departments should have access to Tribal data that pertains to the health of the state population and nearby communities. Tribal health departments should have a process in place to share relevant Tribal health data to which they have access with the state and nearby local health departments (if applicable).

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. The provision of ~~reports of~~ data to the state health department and to a local health department	1. The Tribal health department must document the provision of ~~reports that include~~ primary and secondary data to the state health departments and to a local health department. ~~Tribal health departments that do not have jurisdictions that overlap with local health departments do not have to demonstrate that they share Tribal data with local health departments, but~~	Two examples; one example of data report to the state and one example of a report to a local health	14 months

	~~must provide documented evidence that there is no jurisdictional overlap. Data distributed may be in electronic or hard copy format.~~ Examples include: registries, such as cancer registries or immunization registries; vital records reports; environmental public health data; or data in web-based infectious~~communicable~~ disease reporting systems. The data may address social conditions that have an impact on the health of the population served, such as unemployment, poverty, lack of accessible facilities for physical activity and lack of access to healthy foods. Documentation could be distribution lists, entries in registries, faxed paper reports, distribution protocols, email confirmation of receipt of reports, screen shots of web page or portal, etc.	department	

Standard 1.3: Analyze public health data to identify trends in health problems, environmental public health hazards, and social and economic factors that affect the public's health.

Data analysis involves the examination and interpretation of data with the goal of drawing conclusions that inform planning, decision making, program development, ~~and~~ evaluation, and quality improvement. The purpose of data analysis is to identify and understand current, emerging, or potential health problems, the contributing causes of health challenges, or environmental public health hazards. Data can identify trends in behaviors, disease incidence, opinions,

socioeconomic status, the environment (natural and built), and other factors that aid in understanding health issues and their causes and in designing and evaluating programs and interventions.

Measure	Purpose	Significance
1.3.1 A Data analyzed and public health conclusions drawn	The purpose of this measure is to assess the health department's capacity to analyze and utilize data to identify trends over time, identify clusters, understand health problems, assess behavioral risk factors, detect environmental public health hazards, and recognize social and economic conditions that affect the public's health.	Valid analysis of data is important for assessing the contributing factors, magnitude, geographic location(s), changing characteristics, and potential interventions of a health problem. Data analysis is critical for problem identification, program design, and evaluation of programs for continuous quality improvement.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. ~~Reports containing a~~Analysis of data collected and conclusions drawn ~~from review of the data~~ with the following characteristics:	1. The health department must document the analysis of data with conclusions drawn from the data. The provision of data used in the analysis is not required, but evidence of the health department's analysis and conclusions is required. Data to be analyzed can include qualitative and/or quantitative, primary and/or secondary data, or combinations of data. Examples include: epidemiologic reports, workplace fatality or disease investigation reports, cluster identification or investigation reports, outbreak investigation reports, environmental and occupational	2 examples	14 months

a. The inclusion of defined timelines ~~based on policy guidelines and/or evidence-based practice~~ b. A description of the analytic process used to analyze the data or a citation of another's analysis c. The inclusion of the comparison of data to other agencies and/or the	public health hazard reports, population health or key health indicator reports, community survey/focus group results and conclusions, outbreak after action reports, ~~reports~~analysis of hospital data, ~~reports~~analysis of non-profit organizations' data (for example, poison control center data or child health chart book), health disparities reports, environmental justice reports, socioeconomic data presentations, stratified racial and ethnic health disparities reports, and community health indicator reports. Program examples could include an investigation report for a food borne disease outbreak, environmental hazard trends with arsenic in well water, or a trends report of ~~all~~ reported ~~communicable~~infectious diseases over the past five years. The reports may point out social conditions that have an impact on the health of the population served, such as unemployment, poor housing, lack of transportation, high crime residential areas, poor education, poverty, or lack of accessible facilities for physical activity. a. Data used in the report must be distinct to a specific time period, such as fiscal year 12-13 calendar year 2014, years 2012-2014. b. The type of analytic process used must be stated and/or be evidence-based with the citation available. The intent is to have conclusions based on solid analysis, not just collections of data. c. The analysis and conclusions must have the quality of comparability. The reports should compare data to (1) other similar socio-geographic areas, sub-state areas, the state, or nation, or (2) similar data for the same		

state or nation, and/or other Tribes, and/or similar data over time to provide trend analysis	population gathered at an earlier time to establish trends. Examples of trend analysis include conclusions based on rates of sexually transmitted diseases over the past five years, childhood immunization rates over the past eight quarters, unemployment rates over the past five years, or crime rate over the past two years.		
2. Analysis of data that demonstrates the use of information and data from multiple data bases	2. The health department must document the analysis of data that combines data from two or more data bases to support its conclusion	1 example	5 years
~~2~~3.. Review and discussion of data ~~reports~~ analysis	~~2~~3. The health department must document the review of data analysis ~~reports~~ selected for Measure 1.3.1, Required Documentation 1, above. Documentation could be minutes or documentation of meetings to show the presentation, review and discussion of data analysis~~reports~~. The meetings may be internal, with governing entities, with community groups, with other health or social service organizations, or provided to elected bodies.	2 examples	5 years

Measure	Purpose	Significance
1.3.2 S Statewide public health data and their analysis provided to various audiences on a variety of public health issues	The purpose of this measure is to assess the state health department's provision of statewide public health data and analysis to various audiences in the state	Governmental and other public data about the health of the state's population should be shared with others in the state. Other organizations cannot effect change if they are not aware of the status of the health of the state. Sharing data can lead to partnerships to address public health issues.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. The distribution of ~~analytic reports~~ data analysis and findings that address public health issues to specific audiences	1. The state health department must document the distribution of analytical public health ~~reports~~findings to specific audiences in the state. ~~Each report~~ Examples must include data on one or more specific public health issue, such as health behaviors; public health laboratory reports; environmental public health hazards reports; disease clusters or trends; or health indicators, such as infant mortality rate. Distribution of the ~~reports~~data analysis and findings may be targeted to a variety of audiences, including: public health and health care providers, employers, governing entity, labor unions and other public health stakeholders, partners, and the public. A range of methods of distributions could be used including: mailing lists, email lists, presentations, workshops, web postings, meeting minutes, published editorials, and press releases. The data or written report of the analysis itself does not have to be distributed, but the contents and findings must be communicated. Thus, while distribution of a hard copy of a report would meet the requirement of the measure, so would a verbal presentation to an audience of the data analysis and findings~~contents of the report~~.	2 examples Two examples must be from two different years; one from one year and the other from a different year.	1 report dated within 14 months; the other dated older than 14 months but within 5 years.

	The ~~report~~ analysis does not have to be produced by the state health department. The state health department could use reports produced by CDC, or other federal government agencies, an academic institution, or other organization. However, reports developed by others must have a connection to the state and the state's population and contain information of public health significance.		

Measure	Purpose	Significance
1.3.2 L Public health data provided to various audiences on a variety of public health issues	The purpose of this measure is to assess the local health department's provision of community public health data and analysis to the community it serves.	Governmental and other public data about the health of the community should be shared with the community. Community members cannot effect change if they are not aware of the status of the health of the community. Sharing data can lead to partnerships to address public health issues.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. The distribution of data analysis and findings ~~analytic reports designed~~ to address community public health issues, to specific audiences	1. The local health department must document distribution of analytical public health ~~reports~~ findings to specific audiences in the community. ~~Report~~Examples ~~-~~must include data on one or more specific public health issues, such as health behaviors; disease clusters or trends; public health laboratory reports; environmental public health hazards reports; or health indicators, such as infant	2 reports Two examples must be from two different years; one from one year and the other from a different year.	1 report dated within 14 months; the other dated older than 14 months but within 5 years.

	mortality rate. Distribution of the reports may be targeted to a variety of audiences, including: public health and health care providers, community service groups, local schools, key stakeholders, and the public. A range of distribution methods could be uses including: mailing lists, email lists, presentations, workshops, web postings, meeting minutes, published editorials, and press releases. The data or written report of the analysis itself does not have to be distributed, but the contents must be communicated. Thus, while distribution of a hard copy of the report meets the requirement of the measure, so could a verbal presentation to an audience of community members of the contents of the report. The report does not have to be produced by the local health department. The local health department could use reports produced by the state, an academic institution, or other organizations. However, reports developed by others must have a connection to the jurisdiction and the populations served by the health department and contain information of public health significance.		

Measure	**Purpose**	**Significance**

1.3.2 T Public health data provided to the Tribal community on a variety of public health issues,	The purpose of this measure is to assess the Tribal health department's provision of Tribal public health data and analysis to the Tribe it serves.	Governmental and other public data about the health of the Tribe should be shared with the Tribal community. Tribal members cannot effect change if they are not aware of the status of the health of the Tribe. Sharing data can lead to partnerships to address public health issues.

Required Documentation Documentation of:	**Guidance**	**Number of Examples**	**Dated Within**
1. The distribution of data analysis and findings that ~~analytic reports designed to~~ address community public health issues, to specific audiences	1. The Tribal health department must document distribution of analytical public health ~~reports~~findings to specific audiences in the community. ~~The reports~~Examples must reflect a focus that is inclusive of all Tribal communities within the Tribe's jurisdiction. Each report must include data on one or more specific public health issues, such as health behaviors; disease clusters or trends; public health laboratory reports; environmental public health hazards reports; or health indicators, such as infant mortality rate. Distribution of the ~~reports~~data analysis and findings may be targeted to a variety of audiences, including: public health and health care providers, community service groups, local schools, key stakeholders, and the public. A range of distribution methods could be used, including: mailing lists, email lists, presentations, workshops, web postings, meeting minutes,	2 examples Two examples must be from two different years; one from one year and the other from a different year.	1 report dated within 14 months; the other dated older than 14 months but within 5 years.

	published editorials, and press releases. The data or written report of the analysis itself does not have to be distributed, but the contents and findings must be communicated. Thus, while distribution of a hard copy of the report meets the requirement of the measure, so could a verbal presentation to an audience of community members of the data analysis and findings~~contents of the report~~. The ~~report~~analysis does not have to be produced by the Tribal health department; the Tribal health department could use reports produced by the state, an academic institution, Tribal epidemiology center, or other organizations. However, reports developed by others must have a connection to the jurisdiction and the populations served by the health department and contain information of public health significance.		

Standard 1.4: Provide and use the results of health data analysis to develop recommendations regarding public health policies, processes, programs, or interventions.

The development of public health policies, processes, programs, and interventions should be informed by the use of public health data. Data should be shared with others so that they can use it for health improvement efforts.

Measure	Purpose	Significance
1.4.1 A Data used to recommend and inform public health policy, processes, programs, and/or interventions	The purpose of this measure is to assess the health department's use of data to impact policy, processes, programs, and interventions.	Public health policy, priorities, program design, and interventions should be based on the most current and relevant data available.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. The use of data to inform public health policy, processes, programs, and/or interventions	1. The health department must document that public health data have been used to impact the development of policy, process, program, or intervention or the revision or expansion of an existing policy, process, program or intervention. The data used to inform the policy, process, program, or intervention should also be included. The data alone will not serve as evidence for this measure. The health department must demonstrate the use of the data. Documentation could be: ~~changes to the health department web site,~~ documented program improvements, or a revised or new policy and procedure. Documentation could also be: Tribal Council resolutions and Health Oversight Committee meeting minutes, which demonstrate that data was used to inform policy, processes, programs and/or interventions.	2 examples One example must show data use across multiple sets of data	14 months

Measure	Purpose	Significance
1.4.2 S Statewide ~~health data profiles~~ summaries of data to support health improvement planning processes at the state level	The purpose of this measure is to assess the state health department's development and distribution of statewide health data ~~profiles~~ summaries of data to inform and support others' health improvement efforts at the state level.	In addition to the state health assessment, the state health department should provide health-issue specific or program specific data ~~profiles~~summaries. These will be summaries of data that focus on a particular issue, for example, health behaviors, health equity factors, or the incidence of ~~flu~~infectious diseases. It is important that others have access to health data ~~profiles~~ to inform their program planning and activities at the state level. Health ~~profiles~~ data summaries are used to inform stakeholders and partners about state health issues and to advocate for the health of the state and for the needs identified in the profile. Statewide health data ~~profiles~~summaries are not the same as a comprehensive community health assessment. A data summary~~profile~~ can take several forms. It can be an overview, summary, or synopsis of a particular health issue, such as cancer or obesity. Or it can address a set of issues, such as health equity or the health issues of the state's~~'~~ adolescents. It may also focus on select key indicators of the health of the state, such as health behaviors like tobacco use or healthful eating.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. State health data ~~profiles~~ summaries of data	1. The state health department must provide data ~~profiles~~summaries that summarize ~~the~~ statewide~~'s~~ public health data. ~~concerning~~Data summaries may address a combination of public health data or may focus on a particular health issue regarding the population served. The ~~profiles~~data summary may be ~~a set of~~ fact sheets, ~~each dedicated to a single topic, or~~ a single document ~~comprised of several profiles~~ of comprehensive data, or a dynamic website with comprehensive state data that is updated as data are available (i.e., web based dashboard).~~.~~ ~~Health profiles must include a broad array of assessment indicators, supported by primary and secondary data.~~	2 examples of issue specific fact sheets or 1 example of comprehensive data	5 years
2. Distribution of ~~state health profiles~~ summaries of state data to public health system partners, community groups and key stakeholders	2. The state health department must document the distribution of summaries of health data~~profiles~~ to public health system partners, community groups, Tribal health departments, local health departments, elected officials, and key stakeholders, such as governing entities or community advisory groups. This may include partners, such as community based organizations, civic groups and any others who receive services, help in the delivery of services or support public health services. Health data summaries produced by national or federal sources are insufficient documentation of the measure, unless the state health department demonstrates how the data summary was	2 examples of distribution of issue specific fact sheets or 1 example of provision of comprehensive data	

	supplemented with additional data collected and analyzed by the state health department. Documentation could be a mailing list, email list serve, posting on the web site, press releases, meeting minutes documenting distribution of the profile, presentations, ~~and~~ inserts or flyers, or a web site of data~~.~~ that is updated as data are available.		

Measure	Purpose	Significance
1.4.2 T/L Tribal/community ~~health data profiles~~ summaries of data to support public health improvement planning processes at the Tribal or local level	The purpose of this measure is to assess the Tribal and local health department's development and distribution of health data profiles or summaries of data to inform and support others' health improvement efforts at the Tribal and local level.	In addition to the Tribal and local health assessment, Tribal and local health departments should provide health-issue specific or program specific data profiles. These will be summaries of data that focus on a particular issue, for example health behaviors, health equity factors, or the incidence of ~~flu~~infectious diseases. It is important that others have access to health data profiles to inform their program planning and activities at the local or Tribal community level. The profile is used to inform stakeholders and partners about the health ~~status~~ of the community and to advocate for the health of the Tribe of locality and for the needs identified in the profile. Tribal or local health data profiles are not the same as a comprehensive community health assessment and are not a summary of the assessment. A profile can take several forms.

		It can be an overview, summary, or synopsis of a particular health issue, such as cancer or obesity. Or it can address a set of issues, such as health equity or health issues of adolescents. It may also focus on select key indicators of the health of the state, such as health behaviors like tobacco use or healthful eating.

Required Documentation Documentation of:	**Guidance**	**Number of Examples**	**Dated Within**
1. Health data ~~profiles~~ summaries of data	1. The Tribal or local health department must provide summaries of Tribal/community health data ~~profiles~~ that condense ~~summarize~~ the community's public health data. ~~concerning~~ Summaries may address a combination of public health data or may focus on a particular health issue regarding the population served. The ~~profiles~~summaries may be ~~a set of~~ fact sheets~~,~~ ~~each dedicated to a single topic,~~ or a single document ~~comprised of several profiles of data~~ of comprehensive data, or a dynamic website with comprehensive data that is updated as data are available (i.e., web based dashboard). ~~Health profiles must include a broad array of assessment indicators, supported by primary and secondary data.~~ ~~Tribal health profiles produced by Tribal Epidemiology Centers for the Tribal health departments are insufficient documentation of the measure, unless the Tribal health department demonstrates how the Tribal Epi Center profile was supplemented with additional data collected~~	2 examples of issue specific fact sheets or 1 example of comprehensive data	5 years

	~~and analyzed by the Tribe.~~ Community health ~~profiles~~data summaries produced by national, federal Including Tribal Epidemiologic Centers), or ~~the~~ state health department sources for the local health departments are insufficient documentation of the measure, unless the local health department demonstrates how the data summary ~~profile developed by the state~~ was supplemented with additional data collected and analyzed by the local health department.		
2. Distribution of health ~~profiles~~ data summaries to public health system partners, community groups and key stakeholders	2. The Tribal or local health department must document the distribution of summaries of health ~~profiles~~data to public health system partners, community groups, other Tribal and local health departments, and key stakeholders, such as governing entities or community advisory groups. This may include partners, such as elected/appointed officials, community based organizations, civic groups and any others who receive services, help in the delivery of services or support public health services. Documentation could be a mailing list, email list serve, posting on the web site, press releases, meeting minutes documenting distribution of the profile, presentations and inserts or flyers, or a dynamic web site of data that is updated as data are available.	2 examples of distribution of issue specific fact sheets or 1 example of provision of comprehensive data	5 years

Measure	Purpose	Significance
1.4.3 S Support provided to Tribal and local health	The purpose of this measure is to assess the state health department's support to Tribal and	State health departments have access to and compile data that are not available to Tribal

departments in the state concerning the development and use of ~~community health data profiles~~summaries of community data	local health departments within the state concerning the development and use of community or Tribal ~~health data profiles~~summaries of data.	and local health departments. State health departments should share these data with Tribal and local health departments. State health departments also should provide assistance to the Tribal and local health departments on how to use community health data or summaries of data~~this data both to develop and implement community health profiles~~.

Required Documentation Documentation of:	**Guidance**	**Number of Examples**	**Dated Within**
1. Tools and guidance	1. The state health department must document that data analysis and/or data presentation tools were provided to Tribal and local health departments in the state. The state may also offer guidance – by phone, electronically, or in person – to help with Tribal or local profile development.	2 examples	5 years
~~2.~~ 2. Summaries of c~~C~~ommunity data ~~health data profiles~~	2. The state health department must provide ~~completed profiles~~ summaries of data of the Tribal or local community. These must be general ~~profiles~~ summaries of data and may include data collected by other state agencies, such as educational attainment, unemployment, types of employment, or crime statistics.	2 examples	5 years
3. Determination of support or assistance needed by the Tribal and local health departments	3. The state health department must document that it has asked the Tribal and local health departments about what support or technical assistance is needed or requested. Documentation could be documented phone calls, faxes, newsletters, memos, meeting minutes, etc.	2 examples; 1 example is a Tribal health department if one exists in the state.	5 years

4. Technical assistance provided to Tribal and local health departments on the use of ~~health data profiles~~summaries of data	4. The state health department must document the assistance that it provided to Tribal and local health departments concerning the use of ~~data profiles~~summaries of data. Documentation could be faxes, newsletters, memos, meeting minutes, phone call minutes, etc.	2 examples; 1 example is a Tribal health department if one exists in the state.	5 years

DOMAIN 2:
INVESTIGATE HEALTH PROBLEMS AND ENVIRONMENTAL PUBLIC HEALTH HAZARDS TO PROTECT THE COMMUNITY

Domain 2 focuses on the investigation of suspected or identified health problems or environmental public health hazards. Included are epidemiologic identification of emerging health problems, monitoring of disease, availability of public health laboratories, containment and mitigation of outbreaks, coordinated response to emergency situations, and communication.

Standard 2.1 Conduct timely investigations of health problems and environmental public health hazards

The ability to conduct timely investigations of suspected or identified health problems is necessary for the detection of the source of the problem, the description of those affected, and the prevention of the further spread of the problem. When public health or environmental public health hazards are investigated, problems can be recognized and rectified, thus preventing further spread of disease or illness.

Measure	Purpose	Significance
2.1.1 A Protocols for investigation process	The purpose of this measure is to assess the health department's ability to conduct standardized investigations with consistent procedures and a set of rules to follow.	Health departments require standard operations, assigned roles and responsibilities, and well thought out coordination to study patterns of health and illness and their associated factors. A standardized approach ensures thorough investigation into the cause of a public health problem or environmental public health hazard and timely response so that further disease and illness can be prevented.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Protocols that include: a. Assignment of responsibilities for investigations of health problems,	1. The health department must provide written protocols that include a procedure for conducting investigations of suspected or identified health problems and environmental and occupational public health hazards. Examples of ~~H~~health problems that require investigation include: ~~communicable~~infectious disease, sexually transmitted disease/infection, injury, chronic disease, chemical emissions, and drinking water contamination. a. The protocol must delineate the assignment of	1 comprehensive protocol or a set of protocols	24 months

environmental, and/or occupational public health hazards	responsibilities for investigations of health problems and environmental public health hazards. The assignment may be to a specified position or positions, such as all environmental public health sanitarians, epi-diagnostic teams, and/or community health outreach staff in the health department or may be assigned to a named individual. Documentation must include specific responsibilities shown in a procedure or flow chart. If this function is carried out in full or in part by a federal agency, other health department, or other entity, then an MOU/MOA or other agreement, must be provided to demonstrate the formal assignment of responsibilities for investigation of health problems and environmental and occupational public health hazards.		
b. Health problem or hazard specific protocol steps including case investigation steps and timelines, and reporting requirements	b. The protocol must contain protocol steps or procedures for the health problems or hazards that will be investigated, case investigation steps, and timelines related to those problems or hazards, and reporting requirements. The protocols may be in separate documents, may be contained in a manual format, or may be in a single compiled document.		

Measure	Purpose	Significance
2.1.2 S Capacity to conduct and/or support multiple	The purpose of this measure is to assess the state health department's capacity to engage in	More than one health problem that requires an investigation may occur simultaneously.

investigations of infectious ~~or communicable~~ diseases simultaneously	more than one investigation of infectious ~~or communicable~~ disease health problems at the same time.	Health problems may occur simultaneously in more than one location in the state or may be contained in the jurisdiction of a single or multiple Tribal or local health departments. It is important that the state health department has the capacity to investigate or help support multiple investigations of infectious or communicable disease at the same time. The focus of this measure is on investigation of infectious ~~or communicable~~ diseases such as influenza, measles, food borne illnesses, or Lyme disease.

Required Documentation Documentation of:	**Guidance**	**Number of Examples**	**Dated Within**
1. Procedures for the conduct of multiple, simultaneous investigations	1. The state health department must provide written procedures that describe how it conducts multiple, simultaneous investigations of infectious ~~or communicable~~ diseases. State health departments often work together with Tribal health departments and local health departments to conduct investigations; the state health department can include contractors and/or relationships with Tribal health departments, local health departments, or other local governmental departments to show the capacity to conduct multiple investigations. The state health department does not have to perform all functions of an investigation, but must have the	2 examples	5 years

	capacity to respond when needed. Documentation could be response plans, internal plans, staff capacity and expertise, and resources available to the health department from other state governmental departments, such as the Department of Agriculture or the Department of Environmental Resources.		
2. Reviews of investigation reports against protocols	2. The state health department must provide audits (internal or external), programmatic evaluations, case reviews, or peer reviews of investigation reports (as compared to written protocols). The documentation must reference the state health department's capacity to respond to outbreaks of infectious or communicable disease.	2 examples	5 years
3. Completed After Action Reports (AARs)	3. The state health department must provide completed After Action Reports (AARs). The AAR provided as documentation for this measure must address the capacity of the department to conduct multiple investigations.	2 examples	5 years

Measure	Purpose	Significance
2.1.2 T/L Capacity to conduct an investigation of an infectious ~~or communicable~~ disease	The purpose of this measure is to assess the Tribal/local health department's capacity to implement its protocols for an investigation of infectious ~~or communicable~~ disease.	Investigations of infectious disease ~~or communicable disease~~ provide information that allows the health department to understand the best way to control a current outbreak of a disease and to prevent further spread of an outbreak. Sometimes a health problem or hazard requiring investigation occurs where local and state and/or local and Tribal jurisdictions overlap or are adjacent to one another requiring response and coordination between health departments. The

		focus of this measure is on investigation of infectious ~~or communicable~~ diseases, such as influenza, measles, food borne illnesses, or Lyme disease.

Required Documentation Documentation of:	**Guidance**	**Number of Examples**	**Dated Within**
1. Reviews of investigation reports against protocols	1. The Tribal/local health department must provide audits (internal or external) programmatic evaluations, case reviews, or peer reviews of investigation reports (as compared to written protocols). The documentation must reference the health department's capacity to respond to outbreaks of infectious ~~or communicable~~ disease. The Tribal/local health department can include contractors and/or relationships with the state health department, Tribal health departments in the state, local health departments, or other local government departments to demonstrate the capacity to conduct an investigation. The health department does not have to perform all functions of an investigation of an infectious ~~or communicable~~ disease, but must have formal arrangements with others who will participate and support the local health department in its investigations.	2 examples	5 years
2. Completed After Action Report (AAR)	2. The Tribal/local health department must provide a completed After Action Report (AAR). The AAR provided as documentation for this measure must address the capacity of the department to conduct multiple investigations.	1 example	5 years

Measure	Purpose	Significance
2.1.3 A Capacity to conduct investigations of non-infectious health problems, environmental, and/or occupational public health hazards	The purpose of this measure is to assess the health department's capacity to implement protocols for an investigation of non-infectious diseases and illnesses and of environmental public health hazards.	Investigations of non-infectious diseases and illnesses and of environmental public health hazards allow the health departments to learn how to prevent or mitigate health problems caused by non-infectious health problems and environmental public health hazards.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Completed investigation of a non-infectious health problem or hazard	1. The health department must provide a written report of a completed investigation of a non-infectious health problem or hazard. There is no specified format. Non-infectious health problems include: morbidity and mortality associated with emergent and non-emergent health problems that are not infectious, such as chronic disease, injuries, and environmental public health hazards, as well as their risk factors. An example of a non-infectious health problem would be an increase in diagnosed diabetes cases or a geographic area with a higher than normal rate of a cancer type. An example of an environmental public health hazard could be arsenic or lead in drinking water, as opposed to an infectious public health hazard, such as a restaurant food-borne outbreak. If this activity is provided through a contract/MOA/MOU, then written assurance that	2 examples	5 years

	the investigation was completed must be provided. Documentation can be a report of the investigation, executive summary, presentation or investigation records, including logs and notes.		

Measure	Purpose	Significance
2.1.4 A Collaborative work through established governmental and community partnerships on investigations of reportable/disease outbreaks and environmental public health issues	The purpose of this measure is to assess the health department's working relationships that are needed to investigate reports of reportable diseases and environmental public health problems.	As a part of conducting investigations, the health department must partner with other governmental agencies and community partners to investigate reports on reportable diseases and environmental public health investigation

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Partnerships with other governmental agencies/departments and/or key community stakeholders that play a role in investigations or have direct jurisdiction over investigations	1. The department must provide contracts/MOAs/MOUs/agreements/funding agreements that document established partnerships for the investigation of outbreaks of disease or environmental public health hazards. These partnerships are with other governmental agencies/departments and key community stakeholders, and the agreement must state or show that the partner plays a role in investigation. The agreement may state that the partner may have a direct jurisdiction over a specified type of investigation	2 examples	5 years
2. Working with partners to	2. The department must document work with	2 examples The examples must	5 years

conduct investigations	partners to conduct investigations. Documentation could be investigation reports and records, AARs, meeting minutes, presentations, and news articles.	be from two different investigations of reportable diseases or environmental public health investigations	
3. Laboratory testing for notifiable/reportable diseases	3. The department must provide a list of public health laboratory services presently provided that includes testing for notifiable/reportable diseases.	1 list of public health laboratory services	5 years

Measure	Purpose	Significance
2.1.5 A Monitored timely reporting of notifiable/reportable diseases, lab test results, and investigation results	The purpose of this measure is to assess the health department's assurance of timely reporting of notifiable/reportable diseases, laboratory test results, and investigation results.	A component of conducting timely investigations is the reporting of notifiable/reportable diseases, laboratory testing, and investigation of results as appropriate and required by law. When reporting is timely, all partners can work together to stop the spread of disease.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Tracking log or audit of reports of disease reporting, laboratory tests reports, and/or investigations with actual timelines noted	1. The health department must provide a tracking log or audit on reporting, that includes lab test results and investigation results. The log is used to track various elements of an investigation. Documentation could be a log or a report. Note: If a log is provided, it must include timelines.	1 tracking log or audit	5 years

	Note: If the log contains confidential names or other information, it should be redacted.		
2. Applicable laws	2. The department must provide a copy of laws relating to the reporting of notifiable/reportable diseases. State health departments must include laws for local health departments to report to the state, as well as for states reporting to CDC. Documentation could be a screen shot of a posting on a website or a department intranet or a pdf copy.	1 set of laws	5 years of department last review (the law may be older than 5 years)

Measure	Purpose	Significance
2.1.6 S Consultation, technical assistance, and/or information provided to Tribal and local health departments in the state regarding the management of disease outbreaks and environmental public health hazards	The purpose of this measure is to assess the consultation, technical assistance, and information that a state health department provides to Tribal and local health departments in the state concerning the management of disease outbreaks and public health hazards.	The state health department's provision of technical assistance, information, and consultation to Tribal and local health departments on epidemiological, laboratory, and environmental public health assistance improves the effectiveness of the public health response locally and state-wide. The measure includes assistance concerning identifying, analyzing, and responding to infectious disease outbreaks, as well as to environmental and occupational public health hazards.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. The provision of consultation, technical	1. The state health department must document how it	2 examples	5 years

assistance, and/or information	provides assistance to Tribal or local departments. This may be at the request of locals or can be initiated by the state. This can include: communications that have gone to one or more Tribal or local health departments; meetings at the Tribal, state or local level, and training sessions and presentations. It can also include email communication – both to individuals and to list-serves. State health department assistance can be onsite, phone consultation, conference calls, webinars, presentations, training sessions, written guidelines, and investigation protocols and manuals.		

Standard 2.2: Contain/mitigate health problems and environmental public health hazards

Health departments must be able to act on information concerning health problems and environmental public health hazards that was obtained through public health investigations. Health departments must have the ability to contain or mitigate health problems and hazards. The containment or mitigation of health problems and environmental public health hazards must be coordinated with other levels of government, other government departments, and other stakeholders.

Measure	Purpose	Significance
2.2.1 A Protocols for containment/mitigation of public health problems and environmental public health hazards	The purpose of this measure is to assess the health department's ability to contain or mitigate health problems or environmental public health hazards. This includes disease outbreaks. This measure assesses the existence of protocols for the containment or mitigation of public health problems or public health environmental hazards.	Health departments are responsible for acting on information concerning health problems and environmental public health hazards in order to contain or lessen the negative effect on the health of the population. Health departments require standard operations, assigned roles and responsibilities, and well thought out coordination in order to effectively address disease outbreaks. A standardized approach ensures timely response.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Protocol(s) that address containment/mitigation of public health problems and environmental public health hazards	1. The health department must provide written protocols or set of protocols for the containment/mitigation of health problems and hazards. This includes disease-specific procedures (for example, whooping cough, TB) for follow-up and reporting during outbreaks. The protocols must address mitigation, contact management, clinical management, use of prophylaxis and emergency biologics, communication with the public health laboratory, and the process for exercising legal authority for disease control.	1 comprehensive protocol or a set of protocols	2 years

	These protocols may be in a single document or be comprised of many separate documents.		

Measure	Purpose	Significance
2.2.2 A A process for determining when the All Hazards Emergency Operations Plan (EOP) will be implemented	The purpose of this measure is to assess the health department's ability to know when their All Hazards Emergency Operations Plan (EOP) needs to be put into operation in order to address a natural disaster, terrorist event, disease outbreak or cluster, environmental public health hazard, or other emergency that threatens the population's health.	Protocols for a health department to determine that they need to implement their All Hazards Emergency Operations Plan are necessary to ensure that the plan is put into action when needed and that it is not put into action when it is not needed.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Protocols that address infectious disease outbreaks describing processes for the review of specific situations and for determining the activation of the All Hazards Emergency Operations Plan	1. The health department must provide all infectious disease outbreak protocols. Though these may be the same protocols from 2.2.1 A, the department must highlight the description of the process for determining when the All Hazards or Emergency Operations Plan will be implemented.	1 comprehensive protocol or a set of protocols	5 years
2. Protocols that address environmental public health issues describing processes for the review of specific situations and for determining the initiation of the All Hazards Emergency Operations Plan	2. The health department must provide protocols that specifically address environmental public health hazards and that describe the process for determining when the All Hazards Emergency Operations Plan will be implemented.	1 comprehensive protocol or a set of protocols	5 years

3. Cluster evaluation protocols that describe the processes for the review of specific situations that involve a closely grouped series of events or cases of disease or other health-related phenomenon with well-defined distribution patterns in relation to time or place or both, and for determining initiation of the All Hazards Emergency Operations Plan	3. The health department must provide protocols that include cluster evaluation protocols describing the process for determining when the All Hazards Emergency Operations Plan will be implemented. Cluster evaluations will provide evidence of an unusual number of health events, such as an outbreak of SARS, influenza, grouped together in time and location.	1 comprehensive protocol or a set of protocols	5 years

Measure	Purpose	Significance
2.2.3 A Complete After Action Reports (AAR)	The purpose of this measure is to assess the department's development of descriptions and analysis of performance after an emergency operation or exercise. This measure assesses the existence of After Action Reports.	A process for After Action Reports provides a way for the health department to assess its performance during an emergency operation for quality improvement. It identifies issues that need to be addressed and includes recommendations for corrective actions for future emergencies and disasters. An AAR is to be completed when an infectious ~~communicable~~ disease outbreak occurs, an environmental public health risk has been identified, a natural disaster occurs, and any other event occurs that threatens the public's health. While AARs have been used for drills and exercises as part of All Hazards Plans (see 5.4.3 A), the focus of this measure is concerning the determination of when AAR methodology is applied to actual events

		that threaten the health of the people living in the jurisdiction of the health department.

Required Documentation Documentation of:	**Guidance**	**Number of Examples**	**Dated Within**
1. Protocol describing the processes used to determine when events rise to significance for the development and review of an AAR	1. The health department must provide a written description of how it determines if an event has risen to the level of significance requiring an AAR. Not every event will require an AAR. For example, a food borne outbreak may have 10 positive cases before being designated as significant enough to require an AAR. The process must address ~~communicable~~infectious disease outbreaks, environmental public health hazards, natural disasters, and other threats.	1 protocol	5 years
2. A list of all events that occurred, including outbreaks and environmental public health risks	2. The health department must provide a list of significant events that have occurred within the last five years. The list must include all events that met and did not meet the level of significance to require an AAR. The list must include, at minimum, the event name, dates of the event, and type of event ~~type~~(e.g., natural disasters, such as floods or hurricanes; manmade disasters, such as a toxic chemical release or pollution; and bioterrorism, such as anthrax or explosions). ~~, and dates of the event~~. The list must include all outbreaks, environmental public health risks, natural disasters, or other events that threaten the public's health.	1 list	5 years
3. Completed AAR for two events	3. The health department must provide completed AARs. An AAR documents successes, issues, and recommended changes in investigation and response procedures or other	2 examples of separate events	5 years

	process improvements. The AARs must report what worked well, what issues arose, what improvement in protocols are indicated, and recommended improvements.		

Standard 2.3: Ensure access to laboratory and epidemiological/environmental public health expertise and capacity to investigate and contain/mitigate public health problems and environmental public health hazards.

Successful investigation and mitigation of public health problems and environmental hazards will often depend on laboratory testing, epidemiologist involvement, and environmental public health expertise. These areas of expertise provide vital support to an investigation and are a part of the capacity that a department should have to respond to health problems and environmental public health hazards.

Measure	Purpose	Significance
2.3.1 A Provisions for the health department's 24/7 emergency access to epidemiological and environmental public health resources capable of providing rapid detection, investigation, and containment/mitigation of public health problems and environmental public health hazards	The purpose of this measure is to assess the department's capacity for rapid detection, investigation, and containment/mitigation of public health problems and environmental public health hazards.	Health departments need the capacity to respond to public health emergencies. The department needs to have access to epidemiological and environmental public health resources that can support the rapid detection, investigation, and mitigation of problems and hazards. This access must be available to the department 24/7.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Policies and procedures ensuring 24/7 coverage	1. The health department must provide policies and procedures outlining how the health department maintains 24/7 access to support services in emergencies. These policies and procedures may be contained in the All Hazards Emergency Operations Plan or may be separate policies and procedures. These resources may be within the department, or the department can have agreements with other agencies, individual contractors, or a combination in order to be responsive 24/7.	1 comprehensive policies and procedures document or a set of policies and procedures	5 years
2. Process to contact epidemiological and environmental public health resources	2. The health department must provide the call down list that is used to contact epidemiological and environmental public health resources.	1 call down list	5 years
3. Contracts/MOAs/MOUs/mutual assistance agreements detailing relevant staff	3. The health department must provide a list and description of contracts, MOA/MOUs, or mutual assistance agreements that define access to resources to assist in 24/7 capacity for emergency response.	1 list	5 years

Measure	Purpose	Significance
2.3.2 A 24/7 access to laboratory resources capable of providing rapid detection, investigation and containment of health problems and	The purpose of this measure is to assess the department's access to needed laboratory services to provide rapid detection, investigation, and containment/mitigation of	Emergency laboratory services are critical to recognize agents for the development of an appropriate public health rapid response. The department must have access to public health

environmental public health hazards	public health problems and environmental public health hazards.	laboratory resources that can support the rapid detection, investigation, and containment of problems and hazards. This access should be available to the department 24/7.

Required Documentation Documentation of:	**Guidance**	**Number of Examples**	**Dated Within**
1. Laboratory certification	1. The health department must provide documentation of laboratory capacity. Laboratory capacity may be within the health department, may be provided by reference laboratories, or a combination of both internal and external support. The health department must provide documentation that the laboratory has accreditation, certification, and licensure appropriate for all the testing that it performs (i.e., CLIA License, EPA Drinking Water Certification, FDA Certification for Milk Testing, etc.)	Accreditation documentation, certification, and/or licensure appropriate for all the testing that is performed	5 years
2. Policies and procedures ensuring 24/7 coverage	2. The health department must provide policies and procedures that assure 24/7 laboratory coverage. These resources may be within the department, or the department can have agreements with other agencies, individual contractors, or a combination in order to be responsive 24/7. These policies and procedures may be contained in the All Hazards Emergency Operations Plan or may be separate policies and procedures. Documentation could be contracts, MOAs/MOUs, or mutual assistance agreements that the department has	1 set of policies and procedures or policies and procedures, MOUs, or agreements	5 years

	with other public and private laboratories to provide support services may be provided.		
3. Protocols for the health department's handling and submitting specimens	3. The department must provide protocols for the health department handling and the submission of specimens.	1 comprehensive protocol or a set of protocols	5 years

Measure	Purpose	Significance
2.3.3 A Access to laboratory and other support personnel and infrastructure capable of providing surge capacity	The purpose of this measure is to assess the department's support personnel and infrastructure capacity for providing surge capacity for rapid detection, investigation, and containment/mitigation of public health problems and environmental public health hazards.	Access to additional support personnel is important in the case of an emergency, such as a bio-terrorism event or disease outbreak, when response needs of the health department exceed normal capacity of health department staff.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Surge capacity protocol that pre-identifies support personnel to provide surge capacity	1. The health department must provide the protocol, procedure, or policy that identifies support personnel who will be called on to provide surge capacity. This could refer to support staff within the health department who can assist during times of response and who would be performing duties outside their routine assignments; or it could be a listing of support personnel from outside the health department who would be available to assist the department. Protocol must include access to public health laboratory services.	1 protocol	5 years

2. Access to surge capacity staffing list	2. The health department must provide the staffing list(s) for surge capacity that refers to both the staffing needed for a surge response and how department staff will fill those roles. Access of the list to staff on the list must be demonstrated. Access could be through various methods, including: web or intranet, central location in the facility, or distributed to those positions that have surge capacity assignments. Positions may include: nursing, health education specialist, communications, IT, logistics, environmental health specialist, laboratory, and administrative personnel. Included with this documentation must be a description of how staff will access this information. This could be a part of an All Hazards/ERP or a separate protocol.	1 list or lists	5 years
3. Availability of equipment	3. The health department must provide a document detailing the availability of equipment to support a surge in order to demonstrate the availability of additional infrastructure for a response. For example, equipment may be used for transportation, field communications, Personal Protective Equipment (PPE), etc.	1 document	5 years
4. Training/exercise schedule for surge personnel	4. The health department must provide a schedule for training or exercises to prepare personnel who will serve in a surge capacity (for example, ICS or PPE training). This does not have to be the sole focus of the training or exercise, but must be a component of the training.	1 schedule	~~5~~2 years
5. Contracts/MOAs/MOUs/Mutual assistance	5. The health department must provide a list and description of	1 list	5 years

agreements for additional staff capacity for surge situations	contracts, MOAs/MOUs, and/or mutual assistance agreements providing additional staff and services, including laboratory services, for surge capacity. Any of the contracts or agreements for this measure can consist of separate documents or a single agreement covering several aspects of support.		

Measure	Purpose	Significance
2.3.4 A Collaboration among Tribal, state, and local health departments to build capacity and share resources to address Tribal, state, and local efforts to provide for rapid detection, investigation, and containment/mitigation of public health problems and environmental public health hazards	The purpose of this measure is to assess coordination and collaboration between Tribal health departments, state health departments, and local health departments in order to share resources for rapid detection, investigation, and containment/mitigation of public health problems and environmental public health hazards.	Public health problems and environmental public health hazards are not always contained in the jurisdiction of the health department. Tribal, state, and local health departments have the responsibility to work together to provide rapid detection, investigation and containment/mitigation. In most public health situations requiring investigation and mitigation, the state health department and local health department must be partners in the response. Likewise, Tribal health departments network with local and state entities for mitigation, detection, and containment with contracts, memorandums of understanding or agreement, as approved by the Tribal government. Seamless coordination and communication are necessary for the most effective use of resources.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Shared resources and/or additional capacity	1. The health department must document Tribal, state,	2 examples	5 years

	and local health departments working together to build capacity and share resources. Documentation could be policies and procedures or MOUs that demonstrate plans to communicate and collaborate in addressing public health problems and environmental public health hazards. Other forms of documentation could include: meeting minutes that evidence discussion and decisions to work together, as well as After Action Reports that describe coordination.		
2. Joint exercises for rapid detection, investigation, and containment/mitigation of public health problems and environmental public health hazards	2. The health department must document joint exercises that show the Tribal, state, and local levels work together to test or implement shared resources and build capacity during the exercise. Documentation could be AARs or other records.	2 examples; one example must include a Tribe, if one exists in the health department's jurisdiction.	5 years

Standard 2.4: Maintain a plan with policies and procedures for urgent and non-urgent communications.

Reliable and timely communication with partners and the public is important to ensure informed and appropriate responses to public health problems and environmental public health hazards.

Measure	Purpose	Significance
2.4.1 A Written protocols for urgent 24/7 communications	The purpose of this measure is to assess the department's written protocols for communications during detection, investigation, and mitigation of urgent public health problems and environmental public health hazards that may occur at any time.	Urgent public health problems and environmental public health hazards require a community-wide response. Accurate and timely information is necessary to ensure an appropriate and effective community response. Partners and the public need to know how to contact the health department to both report and receive information about a public health emergency or environmental public health risk.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Protocol for urgent 24/7 communications	1. The health department must provide a communication protocol that provides a means for the department to contact health care providers, response partners, the media, and others, 24/7. The protocol must include the contact information, such as phone numbers, email addresses, and website addresses for relevant partners. The health department must have duplicative means to get in touch with partners.	1 protocol	14 months

2. Availability of information to partners (and/or the public) on how to contact the health department to report a public health emergency or environmental/ occupational public health risk 24/7	2. The health department must document the provision of information to partners and the public about how to contact the health department to report a public health emergency, risk, problem, or environmental or occupational public health hazard. Partners include: law enforcement, schools, hospitals, and government agencies. Documentation could be a screen shot of a web page with contact information.	1 example	5 years
3. The method for partners and the public to contact the health department 24/7	3. The health department must document how partners and the public contact the health department 24/7. An after-hour answering service or pager service could provide this capacity. Documentation could be a script or transcript of an answering service.	1 example	5 years

Measure	Purpose	Significance
2.4.2 A A system to receive and provide urgent and non-urgent health alerts and to coordinate an appropriate public health response	The purpose of this measure is to assess the health department's ability to receive and issue health alerts and to communicate and coordinate the appropriate public health response with health care providers, emergency responders, and communities on a 24/7 basis.	Speedy and accurate communications with health care providers, emergency responders, and other partners concerning health alerts facilitates their understanding of the scope of the emergency, the steps necessary to respond to it, and the protection of the community and responders. Communication allows the development of effective and coordinated responses to urgent public health problems and environmental public health hazards.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. A tracking system for the receipt and issuance of urgent and non-urgent health alerts	1. The health department must document that it has established or participates in a Health Alert Network (HAN) or similar system that receives and issues alerts 24/7. A HAN usually has the capacity to issue response measures or information related to the risk, hazard or problem. The tracking system or Health Alert Network may be a state system in which Tribal or local health departments participate. The Tribal or local system may establish a smaller system for providers and responders within the jurisdiction of the health department. Some ~~Tribes~~jurisdictions have established a Joint Information Center (JIC) with a public information officer for the ~~Tribal~~ Health Department; ~~Triba~~l health departments may provide evidence of this as documentation.	1 tracking system or health alert network	5 years
2. Reports of testing 24/7 contact and phone line(s)	2. The health department must provide reports of testing the 24/7 contact procedure. This testing must include normal work hours and after hours. Email contact, phone lines, pager, website and other contact points with the department must be tested where applicable.	2 examples	5 years

Measure	Purpose	Significance
2.4.3 A Timely communication provided to the general public during public health emergencies	The purpose of this measure is to assess the health department's ability to provide information to the public during a public health emergency in a timely manner.	During a public health emergency, the health department functions as the expert. Speedy and accurate communications with the public during public health emergencies facilitates their understanding of the seriousness of the emergency and informs them of the actions they should and should not take in response to the public health emergency. In the absence of accurate information, false information will be created and spread. Public information also lets the public know that the public health department is working to protect the community. A key mechanism to reach the public is the media.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Communications that provide emergency information to the public	1. The department must demonstrate how it communicates with and provides information to the public. The information must be accurate, accessible, and actionable. Documentation must provide evidence of outreach and communication methods designed specifically to communicate with the disabled, linguistically challenged, and other members of the public that require particular communication considerations. The measure deals with public health emergencies (for example, an outbreak of an	2 examples	5 years

	infectious disease, a release of toxic chemicals, and the need to boil water during a flood or water main break); documentation must demonstrate timely communication with the public during an emergency. General public health educational materials are not relevant for this measure. A number of means can be used to communicate information to the public, including posting on a website, distribution of printed materials (brochures, flyers, factsheets, inserts), fax broadcast to all providers and other responders, automated call systems, digital media (e.g., Twitter) and email list-serves.		
2. Communications through the media to provide information during a public health emergency	2. The department must demonstrate the use of the media to communicate information to the public during a public health emergency. Documentation must provide evidence of relationships with media, organizations, and outlets for reaching the disabled, the non-English speaking public, and other members of the public that require particular communication considerations. The measure deals with public health emergencies and the documentation must demonstrate timely communication with the media during an emergency. General public health educational information is not relevant for this measure. Documentation could be a press conference, media packets, press release, public service	2 examples	5 years

	announcement, or video of a televised interview.		

Measure	Purpose	Significance
2.4.4 S Consultation and technical assistance provided to Tribal and local health departments on the accuracy and clarity of public health information associated with a public health emergency	The purpose of the measure is to assess the state health department's support to Tribal and local health departments' efforts to inform the public concerning an outbreak or an environmental or other public health emergency.	The state health department has a role in serving as a resource to Tribal and local health departments for communication associated with outbreaks and emergencies. An important element in communication is consistent messaging from partners. The state has a role in crafting messages that are shared to ensure that public health information is accurate and clear. The measure specifies the assistance on information that is associated with an outbreak, an environmental event, or other emergency.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Consultation, technical assistance, or guidance provided to Tribal and local health departments	2. The state health department must document the provision of consultation, technical assistance, or guidance provided to Tribal and local health departments. The state health department does not have to demonstrate that the Tribal and local health departments use the services from the state, but consultation and technical assistance must be available if requested. <u>Documentation could be</u> minutes of meetings or conference calls. Meeting or training agenda or presentations can be provided and must include a	2 examples; one example must include a Tribe, if one exists in the health department's jurisdiction.	5 years

	list of Tribal or local health attendees. Assistance could also be documented by emails or list-serves sent to Tribal and local health departments.		
2. Guidelines for accurate and clear communication to the public	2. The state health department must provide communication guidelines, protocols, or written assistance for Tribal and local departments. Guidelines must include information about developing clear and accurate public health information during an outbreak, crisis, or emergency to prepare Tribes and local health departments for such an occurrence.	1 set of guidelines	5 years

DOMAIN 3:
INFORM AND EDUCATE ABOUT PUBLIC HEALTH ISSUES AND FUNCTIONS

Domain 3 focuses on informing and educating the public. This domain assesses the health department's processes for continuing two-way communication with the public as standard operating procedures.

A role of the health department is to provide accurate and reliable information about how to protect and promote individual and family health. Health departments provide information about healthy behaviors, such as good nutrition, hand washing, and seat belt use. The population needs access to accurate and timely information in the case of particular health risks like H1N1, a food borne disease outbreak, or an anthrax attack. For information to be actionable, it must be communicated in a language and format that the population can access and understand. Messages need to be culturally appropriate. Public health departments also have a responsibility to educate the public about the mission, value, roles, and responsibilities of the health department and the meaning and importance of public health.

These educational responsibilities require a continuing flow of information. To be effective, information cannot be one-way.

For the health department to communicate with the public accurately, reliably, and in a timely manner, it must gather and use information that it receives from federal, Tribal, state and other local health departments. To facilitate communication ~~I~~it ~~also~~ needs ~~input from~~ to have a relationship with community partners and the population and sub-groups of the population that it serves. Communication requires dialogue with the target population to assure that the message is relevant, culturally sensitive, and linguistically appropriate. Communication methods are changing rapidly through digital media such as Twitter and Facebook. Selected communication methods must be appropriate for the target audience, the urgency of the communication, and the type of information.

Standard 3.1: Provide health education and health promotion policies, programs, processes, and interventions to support prevention and wellness.

Health education is an important component of encouraging the adoption of healthy behaviors by the population served by the health department. Health education provides the information needed by the population to improve and protect their health. Health education involves gathering knowledge about the health issue and the target population and sharing that information in a manner and format that can be used effectively by the population.

Health promotion involves a wide range of social and environmental changes that allow and encourage the population to be healthy. Health promotion policies, programs, processes, and interventions are the mainstay of public health improvement efforts. Health promotion can involve health education, communication, working with the media, social marketing, health equity policies, behavior change, environmental changes, community mobilization, community development, and policy changes.

Measure	Purpose	Significance
3.1.1 A Information provided to the public on protecting their health	The purpose of this measure is to assess the health department's dissemination of accurate information to the populations that it serves concerning health risks, healthy behaviors, disease prevention, and wellness approaches.	A key activity in promoting population health is providing public health information that encourages the adoption of healthful behaviors and activities. To be effective, information should be appropriate for the target population. It must be accurate, timely, and provided in a manner that can be understood and used effectively by the target population. Public health information can address a broad range of public health promotion messages: • Health risks, such as high blood pressure or high cholesterol. • Health behaviors, such as tobacco use or unprotected sexual activity. • Disease, illness, or injury prevention, such as seat belt use or immunizations. • Wellness, such as healthy nutrition or physical activity. Health information could address a combination of these targets. For example, unprotected sex, needle sharing, and HIV transmission could combine aspects of health risks, health behaviors, and prevention.

		For the information to be trusted and understood, health education messaging should not be contradictory or confusing. Therefore, messaging should be coordinated with others who are providing public health information to the public.

Required Documentation Documentation of:	**Guidance**	**Number of Examples**	**Dated Within**
1. The provision of information to the public on health risks, health behaviors, prevention, or wellness	1. The health department must document the provision of information to the public to address health risks, health behaviors, disease prevention, and/or wellness. Information must be accurate, accessible, and actionable. The need for cultural competence and consideration of ~~H~~health literacy ~~should~~ must be taken into account~~,~~. ~~and i~~Information should be provided in plain language with everyday examples. Documentation should note the target group or audience, the program area, the date the information was shared or distributed, and the purpose for the information. Documentation may be a public presentation, distribution of a press release, media communications, brochures, flyer, or public service announcement.	2 examples The two examples can relate to the same message area, such as two items addressing prevention issues. The two examples must, however, be from different program areas, one of which must address a chronic disease program, such as diabetes, obesity, heart disease, HIV, or cancer.	5 years

2. Consultation with the community and target group during the development of the educational material/messages	2. The health department must document steps taken to solicit input from the target audience during the development of ~~the~~ messages and materials. Input is intended to help shape the final content, cultural competence, language, and real life situations of the target. The role of social and environmental factors must be addressed (rather than focusing on the individual). Documentation may be a report of findings from a focus group, key informant interviews, or pull-aside testing. Documentation could also include minutes from a town meeting with the target population or a meeting of an advisory group representing the target population.	~~1~~2 examples One example must come from one of the two program areas from which documentation was provided in 1, above	5 years
3. Health education messages that are coordinated with Tribal, state, and/or local health departments; and/or community partners	3. The health department must document communication with other health departments (Tribal, state, or other local) or community partners to promote unified messaging. Documentation could be a fact sheet, an email or memorandum, meeting minutes where messaging was discussed, or documented phone conversation discussing the message.	2 examples	5 years

Measure	**Purpose**	**Significance**
3.1.2 A Health promotion strategies to protect the	The purpose of this measure is to assess the health department's strategies to promote	Health promotion aims to enable individuals and communities to protect and improve their

population from preventable health conditions	health and address preventable health conditions.	own health. Health promotion encourages healthy behaviors. Health promotion is a combination of health education, community change, and organizational and social supports that provide conditions conducive to the good health of individuals, groups, and communities. ~~Health promotion is an important step towards encouraging healthy behaviors. It consists of planned learning activities to convey information to individuals and communities about behaviors that encourage wellness and prevent diseases.~~ **(MOVED TO GLOSSARY)** Health promotion combines educational, political, regulatory, social, and organizational efforts.

Required Documentation Documentation of:	**Guidance**	**Number of Examples**	**Dated Within**
PROPOSED NEW REQUIRED DOCUMENTATION 1. A planned approach for the development and implementation of health promotion programs	1. The health department must document a planned approach for the development and implementation of health promotion materials and activities. A planned approach could be policies and procedures, a health promotion communications plan, the use of a communications model or methodology (for example, CDCynergy) or other documentation that describes how health promotion programs are developed (including the use of data and community input) and evaluated.	1 example	5 years

~~1.~~2. Development and i~~I~~mplementation of health promotion strategies	2. The health department must document the development and implementation of health promotion strategies. The documentation must show how the strategies: • ~~Correspond to public health priorities identified in the health improvement plan.~~ • Are evidence-based, rooted in sound theory, practice-based evidence, and/or promising practice. • Were developed with engagement of the community, including input, review, and feedback from the target audience • Focus on social and environmental factors that create poor health. • Use various ~~social~~ marketing or change methods including, for example, digital media and social marketing, as appropriate. • Were implemented in collaboration with stakeholders, partners, and the community. Examples of health promotion efforts include biking pathways, farmers	2 examples The examples must come from two different program areas, one of which must address the prevention of a chronic disease.	5 years

	markets, public meeting places (to encourage social interaction), distribution of child safety devices, walking clubs, and smoke free zones. Documentation could be a portion of a program plan, a portion of a program strategic plan, minutes of a program planning meeting, part of a report developed for submission to a funding agency, evaluation report of the program, or other official description of the strategy. Due to the limited availability of evidence-based practices or promising practices in Tribal communities, Tribes may provide examples of practice-based evidence used to adapt models or create models based on a cultural framework.		
3.. ~~Gathering of input and/or feedback from the target audience~~ Engagement of the community during the development of a health promotion strategy	3. The health department must document that it solicited review, input, and/or feedback from the target audience during the development of the health promotion strategy. Documentation could be findings from a focus group, key informant interviews or pull-aside testing. It may	~~1~~2 examples One of the examples must be from one of the two program areas from which documentation was provided in ~~1~~Required Documentation 2, above.	5 years

	also include minutes from a town meeting or planning meeting with the target population or a meeting of an advisory group representing the target population. Documentation should include a description of the process and the results.		
4. Implementation of strategies in collaboration with stakeholders, ~~and/or~~ partners, and/or the community	4. The health department must document that implementation of the strategies was in collaboration with stakeholders, ~~and/or~~ partners, and/or the community. The stakeholders and partners associated with the strategy must be listed or community described. The documentation must define the stakeholders', ~~or~~ partners' and/or community's relationship and role to the strategy. ~~The role could be to distribute written information, include information in newsletters, or to reinforce the message in some way through other programs or services.~~ Documentation could be minutes of a program review meeting, a portion of a report developed for submission to a funding agency, an annual report, or other official description of the implementation of the strategy.	2 examples One of the examples must be from one of the two program areas from which documentation was provided in 1, above.	5 years

STANDARD 3.1 PROPOSED NEW Measure #1 (A)	**Purpose**	**Significance**
Efforts to specifically address factors that contribute to populations' higher health risks	The purpose of this measure is to assess the health department's assessment, identification	Differences in populations' health outcomes are well documented. Factors that contribute to

and poorer health outcomes.	and efforts to address factors that contribute to populations' higher health risks and poorer health outcomes, or health inequities.	these differences are many and varied and include the lack of opportunities and resources, economic and political policies, discrimination, and other aspects of a community that impact on individuals' and population's resilience. These differences in health outcomes cannot be effectively addressed with programs and interventions; they require engagement of the community in strategies that develop community resources, capacity, and strength.

1. Identification and implementation of strategies to address factors that contribute to populations' higher health risks and poorer health outcomes, or health inequity, including: a. Analysis of factors that contribute to higher health risks and poorer health outcomes of populations b. Health equity indicators c. Public health efforts to address identified community factors that	The health department must document efforts to address health equity among the populations in the health department's jurisdiction. The health department must provide: a. The analysis of the health inequity and factors that cause or contribute to it. These may be, for example, tax policies, community zoning, public education, transportation policy, and resource allocation. b. Identified health equity indicators across communities or neighborhoods, as appropriate to the population. Examples include: living standards, foreclosure rates, housing stock, transportation, safety, air quality, infrastructure (sewage, sidewalks, street design, etc.), concentrations of wealth, parks, and food access. c. Plans and/or reports (if available) of efforts to address social change, social customs,	2 examples	5 years

contribute to populations' higher health risks and poorer health outcomes.	community policy, or the community environment to impact on health inequities. For example, the question "How do we motivate people to stop smoking?" can be rephrased "What are the community conditions (e.g., stress, convenience stores, social norms) that encourage smoking?" Plans then will address the issue as defined as a community issue that impacts on higher health risks and poorer health outcomes. Plans and/or reports will address efforts to work with those who set policy and make other decisions that impact the community's health inequities.		

Standard 3.2: Provide information on public health issues and public health functions through multiple methods to a variety of audiences.

Health departments must have processes and procedures for communications. Processes and procedures should address both accessing information from outside sources and communicating to people outside of the department. Effective public health communication requires a variety of methods and formats. Health departments should provide information to the public about the mission, products and services, and value ~~processes, programs, and interventions~~ of the health department ~~so that the public understands the role and value of public health in its community and the resources available~~. Also included are plans to communicate with the public in times of a crisis, disaster, outbreak or other threats to the public's health.

Measure	Purpose	Significance
3.2.1 A Information on public health mission, roles, processes, programs and interventions to improve the public's health provided to the public	The purpose of this measure is to assess the health department's efforts to inform the public about the role and value of public health and the range of services and programs that the health department provides.	Public health means different things to different people at various times. The public's understanding of the value, mission, roles, processes, programs, and interventions of the health department is a necessary step in building effective public health programs.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. The provision of information provided to the public about what public health is, its value, and/or on the health department's roles, processes, programs, and interventions	1. The health department must document the distribution of information to the public about the role and value of public health and/or the health department's role, mission, and scope of processes, programs and interventions. The documentation must describe how the information was distributed, dates of distribution (or range of dates), and the purpose of the information. Documentation could be a copy of a presentation, advertisements or newspaper inserts, web posting, email or fax list-serve, fax cover sheet, brochure, services directory, or program flyers.	2 examples	5 years
2. Branding or communicating the presence of the health department to the public	2. The health department must document methods used to communicate the existence and presence of the health department to the public. Documentation may be a written health department policy stating that all brochures, flyers, press releases, reports	2 examples	5 years

	~~and other materials bear the department's name and logo. Documentation may also be photos of department uniforms or apparel that displays the department logo or appropriate signage inside and outside the health department facility~~. The Tribal attorney may need to be included when crafting messages for the public and the public health partners, especially for situations involving Tribal sovereignty, land and mineral disputes, or interactions with other local and federal government entities. Evidence of Tribal attorney use is acceptable documentation for items listed above, as appropriate.		
PROPOSED NEW REQUIRED DOCUMENTATION 2. Relationship with the media to ensure their understanding of public health and to ensure that they cover important public health issues	2. The health department must document communication with the media. The media includes print media, radio, television, bloggers, web reporters, etc. Documentation could be: A published editorial concerning a public health issue (written by a department staff person or member of the governing entity), an appearance on a television show (of a department staff person or member of the governing entity), or a radio interview (of a department staff person or member of the governing entity), minutes or other documentation of a meeting or phone call with editorial staff, emails or other communications with bloggers, etc..	2 examples	2 years

STANDARD 3.2	**Purpose**	**Significance**

PROPOSED NEW MEASURE #1 (A)		
Branding of public health and the health department in the community	The purpose of this measure is to assess the health department's efforts to establish and maintain an identity in the community so that the community understands the products, services, and value of the health department.	Branding is a business practice that focuses on what products and services the health department provides, the image of the health department in its community, and the expectation of the community. Health departments can benefit from strategies to (1) educate the public about the presence and scope of public health services, (2) differentiate the health department from other governmental departments, (3) draw a distinction between public health and personal or clinical health service providers, and (4) increase the perception of the value of the health department among the public, policy makers, and decision makers (including resource allocation).

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. An integrated branding strategy	1. The health department must provide a policy, strategies, or plan to: • ensure that department staff have a clear understanding and commitment to the brand or image of the health department, • communicate with the public continually and consistently concerning the existence, presence of the health department and the essential products and services that it assures its community, • use a common visual identity (logo) to communicate the health department's brand, and	1 policy, plan, or set of policies or strategies	5 years

	• display appropriate signage inside and outside the health department facility. Documentation may be written health department policies, plan, or strategies.		
2. Implementation of the department's branding strategy	The health department must document its implementation of its policy, plan, or strategies for branding. Examples must implement plans, policies, or strategies as presented above.	2 examples	5 years

Measure	Purpose	Significance
3.2.2 A Communication procedures to provide information outside the health department	The purpose of this measure is to assess the health department's written procedures for communication to the public, partners, and stakeholders.	Written procedures and protocols that are put into practice ensure consistency in the management of communications on public health issues. Such measures also ensure that the information is in an appropriate format to reach target sectors or audiences. This includes responding to requests for information or materials that the health department distributes in its jurisdiction. Departments should answer information requests in a timely and appropriate fashion and should obtain appropriate reviews and approvals of information they disseminate.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Procedures for communications that	1. The health department must provide a copy of procedures for communications. There is no required format for the procedures.	1 procedure or one set of	2 years

include: a. Dissemination of accurate, timely, and appropriate information for different audiences b. Coordination with community partners for the communication of targeted and unified public health messages c. A contact list of media and key stakeholders d. A designated staff position as the public information officer e. Responsibilities and expectations for positions interacting with the news media and the public, including, as appropriate, any governing entity members and any department staff member	The procedures must: a. Describe the process for disseminating information accurately, timely, and appropriately. The procedures must define the process for different audiences who may request or receive information from the health department. b. Describe the process for informing and/or coordinating with community partners to promote the dissemination of consistent and unified public health messages that are accurate and appropriate for the audience. c. Include a current contact list of media and key stakeholders related to the protocol; set forth when the contact list is to be used; and include the process for maintaining the contact list. d. Identify which department staff position is designated as the public information officer. The protocol must define this officer's responsibilities, which must include: maintaining media relationships; creating appropriate, effective public health messages; and managing other communications activities. A job description could provide this information. e. Describe the responsibilities for all staff positions that may interact with the news media and the public. This may include guidance for specific staff, such as the director and public information	procedures.	
2. Implementation of	1. The health department must document the department's	2 examples	~~5~~2 years

communications procedures	implementation of their communications procedures listed in 1, above. The health department must provide public health messages disseminated outside the health department. Documentation could be a press release, email between the public information officer and the media, or other written communication to the media.	Examples must come from two different program areas, one of which is a chronic disease program.	

Measure	Purpose	Significance
3.2.3 A Risk communication plan	The purpose of this measure is to assess the health department's plans for risk communication during a crisis, disaster, outbreak, or other threat. The goal: Ensure an accurate understanding of the actual and perceived public health risks, the possible solutions, and related issues and concerns voiced by experts and non-experts.	The purpose of the risk communication plan is to detail the communications and media protocols the health department will follow during a public health crisis or emergency. The risk communication plan outlines the decisions and activities that will be taken for a timely and effective response. The plan will detail public relations processes and give guidance on anticipating a crisis and responding effectively. It should even address how to prevent public alarm by dealing appropriately with rumor or misinformation. A risk communication plan may be called an emergency communication, crisis communication or media communication plan.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. A risk communication plan	1. The health department must provide a copy of the risk	1 plan	5 years

	communication plan, protocol, or procedures. The plan must provide protocols for how information is provided for a given situation;~~,~~ how information is provide 24/7; delineate roles,~~ and~~ responsibilities and chain of command;~~,~~ how information will be disseminated in the case of communication technology disruption; how message clearance will be expedited; and describe how the health department will work with the media. There is no required format for the plan; it may be a part of a larger communications plan or part of an overall department emergency operations plan. For Tribal health departments, documentation may include referencing an existing, approved Tribal policy that identifies another Tribal employee or program (such as the Tribal emergency management planner) as being responsible for the risk communication plan and its implementation. For smaller Tribal health departments and programs, this measure could also be met with a written MOU or MOA with an external agency, such as a local health department, with clearly delineated roles for Tribal and non-Tribal staff and elected officials involved in the plan.		

Measure	Purpose	Significance
3.2.4 A Information available to the public through a variety of methods	The purpose of this measure is to assess the health department's use of a variety of methods and formats to keep the public informed about public health and environmental public health issues, health status, public health laws, health programs, and other public health information.	Health departments should present information to different audiences through a variety of methods, including information technology.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. A website or web page that contains information on: a. 24/7 contact number for reporting health emergencies b. Notifiable/reportable conditions link or contact number c. Health data d. Links to public health related laws e. Information and materials from program activities f. Links to CDC and other public health related federal, state, or local agencies, as appropriate g. The names of the health department's leadership	1. The health department must document that its website provides: a. A 24/7 contact number for reporting health emergencies b. Notifiable/reportable conditions line or contact number c. Health data, such as morbidity and mortality data d. Links to public health related laws or public health code e. Information and materials from program activities, such as ~~communicable~~ infectious disease, chronic diseases, environmental public health, ~~and~~ prevention, and health promotion f. Links to CDC and other public health related federal, state, or local agencies, as appropriate g. The names of the health department director and the leadership team The health department may have its own website or be part of another governmental website or internet domain. Documentation could be screen shots of the pages that contain the information required in each of the elements listed.	1 website	2 years
2. Other communication strategies for informing the public about public health issues or functions	2. The health department must document the use of other methods used to make information available to the general public about public health issues and/or functions. Methods could include: radio or television programs or	2 examples	5 years

	interviews, brochures, flyers, newsletters, or ~~other information technologies~~digital media, such as Facebook or Twitter. Methods that target low-literacy individuals could include audio-visual formats and/or written materials that include images to support text.		

Measure	Purpose	Significance
3.2.5 A Accessible, accurate, actionable, and current information provided in culturally sensitive and linguistically appropriate formats for populations served by the health department	The purpose of this measure is to assess the health department's ability to convey public health information to the population it serves, including those who are hard to reach or who present language or cultural challenges.	Public health information must be understandable and usable by the target audience. Information should be accessible to all audiences in the jurisdiction served, whether they speak another language, are hearing impaired, or have low literacy.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Demographic data regarding ethnicity and languages spoken in the community	1. The health department must provide demographic data defining the ethnic distribution and languages spoken in the jurisdiction served.	1 data report or multiple data sets	2 years
2. Interpretation, translation, or other specific communication services	2. The health department must provide a list of staff or contractors who provide interpretation, translation, or specific communication services. Specific communication services may mean non-English speaking or low literacy or hearing impaired communications. These services are provided as needed, based on demographic data. The services do not have to be provided directly by the health department, but must be available when needed.	1 example	5 years

	Tribal health departments may have "Indian preference" policies that demonstrate the promotion of culturally appropriate interactions between staff and community members. CHRs or "Cultural Interpreters" may also be available to provide both translation and feedback from community members on program materials or services provided.		
3. Assistive staff or technology devices to meet ADA requirements	3. The health department must document a TTY for the hearing impaired, assistance for the visually impaired, ~~and/~~or other assistive staff or technology devices available to meet ADA requirements. ~~Other examples may be emails, texting, and social networking online.~~	2 examples	5 years
4. Public health materials that are culturally appropriate, in other languages, at low reading level, and/or address a specific population that may have difficulty with the receipt or understanding of public health communications	4. The health department must provide materials that are appropriate for a population who may have difficulty with the receipt or understanding of public health communications. <u>Documentation could be</u> materials that are in a ~~language other than English~~ culturally or linguistically appropriate, ~~written for individuals with low English literacy,~~ ~~communicated~~or communicated for the hearing impaired~~, or are unique to address cultural differences in a population~~.	2 examples are required; two examples must be from different program areas.	2 years

DOMAIN 4:
ENGAGE WITH THE COMMUNITY TO IDENTIFY AND ADDRESS HEALTH PROBLEMS.

Domain 4 focuses on community engagement. Members of the community ~~offer a~~possess unique perspectives on how issues are manifested in the community, what and how community assets can be mobilized, and what interventions will be effective. Community members are important partners in identifying and defining public health issues, developing solutions or improvements, ~~developing~~ advocating for policy~~ies~~ changes, communicating important information, and implementing public health initiatives. Public health can broaden its leverage and impact by doing things *with* the community rather than doing things *to* the community. Aligning and coordinating efforts towards health promotion, disease prevention, and health equity across a wide range of partners is essential to the success of health improvement. This domain addresses health departments' establishment and maintenance of community ~~relationships~~partnerships and collaborations that will facilitate public health goals being accomplished and the improvement of the public's health.

Standard 4.1: Engage with the public health system and the community in identifying and addressing health problems through collaborative processes.

Health improvement efforts will be most effective when the health department works with the community that they serve. ~~if the community has contributed to the~~Ongoing dialogue about community issues, ~~deliberated on~~discussions about ~~the~~ options and alternatives, and community ~~taken~~ ownership ~~of the decisions~~increase the effectiveness of health improvement efforts. Collaboration with other members of the public health system and with ~~representatives~~ members of the community develops ~~a sense of~~ shared responsibility and leads to better coordination of the use of resources. Collaboration provides the health department with various perspectives and additional expertise. Collaboration allows the community's assets to be mobilized, ~~and~~ coordinated, and used in creative ways for increased community efficacy in

~~dealing with~~addressing public health issues and concerns.

Measure	Purpose	Significance
4.1.1 A Establishment and/or engagement and active participation in a comprehensive community health partnership~~s~~ and/or coalition~~s~~ or active participation in several partnerships or coalitions to address specific public health issues or populations	The purpose of this measure is to assess the health department's engagement with partners in the public health system,~~ and~~ representatives of various sectors of the community, and community members to address public health issues and concerns.	Community engagement is an ongoing process of dialogue and deliberation, collective decisions, and shared ownership. Public health improvement requires social change and social change takes place when the population effected by the problem is involved in the solution. Collaboration to address ~~particular~~ public health issues and concerns ~~or populations~~ provides various perspectives,~~ and~~ additional expertise, and assets and resources. Collaboration provides the opportunity to leverage resources, coordinate activities, and employ community assets in new and effective ways. Collaboration includes engagement with community members so that they are participants are involved in the process ~~and feel connected to~~ participate in the decisions made and actions taken. Community engagement also has benefits of strengthening social engagement, building social capital, establishing trust, and ensuring accountability.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Collaboration with others to address ~~specific~~ public health issues	1. The health department must document a current, ongoing broad community partnership or coalition	~~2 examples~~ 1 broad	2 years

	in which it is an active member. The purpose of the partnership or coalition must be to improve the health of the community and, therefore, must be engaged in various issues and initiatives. The partnership or coalition may be organized into several committees or task forces to address specific issues, for example, teenage pregnancy or increased opportunities for physical activities. This partnership or coalition may be the same group that developed the community health assessment and community health improvement plan. This partnership or partnership may work on other issues addressed in the Standards and Measure, such as access to care (Domain 7). Alternatively, the health departments must document their involvement in current ongoing partnerships or coalitions that address specific public health issues. In this case, ~~E~~each collaboration must address a particular public health issue or population. Examples of collaborations include: an anti-tobacco coalition, a maternal and child health coalition, an HIV/AIDS coalition, a childhood injury prevention partnership, child labor coalition, immigrant worker/community coalition, newborn screening advisory group, integrated chronic disease prevention coalition, and a partnership to decrease childhood obesity. Tribal public health departments may partner with other Tribal or local partners, such as Head Start, emergency management, and social services to address specific Tribal health issues. These ~~collaboration~~ partnerships and coalitions, whether a broad multi-issue partnership or a group of	community partnership or coalition addressing at least four health issues or 4 examples of issue specific partnership or coalitions.	

	single issue collaborations, may address an already established program area; ~~a~~ newly identified issues; ~~an~~ issues identified by the health assessment; ~~a~~ strategies ~~y~~ or actions included in a health improvement plan; a potential public health threat or hazard; ~~a~~ populations with particular health needs; and/or goals of the community, health department, community, region, or state. They may address broad public health issues, such as health equity or access. The ~~collaboration~~ partnerships or coalitions may also address ~~an~~ issues that impacts health, such as smart growth and the built environment, education and training, employment rates, or transportation. These partnerships or collaborations may be convened by the health department, by another organization, or by community members. The health department must actively participate. Examples must be from current productive partnerships, and not partnerships that have completed their tasks and disbanded. <u>Documentation could be</u> a summary or report of the partnership(s) or coalition(s), indicating on-going activities; meeting minutes and agendas: progress reports; evaluations, etc.		
2. Partner organizations or representation ~~in each collaboration~~	2. The health department must provide a list of the participating partner organizations for the partnerships(s) or collaboration(s) referenced above. Organizational and representational membership must be listed; individuals' names are not required. For example, names of: the community hospital; the school system; and specific businesses, social service organizations, non-profit organizations, faith institutions,	~~2 examples; lists of~~ 1 membership list of the broad community partnership or coalition or	2 years

	private citizen groups, or particular population groups. The membership should be broad and include various sectors of the community. ~~appropriate for the topic being addressed by the coalition.~~ Community members must be included.	lists of members of the 4 examples provided above in 4.1.1 RD 1	
~~3. Mobilization of the Tribal/state/local community~~	~~3. The health department must document the process, protocol, steps taken, or strategies employed to engage with and mobilize the community. Examples include: community member representation on the collaborative, a community deliberative process, town meetings, and open forums.~~	~~2 examples; process, protocols, or steps taken in the examples provided above in 4.1.1 RD 1~~	~~5 years~~
Proposed New Required Documentation: 3. Community, policy, or program change implemented through the partnership(s) or coalition(s)	3. The health department must document a change in the community, a change in policy, or a new or revised program that was implemented through the work of the partnership(s) or coalition(s). Examples could be in increase in the number and types of locations where tobacco use is not permitted, an increase in the number of miles of bike paths, a local zoning change, the removal of soda vending machines from public schools, an increase in the frequency of restaurant inspections, an increase in the number of community police stations, etc.	2 examples	5 years

Measure	Purpose	Significance
4.1.2 S Technical assistance provided to Tribal and local health departments and/or public health	The purpose of this measure is to assess the state health department's provision of technical assistance to Tribal and local health	State health departments are a resource to Tribal and local health departments in the state and to public health system partners for

system partners regarding methods~~models~~ for engaging with the community	departments and/or to public health system partners concerning ~~models~~methods of community engagement.	information about engaging with the community.

Required Documentation Documentation of:	**Guidance**	**Number of Examples**	**Dated Within**
1. The provisions of consultation, technical assistance, and/or information concerning the use of ~~an established model~~ models of community organizing or methods of community ~~planning~~ engagement provided to Tribal and local health departments and/or public health system partners	1. The state health department must document the provision of consultation, technical assistance, and/or information to Tribal and local health departments or to public health system partners on use of ~~an established model~~methods for collaborative community engagement. The state health department can provide this technical assistance directly, or through an established partner or contractor, such as a consultant or academic institution. Established ~~models~~methods of community engagement include but are not limited to: Healthy Cities/Communities methods; ~~adoption of community indicators;~~ Asset Based Community Development; and deliberative processes, such as regular town forums, community advisory groups, and participatory decision processes. Tools include the National Public Health Performance Standards Program (NPHPSP), asset mapping, community indicator projects, and Mobilizing for Action Through Planning and Partnership (MAPP)~~, and asset mapping~~. Other community organizing models and methods are acceptable. Documentation could be emails, newsletters, meeting minutes, web based assistance, agenda of meetings, documented phone calls, presentations, and training sessions.	2 examples	5 years

Measure	Purpose	Significance
4.1.2 T/L ~~Link s~~Stakeholders and partners linked to technical assistance regarding models of engaging with the community	The purpose of this measure is to assess the Tribal and local health department's provision of sources of information about principles, processes, and ~~models~~ methods of community engagement.	Tribal and local health departments are a community resource for partners and stakeholders who are seeking information about engaging with the community. Local health departments should be able to assist and link partners and stakeholders to resources for information on the principles, processes, and methods~~models~~ for engaging with the community.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. The provision of consultation, technical assistance, or information concerning models of community engagement	1. Tribal health departments and local health departments must document that consultation, technical assistance, or information is provided to community partners or stakeholders concerning ~~an established model~~ methods for collaborative community engagement. Tribal health departments ~~must~~may provide supporting documentation that they forward technical assistance requests to the state or a federal agency, such as IHS, BIA, CDC or EPA, or that they work in partnership with state or local health departments, or other organizations/entities, such as an academic institution or consultant. Established methods of community engagement include but are not limited to: Healthy Cities/Communities methods; Asset Based Community Development;	2 examples	5 years

	Mobilizing Action Toward Community Health (MATCH), and deliberative processes, such as regular town forums, community advisory groups, and participatory decision processes. Tools include asset mapping, community indicator projects, and Mobilizing for Action Through Planning and Partnership (MAPP). ~~Established models of community engagement include but are not limited to: Healthy Cities/Communities; adoption of community indicators; Asset Based Community Development; and deliberative processes, such as regular town forums, community advisory groups, and participatory decision processes. Public health specific tools include: the National Public Health Performance Standards Program (NPHPSP), Mobilizing for Action Through Planning and Partnership (MAPP, and asset mapping.~~ Documentation could be emails, newsletters, meeting minutes, web based assistance, agenda of meetings, documented phone calls, presentations, or training sessions that provide information about community engagement principles, processes, and/or models.		

STANDARD 4.2: Promote the community's understanding of and support for policies and strategies that will improve the public's health.

Community understanding and support is critical to the implementation of public health policies and strategies. Community input and support is an important public health tool in developing and implementing policies and strategies.

It is important to gain community input to ensure that a policy or strategy is appropriate, feasible, and effective.

Measure	Purpose	Significance
4.2.1 A Engagement with the community about policies and/or strategies that will promote the public's health	The purpose of this measure is to assess the health department's ~~efforts to~~ engagement with the community on public health policies and strategies to promote the health of the population.	A health policy or strategy will more likely be strongly supported by the community if the community has engaged in a dialogue, deliberated on the options and alternatives, and taken ownership of the issue and the policy or strategy. Community engagement will encourage a sense of shared responsibility for the support and implementation of the policy or strategy.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Engagement of members of the specific community or group that will be affected by a policy and/or strategy to promote the public's health	1. The health department must document engagement with the specific population in the community that will be affected by a policy or strategy. The efforts can target the community as a whole, if the policy or strategy is community-wide, or it can target a specific group that will be most affected by a policy or strategy. Listening sessions, open forums, and other methods of dialogue can used to develop engagement and community ownership. Documentation could be an announcement or minutes of a town meeting or public hearing, or a call for review and input posted in the local newspaper. Other examples include meetings with a particular geographic community served by the health department or a particular group of people, such as adolescents, single mothers, or seniors.	2 examples; from different policy areas	2 years

Measure	Purpose	Significance
4.2.2 A Engagement with governing entities, advisory boards, and elected officials about policies and/or strategies that will promote the public's health	The purpose of this measure is to assess the health department's efforts to engage with governing entities, advisory boards, and elected officials whose policy decisions, advice, or strategies affect public health actions.	Health department policies and strategies will more likely be endorsed and supported by governing entities, advisory boards, and elected officials if they have been informed, engaged, and consulted during the decision-making process.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Engagement with the governing entity, advisory boards, and/or elected officials about policies and/or strategies that will promote the public's health	1. The health department must document that it communicates and collaborates with the governing entity, an advisory board, and/or elected officials concerning public health policy or strategy. Documentation could be a copy of a presentation, meeting packet, meeting agenda, meeting minutes, press story, event summary, briefing paper, or written public comments. Tribal documentation could include reports and/or meeting minutes from Health Oversight Committees and Tribal Council meetings, and Tribal and non-Tribal media coverage, including Tribal radio, newspapers, or newsletters.	2 examples; examples must address two separate public health issues	2 years

DOMAIN 5:
DEVELOP PUBLIC HEALTH POLICIES AND PLANS

Domain 5 focuses on the development of public health policies and plans. Written policies and plans serve as tools to guide the health department's work and bring structure and organization to the department. Written policies and plans provide a resource to health department staff as well as the public. Policies and plans help to orient and train staff, inform the public and partners, and serve as a key component of developing consistency in operations and noting areas for improvement. The development of policies and plans can be a vehicle for community engagement and shared responsibility for addressing population health improvement.

Policies and plans that are not public health specific may also impact the public's health, for example, zoning, transportation, and education. Policy makers should be informed of the potential public health impact of policies that they are considering or that are already in place. Policy makers and the public should have access to sound, science-based, current public health information when policies are being considered or adopted.

Standard 5.1: Serve As a Primary and Expert Resource for Establishing and Maintaining Public Health Policies, Practices, and Capacity

Health departments possess knowledge and expertise on current public health science, evidence-based interventions, and promising practices that are required to develop sound public health policies, practices, and

capacities. Health departments also have access to data and information about the community and population that provide knowledge concerning the potential or current impact of policies, practices, and capacities. For these reasons, ~~H~~health departments should play a central and active role in the establishment of policies and practices, whenever governing entities, elected officials, governmental departments, and others set policies and practices that have public health implications.

Measure	Purpose	Significance
5.1.1 A The monitoring and tracking of public health issues that are being discussed by individuals and entities that set policies and practices that impact on public health	The purpose of this measure is to assess the health department's ability to maintain knowledge about what policies are being considered in order to ensure that the health department is in a position to influence the development of those policies and their impact on public health.	An important role for health departments is influencing the adoption of effective public health policies and practices by being a resource for science-based public health information. Health departments need to be constantly aware of what issues are being discussed by those who set policies and practices so that they can exert influence.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Monitoring/tracking of policies under consideration by the governing entity, elected officials, government officials, and/or other entities that set policies and practices that impact public health	1. The health department must document that the department stays informed of the public issues that are being discussed by the health department's governing entity, and by elected officials, individuals, and/or other entities that set policies and practices that impact on the health department or public health. Local elected officials include county (for example, county manager, board of commissioners or supervisors) or city officials (for example, mayor, city council, board of commissioners or supervisors).	2 examples	5 years

	State elected officials include the governor, council of state, and state legislators. Tribal elected or appointed officials vary depending on the Tribal Nation's governance. Some examples include: Principal Chief, Chief, President, Chairman/woman/person, Governor, Tribal Council Member or Health Oversight Committees~~, Legislator, and Business Committee Member~~. Government officials include elected or appointed positions or other staff of government departments (e.g., education, labor, insurance, etc.). Policies being discussed could be local or~~,~~ state~~wide, or national~~ policies. <u>Documentation could be</u> meeting minutes and agendas; a log of legislation that impacts on health and environmental public health; health department membership on a list-serve that discusses public health issues; or newsletters, reports, or summaries showing health department review and tracking of issues discussed by elected officials or governing entities.		

Measure	Purpose	Significance
5.1.2 A Engagement in activities that contribute to the development and/or modification of policy that impacts public health	The purpose of this measure is to assess the Tribal, state, or local health department efforts to contribute to and influence the development and/or modification of Tribal, state, or local policies that impact public health.	To ensure that public health policies and practices are effective, health departments must be actively engaged in the development and/or modification of policies. The health department can provide policy makers with sound, science-based, current public health information

		that should be considered in setting policies and practice.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Contribution to deliberations concerning public policy	1. The health department must document that it has contributed to deliberations concerning public policy and practice and its impact on public health. The health department must engage with those who set policies, as well as with other stakeholders who can influence those who set policies. The health department can also contribute to and encourage stakeholder or community involvement in development and/or modification of public health related policy. ~~Of the two documentation~~ The two examples~~,~~ must address ~~-~~two different items of the ~~three~~ items listed below ~~must be addressed~~: • Informational materials, such as issue briefs, media statements, talking points, fact sheets, white papers, and other official written documents. • Health department staff providing official department public testimony. • Health department staff participation in an advisory or work group appointed by the governing entity, elected officials, or the health department director. The group must have a stated purpose or	2 examples	2 years

	intent of providing advice or influencing health policy. This does not have to be the only role of the group, but may be one among many responsibilities assigned. ~~The health department can define it's the appropriate stakeholders who may include: health department staff; elected/appointed officials; Tribal, state, or local representatives; community based organizations; professional organizations; and community members or consumers.~~		

Measure	Purpose	Significance
5.1.3 A Informed governing entities, elected officials, and/or the public of potential intended or unintended public health impacts from current and/or proposed policies	The purpose of this measure is to assess the health department's provision of information about the intended or unintended public health impacts of proposed or current public policies.	The health department is responsible for informing others of the potential public health impact of policies that they are considering or that are in place. Policies that are not health specific may impact the public's health. Health departments should provide policy makers and the public with sound, science-based, current public health information that should be considered in setting or supporting policies.

Required Documentation Documentation of:	Guidance	Number of Examples	Timeframe
1. Informing policy makers and/or the public about potential public health impacts of	1. The health department must document that it has informed policy makers and/or the public about	Two examples	2 years

policies that are being considered or are in place	potential public health impacts of policies that are being considered or are in place. Included may be policies that impact public health but are developed by other sectors, such as land use, housing, employment, transportation, and education. The health department may address both intended and unintended impact. Documentation can address policies either in effect or proposed. Of the two documentation examples, two of the three items listed below must be addressed: • Impact statement or fact sheet that addresses current or proposed policies. The impact statements must be science-based. The health department must show to whom the statement or fact sheet was distributed. • The distribution of correspondence, emails, briefing statements, or reports on policy impacts. If there is a discussion of policy issues and impacts, the documentation must include who in the health department participated, who was invited to participate, participant listing, what was discussed, meeting materials or agenda, and any follow- up to be completed. • A presentation of evaluations or assessments of current and/or proposed policies. The presentation or the evaluation/assessment report and an agenda for the presentation.		

Standard 5.2: Conduct a comprehensive planning process resulting

in a Tribal/state/community health improvement plan.

The Tribal, state, or community health improvement plan is a long-term, systematic plan to address issues identified in the Tribal, state, or community health assessment. The purpose of the community health improvement plan is to describe how the health department and the community it serves will work together to improve the health of the population of the jurisdiction that the health department serves. The community, stakeholders, and partners can use a solid community health improvement plan to set priorities, direct the use of resources, and develop and implement projects, ~~and~~ programs, and policies.

The plan is more comprehensive than the roles and responsibilities of the health department alone, and the plan's development must include participation of a broad set of community stakeholders and partners. The planning and implementation process is community-driven. The plan reflects the results of a ~~participatory~~collaborative planning process that includes significant involvement by a variety of community sectors.

The state health department's state health improvement plan addresses the needs of all citizens in the state. The local health department's community health improvement plan addresses the needs of the citizens within the jurisdiction it serves. The Tribal health department's Tribal health improvement plan addresses the needs of the Tribal population residing within the Tribe's jurisdictional area.

Measure	Purpose	Significance
5.2.1 S A process to develop a state health improvement plan	The purpose of this measure is to assess the state health department's ~~participatory~~collaborative community health improvement planning process and the	While the state health department is responsible for protecting and promoting the health of the population, it cannot be effective acting unilaterally. The health department must partner

	participation of stakeholders	with other agencies and organizations to plan and share responsibility for health improvement. Stakeholders have access to additional data and bring different perspectives that will enhance planning. A collaborative planning process fosters ~~a~~ shared ~~sense of~~ ownership and responsibility for the plan's implementation. The state health improvement process is a vehicle for developing partnerships and for understanding roles and responsibilities.

Required Documentation Documentation of:	**Guidance**	**Number of Examples**	**Dated Within**
1 State health improvement planning process that included:	The state health department must document a ~~completed~~ state health improvement planning process. The process may be an accepted state or national model; a model from the public, private, or business sector; or ~~other~~a combination of participatory process models and tools. Examples ~~of models~~ include: Healthy Cities/Communities model or Community Indicators ~~P~~project, Asset Based Community Development model, ACHI Community Health Assessment Toolkit, University of Kansas Community Toolbox, CDC Community Health Assessment and Group Evaluation (CHANGE), Assessing and Addressing Community Health Needs (Catholic Hospital Association of the US). Examples of tools and processes that may be adapted as a planning process or used for particular components of the planning process include: ~~community asset mapping~~Asset Based Community Development, National Public Health Performance Standards Program (NPHPSP) system assessment tools, Guide to Community	1 process	5 years

a. Broad participation of community partners b. Information from community health assessments c. Issues and themes identified by stakeholders in the community d. Identification of assets and resources e. A process to set health priorities ~~f. community health priorities~~	Preventive Services, Assessment Protocol for Excellence in Public Health (APEXPH), Healthy People 2020, and Protocol for Assessing Community Excellence in Environmental Health (PACE-EH). The state health department must document that the state health improvement planning process included all of the following: a. Participation by a wide range of community partners representing various sectors of the community. Documentation could be participant lists, attendance rosters, minutes, or work groups or subcommittees. Partners are organizations that work with the state health department on health issues and may include other governmental agencies, statewide non-profit groups, statewide associations, and others, including organizations that are not health-specific, such as education advocates, businesses, recreation organizations, faith-based organizations, etc. Members of this group may or may not be the same as members of the community health assessment partnership. b. Data and information from the community health assessment provided to participants in the state health improvement planning process to use in their deliberations. This may include a list of data sets or evidence that participants used the community health assessment. c. Evidence that stakeholder discussions were held and that they identified issues and themes. The list of issues must be provided		

	as documentation. d. Assets and resources identified and considered in the state health improvement planning process. Community assets and resources could be anything that the state could utilize to improve the health of the community. Community assets and resources could include skills of residents, the power of state associations (e.g., service associations, professional associations) and institutions (e.g., faith based organizations, foundations, institutions of higher learning), as well as other state factors such as state recreational facilities, social capital, community resilience, a strong business community, etc. Assets and resources can be documented in a list, chart, narrative description, etc. e. A description of the process used by participants to develop a set of priority state health issues. ~~f. A list of adopted community health priorities~~		

Measure	Purpose	Significance
5.2.1 L A process to develop a community health improvement plan	The purpose of this measure is to assess the local health department's ~~participatory~~collaborative community health improvement process and the participation of stakeholders.	While the local health department is responsible for protecting and promoting the health of the population, it cannot be effective acting unilaterally. The health department must partner with other sectors and organizations to plan and share responsibility for community health improvement. Other sectors of the community and stakeholders have access to additional data and bring different perspectives that will enhance planning. A collaborative planning process fosters ~~a~~ shared ~~sense of~~ ownership and responsibility for the plan's

		implementation. The community health improvement process is a vehicle for developing partnerships and for understanding roles and responsibilities.

Required Documentation	Guidance	Number of Examples	Dated Within
1. Community health improvement planning process that included: a. Broad participation of community partners	1. The local health department must document a ~~completed~~ community health improvement planning process. The process may be an accepted state or national model; a model from the public, private, or business sector; or ~~other~~ a combination of participatory process models and tools. Examples ~~of models~~ include: Mobilizing for Action through Planning and Partnership (MAPP), Healthy Cities/Communities, or Community Indicators ~~P~~project NACCHO Recommendations on Characteristics of High Quality Community Health Assessments and Community Health Improvement Plans, Asset Based Community Development model, ACHI Community Health Assessment Toolkit, University of Kansas Community Toolbox, CDC Community Health Assessment and Group Evaluation (CHANGE), Assessing and Addressing Community Health Needs (Catholic Hospital Association of the US). Examples of tools and processes that may be adapted as a planning process or used for particular components of the planning process include: National Public Health Performance Standards Program (NPHPSP), Guide to Community Preventive Services, Assessment Protocol for Excellence in Public (APEXPH), Healthy People 2020, and Protocol for Assessing Community Excellence in Environmental Health (PACE-EH). The local health department document the community health	1 process	5 years

b. Information from community health assessments c. Issues and themes identified by stakeholders in the community d. Identification of community assets and resources	improvement process that includes all of the following: a. Participation by community partners. ~~Partners are community members, organizations, businesses, other governmental agencies, non- profit groups, associations, and others, including organizations that are not health-specific, such as local schools, businesses, recreation organizations, faith-based organizations, etc. The collaboration~~ Community partners could include, as appropriate for the specific community: hospitals and healthcare providers, the faith community, academic institutions, local schools, other departments of government (e.g., parks and recreation, planning and zoning department, housing and community development, etc.), economic development authority, community non-profits, civic groups, elected officials, the chamber of commerce and local businesses, police, housing, foundations and philanthropists, planning organizations, and the state health department. Members of this group may or may not be the same as members of the community health assessment partnership. Documented could be: participant lists, attendance rosters, minutes, or work groups or subcommittees. b. Data and information from the community health assessment provided to participants in the community health improvement planning process for use in their deliberations. ~~This may include a list~~		

e. A process to set health priorities	~~of data sets or evidence that participants used the community health assessment~~. c. Evidence that community and stakeholder discussions were held and that they identified issues and themes. Community members' definition of health and of a healthy community must be included. The list of issues identified by the community and stakeholders must be provided as documentation. d. Community assets and resources identified and used in the community health improvement process. Community assets and resources could be anything in the community that could be utilized to improve the health of the community. Community assets and resources could include skills of residents, the power of local associations (e.g., service associations, professional associations)and local institutions (e.g., faith based organizations, local foundations, institutions of higher learning), as well as other community factors such as parks, social capital, community resilience, a strong business community, etc. Community assets and resources can be documented in a list, chart, narrative description, etc. e. A description of the process used by participants to develop a set of priority state health issues.		

Measure	Purpose	Significance
5.2.1 T A process to develop a Tribal community health improvement plan	The purpose of this measure is to assess the Tribal health department's ~~participatory~~collaborative community health improvement process and the participation of stakeholders.	While the Tribal health department is responsible for protecting and promoting the health of the population, it cannot be effective acting unilaterally. The health department must partner with other sectors and organizations to plan and

		share the responsibility for health improvement. Other sectors of the community and stakeholders have access to additional data and bring different perspectives that will enhance planning. A collaborative planning process fosters ~~a~~ shared ~~sense of~~ ownership and responsibility for the plan's implementation. The community health improvement process is a vehicle for developing partnerships and for understanding roles and responsibilities.

Required Documentation	**Guidance**	**Number of Examples**	**Dated Within**
1. Tribal community health improvement planning process that included:	1. The Tribal health department must document a completed community health improvement planning process. The process may be an accepted state or national model; a model from the public, private, or business sector; or ~~othera~~ a combination of participatory process models and tools. Examples of models include: Mobilizing for Action through Planning and Partnership (MAPP), Healthy Cities/Communities, or Community Indicators ~~P~~project, NACCHO Recommendations on Characteristics of High Quality Community Health Assessments and Community Health Improvement Plans, Asset Based Community Development model, ACHI Community Health Assessment Toolkit, University of Kansas Community Toolbox, CDC Community Health Assessment and Group Evaluation (CHANGE), Assessing and Addressing Community Health Needs (Catholic Hospital Association of the US). Examples of tools and processes that may be adapted as a planning process or used for particular components of the	1 process	5 years

	planning process include: Asset Based Community Development, National Public Health Performance Standards Program (NPHPSP) system assessment tools, Guide to Community Preventive Services, Assessment Protocol for Excellence in Public Health (APEXPH), Healthy People 2020, and Protocol for Assessing Community Excellence in Environmental Health (PACE-EH).		
a. Broad participation of public health system partners b. Information from Tribal or community health assessments c. Issues and themes identified by the stakeholders	The Tribal health department must document the Tribal community health improvement process that includes all of the following: a. Participation by public health system partners. This can be documented through participant lists, attendance rosters, minutes, or work groups or subcommittees. Partners are organizations that work with the Tribal health department to address health issues and may include other governmental agencies, statewide non-profit groups, statewide associations, and others, including organizations that are not health-specific, such as education advocates, businesses, recreation organizations, faith-based organizations, etc. Members of this group may or may not be the same as members of the community health assessment partnership. b. Data and information from the Tribal community health assessment that were provided to participants in the Tribal health improvement planning process to use in their deliberations. National data sources on American Indian/Alaska Native populations include Indian Health Service data and other sources. c. Evidence that stakeholder discussions were held		

d. Identification of Tribal assets and resources e. A process to set Tribal health priorities	and that they identified issues and themes. The list of issues must be provided as documentation. d. Assets and resources identified and used in Tribal community health improvement planning process. Tribal community assets and resources could be anything in the community that could be utilized to improve the health of the community. Community assets and resources could include skills of residents, the power of community coalitions (e.g., council of elders, youth councils, health promotion coalitions of Tribal program) and local community partners (e.g., faith based organizations, schools, institutions of higher learning), as well as recreation centers, cultural celebrations and activities, other community factors such as parks, social capital, community resilience, etc. Community assets and resources can be documented in a list, chart, narrative description, etc. e. A description of the process used by participants to develop a set of priority state health issues.		

Measure	Purpose	Significance
5.2.2 S State health improvement plan adopted as a result of the health improvement planning process	The purpose of this measure is to assess the state health department's ~~completion of a~~ state health improvement plan. While some or many programs in the state health department may have program specific plans, they do not fulfill the purpose of the state health improvement	The state health improvement plan provides guidance to the health department, its partners, and stakeholders for improving the health of the population within the health department's jurisdiction. The plan reflects the results of a ~~participatory~~collaborative planning process that

	plan, which looks at population health across programs, across the state.~~.~~	includes significant involvement by key sectors. Partners can use a state health improvement plan to prioritize existing activities and set new priorities. The plan can serve as the basis for ~~partnership development~~taking collective action and can facilitate collaborations.

Required Documentation **Documentation of:**	**Guidance**	**Number of Examples**	**Dated Within**
1. State health improvement plan that includes: a. Desired measurable outcomes or indicators of health improvement and priorities for action~~Statewide health priorities, measurable objectives, improvement strategies, and performance measures with time-framed targets~~ b. Policy changes needed to	1. The state health department must provide a state health improvement plan that includes all of the following: a. The desires measurable outcomes or indicators of the health improvement effort and the priorities for action, from the perspective of the population of the state. The plan must include statewide health priorities, measurable objectives, improvement strategies, and performance measures with time-framed targets that were determined in the planning process must be provided. Priorities must include addressing social determinants of health, causes of higher health risks and poorer health outcomes of populations, and health inequities. Measurable and time-framed targets may be contained in another document, such as an annual work plan. If this is the case, the companion document must be provided with the state health improvement plan for this measure. Strategies ~~should~~may be evidenced based or promising practices or may be innovative to meet the needs of the population. National state-of-the-art guidance, such as the National Prevention Strategy, Guide to	1 completed plan	5 years

accomplish health objectives c. Individuals and organizations that have accepted responsibility for implementing strategies ~~d. Measurable health outcomes or indicators to monitor progress~~ e. ~~Alignment between the state health improvement plan and~~ Consideration of Tribal, local and national priorities	Community Preventive Services, and Healthy People 2020, should be referenced, as appropriate. b. Policy changes needed to accomplish the identified health objectives must be included in the plan. Policy changes must include those that are adopted to alleviate the identified causes of health inequity. Policy changes may address the social and economic conditions that influence health equity including housing, transportation, education, job availability, neighborhood safety, and zoning, for example. c. Designation of individuals and organizations that have accepted responsibility for implementing strategies outlined in the state health improvement plan. This may include assignments to staff or agreements between planning participants, stakeholders, other state governmental agencies, or other statewide organizations. For this measure, agreements do not need to be formal, such as an MOA/MOU. ~~d. Measurable health outcomes or indicators to monitor progress. These may be compiled with the objectives and measures, as stated in section b above, and may also be in a companion document. If this is the case, the companion document must be provided with the health improvement plan for this measure~~. e. ~~Alignment between state priorities described in the state health improvement plan and both local priorities in the community and national priorities.~~ States must demonstrate ~~alignment~~ that they considered~~with~~ both Tribal and local health		

	department health improvement priorities~~, where appropriate~~. Consideration of ~~N~~national priority alignment could include using the National Prevention Strategy and Healthy People 2020.		

Measure	Purpose	Significance
5.2.2 L Community health improvement plan adopted as a result of the community health improvement planning process	The purpose of this measure is to assess the local health department's ~~completion of a~~ community health improvement plan. While some or many programs in the local health department may have program specific plans, they do not fulfill the purpose of the community health improvement plan, which looks at population health across programs, across the community.~~.~~	The community health improvement plan provides guidance to the health department, its partners, and stakeholders for improving the health of the population within the health department's jurisdiction. The plan reflects the results of a ~~participatory~~collaborative planning process that includes significant involvement by key sectors. Partners can use a community health improvement plan to prioritize existing activities and set new priorities. The plan can serve as the basis for ~~partnership Development~~taking collective action and can facilitate collaboration

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Community health improvement plan that includes: a. Desired outcomes of health improvement and priorities for action ~~Community health priorities,~~	1. The local health department must provide a community health improvement plan that includes all of the following: a. The desired outcomes of the health improvement effort and priorities for action, from the perspective of community members. The plan	1 plan	5 years

~~measurable objectives, improvement strategies and performance measures with time-framed targets~~	must include ~~C~~community health priorities, measurable objectives, improvement strategies and performance measures with time-framed targets that were determined in the community planning process must be provided. Priorities must include addressing social determinants of health, factors that contribute to higher health risks and poorer health outcomes of populations, and health inequities must be considered. Measurable and time-framed targets may be contained in another document, such as an annual work plan. If this is the case, the companion document must be provided with the health improvement plan for this measure. Strategies ~~should~~may be evidence-based, practice-based, or promising practices or may be innovative to meet the needs of the community. National state-of-the-art guidance, such as the National Prevention Strategy, Guide to Community Preventive Services, and Healthy People 2020, may be used and should be referenced, as appropriate.		
b. Policy changes needed to accomplish health objectives	b. Policy changes needed to accomplish the identified health objectives. Policy changes should include those that are adopted to alleviate the identified causes of health inequity. Policy changes may address the social and economic conditions that influence health equity including housing, transportation, education, job availability, neighborhood safety, and zoning, for		
c. Individuals and organizations that have			

accepted responsibility for implementing strategies ~~d. Measurable health outcomes or indicators to monitor progress~~ e. ~~Alignment between the community health improvement plan and the~~Consideration of state and national priorities	example. c. Designation of individuals and organizations that have accepted responsibility for implementing strategies outlined in the community health improvement plan. This may include assignments to staff or agreements between planning participants, stakeholders, other local governmental agencies, or other community organizations. For this measure, agreements do not need to be formal, such as an MOA/MOU. ~~d. Measurable health outcomes or indicators to monitor progress. These may be compiled with the objectives and measures as stated in section b above and may also be in a companion document. If this is the case, the companion document must be provided with the health improvement plan for this measure.~~ e. ~~Alignment between community priorities described in the community health improvement plan and both state and national priorities.~~ Local health departments must demonstrate ~~alignment with~~that they considered both Tribal and state health improvement priorities~~, where appropriate~~. National and state priority alignment would include the National Prevention Strategy and Healthy People 2020.		

Measure	Purpose	Significance
5.2.2 T Tribal community health improvement plan adopted as a result of the health improvement	The purpose of this measure is to assess the Tribal health department's ~~completion of a~~ Tribal community health improvement plan. While	The Tribal community health improvement plan provides guidance to the health department, its

planning process	some or many programs in the Tribal health department may have program specific plans, they do not fulfill the purpose of the Tribal community health improvement plan, which looks at population health across programs, throughout the Tribal jurisdiction or service area.	partners, and stakeholders for the health of the population within the health department's jurisdiction. The plan reflects the results of a ~~participatory~~collaborative planning process that includes significant involvement by key sectors. Partners can use a solid health improvement plan to prioritize existing activities and set new priorities. The plan can serve as the basis for taking collective action ~~partnership development~~ and can facilitate collaboration.

Required Documentation	**Guidance**	**Number of Examples**	**Dated Within**
1. Tribal health community improvement plan that includes: a. Desired outcomes of health improvement and priorities for action ~~Tribal health priorities, measurable objectives, improvement strategies and performance measures with measurable and time-framed targets~~ b. Policy changes needed to accomplish health objectives c. Individuals and organizations that have accepted responsibility for implementing strategies	1. The Tribal health department must provide a Tribal health improvement plan that includes all of the following: a. The desired outcomes of the health improvement effort and priorities for action, from the perspective of the population of the Tribe. Tribal health priorities, measurable objectives, improvement strategies, and performance measures with ~~measurable and~~ time-framed targets that were determined in the planning process must be provided. Priorities must include addressing social determinants of health, factors that contribute to higher health risks and poorer health outcomes of populations and health inequities must be considered. Measurable and time-framed targets may be	1 plan	5 years

~~d. Measurable health outcomes or indicators to monitor progress~~ e. ~~Documentation of alignment between the health improvement plan and~~ Consideration of local, state, and national priorities	contained in another document, such as an annual work plan. If this is the case, the companion document must be provided with the health improvement plan for this measure. Strategies may be evidence-based, promising practices, or may be innovative to meet the needs of the Tribe's population. b. Policy changes needed to accomplish the identified health objectives must be included in the plan. Policy changes should include those that are adopted to alleviate the identified causes of health inequity. Policy changes may address the social and economic conditions that influence health equity including housing, transportation, education, job availability, neighborhood safety, and zoning, for example. c. Designation of individuals and organizations that have accepted responsibility for implementing strategies outlined in the Tribal health improvement plan. This may include assignments to staff or agreements between planning participants, stakeholders, other state governmental agencies, or other Tribal or statewide organizations. For this measure, agreements do not need to be formal and do not require compacts, contracts or an MOA/MOU. ~~d. Measurable health outcomes or indicators to monitor progress. These may be compiled with~~		

	~~the objectives and measures as stated in section b above and may also be in a companion document. If this is the case, the companion document must be provided with the health improvement plan for this measure~~. e. ~~Alignment between Tribal priorities described in the Tribal community health improvement plan and both State and national priorities.~~ Tribes must demonstrate ~~alignment with~~that they considered both State and local health department health improvement priorities~~, where appropriate~~. This could include the National Prevention Strategy and Healthy People 2020.		

Measure	Purpose	Significance
5.2.3 A Elements and strategies of the health improvement plan implemented in partnership with others	The purpose of this measure is to assess the Tribal, state, or local health department's implementation of its community health improvement plan in partnership with others.	Any plan is useful only when it is implemented and provides guidance for ~~priorities,~~ activities ~~,~~ and resource allocation.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. A process to ~~T~~track actions taken to implement strategies in the community health improvement plan	1. The health department must provide a tracking report of actions taken toward the implementation of the community health improvement plan. The tracking report must specify the strategies being used, the responsible partners involved, and the status of the effort or results of the actions taken.	1 report or a group of reports	5 years

	Documentation could be in a narrative or table format, or a combination. This may look like a work plan that includes the status of the implementation of the work plan.		
2. Implementation of the plan	2. The health department must document areas of ~~that~~ the plan ~~was~~that were implemented by the health department and/or its partners. Examples must identify a specific achievement and describe how it was accomplished.	2 examples	5 years

Measure	Purpose	Significance
5.2.4 A ~~Monitor progress one~~ Evaluate~~d~~ and revise~~d~~ as needed,~~implementation of~~ the strategies in the community health improvement plan in collaboration with broad participation from stakeholders and partners	The purpose of this measure is to assess the health department's efforts to ensure that the ~~implementations~~strategies of the community health improvement plan ~~is~~are evaluated and that they are ~~plan is~~ revised as indicated by those evaluations.	Effective, ~~implemented~~ community health improvement plans are dynamic. While goals, objective, and priorities are meant to be long range, strategies may need to be adjusted. ~~The plan~~Strategies may need revision based on a completed objective, an emerging health issue,~~ newly identified priority,~~ a change in responsibilities, or a change in resources and assets. All ~~aspects of the plan, and the~~ identified tasks and timelines, should be monitored or evaluated for progress, and adjustments should be made when indicated to ensure that the plan remains relevant. Changes should be developed in collaboration with partners and stakeholders involved in the planning process.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. ~~Evaluation r~~Report~~s~~ on progress made in implementing strategies in the community health improvement plan	1. The health department must provide an annual evaluation report~~s~~ on progress made in implementing strategies in the community health improvement plan. ~~Documentation must include:~~ ~~a. Monitoring progress in meeting performance measures.~~ ~~b. Description of the progress made on health indicators as defined in the plan. It may take several years to show measurable progress in health indicators. If there has been no progress, the health department should explain that no progress has been evidenced to date.~~ If the plan has been adopted within the year, a report of a previous plan may be provided or detailed evaluation plans may be submitted.	2 examples	~~2~~ 1 year~~s~~
2. Revised health improvement plan strategies based on evaluation results	2. The health department must document that the health improvement plan has been revised based on the evaluation listed in 1 above. The revisions ~~can~~may be in the ~~health priorities, objectives,~~ improvement strategies, performance measures, time-frames, targets, or assigned responsibilities ~~or health outcome indicators~~ listed in the plan. Revisions may be based on, for example, achieved performance measures, implemented strategies, changing health status indicators, newly developing or identified health issues, and changing level of resources. If the plan was adopted less than a year before it was uploaded to PHAB, the health department may provide (1) revisions of an earlier plan or (2) detailed plans for a revision process.	1 example	~~2~~1 year~~s~~

Standard 5.3: Develop and implement a health department organizational strategic plan.

Strategic planning is a process for defining and determining an organization's roles, priorities, and direction over three to five years. A strategic plan sets forth what an organization plans to achieve, how it will achieve it, and how it will know if it has achieved it. The strategic plan provides a guide for making decisions on allocating resources and on taking action to pursue strategies and priorities. A health department's strategic plan focuses on the entire health department. Health department programs may have program-specific strategic plans that complement and support the health department's organizational strategic plan.

Measure	Purpose	Significance
5.3.1 A Department strategic planning process	The purpose of this measure is to assess the health department's strategic planning process.	A functional and useful organizational strategic plan requires that it be understood by staff and implemented by the health department. The development of such a plan requires a planning process that considers opinions and knowledge from across the health department, assesses the larger environment in which the health department operates, uses its organizational strengths and addresses its weaknesses, links to the health improvement plan that has been adopted by the community, and links to the health department's quality improvement plan.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Use a planning process to develop the organization's strategic plan: a. Membership of the strategic planning group b. Strategic planning process steps	1. The health department must document the process that it used to develop its organizational strategic plan. The planning process may have been facilitated by staff of the health department or by an outside consultant. If the health department is part of a super health agency or umbrella agency (see PHAB Acronyms and Glossary of Terms), the health department's process may have been part of a larger organizational planning process. If that is the case, the health department must have been actively engaged in the process and must provide evidence that public health was an integral component in the process. a. A list of the individuals who participated in the strategic planning process and their titles must be provided. Participants should include various levels of staff as well as representatives of the health department's governing entity. Documentation could be meeting minutes, a report that presents the members of a strategic planning committee, or other formal listing of participants. b. Documentation must include a summary or overview of the strategic planning process, including the number of meetings, duration of the planning process, and the methods used for the review of major elements by	1 Strategic Planning process	5 years

	stakeholders. Steps in the planning process must be described, for example, opportunities and threats analysis or environmental scanning process, stakeholder analysis, story-boarding, strengths and weaknesses analysis, and scenario development.		

Measure	Purpose	Significance
5.3.2 A Department strategic plan adopted	The purpose of this measure is to assess the health department's completion and adoption of a department strategic plan.	A strategic plan defines and determines the health department's roles, priorities, and direction over three to five years. A strategic plan sets forth what the department plans to achieve as an organization, how it will achieve it, and how it will know if it has achieved it. The strategic plan provides a guide for making decisions and allocating resources to pursue its strategies and priorities.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Health department strategic plan that includes:	1. The health department must provide a strategic plan. If the health department is part of a super health agency or umbrella agency(see PHAB Acronyms and Glossary of Terms), the health department's strategic plan may be part of a larger organizational plan. If that is the case, the plan must include a section that addresses the health department and includes the required elements of the plan specific to the health department. Submitted documentation should include only the section(s) of the larger plan that addresses the health	1 Strategic Plan	5 Years

a. Mission, vision, guiding principles/values b. Strategic priorities c. Goals and objectives with measurable and time-framed targets. d. Consideration of key support functions required for efficiency and	department and not the entire plan. If the plan of the super health agency or umbrella agency does not include the required elements for the health department, then the health department must document that it has conducted an internal health department planning process and adopted a health department specific strategic plan. Some health departments may have shorter planning timeframes and, for example, may produce a strategic plan every three years. Some of the goals in the plan may be for a longer time period than five years, but the plan must have been produced or revised within the last five years. There is no required or suggested format for the strategic plan. There is no required or suggested length of the strategic plan. The health department may call the plan something other than a "strategic plan," but it must include the items listed in a through f. The strategic plan must include all of the following: a. The health department's mission, vision, and guiding principles/values for the health department b. The health department's strategic priorities c. The health department's goals and objectives with measurable and time-framed targets (expected products or results). Measurable and time-framed targets may be contained in another document, such as an annual work plan. If this is the case, the companion document must be provided with the strategic plan for this measure.		

effectiveness ~~ed~~. Identification of external trends, events, or factors that may impact community health or the health department ~~fe~~. Assessment of health department strengths and weaknesses ~~fg~~. Link to the health improvement plan and quality improvement plan	d. The strategic plan must consider capacity for and enhancement of information management systems, workforce development, communication (including branding), and financial sustainability. ~~ed~~. The identification of external trends, events, or other factors that may impact community health or the health department ~~fe~~. The analysis of the department's strengths and challenges ~~gf~~. Linkages with the health improvement ~~plan~~ plan and the health department's quality improvement plan. The strategic plan need not link to all elements of the health improvement plan or quality improvement plan, but it must show where linkages are appropriate for effective planning and implementation.		

Measure	Purpose	Significance
5.3.3 A Implemented department strategic plan	The purpose of this measure is to assess the health department's implementation of its strategic plan.	A plan is useful only when it is implemented and provides guidance for priorities, activities, and resource allocation. A strategic plan sets forth what the department plans to achieve as an organization, how it will achieve it, and how it will know if it has achieved it. It is important to regularly review the implementation of the plan to ensure that the department is on track to meet its targets.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Progress towards achievement of the	1. The health department must provide reports developed since the plan's adoption showing that it	2 reports	One report dated within

goals and objectives contained in the plan	has reviewed the strategic plan and has monitored and assessed progress towards reaching the goals and objectives. If the plan has been adopted within the year, progress reports of a previous plan may be provided or detailed evaluation plans may be submitted. The reports must include how the targets are monitored. Progress is evidenced by completing defined steps to reach a target, by completing objectives, or by addressing priorities and implementing activities. Reports must be completed no less frequently than annually. The plan may be revised based on work completed, adjustments to timelines, or changes in available resources.		14 months; second report may be older.

Standard 5.4: Maintain an all hazards emergency operations plan.

Health departments play important roles in preparing for and responding to disasters, including preventing the spread of disease, protecting against environmental public health hazards, preventing injuries, assisting communities in recovery, and assuring the quality and accessibility of health and health care services following a disaster. Disasters include: natural disasters (such as floods, earthquakes, and tornadoes), manmade or technological disasters (such as bridge or building collapses, nuclear accidents, and chemical releases), and terrorism (such as anthrax or other biological or chemical terrorism, or bombings). Plans for responding to emergencies are critical to being prepared for effective public health action during disasters and similar emergency events.

Measure	Purpose	Significance
5.4.1 A Process for the development and maintenance of an All Hazards Emergency Operations Plan (EOP)	The purpose of this measure is to assess the health department's collaborative activities to organize coordinated responses to emergencies.	Health departments play a central but not exclusive role in response to emergencies. It is critical to ensure effective coordination of many agencies and organizations involved in responding to emergencies and in managing the many response activities.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Collaborative planning with other government agencies	1. The health department must document that it participates in preparedness meetings with other government agencies. Documentation could be meeting agendas and minutes, meeting rosters, calendar of meetings, email exchanges, and phone calls, as shown on a log or other record	2 examples	5 years
2. Collaborative testing of the All Hazards EOP, a. Description of a real emergency or exercise	2. The health department must document that it participates in drills, exercises, or actual implementation of the All Hazards Emergency Operations Plan in order to test its implementation. a. The documentation may be of either an actual or a simulated emergency (drill or exercise). This description must include documentation of how the health department coordinated with emergency response partners during the emergency or drill/exercise. Emergency response partners may be Tribal, state or local emergency services	2 examples	5 years

b. Debriefing or After-Action Report (AAR)	agencies, including law enforcement, or community partners, such as a hospital. Partners may also come from the Tribal, state or local planning committee. b. Documentation must include debriefing or evaluation reports from the emergency or drill/exercise. Examples could be an evaluation report, minutes from a debriefing session, or the AAR produced by the health department or a partner health department.		
3. Collaborative revision of the All Hazards EOP that includes: a. A collaborative review meeting b. Updated contact information c. Coordination with emergency response partners d. Revised All Hazards/EOP	3. The health department must document collaboration in revising emergency plans including a. a collaborative review of the All Hazards Emergency Operations Plan by those responsible for its implementation. Documentation could be meeting agendas and minutes or attendance rosters. b. A contact list of respondents. Documentation could be the most current contact list and minutes or previous listings that it has been updated. c. The delineation of roles and responsibilities in the Emergency EOP and the various roles that partners play in responding to a public health emergency or hazard. d. A copy of the revised emergency operations plan to document the result of the work to maintain the plan and ensure that it is up-to-date and reflects current practice and information.	1 example	5 years

Measure	Purpose	Significance
5.4.2 A Adopted public health emergency operations plan (EOP)	The purpose of this measure is to assess the health department's EOP and the maintenance of the plan for the public health response in an emergency.	An emergency operations plan outlines core roles and responsibilities for all-hazard responses, as well as plans for scenario-specific events, such as hurricanes. Health departments must engage in basic activities to prepare for and respond to emergencies. In addition to coordination and communication with other agencies and organizations, the health department should have a public health specific emergency operations plan that it is responsible for implementing in an emergency.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. EOP, as defined by Tribal, state, or national guidelines that includes:	1. The health department must provide its public health emergency operations plan. The plan must be written as defined by national, Tribal, or state guidelines. The guidelines may be defined for local health departments by the state health department or may be defined for both state and locals by a Federal or another state agency, such as an office of emergency management. Tribes may use guidelines that are most appropriate for their unique emergency management needs. The plan may be a standalone document that delineates the health department's roles and responsibilities, or it may be a section within a larger plan. Project Public Health Ready (PPHR) is a	1 EOP	5 years

a. Designation of the health department staff position that is assigned the emergency operations coordinator responsibilities b. Roles and responsibilities of the health department and its partners c. Communication networks and/or communication plan d. Continuity of operations	national model that could be used. The public health EOP must include all of the following: a. The health department staff position responsible for coordinating a response within the department in an emergency. This position may have various job titles. b. The roles and responsibilities of the health department and its partners. c. A health department communication network that addresses communication with other members of emergency networks or organizations that are also responders. The emergency communication plan may be a separate plan, a defined section within the emergency operations plan, or it may be incorporated within the emergency operations plan. ~~c.~~d. Description of how the health department will manage continuity of operations during an emergency.		
2. Testing of the public health EOP, through the use of drills and exercises a. Process for exercising and evaluating the public health EOP	2. The health department must document that the plan has been reviewed or tested through the use of exercises and drills, and revised as needed and must include: a. A description of the process for testing and evaluating the Emergency Operations Plan. Documentation could be a written procedure, a memo stating the process, or meeting minutes that document the procedure.	2 examples	5 years

b. After-Action Report (AAR)	b. An After-Action Report (ARR) developed after an emergency or exercise/drill.		
3. Revision of the public health EOP including: a. A review meeting b. Revised public health EOP, as needed	3. The health department must document that the public health emergency operations plan has been revised as indicated by review of the AAR. a. Documentation of a review meeting. <u>Documentation could be</u> meeting minutes, a list of items discussed, or a memo documenting review and decisions. b. A public health EOP that has been revised as indicated through review, evaluation, and/or drills.	1 example	2 years

Measure	Purpose	Significance
5.4.3 S Consultation and/or technical assistance provided to Tribal and local health departments in the state regarding evidence- based and/or promising practices/templates in EOP development and testing	The purpose of this measure is to assess the state health department's support of Tribal and local health departments in the state in preparing for response to emergency situations and the development of an EOP.	State health departments are ultimately responsible for ensuring adequate response to public health emergencies. Tribal and local health departments are partners in providing a public health response to an emergency. State health departments are in a position to share communications and information received from the federal level and to share information concerning the state's EOP to ensure optimal coordination.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. The provision of consultation and/or technical	1. The state health department must document the	2 examples	5 years

assistance	provision of expert consultation, advice, and /or information provided to Tribal or local health departments concerning the development and testing of emergency operations plans. Documentation could be blast faxes, webinars, emails, briefing papers, meeting minutes, distributed sample protocols, newsletters, trainings, conference calls, and documented phone calls.		

DOMAIN 6:
ENFORCE PUBLIC HEALTH LAWS

Domain 6 focuses on the role of public health departments in the enforcement of public health related regulations, executive orders, statutes, and other types of public health laws. Public health laws are key tools for health departments as they work to promote and protect the health of the population. Health department responsibilities related to public health laws do not start or stop with enforcement. Health departments also have a role in promoting new laws or revising existing laws. Public health related laws should be science-based and protect the rights of the individual, as they also protect and promote the health of the population. Health departments have a role in educating regulated entities about the meaning, purpose, compliance requirements, and benefit of public health laws. Health departments also have a role in educating the public about laws and the importance of complying with them.

The term “laws” as used in these standards and measures refers to ALL types of statutes, regulations, rules, executive orders, ordinances, case law, and codes that are applicable to the jurisdiction of the health department. For state health departments, not all ordinances are applicable, and therefore ordinances may not need to be addressed by state health departments. Similarly, some statutes are not applicable to local health departments, and therefore some statutes may not need to be addressed by local health departments. For Tribal health departments, applicable “laws” will depend on several factors, including governance framework and interaction with external governmental entities (federal, state, and local).

Public health laws include such areas as environmental public health (food sanitation, lead inspection, drinking water treatment, clean air,

waste-water disposal, and animal and vector control), ~~communicable~~ infectious disease (outbreak investigation, required newborn screenings, immunizations, ~~communicable~~infectious disease reporting requirements, quarantine, tuberculosis enforcement, and STD contact tracing), chronic disease (sales of tobacco products to youth, smoke-free ordinances, and adoption of bike lanes), and injury prevention (seat belt laws, helmet laws, and speeding limits). Clearly, health departments are not responsible for the enforcement of many or most of these laws. The adoption and implementation of such laws, however, have enormous public health implications. It is important for the health department to be involved in their adoption, monitoring their enforcement, providing follow-up services and/or education, and educating the policy makers and the public about their importance and impact.

Standard 6.1: Review existing laws and work with governing entities and elected/appointed elected/appointed officials to update as needed.

Public health laws should be current with public health knowledge, practices, and emerging issues in public health. Laws may need to be revised to also be current with societal actions and behaviors that place individuals or groups at health risk. Health departments must have the legal capacity to review laws, as well as the ability to assess them for recommended changes. Health departments should collaborate and work with the appropriate entities to effect changes to a law, when needed.

Measure	Purpose	Significance
6.1.1 A Laws reviewed in order to determine the need for revisions	The purpose of this measure is to assess the health department's analysis of public health laws and other laws that have public health implications to ensure that they are consistent with evidence-based public health and newly	Health departments need to be aware of current public health laws and of laws that are not specific to public health but have public health implications, such as zoning, recreation related, or transportation laws. These types of

	emerging public health issues and information. The assessment of laws should consider individual or community cost, inconvenience, impact on systemic health inequities, and regulatory alternatives and sanctions, in addition to the public health program benefits of the law.	laws can have significant impact on health equity. The laws that the health department reviews need not be only laws that the health department enforces. They may also be laws that others enforce but that impact public health, such as helmet use laws, school nutrition requirements, sale of tobacco products to minors, or school requirements for proof of childhood vaccinations. Program staff of the health department reviews these laws to ensure that they are consistent with evidence-based public health practices and emerging public health issues.

Required Documentation Documentation of :	**Guidance**	**Number of Examples**	**Dated Within**
1. Reviews of public health laws or laws with public health implications that include the following:	1. The health department must document its evaluation of laws for their public health implications. Reviews may be of a law that the health department enforces or of a law that the health department has no legal authority to enforce, but that has implications for the health of the public in the jurisdiction of the health department. The documentation may address the review of enforcement protocols and/or adherence to protocols and not of a law itself. This is a program review and does not require the review by a lawyer. Documentation could be meeting minutes, reports, presentations, memos, or some other record of the discussion of the review and findings. They may also be in the form of policy agendas, position papers, white papers,	2 examples that are from different programs	Reviews completed within 3 years

a. Evaluations of laws for consistency with public health evidence-based and/or promising practices; and impact on health equity. b. Documented use of model public health laws, checklists, templates and/or exercises in reviewing laws c. Documentation of input solicited from key stakeholders on proposed and/or reviewed laws	and legislative briefs, including recommendations for amendments. Health departments must document that: a. Evidence-based practices, promising practices, or practice- based evidence were considered in reviewing the law. The impact of the law on health equity in the health department's jurisdiction must also be evaluated. b. Model public laws, check lists, templates, or some other standard outline or guide were used to review the law or enforcement activity. c. Input was sought from key partners and stakeholders through, for example, public notice, town forums, meetings, hearings, or request for input on the health department's web page. State health departments must provide examples that document that it has collaborated with Tribal or local health departments in reviewing or developing laws that may impact those Tribal or local health departments. This collaboration may involve providing assistance to Tribal or local health departments as they review and revise laws, or it may involve obtaining Tribal or local input on new state laws or revisions of state laws. Specifically, states must consult with Tribal governments on laws that may impact them or for which they are requesting assistance for implementing within Tribal jurisdictions. Documentation could be minutes or summaries of meetings between Tribal, state and/or local public health officials or joint local meetings facilitated by the state; agenda, minutes and any resulting documents from meetings with		

	stakeholders; summaries of comments from town meetings, hearings, or comments received through a website. Local health departments must document how they consult with Tribes when reviewing laws that impact multiple jurisdictions, such as disease reporting, isolation and quarantine, and immunizations. Tribal health departments must document work with its local Tribal units (i.e. Chapter Houses, Pueblos, or Districts), in addition to other partners, when reviewing existing laws and revising or creating new laws. Documentation could be reports of working with local Tribal community stakeholders, such as elected Tribal District Chairpersons, elected Tribal council committees, Tribal Community Colleges, ~~Tribal~~ school districts, and boards. Tribal health documentation may also include work completed with Tribal Legislative Counsel or Tribal Elected/Appointed officials, such as District Chairpersons, Tribal Oversight Committees, and governing entities. Due to the limited availability of evidenced-based practices or promising practices in Tribal communities, Tribes may provide examples of practice-based evidence used to adapt models or create models based on a cultural framework or traditional forms of governance.		

Measure	Purpose	Significance
6.1.2 A Information provided to the governing entity	The purpose of this measure is to assess the health department's efforts to provide advice to	The health department can be a strong advocate for new laws or changes to laws that

and/or elected/appointed officials concerning needed updates/amendments to current laws and/or proposed new laws	governing entities and/or elected/appointed officials on the public health impact of the content of new laws and changes to current laws.	impact the public's health. As the public health expert for the jurisdiction, the health department should share its findings and make recommendations for amendments – revision, creation, deletion – to the body of public health law. The laws need not be laws that the health department enforces but may be laws that others enforce that impact public health, such as helmet use laws, school nutrition requirements, sale of tobacco products to minors, texting while driving law, or public school requirements for proof of childhood vaccinations. Not all legal reviews or policy recommendations will result in a change, but health departments have a responsibility to provide the information for consideration by elected/appointed officials.

Required Documentation Documentation of:	**Guidance**	**Number of Examples**	**Dated Within**
1. The provisions of written recommendations to governing entity and/or elected/appointed officials concerning amendments or updates to current laws and/or proposed new laws	1. The health department must document that it has submitted written reviews of current laws or proposals for new laws to the governing entity and/or elected/appointed officials. Documentation could be a governing entity meeting agenda, email, or mailed cover memo to governing entity members and elected/appointed officials. For this measure, a public posting, such as a notice on the health department website, would not be sufficient. The documentation must show distribution to the targeted audiences of governing entities and/or elected/appointed officials.	2 examples The examples can be, but do not have to be, related to the two examples provided for measure 6.1.1.	5 years

	Documentation for Tribal health departments could be work completed with Tribal Legislative Council or Tribal Elected/Appointed officials, such as District Chairpersons, Tribal Oversight Committees, and other governing entities.		

Standard 6.2: Educate individuals and organizations on the meaning, purpose, and benefit of public health laws and how to comply.

Public health laws impact all members of the community. Health departments have the responsibility to educate the public about public health laws and to inform members of the community about the meaning behind the law, the purpose for the law, the benefits of the law, and compliance requirements. Educational efforts should be aimed at individuals and organizations that are a part of the jurisdiction served, including schools, civic organizations, human service organizations, other government units and agencies, and the medical community.

Measure	Purpose	Significance
6.2.1 A Department knowledge maintained and public health laws applied in a consistent manner	The purpose of this measure is to assess the health department's knowledge of how laws support public health practice and their efforts to ensure that these measures are applied consistently.	Health departments with the responsibility to enforce laws must maintain assurance that the laws are clearly understood by health department staff and that the laws are being applied in a consistent manner.

		Health departments that do not have regulatory enforcement responsibility still have a responsibility to maintain knowledge of laws that impact public health and to ensure that the laws are applied consistently. For example, the school system may have the responsibility to ensure that all children entering kindergarten have had age appropriate vaccinations. The health department should work with the schools to ensure that those laws are consistently enforced. Another example is the assurance that the prohibition against the sale of tobacco products to minors is enforced consistently.

Required Documentation Documentation of:	**Guidance**	**Number of Examples**	**Dated Within**
	Public health law enforcement, such as environmental public health, animal control, solid waste and food codes, may be handled by multiple departments within the Tribal, state, or local government. For this measure, the health department must provide documentation of how it maintains knowledge of the laws and their consistent application		
1. Provisions of training for staff in laws to support public health interventions and practice	1. The health department must document that the staff are trained in laws that support public health interventions and practice. The training agenda is not specified and can include both general and specific aspects of public health law. Staff must be trained on the specific aspects of the law for which they are programmatically responsible. For example, an ~~communicable~~ infectious	2 examples	2 years

	disease nurse should be trained on the law that addresses ~~communicable~~infectious disease reporting; he or she would not be required to know specific elements on public water laws. Documentation could be training agendas, minutes of training meetings, HR lists of personnel trained and the date of the training, or screenshots of links to online training required for staff completion and documentation that it was completed. Orientation for new staff is not sufficient.		
2. Efforts to ensure the consistent application of public health laws	2. The health department must document efforts to ensure the consistent application of public health laws. Documentation may be of either health department staff's application of laws or other organizations' application of public health laws. Examples include enforcement of seat belt use, environmental public health laws, sale of tobacco products to minors, clean indoor air laws, quarantine laws, food safety, etc. Documentation could be internal audits, enforcement documents or logs, written review of case reports, reports or minutes of meetings with other agencies or entities that enforce laws, communications with other agencies or entities on the importance of consistent application of laws.	2 examples	5 years

Measure	Purpose	Significance
6.2.2 A Laws and permit/license application requirements are accessible to the public	The purpose of this measure is to assess the health department's provision of information to the public concerning public health related permits and license applications.	Members of the public will seek information from the health department about laws, permits and license requirements and applications. In some cases, the health department may not be responsible for the

		administration of the requirements of the laws, but it should be sufficiently informed to correctly advise the public and direct them to the responsible agency.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Public access to information about laws and permit/license application processes	1. The health department must document how it makes information concerning public health related laws and permits/license applications available to members of the public who request it. This information can be made available through the health department's website or provided to the public in a paper document (e.g., flyer, brochure, etc.). The website can post laws, or provide a link to the laws, along with forms, protocols or other components of the permit or licensing process. Information will direct the public to the appropriate agency, if the responsibility does not legally reside with the health department.	1 example	5 years

Measure	Purpose	Significance
6.2.3 A Information or education provided to regulated entities regarding their responsibilities and methods to achieve full compliance with public health related laws	The purpose of this measure is to assess the health department's education of entities that are responsible for complying with laws that have public health impact. Enforcement of compliance with these laws may or may not be the responsibility of the health department.	A primary role of health departments is to educate the population and regulated entities and organizations about the meaning, purpose, benefits, and compliance requirements of public health related laws.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Provision of information or education to regulated entities concerning their responsibilities for compliance with public health laws	1. The health department must provide a written record that it has provided information to regulated individuals or entities about their responsibilities related to public health laws. This may be a targeted group, such as public schools that are responsible for example, enforcing immunization requirements of their students, tracking immunization records, and reporting the vaccination records or lack of records; or, it may be the entire population, who are a regulated entity in regard to the immunization law and their responsibility for having their children vaccinated. Documentation could be a set of FAQs on the health department's website, newsletters (with distribution list), training sessions (with attendance list and materials), public meetings (with minutes, agendas, and attendance list), documentation of technical assistance and information (provided through email, phone logs, etc.), pamphlets, posters, or press releases.	1 written record	5 years

Standard 6.3: Conduct and monitor public health enforcement activities and coordinate notification of violations among appropriate agencies.

Health departments have a role in ensuring that public health laws are enforced. In some cases, the health department has the enforcement authority. In other cases, the health department works with those who have the legal authority to enforce the laws.

When other state agencies, local departments, or levels of government have enforcement authority, the role of the health department is to collaborate, assist, and share information. In either case, the health department needs to know about enforcement activities and violations in their jurisdiction, since violations and enforcement can impact the public's health. The department should be coordinating and sharing information with agencies that have public health related enforcement authority. The health department is responsible for follow-up communication and education on public health impacts and protection.

As with all of the standards and measures, accountability for meeting the measures rests with the health department being reviewed for accreditation. Documentation that provides evidence of meeting the measure must be provided, even if the documentation is produced by a partner organization, another governmental agency, or another level of government, and not by the health department seeking accreditation. The health department must partner with enforcement agencies to ensure that the laws and their enforcement protect and promote the public's health.

Measure	Purpose	Significance
6.3.1 A Written procedures and protocols for conducting enforcement actions	The purpose of this measure is to assess the health department's standard and consistent enforcement actions.	Enforcement actions require standard steps, criteria, and actions. When public health enforcement is conducted by other agencies or entities, the health department should have working relationships with those entities to share information. The health department may be able to provide advice concerning enforcement. Additionally, the health department should be informed of noncompliance. For example, if a toxic substance is being emitted by a plant or a restaurant inspection identifies a risk of a food borne illness, the health department should be involved to provide public health follow-up on any related illnesses or to deliver community information and education.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Authority to conduct enforcement activities	1. The health department must document its authority to conduct enforcement activities. This authority may be located in a state or local code, MOU, letter of agreement, contract, legislative action, executive order, ordinance, or rules/regulations. In some cases, the health department may have little or no authority to conduct enforcement actions. In those cases, the department should be coordinating and sharing information with agencies that do have public health related enforcement authority. In those cases, the health department must provide documentation of the authority of the other entity that conducts enforcement.	2 examples	2 years
2. Procedures and protocols for achieving compliance with laws or enforcement actions	2. The health department must provide copies of procedures, protocols or processes, such as decision trees, for enforcement program areas. Where the health department does not conduct public health enforcement actions, the protocols used by the enforcement agency should be provided and should demonstrate cooperation between the enforcement agency and the health department.	2 examples; one of the examples should address ~~communicable~~ infectious disease.	2 years

Measure	Purpose	Significance
6.3.2 A Inspection activities of regulated entities conducted and monitored according to mandated frequency and/or a risk analysis	The purpose of this measure is to assess the health department's adherence to guidelines on the frequency of inspection activities. Where the inspections are conducted by other	When the law specifies inspection frequency, the health department should be following the defined schedule. When there is no mandated schedule, the health department should have a

method that guides the frequency and scheduling of inspections of regulated entities	agencies, the health department should be notified of inspections, protocols, and status. This enables the health department to provide follow-up education and communication, where appropriate, to safeguard the public's health.	method to define an appropriate schedule and should adhere to the schedule.

Required Documentation Documentation of:	**Guidance**	**Number of Examples**	**Dated Within**
1. Protocol/algorithm for scheduling inspections of regulated entities	1. The health department must provide schedules for inspections. The health department may select the areas or programs. The selected schedules must be in programs where the health department has authority to conduct an inspection of the regulated entity, unless the health department has no such authority. In some cases, schedules for inspections are mandated. In other cases, the department may provide a protocol or an algorithm for scheduling inspections. For example, rules requiring restaurant inspections on a specified schedule or a schedule for return inspections after a violation may be submitted. These may be documents provided by another agency that has enforcement responsibilities	2 examples from 2 different programs	5 years
2. Inspections that meet defined frequencies with reports of actions, status, follow-up, re-inspections, and final disposition	2. The health department must document a database or provide a log of inspection reports with actions taken, current status, follow-up, return inspections and final disposition. This documentation of inspections must relate to the same programs for which schedules were provided in 1 above. <u>Documentation could be</u>: Screen shots if the data are kept electronically.	2 examples	5 years

	In some cases, the health department may have little or no authority to conduct enforcement actions. In those cases, the department should be coordinating and sharing information with agencies that do have public health related enforcement authority. In those cases the health department must provide documentation of the authority of the other entity that conducts enforcement. The health department must provide documentation that it is informed of inspection protocols and reports showing the results of inspection.		

Measure	Purpose	Significance
6.3.3 A Procedures and protocols followed for both routine and emergency situations requiring enforcement activities and complaint follow- up	The purpose of this measure is to assess the health department's implementation of procedures and protocols for routine and emergency enforcement activities and for follow up of complaints.	Scheduled investigations, emergency situations, and complaint follow-up should be conducted according to standard procedures and protocols to ensure that they are conducted appropriately.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Actions taken in response to complaints	1. The health department must document actions taken as a result of investigations or follow-up of complaints, as well as analysis of the situation and standards for follow-up. <u>Documentation could be</u> a data base or log with analysis and standards for follow-up at each level. The standards for follow-up may be within the procedure and protocols. If separate, the	2 examples from 2 different programs	5 years

	standards must be included with the database or log for the documentation.		
2. Communications with regulated entities regarding a complaint or compliance plan	2. The health department must document hearings, meetings, or other official communications with regulated entities regarding a complaint and any resulting compliance plans. The compliance plan has no specific format and will be determined by law or department protocol. The regulated entity, based on the law, could be an organization, business, or individual. In some cases, the health department may have little or no authority to conduct enforcement actions. In those cases, the department should be coordinating and sharing information with agencies that do have public health related enforcement authority. In those cases, the health department must provide documentation of the authority of the other entity to conduct enforcement. The health department must provide documentation that it is informed of inspection protocols and reports showing the results of inspection.	~~1~~2 examples	5 years

Measure	Purpose	Significance
6.3.4 A Patterns or trends identified in compliance from enforcement activities and complaints	The purpose of this measure is to assess the health department's analysis of patterns, trends, and compliance from enforcement activities and complaint investigations.	It is important for the health department to determine patterns or trends in non-compliance, complaints, or enforcement activities. This will help in understanding the prevalence of issues, in employing preventive measures, in pursuing opportunities for improvement in enforcement activities, and in providing follow-up education.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Annual report summarizing complaints, enforcement activities, ~~and~~or compliance	1. The health department must provide annual reports that summarize complaints, enforcement activities, and compliance. Reports must include patterns, trends, and compliance.	2 examples from different enforcement programs	14 months
2. Debriefings or other evaluations on enforcement for process improvements	2. The health department must document debriefings or other methods to evaluate what worked well, problems that arose, issues and recommended changes in investigation/response procedures, and other process improvements to enforcement protocols or procedures. All other process improvements discussed must be noted in the documentation. In some cases, the health department may have little or no authority to conduct enforcement actions. In those cases, the department should be coordinating and sharing information with agencies that do have public health related enforcement authority. In those cases, the health department must provide documentation of the authority of the other entity to conduct enforcement. The health department must document that it is informed of patterns, trends, and compliance.	2 examples	5 years

Measure	Purpose	Significance
6.3.5 A Coordinated notification of violations to the public, when required, and coordinated sharing of information among appropriate agencies about enforcement activities, follow-up activities,	The purpose of this measure is to assess the health department's communication with the public concerning enforcement violations and with appropriate agencies concerning enforcement activities, follow-up activities, and	It is important that the health department share enforcement information with the public so that the public may make decisions or alter their behavior, based on the information. For example, many members of the public want to

and trends or patterns	trends or patterns. In some cases, the health department may have little or no authority to conduct enforcement actions. In those cases, the department should be coordinating and sharing information with agencies that do have public health related enforcement authority.	know what local restaurants have failed inspection and why. It is important that the health department shares information concerning enforcement actions and/or any resulting follow-up with other agencies that have a role in educating or providing follow-up with the enforced entity or educating the public. Appropriate agencies include health departments at other levels of government: Tribal, state, or local health departments.

Required Documentation Documentation of:	**Guidance**	**Number of Examples**	**Dated Within**
1. Communication protocol for interagency notifications	1. The health department must provide a communication protocol for interagency notifications. The protocol may be in parts to address multiple communication protocols or it may be a single comprehensive protocol for notifying other agencies concerning enforcement actions.	1 protocol	5 years
2. Protocol for notification of the public of enforcement activities	2. The health department must provide a protocol for notifying the public of enforcement activities. If there are laws that require public notification, the reference must be submitted. The health department may also allow for public notification without a legal requirement. In that case, provide a copy of the relevant protocol. Examples	1 protocol	5 years

	include notifications of the public of restaurant inspection violations, emission violations, and inspections of facilities.		
3. Notifications of enforcement actions and other sharing of information concerning enforcement activities	3. The health department must document the notification of enforcement actions. Required Documentation 1 and 2 requires written protocols. Required Documentation 3 requires documentation of the implementation of a protocol. When other agencies have enforcement authority, the health department must provide documentation that it is informed of patterns, trends, and compliance. MOUs and MOAs with other agencies that demonstrate sharing information on enforcement activities.	Two examples are required. The two examples must be from two different enforcement programs. Documentation should demonstrate that protocols were followed.	5 years

DOMAIN 7:
PROMOTE STRATEGIES TO IMPROVE ACCESS TO HEALTH CARE

Domain 7 focuses on the link between public health activities and health care services. The health care sector provides many preventive services, such as immunizations, cholesterol screening, screening for breast cancer, high blood

pressure management, and prenatal care. Patient counseling on health promotion, disease prevention, and chronic disease management is an important link between health care and public health. Linkages between health care and public health ensure public health management for the population.

An important role of public health is the assessment of (1) community members' access to health care services and (2) the capacity of the health care system to meet the health care needs of the population. Public health also has a role in efforts to increase access to needed health care services, particularly primary care.

Standard 7.1: Assess health care service capacity and access to health care services.

Health departments should work with the health care system to (1) understand the availability of health care services to the population, (2) identify barriers to health care, and (3) identify populations who experience barriers to health care services.

Measure	Purpose	Significance
7.1.1 A Process to assess the availability of health care services	The purpose of this measure is to assess the health department's participation in a collaborative process to develop an understanding of the population's access to needed health care services.	Collaborative efforts are required to assess the health care needs of the population of the Tribe, state, or community. The focus is on the need for primary care, particularly preventive primary care and chronic disease management. ~~The health department might not directly~~

		~~provide health care services in order to improve access, but may provide selected clinical services where it has authority and responsibility.~~ The focus of this measure is not on health care or clinical services that the health department may provide directly, though those services are part of the analysis. The focus is on the population's access to needed health care services. Health care services, for access planning purposes, include: clinical preventive services, emergency services, urgent care, occupational medicine, ambulatory care (primary and specialty), and dental treatment~~., and behavioral health.~~

Required Documentation Documentation of:	**Guidance**	**Number of Examples**	**Dated Within**
1. A collaborative process to assess availability of health care services	1. The health department must document its participation in a collaborative process to assess the availability of health care services to the population. The collaborative process must include the involvement of the health care system. Other partners may include, for example, social service organizations, employers, health insurance companies, communities of color, Tribal representatives, representatives of low income workers, specific populations who may lack health care and/or experience barriers to service (e.g., disabled, non-English speaking,, or otherwise	1 collaborative process	5 years

	disenfranchised residents), and other stakeholders. For Tribal health departments it may include clinic and hospital representatives, Indian Health Service, other Tribal programs and departments, and individuals representing communities that experience barriers to services (e.g., distance from service, transportation barriers). Information on the partnerships developed to assess health care must include rosters of coalition/network/council members. Documentation could be charters or meeting agendas, or meeting minutes.		
2. The availability and sharing of comprehensive data for the purposes of health care access assessment and planning	2. The health department must document the sharing of public health Tribal, state and local data and health care system data for assessment and planning purposes. Documentation can include regional health information organizations (RHIOs) and health information exchanges (HIEs), or less formal data sharing efforts.	2 examples	5 years
Proposed New Required Documentation Consideration of emerging issues in public health, the health care system, and health care reimbursement.	The health department must document consideration of emerging issues that may impact on access to care. These might include changes in the structure of the health care system; types and numbers of health care professions being trained; changes in reimbursement structure, rates, or payment mechanisms such as accountable care organizations; developing care models such as coordinated care organizations or convenient care clinics; electronic medical records. Documentation could be meeting minutes, reports, white papers, etc.	2 examples	5 years

Measure	Purpose	Significance
7.1.2 A Populations who experience barriers to health care services identified	The purpose of this measure is to assess the department's knowledge of barriers to health care and of the specific populations who experience those barriers.	It is important for the health department to identify populations in its jurisdiction that experience perceived or real barriers to health care. Assessing capacity and access to health care includes the identification of those who are not receiving services and understanding the reasons that they are not receiving needed care, or barriers to care. Barriers may be experienced, for example by populations who are uninsured or under-insured, have no transportation to health care, are non-English speaking, are immuno-compromised, or live where there is a shortage of primary care practitioners. Barriers may also be perceived by populations who do not trust the health care system or do not understand why certain routine medical services or screenings are necessary for their health. The importance of access to health care services includes, for example: pregnant women who use tobacco (who are at risk of giving birth to a low birth weight baby); obese populations (who are at risk for diabetes); or individuals who use tobacco products (who are at risk for cancer).

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. A process for the identification of un-served or under-served populations.	1. The health department must document the process and information used to identify populations who lack	1 process	5 years

	access to health care. Information could be obtained from an assessment survey and/or surveys of particular population groups. Other information sources include: analysis of secondary data and/or health care data, such as emergency department admissions or population insurance status data.		
~~2. The process(s), used for the identification of program gaps and barriers to accessing health care services~~ ~~3.~~2. A report that identifies populations who are un-served or under-served.	2. ~~The health department must document the process used to identify populations who lack access to health care services and identify who was involved in the identification process. Documentation must reflect a range of partners, including health care providers, communities of color, Tribal representatives, employers, low income workers, and specific populations who lack health care and experience barriers to service. Processes may include sector maps, analysis of hospital admissions or emergency department data, analysis of health insurance data, or other tools.~~ The health department must provide a report that identifies populations experience barriers to health care services. Populations may be identified by a variety of characteristics, for example, age (teenagers, elderly, etc.), ethnicity, geographic location, health insurance status, educational level obtained, or special health service needs (women who are pregnant, individuals with diabetes, etc.). This report could be a section of a larger report that includes other topics or of the community health improvement plan.	1 report	5 years

Measure	Purpose	Significance
7.1.3 A Gaps in access to health care services and barriers to the receipt of health care services	The purpose of this measure is to assess the health department's knowledge of gaps in	It is important for health departments to understand the gaps in access to health care and the barriers to care so that effective

identified	access and barriers to health care services among the population it serves.	strategies can be put in place to address the lack of access to health care. ~~Causes of gaps in~~Barriers to health care services can range from financial (e.g., lack of affordable services), health care system capacity (e.g., lack of dental providers), cultural (e.g., lack of interpreters), and geographic (e.g., lack of transportation) and lack of health insurance, among others. Shared data among the members of the partnership can evidence an effort to capture and understand all possible gaps that exist.

Required Documentation Documentation of:	**Guidance**	**Number of Examples**	**Dated Within**
1. The process(s) used for the identification of service gaps and barriers to accessing health care services	1. The health department must document the process used to identify gaps in health care services and barriers to care. The documentation must identify who was involved in the identification process. Processes may include sector maps, analysis of hospital admissions or emergency department data, analysis of health insurance data, or other tools.	1 process	5 years
2. Reporting the analysis of data from across the partnership (see 7.1.1) that identify the gaps in access to health care services and the causes of gaps in access, or barriers to care. Reports must include:	2. The health department must provide reports of ~~data analysis~~ analysis of data from various partnership sources that identify and describe gaps in access and barriers to health care services. Reports must include analysis of data and conclusions that can help develop effective strategies to address gaps in access. At a minimum, data sources should include the partners that	2 examples	5 years

a. Assessment of capacity and distribution of health care providers b. Availability of health care services c. Identification of causes of gaps in services and barriers to receipt of care d. Results of data gathered periodically concerning~~periodic surveys of~~ access	participated in the collaborative process described in measure 7.1.1. Data may be contributed by all partners or may be discussed or evaluated by partners. The reports must include: a. Assessment of capacity and distribution of health care providers. These data will show geographic gaps in the availability of health care providers. b. Assessment of the availability of health care services, such as clinical preventive services, EMS, emergency departments, urgent care, occupational medicine, ambulatory care (primary and specialty), inpatient care, chronic disease care (e.g., diabetic care, HIV health services), dental, ~~behavioral health~~, and other health care services. These data can be useful in seeking support for a particular service. c. Assessment of cause(s) for lack of access to services and barriers to access to care. Causes may include: a population that is uninsured/under-insured, lacks transportation to health care, does not speak or understand English, is immuno-compromised, or lives where there is a shortage of primary care and dental practitioners. Barriers may also be the result of populations who do not trust health care providers or do not understand why certain routine medical services or screenings are necessary to protect their health. Barriers may include, but not be limited to, travel distance in rural areas, inability to obtain timely appointments, lack of ability to pay for services, or limited service hours of health care. d. Results of data or information gathered ~~periodically~~		

	concerning access, such as focus groups, studies of eligible groups receiving services, and other assessment information, can provide perspectives from the population that lacks access. These data collection efforts do not have to be administered by the health department, but the results should be considered in the assessment of gaps in access and barriers to care.		

Standard 7.2: Identify and implement strategies to improve access to health care services.

There are many factors that can contribute to lack of access to health care, including insurance status, transportation, travel distance, availability of a regular source of care, wait time for appointments, and office wait times. Social conditions also influence access to health care, including education and literacy level, language barriers, knowledge of the importance of symptoms, trust in the health care system, and employment leave flexibility. Once the barriers and gaps in service are identified, strategies may be developed and implemented to address them and improve access to health care services.

Measure	Purpose	Significance
7.2.1 A Process to develop strategies to improve access to health care services	The purpose of this measure is to assess the health department's collaborative efforts to develop strategies to increase access to health	Factors that contribute to poor access to care are varied. A partnership with other organizations and agencies provides the

	care for those who experience barriers to services.	opportunity to address multiple factors and coordinate strategies. The health department need not have convened or have led the collaborative process, but it must have participated in the process.

Required Documentation Documentation of:	**Guidance**	**Number of Examples**	**Dated Within**
1. A coalition/network/council working collaboratively to reduce barriers to health care access or gaps in access	1. The health department must provide one example that demonstrates its involvement in a collaborative process for developing strategies to improve access to health care. The example must demonstrate involvement of the health care system. Other partners may include, for example: community service providers, schools, health care providers, migrant health clinics, social service organizations, transportation providers, and employers. The documentation must demonstrate that the group is actively working to identify strategies. The collaborative process and development of strategies in this measure can be done in conjunction with 7.1.1, and the same collaborative process/partnership can be used. Documentation could be a charter for the group; membership rosters or participant/attendance lists; meeting agendas and minutes; or workgroup reports,	1 collaborative process	5 years

	work plans, and white papers.		
2. Strategies developed by the coalition/network/council working through a collaborative process to improve access to health care services	2. The health department must provide strategies that the coalition/network/council developed to improve access to health care services and reduce barriers to care. Strategies may include, for example: linking individuals with needed and convenient services; establishing systems of care in partnership with other members of the community; addressing transportation barriers; working with employers to increase the number of insured workers; or other strategies to address particular barriers. Documentation could be reports, meeting minutes, MOUs, etc.	2 examples	5 years

Measure	Purpose	Significance
7.2.2 A Implemented strategies to increase access to health care services	The purpose of this measure is to assess the health department's involvement in the implementation of strategies to increase access to health care services.	Improved access to care will provide continuity of health promotion and disease prevention to members of the population and ensure access to needed preventive services.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Collaborative implementation of mechanisms or strategies to assist the population in obtaining health care	1. The health department must document collaborative implementation of strategies to improve access to services for those who experience barriers.	2 examples	5 years

services	Documentation could be: • A signed Memoranda of Understanding (MOU) between partners to list activities, responsibilities, scope of work, and timelines • A documented cooperative system of referral between partners that shows the methods used to link individuals with needed health care services. • Documentation of outreach activities, case findings, case management, and activities to ensure that people can obtain the services they need. • Documentation of assistance to eligible beneficiaries with application and enrollment in Medicaid, workers' compensation, or other medical assistance programs. • Documentation of coordination of service programs (e.g., common intake form) and/or co-location (e.g., WIC, Immunizations and lead testing) to optimize access. • Grant applications submitted by community partnerships that address increased access to health care services. • Subcontracts in the community to deliver health care services in convenient and accessible locations. • Program/work plans documenting that strategies developed collaboratively have been implemented. • Documentation of Tribal transportation programs.		

Measure	Purpose	Significance
7.2.3 A Implemented culturally competent initiatives to increase access to health care services for those who may experience barriers to care due to cultural, language, or literacy differences	The purpose of this measure is to assess the health department's involvement in the incorporation of cultural competence, language, or literacy in efforts to address the health care service needs of populations who experience barriers to access to health care.	Cultural differences can present serious barriers to receipt of health care services. Cultural differences must be addressed in strategies to improve access to health care services, if those strategies are to be successful. For example, some cultures discourage women from talking about personal issues with people outside of their families, discourage men from seeking care, may not trust health care providers, or may rely on community providers who are not trained in medical care. Language and low literacy can also limit access to care.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Initiatives to ensure that access and barriers are addressed in a culturally competent manner	1. The health department must document that initiatives to ensure access and address barriers are culturally competent, and take into account cultural, language, or low literacy barriers. The initiatives may be developed by the health department or in collaboration with others. Examples of initiatives include the use of lay health advocates indigenous to the target population; parish nursing; informational materials developed for low literacy individuals; culturally competent initiatives developed with members of the target population; language/interpretive services; family-based care for some populations; or provision of health care that combines cultural health care and the health care system.	2 examples	5 years

DOMAIN 8:
MAINTAIN A COMPETENT PUBLIC HEALTH WORKFORCE

Domain 8 focuses on the need for health departments to strategically approach the development of ~~maintain~~ a competent workforce to perform public health duties. Effective public health practice requires a well prepared workforce. A multi-disciplinary workforce that is matched to the specific community being served facilitates the interdisciplinary approaches required to address health equity and the population's public health issues~~–~~. The manner in which services are provided to the public determines the effectiveness of those services and influences the population's understanding of, and appreciation for, public health. ~~Continuous training and development of health department staff ensures continued competence in a field that is making constant advances in collective knowledge and improved practices.~~ A strategic workforce includes the alignment of workforce development with the health department's overall mission and goals and the development of strategies for acquiring, developing, and retaining staff.

Standard 8.1: Encourage the development of a sufficient number of qualified public health workers.

Maintaining a competent public health workforce requires a supply of qualified public health workers sufficient to meet

~~the~~public health needs~~of public health departments~~. As public health workers retire or seek other employment opportunities, newly trained public health workers must enter the field. Trained and competent workers are needed in such diverse areas as epidemiology, health education, community health, public health laboratory science, public health nursing, environmental public health, and public health administration and management. Every health department has a responsibility to collaborate with others to encourage the development of a sufficient number of public health students and to encourage qualified individuals to enter the field of public health~~workers~~ to meet the staffing needs of public health departments and other public health related organizations.

Measure	Purpose	Significance
8.1.1 S Relationship and collaboration with schools of public health and/or other related academic programs that promote the development of future public health workers	The purpose of this measure is to assess the state health department's contributions to the development of qualified public health workers.	Working with schools of public health and other related academic programs (such as public health nursing, public health laboratory services, health promotion, or environmental public health) is a means to promote public health as an attractive career choice. Collaborative efforts promote the health department as an employer of choice and opens new pathways for recruitment. Collaboration with academic programs can create opportunities for internships, guest lecturers, and other ways to expose students or new graduates to public health practice.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Partnership or ongoing collaboration with educational organizations to promote public health as a career or to provide training in	1. The state health department must document a partnership or collaboration with a school of public health and/or other related academic programs that	1 partnership or ongoing collaboration	5 years

public health fields	prepare public health workers. The documentation must show strategies for promoting public health careers or ~~offering~~ enhancing training in public health. Examples of partnership or collaboration include: a practicum, student placements/academic service learning; internship opportunities; faculty positions or guest lectures by health department staff; participation in high school, university, college, or Tribal college programs, and/or job/career fairs.		

Measure	Purpose	Significance
8.1.1 T/L Relationships and/or collaborations that promote the development of future public health workers	The purpose of this measure is to assess the health department's activities to encourage public health as a career choice.	Working with schools, academic programs or other organizations is a means to promote public health as an attractive career choice. Collaborations can create paths for exposing students or new graduates to public health practice.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1 Relationship or collaboration that promotes public health as a career	1. The health department must document a partnership or collaboration that promotes public health as a career choice. Examples of partnerships or collaborations include collaboration with a school or college of public health, working with organizations such as AmeriCorps, : coordinating with a high school to make presentations to	1 example	5 years

	students about public health and public careers, working with a vocational training school to promote public health, partnering with a 4H club to provide information about public health to members, guest lecturing at a community college, or providing after school experiences for high school students.		

Standard 8.2: Ensure a competent workforce through the ~~A~~assessment of staff competencies, ~~and address gaps by enabling organizational and~~ the provision of individual training and professional development, ~~opportunities.~~ and the provision of a supportive work environment.

A health department workforce development plan ~~can~~ ensures that staff development is addressed, coordinated, and appropriate for the health department's needs. Staff job duties and performance should be regularly reviewed to note accomplishments and areas that need improvement. This should not be a punitive process but one that identifies needs for employee training or education. This approach can point out gaps in competencies and skills for the health department and provide workforce development guidance for individual staff members.

Measure	Purpose	Significance
8.2.1 A Health department workforce development plan	The purpose of this measure is to assess the health department's planning for employee training, implementation of those plans, and the development of core competencies.	Employee training and core staff competencies assure a competent workforce. Health departments must have a competent workforce with the skills and experience needed to perform

		their duties and carry out the health department's mission. Workforce development supports the health department, individual staff members, staff development, and the overall workplace environment.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Health department workforce development plan that includes: a. ~~a.~~ Adopted core competencies	1. The health department must provide a health department-specific workforce development plan. The workforce development plan must address the collective capacity and capability of the department workforce and its units. The workforce development plan must address gaps in capacity and capabilities and include strategies to address them. The workforce development plan must be responsive to the changing environment and include consideration of areas where the field advances quickly such as information management and (digital) communication science. The plan must also address competencies in emergency preparedness training and health equity. The plan must include: a. ~~a.~~ Plans to develop public health core competencies among staff. An example of nationally adopted core competencies is the "Core Competencies for Public Health Professionals" from the Council on Linkages. The plan may also use ~~an~~other set of competencies~~, such as those authorized by the health department's governing entity~~. For example, "Health Equity at Work: Skill Assessment of	1 plan	~~14 months~~ 2 years

~~a.~~b. Assessed staff competencies c. Curricula and training schedules d. Identification of barriers/inhibitors and strategies to address them	Public Health Staff" is a tool that may be used to assess health equity competencies. (http://www.nacddarchive.org/nacdd-initiatives/health-equity/tools/health-equity-at-work/view) b. An assessment of current staff competencies against the adopted core competencies. ~~b~~c. Training schedules and a description of the material or topics to be addressed in the training curricula to address gaps in staff competencies~~.~~ d. A description of barriers/inhibitors to the achievement of closing gaps or addressing future needs in capacity and capabilities and strategies to address those barriers/inhibitors.		
~~2. Implementation of the health department workforce development plan~~	~~2. The health department must document the implementation of the workforce development plan.~~ ~~Documentation could be training curricula to address an identified gap, staff attendance at state or national conferences, and staff attendance at training/educational sessions provided by other organizations related to their area of work.~~	~~Two examples~~	~~14 months~~

STANDARD 8.2 PROPOSED NEW MEASURE #1(A) (moved from Domain 11 and revised)	**Purpose**	**Significance**
A competent health department workforce	The purpose of this measure is to assess the	Health departments' success, as in all

	health department's execution of its workforce development plan related to recruitment, retention, and staff qualifications.	organizations, depends on the capabilities and performance of its staff. Actions that maximize staff capabilities and performance are necessary for a health department to function at a high level.

Required Documentation Documentation of:	**Guidance**	**Number of Examples**	**Dated Within**
1. Recruitment of qualified individuals for specific positions	1. The health department must document the recruitment of individuals who are qualified for their positions. Examples of the evidence of the efforts of the health department to achieve the desired applicant pool are required. Documentation could be a job description and posting that specifies the level of skills, training, experience, and education that the applicant should possess to qualify for the position.	2 examples	5 years
PROPOSED NEW REQUIRED DOCUMENTATION Recruitment of individuals who reflect the population served	The health department must document the recruitment of individuals who reflect the demographics (e.g., race, ethnicity, language, etc.) of the population that the health department serves. Examples of the evidence of the efforts of the health department are required, not the success or failure to achieve the desired applicant pool. Tribal health departments can use Indian Preference hiring policies.	2 examples	5 years

2. Retention activities	2. The health department must document activities to retain staff. Examples include: employee satisfaction survey results, needs assessments of work environment, reward and recognition programs, career ladders, promotion opportunities, and supervisor mentoring programs.	2 examples	5 years
3. Position descriptions, available to staff	3. The health department must provide position descriptions or job descriptions. Position or job descriptions must include competencies that are required for the position and must address both public health specialty needs (e.g., epidemiologist, public health laboratory technician, etc.) and generalist needs. The health department must also document how the descriptions are made available to staff. They may be made available for example, through the internet/intranet, a policy procedures manual, or through the human resources department.	2 examples	3 years
4. A process to verify staff qualifications	4. The health department must document the process used to verify staff qualifications. This process may be defined in policy or it may be found in personnel guidelines that are part of the human resources system or a central administrative unit, such as a civil service system. Other examples include: guidelines used by all Tribal/county/state agencies or a separate process defined and used by the health department. The process may include: reference checks; confirmation of transcripts with the issuing academic institution; confirmation of any registration, certification, or license with the issuing institution, or other check of credentials provided by the staff member. For Tribal health departments may include using the Indian Preference hiring policies and/or proof of enrollment.	1 process	2 years

5. Verified qualifications for all staff hired	5. The health department must document that qualifications have been verified for all staff hired in the past two years. Reviews include tracking required recertification. Documentation could be, for example, personnel files, a log or spreadsheet, or a template or form used by the health department; and evidence from a county or state personnel office demonstrating that the person is qualified for the position.	2 examples	2 years
	Tribes often operate a human resources department to support its administration, including the Tribal health department. If this is the case, the health department must demonstrate how it works with human resources to ensure that it follows the appropriate policies and procedures.		

STANDARD 8.2 PROPOSED NEW MEASURE #2 (REPLACEMENT)	**Purpose**	**Significance**
8.2.2 A Professional and career development for all staff	The purpose of this measure is to assess the health department's comprehensive approach to the provision of opportunities for professional career development for all staff and the department's implementation of staff development activities.	All staff should have opportunities for professional development. All employees need to have a basic understanding of public health in order to coordinate program efforts, especially in the case of working with the public and in the case of emergency situations. All staff should have opportunities to learn and to grow in their positions both to improve their own skills and also to address the changing needs of the health department. In addition to their specific public health activities, leaders and managers must oversee the health department, interact with stakeholders and constituencies, seek

		resources, interact with governance, and inspire employees and the community to engage in healthful public health activities. Development activities can assist leadership and management to employ state-of-the- art theory, management processes, public health knowledge, and management techniques.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Process for the identification of personal professional development	1. The health department must provide a description of the department-wide process to identify each staff person's annual professional development. Examples of areas included in the process are: • Cross–cutting public health content such as public health informatics, health equity, public health ethics, public health communications, etc.; • "Public health 101" for support or other staff who do not have public training/experience; • Real-time, on the job learning; • Supporting education/orientation that links individuals to the health department's vision, mission, goals and function; • Basic job and discipline specific; • Leadership and management; and • Quality improvement. Some health departments may use a human resource system that is not specific to the health department, but is government-wide (i.e., Tribal, state, city or county). The staff professional development process may not, therefore, be specific to only the health department but to all of Tribal, state, city, or county, and	1 process	5 years

	government. The process could demonstrate compliance with the measure if they apply to the health department, as well as other government agencies. If they do not demonstrate compliance, the health department may supplement the process with a department specific process. The process may be part of the staff's annual evaluation process.		
2. Participation in professional development activities by staff of the department (other than management and leadership staff, who are addressed below)	2. The health department must document staff's completion of their annual personal professional development plan. Activities could include: education assistance, continuing education, training opportunities, mentoring, job shadowing, certification in public health, etc. Documentation could be: a training completion certificate, an attendance record for a class, a report written by the staff person documenting the activities and learnings, etc.	2 examples	2 years
3. Development activities for leadership and management staff	3. The health department must document the provision of department training and development programs for department leaders and managers. Activities could include: education assistance, continuing education, support for membership in professional organizations, and training opportunities.	2 examples	2 years
4. Participation of department leaders and managers in training provided by others, outside of the health department	4. The health department must document leaders' and/or managers' attendance at a leadership and/or management development training. Online courses are acceptable. Examples of providers include: National Public Health Public Health Leadership Institutes; Environmental Public Health Leadership Institute; executive management seminars or programs; graduate programs in leadership/management;	2 examples	2 years

	and related meetings and conferences. Examples of course topics include: negotiation skills, CQI, systems thinking, change management, intercultural or intergenerational management, collaborative intelligence, handling conflict, coaching and mentoring skills, communications skills for managers, leadership styles, effective networks, concepts of public health informatics, leading teams and collaborations, health equity, relationship building, marketing/branding, digital media, and crisis/risk communication.		

~~Measure~~(MOVED TO ABOVE)	~~Purpose~~	~~Significance~~
8.2.2 A ~~Development activities for leadership and management staff~~	~~The purpose of this measure is to assess the health department's development of leadership and management staff, including efforts to build leadership skills.~~	~~In addition to their specific public health activities, leaders and managers must oversee the health department, interact with stakeholders and constituencies, seek resources, interact with governance, and inspire employees and the community to engage in healthful public health activities. Development activities can assist leadership and management staff to employ state-of-the-art theory, management processes, public health knowledge, and management techniques.~~

~~Required Documentation Documentation of:~~	~~Guidance~~	~~Number of Examples~~	~~Dated Within~~
~~1. The provision of department training and development programs for~~	~~3.5. 1. The health department must document training or development programs or opportunities provided to~~	~~2 examples~~	~~2 years~~

~~department leaders and managers~~	~~leadership and/or management staff. Activities could include: education assistance, continuing education, support for membership in professional organizations, and training opportunities.~~		
~~2. Department leaders and managers participating in courses provided by others, outside of the department~~	~~4. The health department must document leaders' and/or managers' attendance at a leadership and/or management development course. Online courses are acceptable.~~ ~~Examples of providers include: National Public Health Public Health Leadership Institutes; Environmental Public Health Leadership Institute; executive management seminars or programs; graduate programs in leadership/management; and related meetings and conferences.~~	~~2 examples~~	~~2 years~~

STANDARD 8.2 PROPOSED NEW MEASURE #3 (A)	**Purpose**	**Significance**
Work environment that is supportive to the workforce	The purpose of this measure is to assess the health department's efforts to create an organizational culture and work environment that is supportive of the staff and their maximum productivity.	A positive work environment is vital to the success of any organization. The work environment impacts job satisfaction, employee retention, and employee creativity and productivity. The work environment should support and foster each employee's ability to contribute to the achievement of the department's mission, goals, and objectives.

Required Documentation Documentation of:	**Guidance**	**Number of Examples**	**Dated Within**
1. Policies that provide an environment in which employees are supported in	The health department must provide policies that provide a supportive work environment. Examples include:	1 policy or set of	5 years

their jobs	• A work/life balance, for example, telecommuting, flex time, and breastfeeding/lactation support; • Diversity (especially for staffing to match the diversity of the population); • Leadership attributes, for example, setting a professional tone; fair and equitable management decisions; focus on the department's vision and mission; • Regular assessments of the organizational climate, for example, regular staff surveys and 360 reviews of the management team; • The provision of the tools, information, and freedom to allow staff to perform their responsibilities; • The maintenance of institutional memory, the transfer of knowledge, and the celebration of past and current accomplishments, for example, partnerships with retirees, sharing of stories, celebration events, etc. • Supervisors' encouragement of systems thinking, change management, data use for decisions, and a culture of quality improvement; and • Collaborative learning, for example participation of staff on boards, committees, and task forces in community, collaborative planning sessions, shared reviews of program evaluations, etc.	policies	
2. A process for employee recognition	2. The health department must provide employee recognition policies. Polices should address both team and individual recognition and recognition for employee improvement.	I set of policies	5 years
3. Employee wellness activities	3. The health department must provide a policy, plan, or description of opportunities provided to staff to promote health and wellness and prevent disease. Activities may include, for example, health screenings and risk assessments, flu shots, exercise programs, nutrition	1 policy, plan, or program description	5 years

	information, stress reduction methods, breastfeeding and lactation support, and tobacco use cessation. Policies may include healthy food policies and efforts to create a culture of health and wellness.		

Measure	Purpose	Significance
8.2.3 S Consultation and/or technical assistance provided to Tribal and local health departments regarding evidence-based and/or promising practices in the development of workforce capacity, training, and continuing education	The purpose of this measure is to assess the state health department's provision of consultation and/or technical assistance to Tribal and local health departments on evidence-based and/or promising practices in the development of workforce capacity, workforce training, and/or continuing education.	The state health department has knowledge and experience to share about workforce capacity, workforce training, and continuing education to address organizational gaps in the public health workforce. A trained and competent Tribal or local health department workforce enhances the capacity of the state health department.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. The provision of consultation and/or technical assistance to Tribal or local health departments	1. The state health department must document consultation or technical assistance provided to Tribal or local health departments. Examples may include: emails, phone calls, webinars, documents/materials, site-visits, meetings, training sessions, and web postings.	2 examples The state health department should include one example of assistance provided to a Tribal health department, and one example of	5 years

		assistance provided to a local health department. If the state does not contain any Tribal health departments, then the two examples should be from local health departments.	

DOMAIN 9:
EVALUATE AND CONTINUOUSLY IMPROVE HEALTH DEPARTMENT PROCESSES, PROGRAMS, AND INTERVENTIONS

Domain 9 focuses on the use and integration of performance management and quality improvement practices and processes for the continuous improvement of the public health department's practices, programs, and interventions. Performance management identifies actual results against planned or intended results. Performance management systems ensure that progress is being made toward department goals by systematically collecting and analyzing data to track results to identify opportunities and targets for improvement. Quality improvement is an element of performance management that uses processes to address specific targets for effectiveness and efficiency. A common model for quality improvement is plan-do-study-act.

Standard 9.1: Use a performance management system to monitor achievement of organizational objectives.

For the health department to most effectively and efficiently improve the health of the population, it is important to monitor the ~~quality of~~ performance of public health processes, programs, interventions and other activities. A fully functioning performance management system that is completely integrated into health department daily practice at all levels includes: 1) setting organizational objectives across all levels of the department, 2) identifying indicators to measure progress toward achieving objectives on a regular basis, 3) identifying responsibility for monitoring progress and reporting, and 4) identifying areas where achieving objectives requires focused quality improvement processes. Department information systems and public health data support performance management.

Measure	Purpose	Significance
9.1.1 A Staff at all organizational levels engaged in establishing and/or updating a performance management system	The purpose of this measure is to assess the health department's engagement of leadership and staff in developing, establishing, using, and updating a performance management system for the organization.	To continuously improve public health practice, the health department leadership and staff needs to commit to establishing and using a performance management system. The performance management process must intentionally engage all levels of the organization in reaching decisions about the functionality and integration of various components of the performance management system. Staff ownership is required because implementation

		of a performance management system is successful only when staff is involved early and continuously in decision making. When department leadership and staff work together to promote the use of performance management practices, it is easier to achieve an integrated performance management system. Keeping top-down and bottom-up dialogue alive reinforces the importance of organizational excellence inherent in a fully functioning and completely integrated performance management system

Required Documentation Documentation of:	**Guidance**	**Number of Examples**	**Dated Within**
1. Health department leadership and management supportive and engaged in establishing and/or updating a performance management system	1. The health department must document the health department leadership's engagement in setting a policy for and/or establishing a performance management system for the department. Documentation could be strategic and operational plans; training agendas, training programs, meeting agendas, packets, materials and minutes; draft policies or items discussed with the governing entity, and/or presentations to the governing entity. Documentation may include minutes of team meetings, quality council monthly reports, and final reports from teams showing results achieved.	~~1~~2 examples	5 years
2 Health department staff at all other levels engaged in establishing and/or updating a performance management system	2. The health department must document engagement of staff at all levels of the department in determining the nature of a performance management system for the department and implementing the system.	2 examples	5 years

	Documentation could be meeting agendas, packets, materials, and minutes; orientation presentations/programs for new personnel; health department meeting materials and operational plans.		

STANDARD 9.1 NEW MEASURE #1 (A)	**Purpose**	**Significance**
Performance management policy/system	The purpose of this measure is to assess the health department's adoption of a department-wide performance management system.	A performance management system encompasses all aspects of using objectives and measurement to evaluate performance of programs, policies, and processes, and achievement of outcome targets. An adopted performance management system communicates across the department how the department will (1) ensure that goals are being met consistently in an effective and efficient manner and (2) identify the need to improve organizational results.

Required Documentation Documentation of:	**Guidance**	**Number of Examples**	**Dated Within**
1. An adopted performance management system	1. The health department must provide a written description of the department's adopted performance management system that includes: a. Performance standards, including goals, targets and indicators, and the communication of expectations; b. Performance measurement including data systems and collection; c. Progress reporting including analysis of data,	1 performance management system	5 years

	communication of analysis results, and a regular reporting cycle; and d. A process to use data analysis and manage change for quality improvement and towards creating a learning organization.		

Measure	Purpose	Significance
9.1.2 A Implemented performance management system	The purpose of this measure is to assess the health department's ~~capability to support~~ management practices for assessing performance and identifying and managing opportunities for improvement.	~~A performance management system encompasses all aspects of using objectives and measurement to evaluate performance of programs, policies, and processes, and achievement of outcome targets~~. A performance management system ensures that progress is being made toward department goals and allows the department to identify areas for quality improvement. Assessing current capability helps identify objectives in a structured way. There are a variety of performance management system models to assess and manage performance and identify opportunities for improvement. Formal, fully functioning, integrated performance management systems are feasible in every health department, yet health departments may be using only some components of a performance management system. Identifying the performance management practices being used will help determine the extent to which components of a

		performance management system exist and which components need to be developed.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. A functioning performance management committee or team	1. The health department must provide documentation of a department committee, team, council, executive team, or some other entity that is responsible for implementing the performance management system. Documentation could be a charter, agendas, minutes, reports, or protocols of the subsidiary body responsible.	1 example	5 years

~~Measure~~	~~Purpose~~	~~Significance~~
~~9.1.3 A~~ ~~A process to determine and report on achievement of goals, objectives, and measures set by the performance management system~~	~~The purpose of this measure is to assess the health department's use of a continuous process to evaluate and report on achievement of the goals, objectives, and measures set by the performance management system.~~	~~Public health has long recognized the essential role evaluation plays in effectively managing practice and in producing desired results. Performance management uses a systematic process to evaluate organizational excellence by monitoring a set of selected indicators that can analyze progress toward achieving goals and objectives by specific dates.~~ ~~While numerous types of evaluation are used in public health practice, this measure focuses on the process that the health department designs, adapts and uses to formally examine progress toward achieving objectives and performance measures within time-framed targets.~~

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Goals and objectives	1. The health department must document ~~implementation of the performance management system in monitoring and~~ setting ~~evaluating achievement~~ of goals and objectives with the identified time frames for measurement. Examples of administrative areas where performance management might be appropriate include contract management (e.g., looking at the contract approval process or how contracts are tracked for compliance), vital records (e.g., processing birth and death certs or evaluating the accuracy), human resources functions (e.g., the performance appraisal system), staff professional development (e.g., effectiveness of the professional develop process), workforce development (e.g., appropriateness of employee wellness program), or financial management system (e.g., the financial data development, analysis, and communication process). Documentation could be provided in narrative, table, or graphic form, depending on the chosen reporting method.	2 examples; one example must be from a programmatic area and the other from an administrative area.	5 years
2. Implementation of the process for monitoring the performance of goals and objectives	2 The health department must document the monitoring of performance towards the two objectives cited ~~in 1)~~ above. Documentation could be from run charts, dashboards, control charts, flowcharts, histograms, data reports, monitoring logs, or other statistical tracking forms demonstrating analysis or progress in achieving	2 examples	5 years

	measures; or meeting minutes from a quality team.		
3. Analysis of progress toward achieving goals and objectives and identification of areas in need of focused improvement processes	3. The health department must document that performance of the two objectives identified in 1) above was analyzed according to the time frames. Evidence for determining opportunities for improvement can be shown through the use of tools and techniques, such as root cause analysis, cause and effect/Fishbone, force; or interrelationship digraphs or other analytical tools.	2 examples	5 years
~~4~~. Identification of results and next steps	~~4~~. The health department must document that performance results, opportunities for improvement, and next steps for the identified goals and corresponding objectives were documented and reported.	2 examples	5 years

MOVED ~~1~~. A completed performance management self-assessment	~~1~~. The health department must provide a completed performance management self-assessment that reflects the extent to which performance management practices are being used. The health department may develop its own performance management assessment or use existing models, such as The Performance Management Self-Assessment Tool from the Turning Point Performance Management National Excellence Collaborative (http://www.phf.org/resourcestools/Documents/PM_Self_Assess_Tool.pdf). Self-assessment tools are also available through the Baldrige Performance Excellence Program (http://www.nist.gov/baldrige/enter/self.cfm).	1 self-assessment	5 years

Measure	**Purpose**	**Significance**

9.1.4 A Implemented systematic process for assessing customer satisfaction with health department services	The purpose of this measure is to assess the health department's process for measuring the quality of customer relationships and service.	Customer focus is a key part of an organization's performance management system. To evaluate the effectiveness and efficiency of the health department's work, it is essential to identify customers and stakeholders, both internal and external. A health department also needs a process to capture and analyze customer feedback in order to address the expectations of various public health customers.

Required Documentation Documentation of:	**Guidance**	**Number of Examples**	**Dated Within**
1. Collection, ~~and~~ analysis, and conclusions of feedback from two different customer groups	1. Using a broad, customer/stakeholder identification list developed as part of a strategic planning or health improvement planning process, the health department must document how customer/stakeholder feedback was collected, ~~and~~ analyzed, and conclusions drawn from two different types of customers (e.g., vital statistics customers; food establishment operators; individuals receiving population immunizations, population screenings, or other services; partners and contractors; elected officials, etc.). Special effort to address those with a language barrier, are disabled, or are otherwise disenfranchised must be included. Examples of instruments to collect customer/stakeholder satisfaction could include: forms, surveys, focus groups, or other methods.	2 examples two different types of customers	5 years

	Documentation could be a report, memo, or other written document that describes the process and the results and conclusions of the analysis of the feedback.		
2. Results and actions taken based on customer feedback	2. The health department must document results and action taken based on the collection, analysis, and conclusions drawn from feedback from customer groups. Documentation should relate to the examples in Required Documentation above.	2 examples	5 years

Measure	Purpose	Significance
9.1.5 A Opportunities provided to staff for involvement in the department's performance management ~~provided to staff~~	The purpose of this measure is to assess the health department's support to expand and enhance performance management capacity in the department.	For a health department to be effective in establishing and implementing a performance management system, the staff must understand what a performance management system is and how evaluation integrates with performance management. The department needs to ensure staff competence in the appropriate use of tools and techniques for monitoring and analyzing objectives and indicators.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Staff development in performance management	1. The health department must document its staff professional development in the area of performance management. At a minimum, targeted staff should include those who will be	2 examples	5 years

	directly working on performance measure monitoring and analysis, and/or serving on a quality team that assesses the department's implementation of performance management practices and/or system. Documentation can be training attendance rosters, training curricula and objectives, presentations, participation in webinars, and other training materials, or specific work with consultants or technical assistants in performance management.		

Measure	Purpose	Significance
9.1.6 S Technical assistance and/or training provided on performance management to Tribal and local health departments	The purpose of this measure is to assess the state health department's capacity to provide performance management orientation/training, evaluation training, and/or technical assistance to Tribal and local health departments.	State health departments have internal capacity or access to performance management and evaluation expertise to assist Tribal and local health departments in building or enhancing their performance management and evaluation capacity. States have an opportunity to share their expertise and best practice experiences with Tribal and local partners and create conditions in which the state's population benefits from locally improved processes, programs, and interventions.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Provision technical assistance about performance management systems	1. The state health department must document that it has offered technical assistance and/or training in performance management practices, methods,	2 examples	5 years

	and/or tools to Tribal and local health departments. The technical assistance can be provided "as requested," or can be scheduled, or provided as needed. It can be delivered by in-person sessions, webinars, individual studies, hard copy, or on-line. The technical assistance does not have to be used by Tribal or local health departments, but must be made available. Documentation can be attendance rosters, curricula, presentations, exercises to apply tools and techniques, newsletters, briefing papers, e-newsletters, email notification, or flyer or brochure distribution.		

Standard 9.2: Develop and implement quality improvement processes integrated into organizational practice, processes, and interventions.

Performance management system concepts and practices serve as the framework to set targets, measure progress, report on progress, and make quality improvements. An important component of the performance management system is the implementation of a quality improvement program. This effort involves integration of a quality improvement component into staff training, organizational structures, processes, services, and activities. It requires application of an improvement model and the ongoing use of quality improvement tools and techniques to improve the public's health. Performance management leads to the application of quality improvement processes.

Quality improvement is the result of leadership support. It requires staff commitment at all levels within an organization to infuse quality improvement into public health practice and operations. It also involves regular use of quality improvement approaches, methods, tools and techniques, as well as application of lessons learned from evaluation.

Measure	Purpose	Significance
9.2.1 A Established quality improvement program based on organizational policies and direction	The purpose of this measure is to assess the health department's efforts to develop a quality improvement program that is integrated into all programmatic and operational aspects of the organization.	To make and sustain quality improvement gains, a sound quality improvement infrastructure is needed. Part of creating this infrastructure involves writing, updating, and implementing a health department quality improvement plan. This plan is guided by the health department's policies and strategic direction found in its mission and vision statements, in its strategic plan, and in its health improvement plan.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. A written quality improvement plan	1. The health department must provide a quality improvement plan. An acceptable plan describes: • Key quality terms to create a common vocabulary and a clear, consistent message. • Culture of quality and the desired future state of quality in the organization. • Key elements of the quality improvement plan's governance structure, such as: --Organization structure --Membership and rotation --Roles and responsibilities	1 plan	5 years

	--Staffing and administrative support --Budget and resource allocation • Types of quality improvement training available and conducted within the organization, such as: --New employee orientation presentation materials --Introductory online course for all staff --Advanced training for lead QI staff --Continuing staff training on QI --Other training as needed – position-specific QI training (MCH, Epidemiology, etc.) • Project identification, alignment with strategic plan and initiation process: --Describe and demonstrate how improvement areas are identified --Describe and demonstrate how the improvement projects align with the health department's strategic vision/mission • Quality improvement goals, objectives, and measures with time-framed targets: --Define the performance measures to be achieved. --For each objective in the plan, list the person(s) responsible (an individual or team) and time frames associated with targets --Identify the activities or projects associated with each objective and describe the prioritization process used • The health department's approach to how the quality improvement plan is monitored: data are collected and analyzed, progress reported toward achieving stated goals and objectives, and actions taken to make improvements based on progress reports and ongoing data monitoring		

	and analysis. • Regular communication of quality improvement activities conducted in the health department through such mechanisms as: --Quality electronic newsletter --Story board displayed publicly --Board of Health meeting minutes --Quality Council meeting minutes --Staff meeting updates • Process to assess the effectiveness of the quality improvement plan and activities, which may include: --Review of the process and the progress toward achieving goals and objectives --Efficiencies and effectiveness obtained and lessons learned --Customer/stakeholder satisfaction with services and programs --Description of how reports on progress were used to revise and update the quality improvement plan.		

Measure	Purpose	Significance
9.2.2 A Implemented quality improvement activities	The purpose of this measure is to assess the health department's use of quality improvement to improve processes, programs, and interventions.	It takes practice to effectively use the quality improvement plan to improve processes, programs, and interventions. Staff benefit from seeing the plan put into action and receiving regular feedback on progress toward achieving stated objectives, as well as on how well they have executed their respective roles and responsibilities.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Quality improvement activities based on the QI plan	1. The health department must document implementation of quality improvement activities and the health department's application of its process improvement model. Examples must demonstrate: • how staff problem-solved and planned the improvement, • how staff selected the problem/process to address and described the improvement opportunity, • how they described the current process surrounding the identified improvement opportunity, • how they determined all possible causes of the problem and agreed on contributing factors and root cause(s), • how they developed a solution and action plan, including time-framed targets for improvement, • what the staff did to implement the solution or process change, • how staff reviewed and evaluated the result of the change, and how they reflected and acted on what they learned. Documentation must demonstrate ongoing use of an improvement model, including showing the tools and techniques used during application of the process improvement model. Documentation must also describe: actions taken, improvement practices and interventions, data collection tools and analysis, progress reports, evaluation methods, and other activities and products that resulted from	2 examples; one example must be from a program area and the other from an administrative area.	5 years

	implementation of the plan. Documentation could be quality improvement project work plans or storyboards that identify achievement of objectives and include evidence of action and follow-up.		
2. Staff participation in quality improvement activities based on the QI plan	2. The health department must document how staff were involved in the implementation of the plan, worked on improvement interventions or projects, and/or served on a quality team that oversees the health department's improvement efforts. Documentation could be minutes, memos, reports, or committee or project responsibilities listings.	2 examples	5 years

DOMAIN 10:
CONTRIBUTE TO AND APPLY THE EVIDENCE BASE OF PUBLIC HEALTH

Domain 10 focuses on the role that health departments play in building and advancing the science of public health. Public health is strengthened when its practitioners continually add to the body of evidence for promising practices -- those practices that have the potential to become evidence-based over time. Health departments should employ evidence-based practices for increased effectiveness and credibility. Health departments also have important roles in developing new evidence. Health departments should apply innovation and creativity in providing public health services appropriate for the populations they serve.

Standard 10.1: Identify and use the best available evidence for making informed public health practice decisions.

Public health evidence-based practice requires that a health department use the best available evidence in making decisions and in ensuring the effectiveness of processes, programs, and interventions. Evidence- based practice assures that a health department's resources are being used in the most effective manner. Health departments should access information about evidence-based practices and apply that information to their processes, programs, and interventions.

Measure	Purpose	Significance
10.1.1 A Applicable evidence-based and/or promising practices identified and used when implementing new or revised processes, programs and/or interventions	The purpose of this measure is to assess the health department's use of evidence-based and/or promising practices in its design of new process, programs, or interventions or in revisions of programs.	It is important that public health efforts have the maximum positive impact possible. Evidence-based practices have been evaluated or researched and have been found to be effective. Health departments should be aware of practices that are evidence-based and incorporate them into their processes, programs, and interventions, as appropriate. Evidence-based practice ensures that health department resources are being applied effectively. Promising public health practices also have the potential for evaluation and designation as evidence-based.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1 The use evidence-based or promising practices, including a. Documenting the source of the evidence-based or promising practice b. Documenting of how the evidence-based or promising practice was incorporated into the design of a new or revised process, program, or intervention	1. The health department must document the incorporation of an evidence-based or promising practice in a public health process, program, or intervention. a. The health department must document the source of the information concerning the evidence-based or promising practice. The source of the practice could be (1) The Guide to Community Preventive Services, (2) an Initiative listed in the NACCHO Model Practices Database, (3) the result of an information search (web, library, literary review), or (~~3~~4) result of interaction with consultants, academic faculty, researchers, other health departments, or other experts. b. The health department must provide a description of how the evidence-based or promising practice identified in (a) above was incorporated into the design of a new or revised process, program, or intervention. Incorporation of the evidence-based or promising practice must be appropriate to the particular group or community or it must be modified to be appropriate. Documentation may be internal memos, annual reports, program descriptions in public information (reports, newsletters), or other	2 examples; examples must come from two different program areas, one of which is a chronic disease program.	3 years

	program descriptions written by the department. Due to the limited availability of evidenced-based practices or promising practices in Tribal communities, Tribal health departments may provide documentation of how evidence-based practices or promising practices have been adapted to integrate cultural values, beliefs, and traditional healing practices of the Tribe.		

Measure	Purpose	Significance
10.1.2 T/S Fostered innovation in practice and research	The purpose of this measure is to assess the Tribal or state health department's efforts to promote and support innovations in public health practice and research.	Public health addresses complex, multi-sectorial problems that are changing as rapidly as our social, cultural, and technological environment is changing. The need for innovation in public health practice and research is more urgent, given the increasingly rapid pace of change in the environment that affects the public's health.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Relationships with academic institutions, research centers/institutes	1. The Tribal or state health department must document that it has a working relationship with academic institutions, ~~and/or~~ research centers/institutes, and Tribal organizations and Tribal Epidemiology Centers. In some cases, the relationship may be a formal relationship that can be	2 examples	5 years

	documented by a contract or a MOA/MOU. In other cases, the working relationship may be less formal. In those cases, documentation can be meeting minutes, emails, and meeting agenda could demonstrate collaboration with academic institutions and/or research centers/institutes. Additionally, jointly written reports, white papers, and research studies could demonstrate collaboration with academic institutions and/or research centers/institutes.		
2. Participation in research agenda-setting, practice-based research networks, or other research efforts	2. The Tribal or state health department must document that it is engaged with the work of the research community. Community Based Participatory Research is a model that is an applied collaborative approach that enables community residents to actively participate in the full spectrum of research (from conception – design – conduct – analysis – interpretation – conclusions – communication of results) with a goal of influencing change in community health, systems, programs or policies. Documentation could be membership in a practice-based research network, either with other states, institutions, or within the state. For Tribal health departments, this may include the incorporation of practice-based evidence grounded in cultural values, beliefs, and traditional practices. Documentation could be a membership list or meeting attendance roster. Documentation could also be meeting minutes or submission of IRB documentation showing participation in research	2 examples	5 years

	(minutes, submission documentation).		

Standard 10.2: Promote understanding and use of the current body of research results, evaluations, and evidence-based practices with appropriate audiences

Lack of communication or understanding between public health researchers and public health practitioners often exists. Gaps in understanding may also occur between the public health department and the general public. Communication can help bridge the areas where understanding is lacking and can strengthen the relationship and trust among researchers, public health practitioners, and the public. Communication between public health practitioners and the public, governing entities, and other audiences could encourage others to become advocates for research and to contribute to the science of public health. Health departments should encourage the use of research results, evaluations, and evidence-based practices.

Measure	Purpose	Significance
10.2.1 A Protection of human subjects when the health department is involved in or supports research activities	The purpose of this measure is to assess the health department's policies and practices for the protection of human subjects in research in which it is involved.	Many public health studies involve recipients of public health services or public health staff. Institutions that receive government funds for research are required to have the research that involves human subjects approved by a registered institutional review board (IRB) to ensure the ethical treatment of human subjects. Ethical treatment of human subjects is a basic value of public health research and

		programs. Appropriate efforts must be made to protect the rights, welfare, and well-being of subjects involved in research.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. An adopted human subjects research protection policy	1. The health department must provide a copy of a policy regarding research, such as an IRB review policy. If the health department does not have its own internal IRB process, the health department should have a copy of the IRB approval from the institution where the IRB review was done. If the health department ~~is never involved with~~does not currently engage in research that involves human subjects, a ~~policy stating that fac~~ statement to that effect could be accepted as documentation. Documentation for a Tribal health department could be a Tribal policy or protocol that describes the process for research review and approval by the Tribal Council, Health Oversight Committee, or other body or authority.	1 policy	5 years

Measure	Purpose	Significance
10.2.2 A Access to expertise to analyze current research and its public health implications	The purpose of this measure is to assess the health department's ability to review and interpret research findings.	Health departments must have the internal capacity for, or ability to access, expert review and interpretation of research findings. Interpreting research findings is important when communicating the public health implications of those findings to stakeholders, partners, and the public. It is also important when incorporating research findings into department processes, programs, or interventions.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. The availability of expertise (internal or external) for analysis of research	1. The health department must document that it has expert staff or access to outside experts who can analyze research and its public health implications. Documentation could be a list of experts and a description of their training or expertise could demonstrate conformity with this measure. The expertise may be within the department or may reside outside the health department, such as an academic institution, research center, Tribal epidemiology center, public health institute, or consultant. If the expertise is outside of the health department, the health department must show a written agreement (contract, MOA/MOU, etc.) that demonstrates access to such expertise. This measure includes analysis of the current body of research relevant to public health practice, irrespective of whether or not the research was conducted in the Tribe, state, or community.	2 examples or one list	5 years

Measure	Purpose	Significance
10.2.3 A Communicated research findings, including public health implications	The purpose of this measure is to assess the health department's efforts to keep others, both within and outside the public health profession, informed about the findings of public health research and the public health implications of	Public health research provides the knowledge and tools that people and communities need to protect their health. However, research findings can be confusing and difficult to translate into knowledge that steers action

	those findings.	toward improved public health. Health departments can communicate the facts and implications of research so that individuals and organizations are informed and knowledgeable, and can act accordingly.

Required Documentation Documentation of:	**Guidance**	**Number of Examples**	**Dated Within**
1. The communication of research findings and their public health implications to stakeholders, public health system partners, and/or the public	1. The health department must document the provision of communication through which the department conveyed research findings and their public health implications to stakeholders, other health departments, members of the public health system and non-public health system partners, and/or the public. Appropriate audiences could include: the health department's governing entity; elected/appointed officials; agencies, departments, or organizations that collaborate with the health department in the delivery of services; community and healthcare partners; and the general public. Audiences would be especially appropriate if involved in or affected by the research. Research referred to is research conducted and published by others, outside of the health department. The research must have been evaluated by experts to provide valid	2 examples	5 years

	implications, for example peer review for publication in journals. In any state health department distribution list of research findings, the Tribal and local health departments in the state must be included. In any local health department distribution list of research findings, the Tribal and state health department(s) in the state must be included. In any Tribal health department distribution list of research findings, the state and local health department(s) in the state must be included. Documentation could be a presentation, prepared report, discussion at a meeting recorded in the minutes, web posting, email list serve, newspaper article, webinar, or press release.		

Measure	Purpose	Significance
10.2.4 S Consultation or technical assistance provided to Tribal and local health departments and other public health system partners in applying relevant research results, evidence-based and/or promising practices	The purpose of this measure to assess the state health department's provision of assistance to Tribal and local health departments on the application of relevant research results and evidence-based /promising practices.	Scientifically sound public health practices are essential for public health interventions to be effective. Public health practices are continually being researched and tested, and new findings are being made available to the field. State health departments should share their knowledge and expertise concerning research findings and evidence-based or promising practices with Tribal and local health departments in their state. State health departments can provide consultation or

		technical assistance on employing research and modifying practices to best suit the population served by the Tribal or local health department

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Provision of consultation or technical assistance to Tribal and/or local health departments, and/or other health system organizations in applying relevant research, evidence-based, and/or promising practices	1. The state health department must document how it has provided consultation, technical assistance, advice, direction, or guidance to Tribal and/or local health departments and/or members of the public health system in the application of relevant research, evidence-based, and/or promising practices. This assistance must be specific to the application of relevant research results or the employment of evidence-based and/or promising practices. This assistance can be provided to local health departments, Tribal health departments in the state, or other partners or stakeholders. The state health department cannot use examples of providing assistance to program divisions within the state health department.	2 examples	5 years

Measure	Purpose	Significance
10.2.4 T Technical assistance provided to the state health department, local health departments, and other public health system partners in applying relevant research results, evidence-	The purpose of this measure to assess the Tribal health department's provision of assistance to the state and local health departments and other Tribal health departments on the application of relevant research results and evidence-based	Scientifically sound public health practices are essential for public health interventions to be effective. Public health practices are continually being researched and tested, and new findings are being made available to the

based and/or promising practices	/promising practices.	field. Tribal health departments should share their knowledge and expertise on research findings and evidence-based or promising practices with state and local health departments, other Tribal health departments, and/or Tribal organizations. Tribal health departments can provide consultation or technical assistance on employing research and modifying practices to best suit the population being served. Tribal health departments should share with state and local health departments their knowledge and expertise on research methods that are culturally relevant or appropriate approaches to applying research in Tribal communities

Required Documentation Documentation of:	**Guidance**	**Number of Examples**	**Dated Within**
1. Provision of consultation or technical assistance to state and/or local health departments, other Tribal health departments, and/or Tribal organizations in applying relevant research, evidence-based, promising practices, and/or practice-based evidence	1. The Tribal health department must document the provision of consultation, technical assistance, advice, direction, or guidance to others in the application of relevant research or evidence-based, promising practices, and/or practice-based evidence. This assistance must be specific to the application of relevant research results or the employment of evidence- based and/or promising practices. This assistance can be provided to the state health department, local health departments, other Tribal health departments and/or Tribal organizations in the state, or other partners or stakeholders. Examples of technical assistance provided by the Tribe may be done together with a federal partner, such as	2 examples	5 years

	I.H.S, a Tribal Epidemiology Center or other Tribal department. The Tribal health department cannot use examples of providing assistance to itself, such as to program divisions within the Tribal health department.		

DOMAIN 11:
MAINTAIN ADMINISTRATIVE AND MANAGEMENT CAPACITY

Domain 11 focuses on health department management and administration capacity. Organizational administration and management is the process of organizing, leading, and controlling the efforts of organizational human and other resources to make decisions and achieve organizational goals. Health departments must have a well-managed human resources system, be competent in general financial management, have data management capacity and capability, and be knowledgeable about public health authorities and mandates. And, because of the nature of public health – the focus on the collective good, the employment of government action, and the objective of population-based outcomes – public health leaders need an infrastructure to ensure that decisions, policies, plans, and programs are ethical and address health equity. Health department leaders and staff must be knowledgeable about the structure, organization, and financing of their public health department and other agencies and organizations that provide public health services.

Standard 11.1: Develop and maintain an operational infrastructure to support the performance of public health functions.

A strong operational infrastructure is necessary in order to administer public health services efficiently and effectively to meet the needs of the population. By maintaining a strong organizational infrastructure, the health department can assess and improve its operations, staffing, and program support systems.

Measure	Purpose	Significance
11.1.1 A Policies and procedures regarding health department operations, reviewed regularly, and accessible to staff	The purpose of this measure is to assess the health department's processes for maintaining policies and procedures, which includes developing, writing, reviewing, revising, training, and sharing health department policy and procedures with staff. This measure focuses on health department policies that direct organizational operations, not programs and program guidelines.	Standardized written policies and procedures are needed to operate an organization efficiently and effectively. Regular review and revision of those policies and procedures is important for continuous quality improvement. Staff needs to have ready access to policies and procedures to be informed of organizational and operations expectations.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Policy and Procedure Manual or individual policies	1. The health department must provide written operational policies. This could be one manual or a group of policies. Policies could address topics such as records retention and back-up procedures, reimbursement, invoicing , emergency/evacuation, events planning, procurement of office supplies, facilities operations, use of department equipment (including phones and internet), use of	1 Manual	5 Years

	department vehicles, tobacco use, recycling, scheduling the use of meeting rooms, the development of policies that includes who needs to sign what types of policies and how often they are reviewed, and any policies and procedures that concern the operations of the department. The policies can be provided to staff in paper form, on a central computer file, or a link to an electronic format. If electronic, the policies can be files on a server or postings on the web. Only the most recent version of policies must be provided. Some health departments may use policies and procedures that are not specific to the health department, but are government-wide (i.e., state, city or county) or relate to a larger super-health agency or umbrella agency. These policies and procedures could demonstrate compliance with the measure if they apply to the health department as well as other government agencies.		
2. Health department organizational chart	2. The health department must provide its health department organizational chart. If the health department is part of a super-agency or umbrella agency, and some of the documentation provided is from other divisions within the umbrella agency, then an organizational chart showing the health department's relationship with the other divisions is also required The health department's organizational chart must show leadership, upper management positions, and the organization of programs. It need not detail every	1 organizational chart	2 years

	staff person. Position titles are required; individuals' names are not required. If changes are made to the organizational chart between the submission of documentation to PHAB and the site visit, the health department must submit a copy of the revised chart to the site visit team. NOTE: This and the budget are the only two instance where information may be changed or updated between the submission of the health department's documents to PHAB and the time of the site visit.		
3. Review of policies and procedures or implement a regular updating process	3. The health department must document the review of policies and procedures. The original policies and procedures may have been in place for many years; official dates of policy revisions demonstrate that a review has been conducted within the last five years. ~~The health department must provide a description of the process to update and revise policies and procedures.~~ Documentation could be policies that were adopted longer than 5 years ago but that have been reviewed, revised, and signed off on within the last five years.	2 examples	5 years
4. Methods for staff access to policies	4. The health department must document how staff access policies. Access methods can include for example, website; health department intranet; server access; or paper copy distributed to staff, available from supervisors, or located in central locations.	1 example	5 years

STANDARD 11.1 PROPOSED NEW MEASURE #1 (A)	**Purpose**	**Significance**
Ethical issues identified and ethical decisions made	The purpose of this measure is to assess the health department's policies and process for	Efforts to achieve the goal of protecting and promoting the public's health have inherent

	the identification and resolution of ethical issues that arise from the department's program, policies, and interventions.	ethical challenges. Understanding the ethical dimensions of policies and decisions is important for the provision of effective public health. Defining and addressing ethical issues should be addressed through an explicit, rigorous, and standard manner that uses critical reasoning.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Strategies for decision making relative to ethical issues	The health department must document the identification of issues with ethical considerations and a strategic deliberative process for consideration and resolution of ethical issues. The policies and procedures must set forth a transparent process that provides an opportunity for input from effected stakeholders and considers their interests. The policies and procedures must provide for the consideration of the best evidence available. There must be opportunities to evaluate decisions as new information becomes available and there must be a provision for accountability of the decision makers. Examples could include the adoption of the Public Health Code of Ethics, the establishment of an ethics board, the designation of a committee or process of the governing entity, or other process.	1 set of policies and procedures	5 years
2. The review of ethical issues and the resolution of the issue	The health department must document the consideration, deliberation, and resolution of an ethical issue.	1 example	5 years

Measure	Purpose	Significance
11.1.2 A Policies regarding confidentiality, including applicable HIPAA requirements	The purpose of this measure is to assess how the health department protects ~~client and health department staff~~ customer confidentiality.	It is critical that health departments and the individuals who work in them maintain ~~client~~customer confidentiality and protect

		client health information. Lack of attention to confidentiality policies and their implementation can lead to violations of confidentiality. This creates liability to the health department and lessens credibility.

Required Documentation Documentation of:	**Guidance**	**Number of Examples**	**Dated Within**
1. Confidentiality policies	1. The health department must provide written confidentiality policies and procedures. Policies must define the health department's processes for protecting ~~client~~customer confidentiality, both personal (directed toward the individual) and informational (directed at their health data and records). This may include policies concerning such processes as clinical protocols, staff access to records, computer use, business associate agreements and electronic transfer of data. Policies may be maintained as either a paper copy or in an electronic format. If electronic, the policies can be files on a server or posted on the web. Some health departments may use confidentiality policies and procedures that are not specific to the health department, but are government-wide (i.e., state, city or county) or relate to a larger super-health agency or umbrella agency.	1 policy or a set of policies	5 years
2. Training staff on the implementation of confidentiality policies	2. The health department must document that staff has been trained on confidentiality policies, including training content and names of those who received the training. Documentation could be a copy of training materials	2 examples of training	5 years

	and an agenda for the training session – whether group or individual. The health department must have a record of who attended the training. Documentation could be a log, a sign-in sheet or a record/statement from web-based training.		
3. Signed employee confidentiality form, as required by policies	3. The health department must provide a confidentiality form or agreement that is signed by employees. Through this form, staff will acknowledge their responsibilities for protecting confidentiality. The health department can submit a copy of the form. Do not submit copies of every employee-signed form; a log or other tracking mechanism showing that employees have signed the form is sufficient.	1 example	5 years

Measure	Purpose	Significance
11.1.3 A Policies, ~~P~~processes, programs, and interventions provided that are socially, culturally, and linguistically appropriate to ~~the~~ populations ~~served~~ with higher health risks and poorer health outcomes.	The purpose of this measure is to assess the health department's social, cultural, and linguistic competence ~~in working with its own employees and~~ in providing public health programs to the populations ~~it serves.~~ With higher health risks and poorer health outcomes.	Public health departments are responsible for all residents in the health department's jurisdiction, and that usually includes people of various backgrounds, languages, and cultures. It is important for health departments to understand how values, norms, and traditions of the populations served affect how individuals perceive, think about, and make judgments about health, health behaviors, and public health services. Those values, norms, and traditions affect how populations interact with public health workers, how open they are to health information and health education, and how they can change health behaviors.

		Ensuring that the health department's policies, programs, services, materials, and processes address these social, cultural, and language differences (including low literacy, non-English speaking populations, and the visually or hearing impaired) will enhance the health department's ability to provide the most effective programs and services to meet the needs of the population. Ensuring that the health department's policies, programs, services, materials, and processes intentionally address health disparities and health inequities will enhance the health department's ability to impact the health of the population.

Required Documentation Documentation of:	**Guidance**	**Number of Examples**	**Dated Within**
1. Policy or procedure for the development of interventions and materials that specifically address areas of health inequity among the population and are culturally and linguistically appropriate for the population it serves in its jurisdiction	1. The health department must provide a ~~written~~ policy or procedure that demonstrates how health equity is incorporated as a goal into the development of policies, processes, and programs. A policy or procedure must also ensure that social, cultural, and linguistic characteristics of the various populations groups of the population it serves are incorporated into processes, programs, and interventions. Characteristics of populations addressed in the policy or procedure may include social, racial, ethnic, cultural, and linguistic characteristics, including ~~low literacy,~~ non-English speaking populations, and the ~~visually or hearing impaired~~disabled.	1 policy or procedure	5 years

2. Processes, programs, or interventions provided in a culturally or linguistically competent manner~~, including application of social marketing activities~~	2. The health department must document the provisions of processes, programs, or interventions that are culturally or linguistically appropriate, as defined above. ~~Examples should demonstrate the use of social marketing methods.~~ Oral communication is integral to many Tribal cultures. If oral communication is used to ensure that programs, processes, and interventions are culturally competent, the health department must provide documentation of its use, such as plans, protocols, or objectives for focus groups, community gatherings, roundtables, talking circles, digital storytelling, or other activities. Tribal health departments may serve Tribal members from more than one Tribe or non-Tribal individuals. If this is the case, examples of culturally and linguistically competent services provided to these groups. (e.g., interpretation, materials in other languages) are acceptable documentation.	2 examples; The two examples must come from two different program areas of the health department	5 years
3. Health equity and ~~C~~cultural competency training provided to health department staff	3. The health department must document staff training on health equity and cultural competence, including social, cultural, and/or linguistic ~~factors~~aspects of policies, processes and programs. Training may include: examining biases and prejudices; developing cross- cultural skills; learning about specific populations' values, norms and traditions; and/or learning about how to develop programs and materials for low literacy individuals or the visually or hearing impaired. Documentation must show the content of the training. The health department must provide a record of who attended the training. This may be a log, a sign-in sheet, or a record/statement from web-based training. <u>Documentation could be</u>: a copy of the training materials or an agenda for the training session as well as a sign-in sheet or	1 example	5 years

	attendance list.		
4. Assessment of the health department's cultural ~~and linguistic~~ competence and knowledge of health equity~~of the health department~~	4. The health department must provide an assessment of cultural and linguistic competence. This could be the Cultural and Linguistic Competency Policy (CLCPA) self- assessment from the National Center for Cultural Competence, assessment against Culturally and Linguistically Appropriate Services (CLAS) standards, Health Equity at Work: Skills Assessment of Public Health, or another assessment tool.	1 example	5 years

Measure	Purpose	Significance
11.1.4 A A human resources ~~system~~function	The purpose of this measure is to assess the health department's management of its human resources. The human resource system may be fully contained within the health department or it may be located in its own governmental agency (for example, an office of management), in an office outside the health department, or may be implemented in a combination of ways. If the larger human resources system is in place outside of the health department, the health department still must perform certain human resources management functions. A health department may also contract for certain human resource actions to an outside organization that specializes in human resource management functions.	A well-defined and structured human resources ~~system~~ function is important for any organization. It provides the health department with the management processes to hire, manage, evaluate personnel, ~~-~~and improve personnel performance. A human resource function supports the health department, individual staff members, staff development, and the overall workplace environment.

Required Documentation	Guidance	Number	Dated

Documentation of:		of Examples	Within
1. Human resource (HR) policies and procedures	1. The health department must provide a human resource manual or set of policies and procedures. The policies and procedures must address all of the following: • Employment and human resources legal requirements that pertain to the jurisdiction served by the health department (Tribal, state and/or local), • Personnel recruitment, selection, and appointment; • Employee confidentiality; • Equal opportunity employment; • Salary structure; • Hours of work; • Benefits package; • Performance evaluation process based on job/position descriptions and individualized development plans; and • Problem solving and complaint handling, including sexual harassment. Some health departments may use a human resource system that is not specific to the health department, but is government-wide (i.e., Tribe, state, city or county). The policies and procedures may not, therefore, be specific to only the health department but to all of city, county, state, or Tribal government. These policies and procedures could demonstrate compliance with the measure if they apply to the health department, as well as other government agencies. Indian Preference Policies may be submitted in place of personnel selection and appointment and/or Equal Opportunity Employment policies. It may also be applicable that Tribal health departments provide MOAs for assignment of personnel [e.g., U.S. Public Health Service/Indian Health Service or other personal service contracts or agreement (PSA)].	1 set of HR policies and procedures	5 years

2. Staff access to human resources policies and procedures	2. The health department must document how department staff access human resources policies and procedures. Methods may include: web based; health department intranet; server access; or distribution of a hard copy, available from supervisors or located in central locations.	1 example	5 years
~~2~~3. Mechanisms for employment working relationship agreements a. A description of mechanisms for working relationships b. Documents used to establish working relationships	3.The health department must provide: a. A description of mechanisms for working relationships and b. Documents in use, such as employment agreements, contract template, letter of employment template, contracts, or labor agreements (if appropriate).This does not include contracts for service.	1 example	5 years
PROPOSED NEW REQUIRED DOCUMENTATION 4. A human resource function that supports management, the workforce, and workforce development by being a responsive partner to programs	4. The health department must document that the human resource function demonstrates a responsive partnership with management, programs, services, and staff to enables staff that provide public health programs, services, and products. Documentation could be: the human resource function and a program collaboratively resolving a human resource issue, human resource staff that are educated/experienced in public health (for the purpose of assessing work force needs, enabling workforce development, and recruiting candidates for public health positions), human resource policies that support the public health program functions, and programs and the human resource function working together to develop policies, provide training and development, etc.	2 examples	5 years
~~3. Staff access to human resources policies and procedures~~	~~3. The health department must document how department staff access human resources policies and procedures. Methods may~~	~~1 example~~	~~5 years~~

	include: web-based; health department intranet; server access; or distribution of a hard copy, available from supervisors or located in central locations.		

Measure	Purpose	Significance
11.1.5 A Adherence to health department's human resources policies and procedures	The purpose of this measure is to assess the health department's execution of its human resources policies and procedures.	Health departments' success, as in all organizations, depends on the capabilities and performance of its staff. Actions that maximize staff capabilities and performance are necessary for the health department to function at a high level. It is important that human resource policies and procedures are implemented in a fair and consistent manner to share information and retain staff.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Recruitment of qualified individuals that reflect the population served	1. The health department must document the recruitment of individuals who are qualified for their positions, and who reflect the demographics (e.g., race, ethnicity, language, etc.) of the population that the health department serves Examples are to provide evidence of the efforts of the health department, not the success or failure to achieve the desired applicant pool. Documentation could be a job description and posting that specifies the level of skills, training, experience, and education that the applicant should possess to qualify for the position.	2 examples	5 years

2. Retention activities	2. The health department must document activities to retain staff. Examples include: employee satisfaction survey results, needs assessments of work environment, reward and recognition programs, career ladders, promotion opportunities, and supervisor mentoring programs.	2 examples	5 years
3. Position descriptions, available to staff	3. The health department must provide position descriptions, or job descriptions, and also document how the descriptions are made available to staff. They may be made available for example, through the internet, a policy procedures manual, or through the human resources department.	2 examples	5 years
4. A process to verify staff qualifications	4. The health department must document the process used to verify staff qualifications. This process may be defined in policy or it may be found in personnel guidelines that are part of the human resources system or a central administrative unit, such as a civil service system. Other examples include: guidelines used by all county/state agencies or a separate process defined and used by the health department. The process may include: reference checks; confirmation of transcripts with the issuing academic institution; confirmation of any registration, certification, or license with the issuing institution, or other check of credentials provided by the staff member. For Tribal health departments using the Indian Preference law, proof of enrollment may be required.		
5. Verified qualifications for all staff hired	5. The health department must document that qualifications have been verified for all staff hired in the past two years. Reviews include tracking required recertification. Documentation could be, for example, personnel files, a log or spreadsheet, or a template or form used by the health department; and evidence from a county or state personnel office demonstrating that the person is qualified for the position.		2 years

	~~Tribes often operate a human resources department to support its administration, including the Tribal health department. If this is the case, the health department must demonstrate how it works with human resources to ensure that it follows the appropriate policies and procedures.~~		

Measure	Purpose	Significance
11.1.6 A ~~Use~~ Information ~~systems~~ management function that supports the health department's mission and workforce by providing infrastructure for data ~~collection~~ storage, protection, and management; data ~~/~~analysis and reporting[; ~~program management, and communication~~	The purpose of this measure is to assess the health department's capacity and capability to ~~collect~~store, manage, protect, and utilize electronic information and data.	Effective public health decisions require accurate information and data. ~~A h~~Health departments ha~~ves~~ access to a wealth of data, either created by the department or collected by others. To use these data effectively, the health department must maintain an information management system that provides the ability to store, protect, process, manage, analyze, utilize, and communicate information and data available from multiple sources.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Information technology ~~to~~that supports public health functions	1. The health department must document ~~how~~that information technology supports public health and administrative functions of the department. Examples may be: a scanning system to preserve records, a~~n electronic billing and/or~~ grant management system, ~~standard employee computer hardware and software packages,~~ vital records systems, program (such as WIC or immunization) information systems, licensing information systems, inspections and violations records, ~~a client self-check in,~~ and on-line data services.	2 examples; The two examples must be from different areas. The health department may select the areas. They may be program	5 years

		and/or administrative areas.	
~~2. Inventory of hardware~~	~~2. The health department must provide a listing of hardware that it owns or leases to demonstrate the capacity of staff's access to technology and to the internet and web-based applications.~~		
~~3. Inventory of software~~	~~3. The health department must provide a listing of software that allows the department staff to enter, analyze, and maintain data; process documents; and maintain a website.~~		
2.. Secure information systems	2. The health department must document information vulnerability audits, security policies, and/or internal controls to ensure the privacy and security of information.	1 example	3 years
3. Maintenance of information management system	3. The health department must provide a written ~~annual~~ process for reviewing and developing information management business system requirements to guide systems changes and development.	1 example	5 years
4. Management of information assets	4. The health department must provide an inventory of data or data systems available to the health departments (either collected by the health department or by others).	1 example	3 years

Measure	Purpose	Significance
11.1.7 A Facilities that are clean, safe, accessible, and secure	The purpose of this measure is to assess the health department's facilities for use by both staff and the public.	In order for the health department to implement processes, programs, and interventions, the facilities must be adequate. All facilities that are operated by the health department must be clean, safe, accessible, and secure for both staff and the public

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Licenses for ~~clinics and~~ laboratory	1. The health department must provide copies of licenses to meet national or state requirements appropriate for ~~any clinical~~ laboratory services it provides. Select Agent certification is required for a public health laboratory.	As needed	5 years
2. Inspection reports and/or certificate of occupancy	2. The health department must provide examples of inspection reports, such as OSHA, internal (department conducted), or external (an independent organization) inspection reports, cleaning and maintenance policies, logs, records, contracts or orders. Other examples of documentation include environmental public health and safety committee meeting minutes and federal or Tribal environmental audits.	2 examples	5 years
3. ADA compliance audit	3. The health department must provide a copy of the ADA compliance report. PHAB will accept the health department's self-evaluation, as described by federal regulations, as documentation of the ADA compliance report, unless Tribal, state or local laws have different requirements for their ADA compliance reviews. In those cases, PHAB will accept documentation of compliance with ADA related Tribal, state and/or local laws and regulations that pertain to the jurisdiction which the health is authorized to serve. For health departments that may operate in buildings that are either exempt from the federal regulations or have waivers (such as buildings on the national register of historic buildings), PHAB	1 example	5 years

	requires documentation of the health department's procedures to serve members of the public and health department staff who have physical disabilities, are sight impaired, or are hearing impaired.		

Standard 11.2: Establish effective financial management system~~s~~.

Sound financial practices are basic to any organization. They are required to manage resources wisely, to analyze present and future needs, to sustain operations, and demonstrate accountability. This standard measures the capacity of the health department to manage the organization's finances.

Measure	Purpose	Significance
11.2.1 A Managed grants and contracts ~~Comply with external requirements for the receipt of program funding~~	The purpose of this measure is to assess the health department's ability to manage grants and contracts and comply with external governmental funding requirements.	Health departments receive funding from a variety of sources. Each funding source has specific requirements for the use of the funds and for reporting to the funding agency. It is important that funds are used appropriately and legitimately and that the health department has systems for accountability.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Audited financial statements	1. The health department must provide annual	2 examples;	previous

	department-wide financial audit reports. Audits are formal examinations of the health department's financial accounts. Audits are performed by external auditors. The health department's audit may be part of a large audit of the governmental unit (for example, umbrella agency, super agency, county government, or state government) of which the health department is a part.		two fiscal years
2. Program reports	~~1.~~2. The health department must provide program reports that it has submitted to funding organizations. Documentation could be compliance reports to federal funders, reports to legislatures or local city/county/Tribal councils, and reports to foundations. Monitoring reports, or corrective action plans that show compliance with funding requirements are also acceptable. Contracts or agreements between states, local and/or Tribal health departments to provide services may show the expectations for funding but might not show the compliance with requirements. If such contracts are used, they must be combined with follow-up reports that validate compliance.	2 examples	5 years
Proposed New Required Documentation ~~2.~~3. Full disclosure of adverse findings or communications related to higher than usual level of oversight or control from funding agencies	3. The health department must provide any or all documentation (within the last two years) that represent adverse findings or communications related to a higher-than-usual level of oversight or control from funding agencies (e.g., federal agencies, foundations, state health department funding to locals). Disclosure and documentation should be provided in the following types	As appropriate	2 years

	of instances: the department being put on manual draw-down; the department being put on a corrective action plan; placement on a 'do not fund' list; receivership status; and instances of malfeasance or misappropriations of funds. Documentation should be shared that date back two years, and if applicable, the department should also be prepared to share the follow-up actions and internal controls that have occurred to remedy the situation since that time. If this is not applicable for the health department and there are no adverse situations to share, the health department director should provide a signed statement attesting to that fact.		

Measure	Purpose	Significance
11.2.2 A Written agreements with entities from which the health department purchases, or to which the health department delegates, services, processes, programs and/or interventions	The purpose of this measure is to assess the health department's management of agreements with other organizations to provide services, processes, programs, or interventions on behalf of the health department.	The health department may not directly deliver or provide all services and administrative activities. They may depend on other entities to act on its behalf. These services could be related to organizational, management, and administrative functions, or to program services or interventions delivered to the public.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Contracts/MOUs/ MOAs or other written	1. The health department must provide contracts or	2 examples; the	2 years.

agreements for the provision of services, processes, programs and/or interventions	MOU/MOAs or other written agreements that have been executed with other organizations or departments. State health department documentation could be: a written agreement with a local or district health department for one of the examples. The other example must be with another governmental agency or organization. Local health department documentation could be: a written agreement with the state health department for one of the examples. The other example must be with another agency or organization. Tribal health department documentation could be: a written agreement with a local, district, or state health department for one of the examples. The other example must be with another agency or organization. Tribal health departments may use the compact or funding agreement with the U.S. DHHS to carry out programs of the Indian Health Service. Also acceptable for documentation: agreements with non-Tribal entities to provide Contract Health Services (CHS) to beneficiaries of the Tribal health department, as well as MOA/MOUs or other agreements with other entities, such as epidemiological services provided to Tribes from Regional Epidemiologic Centers funded by IHS.	examples must be from two different program/administrative areas featuring written agreements with different entities.	

Measure	Purpose	Significance
11.2.3 A Financial management systems	The purpose of this measure is to assess the health department's ability to manage finances	Sound management of financial resources is a basic function of a public health department. Health departments are accountable to their governing entity, elected officials, and the public they serve for the responsible use and oversight of public funds.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Approved health department budget	1. The health department must provide the approved budget that is in effect when the documentation for accreditation is submitted to PHAB. The budget may be approved by the governing entity or other body with approval authority, such as a governor's budget office. If a new budget is approved between the submission of documentation to PHAB and the site visit, the health department must provide a copy of the new budget to the Site Visit Team. NOTE: The budget and the organizational chart are the only two instances where information may be changed or updated between the submission of the health department's documents to PHAB and the time of the Site Visit.	1 budget	2 years
2. Financial reports	2. The health department must provide quarterly financial reports. The examples provided may demonstrate two different types of reporting or may be two successive reports of the same type.	2 examples	5 years

	Documentation could be expense reports, reimbursement reports, reports to governing entities, and/or monthly budget reports – summarized or itemized.		

Measure	Purpose	Significance
11.2.4 A Resources sought to support agency infrastructure and processes, programs, and interventions	The purpose of this measure is to assess the health department's activities to increase financial resources to support its infrastructure and to enhance or develop processes, programs, and interventions.	~~The availability of funding for public health departments has historically been limited.~~ Additional funding to support public health processes, programs, and interventions should be sought through a variety of means, including budget increase requests, budget revision requests, and grants. Financial resources should be maximized by leveraging current funds to increase resources available for public health.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Formal efforts to seek additional financial resources	1. The health department must provide grant applications (funded or unfunded) or must document the leveraging funds to obtain additional resources (for example, providing matching funds).	2 examples	5 years
2. Communications concerning the need for financial support to maintain and improve public health infrastructure and services	2. The health department must document its communication concerning the need for additional investment in public health. Communication could address a specific issue or address public health in general. Documentation could be: articles or letters to the editor of a newspaper, presentations to the community, or	2 examples	5 years

	testimony to elected officials. Tribal health department documentation could be: Tribal letters or resolutions of support, Tribal public health assessments for the purpose of demonstrating resources needed, or executive order adding resources.		

DOMAIN 12:
MAINTAIN CAPACITY TO ENGAGE THE PUBLIC HEALTH GOVERNING ENTITY

Domain 12 focuses on the health department's ~~capacity to~~ support and ~~engage its~~engagement of its governing entity in maintaining and strengthening the public health infrastructure for the jurisdiction served. Governing entities both directly and indirectly influence the direction of a health department and should play a key role in accreditation efforts. However, much variation exists regarding the structure, definition, roles, and responsibilities of governing entities.

A governing entity, as it relates to the accreditation process, should meet the following criteria:

1. It is an official part of Tribal, state, or local government.
2. It has primary responsibility for policy-making and/or governing a Tribal, state, or local health department.
3. It advises, advocates, or consults with the health department on matters related to resources, policy making, legal authority, collaboration, and/or improvement activities.
4. It is the point of accountability for the health department.
5. In the case of shared governance (more than one entity provides governance functions to the health department), the governing entity, for accreditation purposes, is the Tribal, state, regional, or local entity that, in the judgment of the health department applying for accreditation ~~or PHAB Site Visitors~~, has the

primary responsibility for supporting the applicant health department in achieving accreditation.

Standard 12.1: Maintain current operational definitions and statements of public health roles, responsibilities, and authorities.

A health department operates with specific authorities to protect and preserve the health of the population within its jurisdiction. These authorities may be set forth in state statute, rules and regulation, local ordinances, administrative code, charters, or resolutions. Authorities may be regulatory and/or programmatic. This standard assures that the health department understands its authority, roles, and responsibilities and that of its governance entity, ~~and~~ that such authority is put into practice, and that the governing entity is informed and engaged.

Measure	Purpose	Significance
12.1.1 A ~~Maintain knowledge of and provide m~~Mandated public health operations, programs, and services provided	The purpose of this measure is to assess the health department's knowledge of and provision of the operations, programs, and services that it is mandated to provide.	Each health department has a set of mandated operations, programs, and services that it provides to protect and preserve the health of the population within the jurisdiction it serves. It is important that the health department is knowledgeable of these mandates and performs them as required.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Authority to conduct public health activities	1. The health department must provide a copy of the body of law (statutes, rules, regulations, ordinances) that sets forth its mandated public health operations, programs, and services or a listing of mandated public health services and the reference to the legal citation. The health department must have copies or access to the laws and regulations available to the Site Visit Team. For example, the health department could provide the disease reporting rules or regulations reflected by the Council of State and Territorial Epidemiologist's list of Nationally Notifiable Conditions; mandates for vaccinations; mandated oversight of environmental public health conditions, such as solid waste, small public water systems, underground storage tanks, and hazardous materials; and various inspection programs, such as restaurant inspections. Tribal health departments could provide: Tribal resolution, ordinance, or executive order.	1 example	5 years
2. Operations that reflect authorities	2. The health department must document how it implements its mandated processes, programs, or interventions. Documentation could be service descriptions, annual reports, reports to the governing entity, meeting minutes, reports to governance, functional descriptions, organizational descriptions, or other written material.	1 example	5 years

Measure	Purpose	Significance
12.1.2 A Operational definitions and/or statements of the public health governing entity's roles and responsibilities	The purpose of this measure is to assess the health department's knowledge of the governing entity's operational definition and/or governing entity's roles and responsibilities	The governing entity is the point of accountability for the health department. The health department should have a clear understanding of the governing entity's structure, responsibilities, and expectations.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. The governing entity's authority	1. The health department must provide a description of the governing entity and ~~the~~ formal written statement of the governing entity's authority. The governing entity could be, for example, a board of health, a governor's office, county commissioners, or other point of accountability. Documentation could be: a copy of the body of law (for example, statutes, rules, regulations, ordinances, charter) that sets forth the mandated authority or a description of the authority and the reference to the legal citation. Tribal health department documentation could be: Tribal resolution, ordinance, or executive order.	1 or more documents, as required	5 years
~~2. A description of governing entity~~	~~1. The health department must provide a written description of the governing entity. The governing entity could be, for example, a board of health, a governor's office, county commissioners, or other point of accountability.~~ ~~Documentation could be a statute, rules, regulations, a~~		5 years

	~~charter, a charge statement, or other formal written description.~~		

Standard 12.2: Provide information to the governing entity regarding public health and the official responsibilities of the health department and of the governing entity.

The governing entity is the point of accountability for the health department. The governing entity is accountable for the health department achieving its mission, goals, and objectives to protect and preserve the health of the population within its jurisdiction. This standard addresses the health department's capacity for keeping the governing entity knowledgeable of the department's overall legal authority, obligations, and responsibilities, and on the governing entity's supporting role.

Measure	Purpose	Significance
12.2.1 A Communication with the governing entity regarding the responsibilities of the public health department and of the responsibilities of the governing entity	The purpose of this measure is to assess the health department's education of and communications with its governing entity regarding the health department's responsibilities and the roles and responsibilities of the governing entity.	Governing entities significantly influence the direction of health departments through policy making and other similar activities. Many governing entities have key roles in resource allocation, policy making, legal authority, collaboration, and/or quality improvement activities. As a result, they may heavily influence whether health departments are fulfilling their responsibilities. The governing entity, to be an effective advocate for public health and for the agency, must be

		aware of its responsibilities and duties and about the health department's roles and responsibilities.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Communication with the governing entity regarding the responsibilities of the public health department 2. Communication with the governing entity about their operational definitions and/or statements of the public health governing entity's roles and responsibilities ~~2.~~3. The orientation process for new	1. The health department must document communications provided to the governing entity concerning the health department's responsibilities, as set forth in the health department's authorizing document(s). Documentation should demonstrate the process of informing the governing entity about the responsibilities of the health department. The health department should select its documentation for this measure based on the model of governance in place for the health department. Documentation could be: reports, testimonies, speeches, presentations, or emails. 2. The health department must document their sharing with the governing entity operational definitions and/or statements of the public health governing entity's public health related roles and responsibilities. The health department should select its documentation based on and appropriate to the health department's model of governance. Documentation could be meeting minutes, memos, emails, briefing papers, or other correspondence. 3. The health department must document its process for	2 examples	5 years

members of the governing entity	orientation of new members of the governing entity. New member orientation must include both the responsibilities of the health department and of the governing entity. Documentation could be: orientation agenda, meeting minutes, orientation materials.		

~~Measure~~	~~Purpose~~	~~Significance~~
~~12.2.2 A~~ ~~Communicate with the governing entity regarding the responsibilities of the governing entity~~	~~The purpose of this measure is to assess the health department's education of and communications with its governing entity concerning the roles and responsibilities of the governing entity.~~	~~Many governing entities have key roles in resource allocation, policy making, legal authority, collaboration, and/or quality improvement activities. The governing entity, to be an effective advocate for public health and for the agency, must be aware of its responsibilities and duties. This information should include orientation for new governing entities and new governing entity members, as well as for routine updates. While Domain 6 relates to the governing entity's role in reviewing and updating specific laws, rules and regulations, this measure targets the overall public health responsibilities that the governing agency oversees or advises, including training on those responsibilities.~~

~~Required Documentation Documentation of:~~	~~Guidance~~	~~Number of Examples~~	~~Dated Within~~
~~1. Communication with the governing entity about their operational definitions and/or~~	~~1. The health department must document their sharing with the governing entity operational definitions and/or statements of the~~	~~1 example~~	

~~statements of the public health governing entity's roles and responsibilities~~	~~public health governing entity's public health related roles and responsibilities. The health department should select its documentation for this measure based on the model of governance in place for the health department.~~ ~~Documentation could be meeting minutes, memos, emails, briefing papers, or other correspondence.~~		

Standard 12.3: Encourage the governing entity's engagement in the public health department's overall obligations and responsibilities.

Public health governing entities exercise a wide range of responsibilities, including policy development, resource stewardship, legal authority, partner engagement, continuous improvement, and oversight. Specific the areas of responsibilities may include~~: providing advice, statutory authority~~, strategic planning, adopting and ensuring enforcement of public health regulations, ensuring that the governing body and health department act ethically, ~~personnel, property ownership,~~ serving as a strong link between the health department and the community and other community organizations, supporting a culture of quality improvement, hiring and evaluation the health department director, taxing authority, ~~public health rule-making~~, ~~policy-making,~~ and budget adoption. These responsibilities demand that the governing entity is well-versed in public health and in the work of the health department and the health challenges of the community. The governing entity and the health department should communicate regularly on the health of the community, strategic plan implementation, program activities, health department policy issues, public health ethical issues, and quality improvement activities.

Measure	Purpose	Significance

12.3.1 A Information provided to the governing entity about important public health issues facing the community, the health department, and/or the recent actions of the health department	The purpose of this measure is to assess health department efforts to keep the governing entity informed of public health issues and health department activities.	The health department has a responsibility to communicate with its governing entity to ensure that the governing entity's policies and decisions are informed. A regular flow of information helps to ensure that the governing entity acts in the best interests of the public's health. Information also needs to flow from the governing entity to the health department to ensure mutual understanding of policy options and implications.

Required Documentation Documentation of:	**Guidance**	**Number of Examples**	**Dated Within**
1. Communication with the governing entity regarding important public health issues and/or recent actions of the health department	1. The health department must document communications with the governing entity regarding important public health issues and/or recent actions of the health department. Documentation could be: reports, testimonies, formal meeting minutes, meeting summaries, program updates, reports on identified public health hazards, community health assessment findings, community dashboards, outbreak and response efforts, annual statistical reports, or other written correspondence (memos, emails).	2 examples	~~5~~2 years

Measure	**Purpose**	**Significance**
12.3.2 A Actions taken by the governing entity tracked and reviewed	The purpose of this measure is to assess the health department's ~~review~~ familiarity and awareness of the governing entity's actions in order for the health department to identify patterns of issues discussed and topics or areas	It is important that the health department understand the priorities, policy positions, opinions, and actions of the governing entity in order to continually improve communication and effectiveness, leading to a quality

	that call for increased communication and information.	governing entity-health department relationship.

Required Documentation Documentation of:	Guidance	Number of Examples	Dated Within
1. Consistently ~~R~~review ~~of~~ issues discussed, actions taken, and policies set by the governing entity	1. The health department must document that it has consistently reviewed the governing entity's patterns of issues discussed, opinions of the governing entity members, and/or positions taken. This will highlight topics or issue areas where increased communication is desirable. Review should be done at least annually. Documentation could be meeting minutes, reports, dashboards, presentations, memos, or other record of health department leadership's discussion of governing entity actions.	2 examples	12 months

Measure	Purpose	Significance
12.3.3 A Communication with the governing entity about health department performance assessment and improvement	The purpose of this measure is to assess the health department's communication with the governing entity on the overall assessment and improvement of the performance of the health department.	The governing entity should be knowledgeable about the health department's overall assessment and quality improvement initiatives. The governing entity will be in a better position to guide, advocate for, and engage with the health department if they are aware of improvements being undertaken.

Required Documentation	Guidance	Number of	Dated

Documentation of:		Examples	Within
1. Communication with the governing entity concerning assessment of the health department's performance	1. The health department must document communications with the governing entity on plans and processes for improving health department performance. The health department should select its documentation for this measure based on the model of governance in place for the health department. Communication efforts could include program reviews, accreditation efforts, quality improvement projects, and other performance improvement activities. Documentation could be meeting minutes, reports, presentations, memos, or other discussion records	2 examples	5 years
2. Communication with the governing entity concerning the improvement of the health department's performance	2. The health department must document communication with the governing entity on its performance improvement efforts as a result of performance improvement processes and/or activities. The health department should select its documentation for this measure based on the model of governance in place for the health department. Documentation could be annual reports, department dashboards, program reviews, meeting minutes, reports, presentations, memos, or other record of discussion	2 examples	5 years